

A STUDY TO ASSESS THE FACTORS CONTRIBUTING TO CHILDHOOD OBESITY AMONG SCHOOL GOING CHILDREN AGED BETWEEN 11 TO 16 YEARS IN SELECTED SCHOOLS AT GUNTUR WITH A VIEW TO DEVELOP SELF INSTRUCTION MODULE

Author's Name: ¹Anuhya Kommini, ²Anusha Kommini

Affiliation: ¹Associate Professor, Sardar Patel College of Nursing, Jaora, Ratlam District, Madhya Pradesh, India

²Associate Professor, Department of Nursing, One Beat College of Medical Sciences Bhira-Kheri, Lakhimpur, Uttar Pradesh, India

E-mail : anushashiny7@gmail.com

DOI No. – 08.2020-25662434

Abstract

The approach for the conduct of the study was 'evaluative approach'. A descriptive research design was selected. The study was conducted in private schools on a sample of 100 students. Sampling technique was stratified random sampling. Data collection was done by using a questionnaire. The conceptual framework for the study was based on General systems theory by 'Ludwig Von Bertalanffy'. The main components of this theory are input, throughput and output. The hypothesis formulated for the study was H_1 : There will be a significant association between knowledge levels of school going children regarding factors contributing to obesity with the selected demographic variables. Data obtained were tabulated and analyzed in terms of the objectives of the study using descriptive and inferential statistics. The knowledge of the obese students regarding childhood obesity revealed majority of 63 members (63%) of the respondents were having inadequate knowledge, 27 members (27%) of the respondents were having moderate knowledge and 10 members (10%) were having adequate knowledge. Data shows that there is significant association between knowledge scores of 11-16 years school going children with selected demographic variables such as gender, place of living. Hence H_1 is partially accepted. There is no significant association between the knowledge of school going children (11-16years) with selected demographic variables such as age in years, number of children, type of family, religion, family income, fathers education, fathers occupation, mothers occupation, mothers education, distance between home and school. A self- instruction module was prepared and administered to the subjects after data collection. Awareness regarding the factors of childhood obesity to mothers and children are essential to prevent or control.

Keywords: *Childhood ,obesity ,school, prevent*

INTRODUCTION

When we think of obesity or being fat, we rarely think of children in that category thinking fat is cute. But what we fail to realize is that fat can be very dangerous for our child which may stay through childhood leading to a high risk of several medical consequences. Childhood obesity are now considered to be major health problem¹.

Today, childhood obesity is on the rise and a major public health problem. Globally, in 2010 there were estimated to be over 42 million overweight children below the age of 5, and 35 million of them are from developing countries; especially in urban areas. Globally, an estimated 10% of schoolchildren, between 5 and 17 years of age, are overweight or obese².

Worldwide, there has been a startling increase in rates of obesity and overweight in both adults (28% increase) and children (up by 47%) in the past 33 years, with the number of overweight and obese people rising from 857 million in 1980 to 2.1 billion in 2013. However, the rates vary widely throughout the world with more than half of the world's 671 million obese individuals living in just ten countries - USA, China, India, Russia, Brazil, Mexico, Egypt, Germany, Pakistan, and Indonesia³.

Overweight or obesity defined as abnormal or excessive accumulation of fat that may impair health⁴. A child's weight status is determined using an age and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies as they age and varies between boys and girls⁵. Therefore, BMI levels among children and teens need to be expressed relative to other children of the same age and sex⁶.

A study to assess the factors contributing to childhood obesity among school going children aged between 11 to 16 years in selected schools at Guntur with a view to develop a self- instruction module⁷.

Treatment for childhood obesity is based on your child's age and if he or she has other medical conditions. Treatment usually includes changes in your child's diet and level of physical activity. In certain circumstances, treatment may include medications or weight- loss surgery⁸.

To overcome the childhood obesity dietary restriction is important with avoidance of mild meal snacks, chocolates, candies, sweets and ice creams. Increase physical activity along with counseling. Both population-based approaches focusing on environmental and policy changes with broad societal impact, and individual treatment-centered methods are needed⁹.

The most significant health consequences of childhood overweight and obesity are pre mature death, disability in adulthood, cardiovascular diseases (stroke), diabetes, musculoskeletal disorders, and certain types of cancer(endometrial, breast and colon)¹⁰.

OBJECTIVES

- ❖ To assess the knowledge levels of school going children aged 11-16 years regarding factors contributing to childhood obesity.
- ❖ To find out the association between knowledge levels of school going children regarding factors contributing to obesity with the selected demographic variables.
- ❖ To develop and provide information regarding factors contributing to childhood obesity.

HYPOTHESIS

H₁ There will be a significant association between knowledge levels of school going children regarding factors contributing to obesity with the selected demographic variables.

RESEARCH METHODOLOGY

RESEARCH APPROACH: The approach selected for the conduct of the study was evaluative approach.

RESEARCH DESIGN

A descriptive research design was selected to assess the factors contributing to childhood obesity among school going children aged between 11 to 16 years in selected schools at Guntur.

SETTINGS

Private schools at Guntur. The setting was chosen on the basis of investigator feasibility to collect the data and in terms of availability of 4-5 samples per day and cooperation extended by the management and health personnel. The investigator was familiar with this setting in terms of professional experience.

POPULATION

The population consists of School going children aged 11 to 16 years with obesity.

SAMPLE SIZE

School going children who are fulfilling inclusion criteria will be the sample. The sample will comprise of 100 school going children.

SAMPLE TECHNIQE

Selection of sample depends on the availability of subjects. Non experimental stratified random sampling technique was adapted to this study.

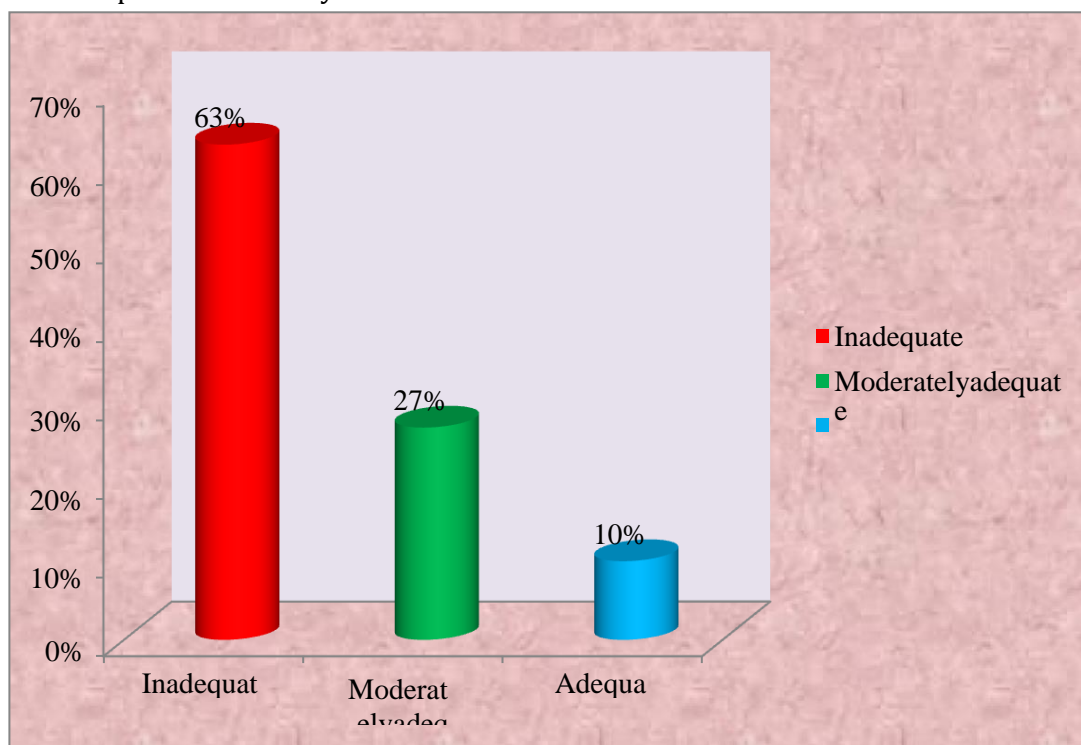


Figure-15: frequency and percentage distribution of samples according to knowledge scores of the school going children

The data shows majority 63 members (63%) of the respondents were having inadequate knowledge, 27 members (27%) of the respondents were having moderate knowledge and 10 members (10%) were having adequate knowledge. Data shows that there is significant association between knowledge scores of 11-16 years school going children with selected demographic variables such as gender, place of living. Hence H_1 is partially accepted. There is no significant association between the knowledge of school going children (11-16 years) with selected demographic variables such as age in years, number of children, type of family, religion, family income, fathers education, fathers occupation, mothers occupation, mothers education, distance between home and school.

CONCLUSION

The knowledge of the obese students regarding childhood obesity revealed majority of 63 members (63%) of the respondents were having inadequate knowledge, 27 members (27%) of the respondents were having moderate knowledge and 10 members (10%) were having adequate knowledge.

There was significant association between knowledge scores of 11-16 years school going children with selected demographic variables such as gender, place of living. Hence H_1 is partially accepted. There is no significant association between the knowledge of school going children (11-16 years) with selected demographic variables such as age in years, number of children, type of family, religion, family income, fathers education, fathers occupation, mothers occupation, mothers education, distance between home and school.

IMPLICATIONS

The findings of the study have the following implications for Nursing practice, Nursing education, Nursing administration and Nursing research.

NURSING PRACTICE

Health education should be made an integral component of nursing practice. Nursing personnel in the area should conduct health education on use of non-pharmacological methods for childhood obesity. There is need to develop strategies for teaching on Home Based Nutritional Education.

NURSING ADMINISTRATION

There should be an increase in the proportion of health care organizations to provide health education on effectiveness of Home Based Nutritional Education. Appropriate service training to all. Nurse Administrator should take intentional to provide information and to organizing health services and effectiveness of childhood obesity.

NURSING EDUCATION

Nursing schools and colleges students should implement health education program on preventing childhood obesity. Nursing personnel working in the hospital should begin in service education to update and improve their activities in terms of knowledge and practice.

NURSING RESEARCH

An Experimental nursing research should be aware about the new trends and existing health care system. Emphasis should be laid down on research in the area of non-pharmacological measures for childhood obesity. Compared to other aspects of knowledge and practice, there is a need for extended and intensive nursing research on all the future studies. At the same time awareness about importance of conducting research in the nutritional education can be created among the community health nurses who were working in the field area.

BIBLIOGRAPHY

1. Paruldatta. Pediatric Nursing, 2nd edition, New Delhi, Jaypee publishers, 2009. P.427- 428.
2. Ghai op. Text book of essential pediatrics, 7th edition. New Delhi, cbs publications, 2002. P.96.
3. Pilot DF, Hungler. Nursing research principles and methods, 7th edition, Philadelphia, Lippincott Williams and wilkins, 1999.
4. Parker Marilyne. Nursing theory and nursing practice, 2nd edition, Jp brothers medical publishers,

2007. P.114.

5. Nancy burns susan k. Grove nursing research, 2nd edition, Harcourt publishers, 2002.P.139.
6. Dampsy Ap. Nursing research,4th edition, London, Lippincott company, 1996.P.75.
7. Berger, Kathleen Stassen. Invitation to the life span, 2nd edition, New York, Worth publishers,2014.P.247.
8. Basavanthappa BT. Nursing research, 2nd edition, New Delhi, Jaypee publishers, 2000. P.90-126.
9. Denise E polit, Nursing research, 8th edition, walters kluwer publishers, 1992. P. 100- 154.
10. Nancy Burns, Understanding nursing research, 4th edition, Lippincott publishers, 1986.p. 120-148.