A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE ON EATING REGARDING PREVENTION OF OBESITY AMONG COLLEGE STUDENTS WHO ATTENDING IN PSYCHIATRIC HOSPITAL AT CHENNAI.

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Abstract : A study to assess the knowledge and attitude on eating regarding prevention of obesity among college students who attending in psychiatric hospital at Chennai. The research approach used for this study was quantitative approach. The research design for this study is non experimental descriptive research design . Sample size was 100 college students. Convenient sampling technique was used for the study. The collected data was analyzed by using both descriptive & inferential statistics. The study result found that out of 100 samples the majority of students 64 (64 %) had inadequate knowledge, 24 (24%) had moderately adequate knowledge and 12 (12%) of students had inadequate level of knowledge regarding prevention of obesity. Based on the attitude on eating majority of students 57 (57%) had poor attitude, 31 (31%) had good attitude, 10 (10%) had very good attitude and 2 (2%) had excellent attitude. The overall knowledge mean score 12.63. The overall attitude mean score 46.2. There was a significant association found between the knowledge and age, education of mother, dietary pattern, hobbies. There was a significant association found between the attitude and education of mother, place of living, dietary pattern. The main conclusion drawn from this study was majority of students had inadequate & moderately adequate knowledge regarding prevention of obesity and majority of students had poor and good attitude on eating regarding prevention of obesity.

Keywords: Obesity, Knowledge, Attitude, college students.

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Introduction

Obesity arises as the result of an energy imbalance between calories consumed and the calories expended, creating an energy surplus and a state of positive energy balance resulting in excess body weight. This energy imbalance is partially a result of profound social and economic changes at levels well beyond the control of any single individual.**[1]** Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health leading to reduced life expectancy and/or increased health problems. obesity means too much of body fat. It is different from being overweight,

which means weighing too much. The weight may come from muscle, bone, fat and body water. Both terms mean that a person's weight is greater that what is considered healthy for his/her height .**[2]** The body mass index (BMI) is a statistical measure which compares a person's weight and height. Though it does not actually measure the percentage of body fat, it is used to estimate a healthy body weight based on a person's height.**[2,3]** Obesity among adolescents is an existing problem that is associated with changes in life style in recent years;

obesity has been increased steadily among children and adolescents. [4]

Obesity is considered one of the growing health problems as it has great effects on the child and adolescent's health; leading to significant health problems either organic or psychological. Obesity increases the risk for serious health conditions like type 2 diabetes, high blood pressure, and high cholesterol; all once considered exclusively adult diseases [5]. Obese kids may also be prone to low self- esteem that stems from being teased, bullied, or rejected by peers. However, it is a preventable problem for which a health education program can be designed and so its prevalence and its sequel can be reduced [6]. Adolescence is a particularly vulnerable time for the development of obesity because it is marked by a slowing of growth and corresponding decrease in physical activity [7]. Personal behaviors beyond diet (physical activity, sleep, sedentary and screen time, and stress) have also been independently associated with weight change and maintenance in adulthood. Combined with diet, these elements have synergistic and likely cumulative effects on an individual's ability to maintain or obtain a healthy body weight over the life course [8].

RESEARCH METHODOLOGY:

Quantitative approach was considered to be more appropriate for the present study. Non experimental descriptive design was adopted for this study. The population of the present study comprises of all adults. The study was conducted in Dr. G.D. Boaz Psychiatric hospital at Chennai.. 100 college students who met inclusive criteria were selected for this study. A convenience sampling technique was used to select the sample for this study

The Inclusive criteria of samples included in the study were the a who were able to understand the language Tamil, willing to participate in the study. Exclusive criteria of the samples excluded from the study were those who students between the age group below 16years.

Self-structured interview schedule was used to collect the data from the participants. The tool consisted of the following two sections such as Demographic variables and structured knowledge questionnaire to assess the level of knowledge regarding prevention of obesity and **B)** Eating attitude test

is used to assess the eating attitude of students. For assessing the level of awareness, score one was given for each right answer and score zero was given for each wrong answer. The total score was 20. For Knowledge 0 - 100% (Inadequate knowledge, 51 – 75 % - Adequate knowledge).

The data was entered in MS Excel and the data analysis was carried out in SPSS version 26. Descriptive statistics such as mean, mean percentage, standard deviation was used to analysis the knowledge and pain level. Inferential statistics such as chi-square was used to associate the knowledge with demographic variables.

RESULTS :

TABLE 1 : DATA ON FREQUENCY AND PERCENTAGE WISE DISTRIBUTION ON LEVEL OF KNOWLEDGE REGARDING PREVENTION OF OBESITY.

S.NO	SCORE	FREQUENCY	PERCENTAGE %
1	Inadequate	64	64
2	Moderately adequate	24	24
3	Adequate	12	12
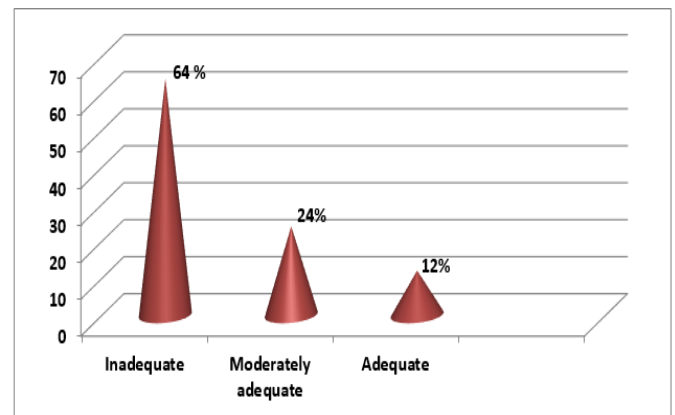
The above table shows that the majority of college students 64 (64 %) had inadequate level of knowledge , 24 (24%) had moderately adequate level of knowledge and 12(12%) of college students had adequate level of knowledge regarding prevention of obesity .

TABLE 2 : DATA ON FREQUENCY, PERCENTAGE AND X2 DISTRIBUTION ON LEVEL OF KNOWLEDGE REGARDING PREVENTION OF OBESITY AMONG COLLEGE STUDENTS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

N = 100

S.NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE						TOTAL	CHI-SQUARE	df	P VALUE
		INADEQUATE		MODERATELY ADEQUATE		ADEQUATE					
		f	%	F	%	f	%				
1	**Age**										
	a)16 – 18 yrs	21	21	7	7	1	1	29		4	0.032*
	b)9 – 21 yrs	23	23	15	15	8	8	46	9.698	4	
	c)Above 21 yrs	20	20	2	2	3	3	25		1	
2	**Sex**										
	a.Male	2	2	1	1	0	0	3	0.487	2	0.135
	b.Female	62	62	23	23	12	12	97		2	
										1	
3	**Educational status**										
	a)B.Sc. Nursing										
	b)Diploma Nursing	39	39	16	16	10	10	65	2.266	2	2.048
		25	25	8	8	2	2	35			
4	**Education of father**										
	a)Primary education										
	b)Secondary education	2	2	0	0	0	0	2		4	
	c)Graduate.									4	
		24	24	7	7	2	2	33	3.652	1	3.367
		38	38	17	17	10	10	65			
5	**Education of mother**										
	a)Primary education	22	22	7	7	1	1	30		4	
	b)Secondary education								12.375	4	
	c)Graduate	22	22	16	16	7	7	45		1	0.213
		20	20	1	1	4	4	25			
6	**Family monthly income**										
	a)Below 5000	8	8	6	6	2	2	16		2	
	b)Rs.5001-10000	12	12	4	4	4	4	20		2	2.990
	c)Rs.10001–15000	9	9	5	5	4	4	18	3.022	1	
	d)> Rs. 15000	22	22	17	5	7	7	46			
7	**Area of residence**										

	a)Urban	19	19	15	15	6	6	40		2	
	b)Rural	22	22	15	15	8	8	45	8.734	2	
	c)Semi urban	10	10	2	2	3	3	15		1	7.234
8	**Type of family**										
	a)Nuclear	19	19	1	1	3	3	23		4	
	b)Joint	24	24	16	16	8	8	48	11.138	4	
	c)Extended	21	21	7	7	1	1	29		1	0.030*
9	**Dietary habits**									2	
	a)Vegetarian	60	60	23	23	11	11	94		2	
	b)Non vegetarian	4	4	1	1	1	1	6	0.266	1	0.005*
10	**Hobbies**										
	a)Yoga	1	1	0	0	0	0	1		6	
	b)Exercise	4	4	1	1	1	1	6	9.180	6	
	c)Meditation	39	39	8	8	4	4	51		1	4.685
	d)Others	20	20	15	15	7	7	42			

TABLE 3: DATA ON FREQUENCY AND PERCENTAGE WISE DISTRIBUTION OF LEVEL OF ATTITUDE ON EATING REGARDING PREVENTION OF OBESITY.

S.NO	GRADING OF ATTITUDE LEVEL	FREQUENCY	PERCENTAGE
1	Poor	57	57
2	Good	31	31
3	Very good	10	10
4.	Excellent	2	2

Table 3 shows with respect to attitude grading that 57 (57%) samples are having poor attitude, 31(31%) samples are having good attitude and10 (10%) are having very good attitude and 2 (2%) are having excellent attitude on eating regarding prevention of obesity.

TABLE 4: RELATIONSHIP BETWEEN KNOWLEDGE SCORE AND ATTITUDE LEVEL OF SAMPLES ON OBESITY

N=100

Variables	Range	Mean	SD	correlation
Knowledge	0-30	39.32	11.81326%	r=0.177
Attitude	39 - 156	46.28	19.38399%	p=0.078 Negative correlation

TABLE 5: ASSOCIATION BETWEEN CHI –SQUARE RESULTS OF DEMOGRAPHIC VARIABLES AND KNOWLEDGE ON OBESITY AMONG ADOLESCENTS.

S.No	Demographic variables	chi-square value	Df	P Value	Results
1.	Age in years	9.698	5	0.032*	Significant
2.	Gender	0.487	5	0.135	Not significant
3.	Educational status	2.266	2	2.048	Not significant
4.	Education of father	3.652	5	3.367	Not significant
5.	Education of mother	12.375	5	0.213	Not significant
6.	Family monthly income	3.022	5	2.990	Not significant
7.	Place of living	8.734	5	7.234	Not significant
8.	Family type	11.138	5	0.030*	Significant
9.	Dietary pattern	0.266	5	0.005*	Significant
10.	Hobbies	9.180	7	4.685	Not significant

TABLE 6: ASSOCIATION BETWEEN CHI –SQUARE RESULTS OF DEMOGRAPHIC VARIABLES AND ATTITUDE ON EATING REGARDING PREVENTION OF OBESITY AMONG ADOLESCENTS.

S.No	Demographic Variables	chi-square value	Df	P Value	Results
1.	Age in years	5.836	6	3.737	Not significant
2.	Gender	0.427	7	0.177	Not significant
3.	Educational status	1.359	7	0.821	Not significant
4.	Education of father	3.215	5	0.790	Not significant
5.	Education of mother	5.681	6	0.051	Significant
6.	Family monthly income	1.359	7	0.821	Not significant
7.	Place of living	0.534	6	0.088	Significant
8.	Family type	1.564	7	1.492	Not significant
9.	Dietary pattern	5.609	13	0.041	Significant
10.	Hobbies	4.033	9	0.183	Not significant

DISCUSSION:

The aim of the study to assess the level of knowledge and attitude on eating regarding prevention of obesity among college students. The research design used for the study is non experimental descriptive research design. The subjects were assessed by using structured knowledge questionnaire and eating attitude test.

The study findings were supported by Ranjit kaur et al, has a study on assess the knowledge and attitude of adolescents on obesity at selected schools. A total of 100 Adolescents age group between 15 and 18 years was selected by convenient sampling technique. The results showed that (67%) samples are having Inadequate knowledge, (32%) samples are having moderately adequate knowledge and (1%) are having adequate knowledge on obesity. With respect to Attitude (6%) samples are having unfavourable attitude, (94%) samples are having moderately favourable attitude and (0%) are having adequately favourable attitude regarding obesity. The correlation coefficient (r) showed that moderately negative correlation between knowledge and attitude.

CONCLUSION:

This study is conducted to determine the knowledge and attitude on eating regarding prevention of obesity. The analysis of findings reveal that overall knowledge mean score of the sample is found to be 12.63.The analysis of findings reveal that overall attitude mean score of the sample is found to be 46.2. The correlation between knowledge and attitude results show that the calculated correlation coefficient (r) was 0.177 with P Value 0.078, which shows that there was moderately negative correlation between knowledge and attitude . The association between the knowledge level and demographic variables are found to be significant with respect to age, family type, dietary pattern. Further the findings of the study also reveal that association between the knowledge level and sex, educational status, education of father, education of mother, family income, place of living, hobbies are found to be statistically non significant. The association between the attitude level and demographic variables are found to be significant with respect to education of mother, place of living, dietary pattern. Further the findings of the study also reveal that association between the attitude level and age, sex, education status, education of father, education of mother, family income, place of living, dietary pattern, hobbies are found to be statistically non significant. The study suggests that there is a need to develop an information booklet on prevention of obesity for adolescents. Hence, developed an information booklet on prevention of obesity.

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