

Effectiveness of structured teaching programme on control of obesity among obese women, at N.T.R. Nagar, Hyderabad.



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INTRODUCTION

Obesity is a leading preventable cause of death worldwide, with increasing prevalence in adults and children, and authorities view it as one of the most serious public health problems of the 21st century. Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have adverse effects on health leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre obese) when their BMI is between 25kg/m², and obese when it is greater than 30 kg / m².¹

Obesity is strongly linked to the surrounding environmental, social and behavioral factors. Obesity and lack of physical activity during adolescent period contribute to one third of all cancers such as cancer of colon, breast, kidney, stomach and gall bladder disease (WHO, 2000). The author suggested that balanced diet and physical activity would help in checking obesity related problems and prevent them from becoming major health problems. Family support, long-term behavior modification, dietary change, and increased physical activity and decreased sedentary behavior are most effective for weight loss and maintenance.⁹

NEED FOR THE STUDY:

Obesity is a serious health hazard and causes a great deal of morbidity in community. Hippocrates wrote about lean people having fewer incidence of sudden death than obese individuals. Being obese is not a part of a cosmetic disadvantage but a health hazard with multiple implications such as cardio vascular disease, arthritis, asthma, diabetes. Thus obese people frequently suffer from low self-esteem, impaired body image, and suicidal feelings.

A research study was conducted to test the relationships between relative bodyweight and clinical

depression, suicide ideation, and suicide attempts among 40,086 men and women in African Americans and white population sample in U.S.A. Results showed that relative bodyweight was associated with major depression, suicide attempts, and suicide ideation, although relationships were different for men and women. Among women, increased BMI was associated with major depression and suicide ideation. Among men, lower BMI was associated with major depression, suicide attempts, and suicide ideation.

OBJECTIVES:

1. To assess the knowledge of women regarding obesity.
2. To evaluate the effectiveness of structured teaching programme in lifestyle modification and control of obesity
3. To determine the association between the post test knowledge levels with the selected demographic variables.

OPERATIONAL DEFINITIONS

STRUCTURED TEACHING PROGRAMME: It refers to systematically planned teaching activity specifically designed to provide information which improves the knowledge of the women regarding obesity and its control through lecture cum discussion.

OBESITY: Obesity is the generalized accumulation of excess fat in the body with BMI more than 30KG/M².

WOMEN: Refers to females above 20 years who are staying at the N.T.R. Nagar, Hyderabad.

HYPOTHESIS: H1: There is a significant difference between post test knowledge scores and pre test knowledge scores of obese clients regarding obesity before and after administering structured teaching programme.

METHODOLOGY:

Research approach: Evaluative approach is applied to determine the effectiveness of structured teaching programme on control of obesity among obese women.

Research Design: One group pre-test, post-test research design was selected for the present study.

Setting of the study: The study was conducted at N.T.R.Nagar, Hyd.

Population: Accessible population-Obese women of N.T.R. Nagar, Hyd.

Sample: 30 obese women between the age group of 20-60 years.

Sample size: The sample size of the study is 30 obese women

Sampling technique: Purposive sampling technique was adopted

Inclusion criteria:

1. Obese women of more than 20 years and less than 60

years of age with body mass index more than 25 residing at N.T.R. Nagar.

2. Women who were willing to participate in this study.

Exclusion criteria:

Women who were currently taking treatment for obesity.

DESCRIPTION OF TOOL:

Section- A: structured questionnaire on demographic data of obese women such as age, sex, marital status, educational qualification, religion, area of living, occupation.

Section- B: Lifestyle modification on obesity, its prevalence and management of obesity.

DATA COLLECTION PROCEDURE:

Prior permission was obtained from the samples and Medical officer, primary health centre, N.T.R. Nagar, Hyderabad. Time schedule for data collection and structured teaching programme was submitted to the medical officer. The purpose of the study was explained to them. Consent was obtained from study subjects and they were assured of confidentiality and privacy was provided throughout the programme. Those who fulfilled the inclusion criteria were given structured teaching programme for 7 days & posttest was conducted on 8th day.

DATA ANALYSIS:

Statistical method used for the data analysis were descriptive statistics that include frequency, percentage, mean & standard deviation inferential statistics namely chi-square was used to associate between the knowledge levels of the obese women and selected demographic variables.

RESULTS:

Table 1: Frequency and Percentage distribution of demographic data of obese women.

Demographic data	Frequency	Percentage
1. Age		
20 - 30 Years	15	50.00%
30 - 40 Yrs	10	33.33%
40 - 50 Yrs	4	13.33%
Above 50 Yrs	1	3.33%
2. Religion		
Hindu	1	3.33%
Christian	11	36.67%
Muslim	5	16.67%
Others	13	43.33%
3. Education		
Uneducated	10	33.33%
Under Graduate	9	30.00%
Graduate	5	16.67%
Post Graduate	6	20.00%

4. Family Income		
Below Rs 5000	22	73.33%
Rs 5001 – Rs 7000	3	10.00%
Rs 7001 – Rs 9000	3	10.00%
Rs 9001 - Rs 11000	2	6.67%
Above Rs 11000	0	0.00%
5. Area of Residence		
Rural	11	36.67%
Urban	19	63.33%
6. Occupation		
Sedentary	20	66.67%
Moderate	7	23.33%
Daily Worker	1	3.33%
Business	2	6.67%
7. History of Obesity		
Yes	19	63.33%
No	11	36.67%
8. Food Habits		
Vegetarian	23	76.67%
Non Vegetarian	7	23.33%

Table 1: shows the frequency and percentage distribution of demographic variables with regard to age. Religion, education, family income, area of residence, occupation, history of obesity & food habits

Table 2: Comparison of Frequency distribution of overall knowledge of obese women regarding the control of obesity before and after implementing structured teaching programme.

Performance Levels	Knowledge Score	Pre Test		Post Test	
		F	% F	%	
Below Average	0 – 10	24	80.00%	05	16.67%
Average	11 – 20	06	20.00%	19	63.33%
Above Average	21 – 30	00	00.00%	06	20.00%
Total		30	100.00%	30	100.00%

Table – 2 showed that the total knowledge score of obese women about obesity. The knowledge scores shows that there is a difference between the pre test and post test knowledge scores in before & after receiving the structured teaching programme.

Fig III: Comparison of Percentage distribution of the obese women regarding the control of obesity before and after implementing the structured teaching programme.

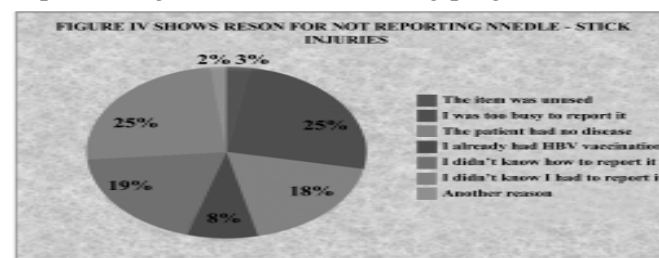




Fig -3: Showed that the total knowledge score of obese women about obesity was 30 with a maximum score of 30 and least score 0. The scores ranging from 0-10 fall under below average knowledge of obese women about obesity and were 05 (16.67%) in the posttest as compared to 24 (80.00%) in the pretest. The scores ranged between 11-20 indicate average knowledge of obese women about obesity and were 19 (63.33%) in the posttest as compared to 06 (20.00%) in the pretest. Obese women and scores ranged between 21-30 indicated above average knowledge about obesity 06 (20.00%) in the posttest as compared to none in the pre test.

FINDINGS OF THE STUDY

1. It includes demographic data findings like subjects majority 15 (50.00 %) were in the age group of 20-30 Years and least 1 (3.33 %) were in the age group of above 50 Years. In regard to religion majority i.e.13 (43.33%) belongs to other religion and least 1 (3.33%) from Hindu religions. In regard to education out of 30 samples majority were illiterates 10 (33.33%) and the least were graduates 5 (16.67%). In regard to monthly income majority were earning below Rs 5000 22 (73.33%) and least were earning above Rs 110000 0 (0.00%). In regard to area of residence majority were living in urban area 19 (63.33%) and least were living in rural area 11 (36.67%). In regard to occupation majority of women were having sedentary lifestyle 20 (66.67%) and the least were daily worker 1 (3.33%). In regard to the history of obesity in the family is present for majority of women 19 (63.33%) and the least were 11 (36.67%). In regard to the food habits majority of the women were vegetarian 23 (76.67%) and the least were non vegetarian 7 (23.33%).

2. It represents the comparison of area wise mean, standard deviation and paired t value of post test and pre test knowledge scores in specific areas of the control of obesity among obese women. In the area of overall knowledge in posttest was increased from 14.800 mean with 4.310 S.D as compared to the pretest 8.700 mean

with 2.246 S.D and paired t value was 8.285.

3. It indicates that there is no association between the knowledge scores and demographic variables.

RECOMMENDATIONS:

1. Replication of present study can be conducted using true experimental design.

2. A similar study can be conducted among obese women in rural and urban settings.

3. A comparative study can be done to assess the effectiveness of structured teaching programme among obese women.

4. The same study can be conducted with a post test after one month, three months and one year intervals to evaluate the retention of preventive measures on control of obesity.

CONCLUSION: The present study is aiming at creating the awareness among the obese women about obesity As per peplau's theory one of the roles of the psychiatric nurse is to educate the individual since obesity is more prevalent among women than men which lead to depression with suicidal feelings. So an attempt is made to create awareness as well as lifestyle modification among women with obesity. Hence the present study is planned to educate the women in community regarding prevalence and causes, effects and awareness of obesity.

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XXV SNA BIENNIAL STATE CONFERENCE

Narayana Nursing Institution students had attended the XXV SNA Biennial state conference in Guntur, which was held on 19th and 20th August, 2013, 53 students along with 3 faculties from **Narayana Nursing Institutions** participated in the SNA Biennial state conference. Spot painting, Floor decoration (Rangoli) Health education, Recitation / poetry, sports, Personality contest, Talent Night and poster presentation were the events conducted.

For personality contest Ms. Ninja from IIIrd B.sc (N), **Sree Narayana Nursing College** won the 1st Runner up for Ms.SNA competitions. In sports Ms. Binnimol Baby from IInd year B.sc (N) **Narayana college of Nursing** won 2nd prize on 100 meters running race. The classical solo dance Ms. Rekha Mol from IIIrd year B.sc (N) **Sree Narayana Nursing College** won 2nd prize and For poetry Recitation Ms. Shyno Reba Cherian from IVth year B.sc (N) **Narayana College of Nursing** won 2nd prize.