

Research Paper

Effectiveness of Structured Teaching Programme on Knowledge Regarding Anorexia Nervosa among Adolescent Girls in a Selected College at Tirupathi A.P India

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ABSTRACT

Anorexia is an emotional disorder that focused on food. But it is actually an attempt to deal with perfectionism and a desire to control things by strictly regulating food and weight people with anorexia. **Objectives:** 1. To assess the pretest knowledge regarding anorexia nervosa among adolescent girls. 2. To evaluate the effectiveness of structured teaching programme on knowledge regarding anorexia nervosa among adolescent girls. 3. To find out the association between the pretest knowledge regarding anorexia nervosa with their selected demographic variables. **Methodology:** Design: Pre-experimental one group pre test & post test design was adopted for this study. Setting: The study was conducted in Tirupathi. Sample size: The sample size was 100 adolescent girls. Sampling technique: The purposive sampling technique was used. **Results:** Structured teaching programme is effective of adolescent girls according to level of knowledge before and after the manipulation in which (80%) of the samples had showed inadequate level of knowledge in the pre test. In contrast 96% of the samples experience adequate level of knowledge in the post test. The mean post-test knowledge score (26.03) was greater than the mean pre test level of knowledge score 12.22%. The obtained t- value (44.54) was greater than table value at 0.05 level of significance. It shows the structured teaching programme was effective in improving knowledge. **Conclusion:** This study shown that Structured Teaching Programme had a significant effect in improving knowledge of adolescent girls.

Keywords: Adolescent, Anorexia Nervosa, Obesity, Stress

This means a lack of desire to eat people with anorexia have an extreme fear of weight gain and a distorted view of their body size and shape. As a result, they strive to maintain a very low body weight; some restrict their food intake by dieting, fasting or excessive. They hardly eat all and often try to eat as few calories as possible, frequently obsessing over food intake. Anorexia is an emotional disorder that focused on food. But it is actually an attempt to deal with perfectionism and a desire to control things by strictly regulating food and weight people with anorexia often feel that their self-esteem is tied to how this they are anorexia is increasingly common especially among young women in

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industrialized countries where cultural expectations encourage women to be thin, fuelled by popular fixations with thin and lean bodies.

Objectives

- To assess the level of pretest knowledge regarding anorexia nervosa among the adolescent girls.
- To evaluate the effectiveness of structured teaching programme on knowledge regarding Anorexia nervosa among the adolescent girls.
- To determine the association between pretest knowledge score with their selected demographic variables.

Hypotheses

- **H1** – There will be significant difference between the mean pre - test and post- test level of knowledge score among adolescent girls on Anorexia nervosa.
- **H2** – There is a significant association between the pre-test level of knowledge scores of adolescents with their selected demographic variables.

Assumptions

- Adolescent girls who are studying in colleges have some knowledge regarding anorexia nervosa.
- Structured teaching programme is an effective method to teach adolescent girls who are studying in a college.
- Girls are commonly having fear about becoming obese.

MATERIALS AND METHODS

Research approach: An evaluator approach was adopted

Research Design: Pre-experimental, one group pretest post- test design

Variables:

- Independent variable: Structured teaching programme is the independent variables of this study.
- Dependent variable: In this study dependent variable was knowledge score.

The study was conducted in Tirupathi.

Study population: In this study, study population selected was all the adolescent girls those age group between 17-19 years in selected college at Tirupathi.

Sample: The samples selected were 100 adolescent girls from the selected Women's College at Tirupathi.

Sample size: The sample for the present study consisted of adolescent girls, who met the inclusion criteria.

Sampling technique: The investigator adopted purposive sampling technique to select the samples for this study.

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Inclusion and Exclusion Criteria.

Inclusion criteria:

- Who are willing to participate in this study
- Who are available during the period of data collection
- Study focused only on adolescent girls between 17-19 years, not other age group

Exclusion criteria:

- Who are studying Degree
- Who are willing to participate in this study.

RESULT

Table1: Distribution of sample according to demographic variables of the adolescent girls

S. No	Demographic variables	Frequency(f)	Percentage (%)
a.	Age in years		
	17 – 18	67	67
	18 – 19	33	33
b.	Religion		
	Hindu	91	91%
	Christian	4	4%
	Muslim	5	5%
c.	Type of family		
	Nuclear	57	57%
	Joint	35	35%
	Extended	8	8%
d.	Area of residence		
	Rural	64	64%
	Urban	27	27%
	Slum	9	9%
e.	Mother's education status		
	Illiterate	8	8%
	Highschool	44	44%
	Higher secondary	32	32%
	Undergraduate	12	12%
	Postgraduate	4	4%
f.	Occupation		
	Unemployed	0	0%
	Self employee	70	70%
	Private employee	21	21%
	Government employee	9	9%
g.	Income of the family		
	Below Rs 5000	31	31%
	Rs.5001 – 10000	50	50%
	Rs.10001 – 15000	13	13%
	Above Rs. 15000	6	6%
h.	Habit of Food pattern		
	Vegetarian	33	33%
	Non – Vegetarian	67	67%

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S. No	Demographic variables	Frequency(f)	Percentage (%)
i.	Type of food pattern		
	Fatty meals	24	24%
	Junk foods	50	50%
	Balanced diet	6	6%
j.	No of meals pattern per day		
	1 time meals/ day	37	37%
	2 times meals/ day	32	32%
	3 times meals/ day	12	12%
k.	Source of information about anorexia nervosa		
	Family members Friends	05	05%
	Mass media	06	06%
	No information	84	84%
l.	Body Mass Index		
	Low weight	25	25%
	Normal	65	65%
	Over weight	08	08%
	Obesity	02	02%

TABLE 1 shows that, with regards to age 67 (67%) were 17- 18 yrs, 33(33%) were 18- 19 years of age. With regard to religion majority of the samples 91 (91%) were Hindus, 4 (4%) were Christians and 5 (5%) of them were Muslims. With regard to the area of residence, majority, 64 (64%) resides in rural area, 27 (27%) reside in urban area, 9 (9%) reside in slum area. Family system of adolescent girls reveals 57(57%) were from nuclearfamily,35(35%) were joint family, and 8(8%) were extended family. distribution of subjects with reference to educational qualification of mother reveals majority 44(44%) were belongs to High school, 32(32%) were belongs to higher secondary, 12 (12%) were under graduates and 4 (4%) of them were post-graduation and 8 (8%) were illiterate. With regard to occupation of father reveals majority 70 (70%) were self-employees, 21(21%) were private employees, 9(9%) of them were government employees, and no one in unemployed. With regard to family income majority of the adolescent girls 50(50%) belongs to the income level5000 -10,000 per month, 31 (31%) belongs to below 5000 per month, 13 (13%) were receiving 10,000-15,000/%, and 6 (6%) of hem receiving above 15,000/month. With regard to habit of food pattern of adolescent girls majority 67 (67%) non- vegetarian,33(33%) of them were belongs to vegetarian. Distributions of subjects with type of food pattern of adolescent girl's majority 50 (50%) were having junk foods, normal diet, 24 (24%) were having fatty meals, 20 (20%) were having normal diet, and 6(6%) of them were having balanced diet. With regard to number of meals pattern per day of adolescent girl's majority 37(37%) of them taking 1 time meals per day, 32(32%) of them taking 2 times meals per day,12 (12%) of them taking 3 times meals per day,19(19%) of them taking more than 3 times per day. Distribution of subjects with reference to previous information regarding anorexia nervosa shows majority 84(84%) of them not received any information about anorexia nervosa,5(5%) had received information from family members, 5(5%) had received information from friends, and 6(6%) of them received information from mass media. With regards to body mass index of adolescent girls majority 65(65%) of them are having normal

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body weight, 25(25%) of them are having low weight 8 (8 %) of them are having over weight and, 2 (2%) of them are having obesity.

Table 2: Distribution of adolescent girls according to the pretest and post test level of knowledge.

Level of Knowledge	Pre- test		Post- test	
	Frequency(f)	Percentage (%)	Frequency (f)	Percentage (%)
Inadequate	80	80%	0	0%
Moderate	20	20%	4	4%
Adequate	0	0%	96	96%

Table 2 depicts that to assess the pretest and posttest level of knowledge regarding anorexia nervosa. Majority 80 (80%) of adolescent girls had in adequate knowledge regarding anorexia nervosa, and 20(20%) of adolescent girls had moderate level of knowledge about anorexia and no one had adequate knowledge about anorexia nervosa in the pretest. Majority 96 (96%) of adolescent girls had adequate knowledge about anorexia nervosa, 4 (4%) of them had 4 (4%) moderate level of knowledge about anorexia nervosa, and none of them are had in adequate knowledge regarding anorexia nervosa in the posttest.

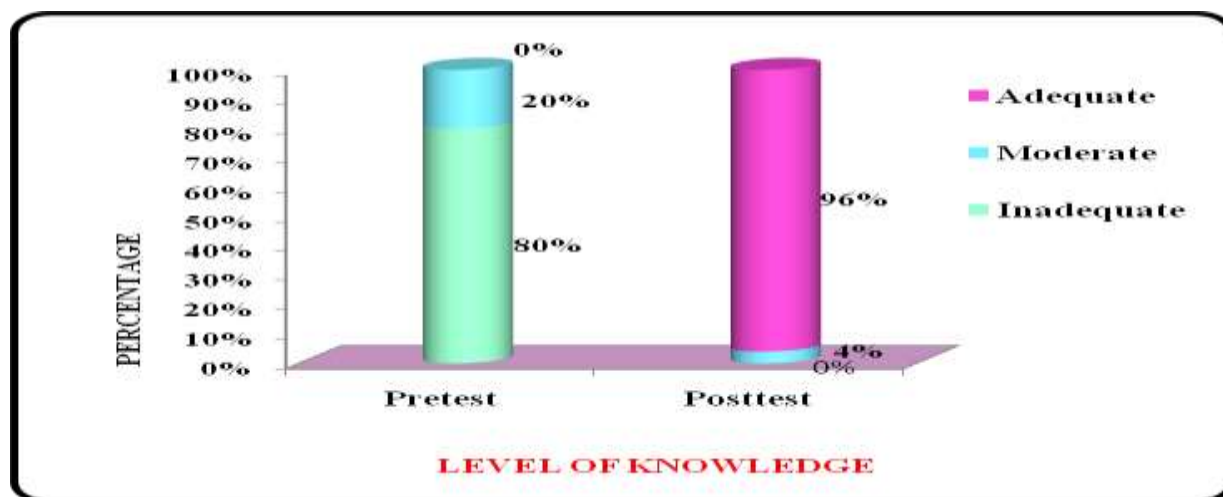


Table 3: Comparison of mean pretest and posttest knowledge level of adolescent girls

S.No	Level of knowledge	Mean	Meandifference	SD difference	“t” Value
1.	Pretest	12.22	13.81	2.036	44.54
2.	Posttest	26.03		2.457	

N=100

P<0.05

Table 3 predicts that comparison of the mean pretest and post -test level of knowledge and it also deals with mean difference in pre test and, posttest and “t” value, thus the effectiveness of the study is found. The pretest mean difference is (13.81) and posttest mean difference is (26.03). The overall calculated’ value (44.54, p<0.05) in knowledge aspect was greater than table value (0.75) at 0.05 level of significance. Hence it is concluded that there is very high significant gain in knowledge of anorexia nervosa.

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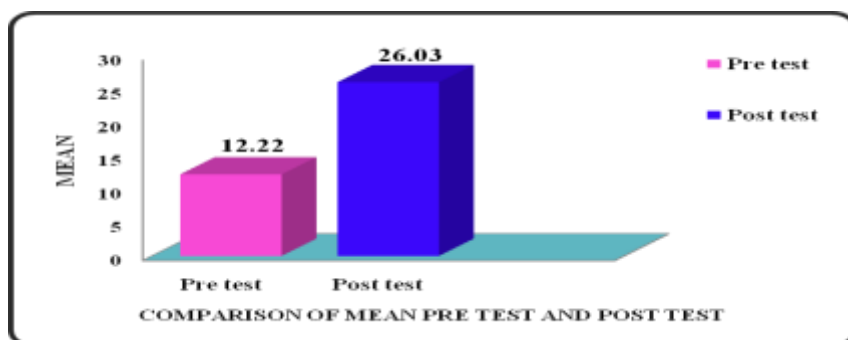


Figure 2: Comparison of mean pretest and posttest knowledge level of adolescent girl

Table 4: Association of demographic variables with the pre test knowledge score.

S.I	Variables	<mean(12)	>mean(12)	X ²	Df	Level of significance
1	Age in years 17 – 18 18 – 19	37 19	30 14	0.050	1	P>0.05 #NS
2	Religion Hindu Christian Muslim	40 1 0	51 3 5	4.18	2	P>0.05 #NS
3	Type of family Nuclear Joint Extended	23 17 1	34 18 7	9.41	2	P>0.05* S
4	Area of residence Rural Urban Slum	29 10 3	35 17 6	0.836	2	P>0.05 #NS
5	Mother's education status Illiterate Highschool Higher secondary Undergraduate Postgraduate	3 25 8 2 0	5 19 24 10 4	14.48	4	P>0.05* S
6	Occupation Unemployed Self employee Private employee Government employee	0 27 12 2	0 43 9 7	3.68	3	P>0.05#NS
7	Income of the family Below Rs 5000 Rs.5001 – 10000 Rs.10001 – 15000 Above Rs. 15000	15 20 3 2	16 30 10 4	2.56	3	P>0.05 #NS
8	Habit of Food pattern Vegetarian Non – Vegetarian	14 19	19 40	0.041	1	P>0.05 #NS
9	Type of food pattern Fatty meals Junk foods Balanced diet Normal diet	11 9 3 12	13 11 3 38	5.33	3	P>0.05 #NS
10	No of meals pattern per day 1 time meals/ day 2 times meals/ day 3 times meals/ day More than 3 times/ day	15 11 08 06	22 21 04 13	9.01	3	P>0.05* S

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S.I	Variables	<mean(12)	>mean(12)	X ²	Df	Level of significance
11	Source of information about anorexia nervosa					
	Family members	03	02			
	Friends	02	03			
	Mass media	03	03	1.207	3	P>0.05 #NS
	No information	40	44			
12	Body Mass Index					
	Low weight	12	13			
	Normal	30	35			
	Over weight	05	03			
	Obesity	00	02	2.614	3	P>0.05 #NS

Table 4 data presented reveals that association between pre–test and demographic variables the calculated Chi- square values as used. The researcher has mentioned age of adolescent girls obtained chi- square value 0.050 at df 1 was not significant at 0.05level. Religion of adolescent girls obtained chi-square value 4.18at df 2 was not significant at 0.05 level. Type of family of adolescent girls obtained chi- square value 9.41 at df 2 was significant at 0.05. Area of residence an adolescent girls obtained chi-square value 0.836 at df2 was not significant at 0.05 level. Mother’s education status of an adolescent girls obtained chi-square value 14.48 at df4 was significant at 0.05 level. Father’s occupation of an adolescent girls obtained chi- square value 3.68 at df 3 was not significant at 0.05 level. Monthly family incomeofanadolescentgirlsobtainedchi-squarevalue2.56atdf3wasnotsignificantat, 0.05 level. Food pattern of an adolescent girls obtained chi- square value 0.041 at df 1was not significant at 0.05 level. Type of Food of an adolescent girls obtained chi-square value 5.33 at df 3 was not significant at 0.05 level. Number of meals pattern of an adolescent girls obtained chi-square value 9.01 at df 3 was significant at 0.05 level. Source of previous information regarding anorexia nervosa among adolescent girls obtained chi- square value 1.207 at df 3 was not significant at 0.05 level. Bodymass index of an adolescent girls obtained chi- square value 2.614 at df 3 was not significant at0.05 level

CONCLUSION

The study findings provide the statistical evidence which clearly indicate that Structured Teaching Programme has significant effect on the level of knowledge in adolescent girls.

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Conflict of Interest

The author(s) declared no conflict of interest.

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