"Knowledge And Attitude Of Adolescents Regaining The Health Hazards Of Junk Foods With A View To Prepare, Implement And Evaluate A Health Teaching Programme In Selected High Schools Of Gwalior"

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Abstract

Adolescence is the only time following infancy when the rate of physical growth actually increases. First, there is a greater demand for calories and nutrients due to the dramatic increase in physical growth and development over a relatively short period of time. Second, adolescence is a time of changing lifestyles and food habit--changes that affect both nutrient needs and intake. Third, adolescent drive for individuation means more opportunity to assert food choices and expand or narrow healthy options.

Introduction

India's Junk food industry is growing by 40 percent a year. Statistics place India in 10th place in fast food per capita spending figures with 2.1% of expenditure of annual total spending. Junk food seems to have engulfed every age; every race and the newest entrants are children. Adolescents and children suddenly seem to have stepped into a world of fast foods and vending machines, totally unaware of the havoc they are creating for themselves. For children who have less vision of the heart disease, cancer, high blood pressure or diabetes that might befall them decades later, the tentacles of a junk food environment are virtually inescapable.

Adolescence is a transitional period between childhood and adulthood, which begins from the earliest signs of secondary sexual characteristics development and ends when a person has achieved adult status (WHO, 1995).Hence, dramatic changes and development of the physical, emotional and cognitive functions occur during adolescence. In order to achieve optimal growth and development during adolescence, the nutritional requirements are the highest across the life span.

Health teaching is an integral pan of nursing und it emphasizes a scientific attitude towards health,

which is very important for modern healthy living: Planned teaching program is one the most effective means of heal the promotion. Hence the investiga1or felt there is a need to conduct a health-teaching programme regarding health hazards of junk foods and also to evaluate the effectiveness of a leaching programme and contribute to the general health of the nation.

Factors identified by adolescents as being most influential on their food choices included hunger or cravings, appeal of food, time available to them and parents, and convenience of food. Factors of secondary importance included parental influences and situational factors. Other factors discussed included mood, body image concerns, habits, cost, media influences and lifestyle choices. Reasons cited for not eating the 1'right kinds of foods" included lack of time to eat and lack of availability of healthful foods.

Junk food is a slang word for food with limited nutritional value. Salted snack foods, candy. most sweet. desserts, fried fist-food and carbonated beverages arc some or the major junk foods. Junk foods include foods that are high in salt. sugar. fat or calories and low nutrient content. If junk foods regularly replace others types of foods in the daily diet, obesity, vitamins and mineral delicences and other health problem can occur.

Methods

Experimental design, with non-probability purposive sampling method was used. The sample consisted of 60 adolescents and information was collected regarding health hazards of junk foods using the structured knowledge questionnaire. health teaching programme was implemented and post-test was conducted after 7 days to find the effectiveness

Significant Finding Of The Study-

There was a highly significant difference between mean post-test and pre-test knowledge scores (T_{119}'''53.6. $P<0.001$). There was u highly significant difference between the pre test attitude and post-test attitude scores ($T_{119}=34.03$, $P<0.001$). therewas no significant association between knowledge and attitude of adolescents.

There was a significant association between knowledge scores and variables likegander' of the subject(X^2-7.5, P'< 0.05) and 'class studying in ' (X^2-6.2 $P<0.05$). There was a significant association between attitude scores and variable like 'previous information on junk food (X^2=8.4. P< 0.05). But there was no significant association with pre test knowledge scores und other variables like 'age, residential area 'family income· and 'parental occupation'. Similarly, there was

no significant association between pre-test attitude scores and variables like age, gender, income and residential area.

Findings of the study showed that the knowledge and attitude scores of adolescents were inadequate before the introduction of health teaching programme. This health teaching programme facilitated them to improve knowledge and develop favourable attitude towards health effects of junk foods. Post-test knowledge and attitude scores significantly increased in adolescents. Hence the health teaching programme was an effective teaching strategy for improve knowledge and develop favourable attitude

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