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Original Research Article

A study to assess the effectiveness of awareness program on knowledge regarding management of obesity among house wives in village (Larsun) of district Ganderbal Kashmir

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ABSTRACT

Introduction: Obesity often known as "NEW WORLD SYNDROME" is a new disease despite being an old recognized physical feature. Regardless of age or socioeconomic background, obesity is a serious social and psychological condition that affects practically everyone. The threat of invasion affects both developed and growing countries. Similar to how they do in industrialized countries, diet and lifestyle, which are significantly changing as a result of the economic and nutritional transition, have an impact on the risk of obesity. a significant risk factor for the onset of non-communicable diseases as hypertension and heart disease, among others Globally, obesity has reached epidemic levels; at least 2.8 million people die from being overweight or obese each year. Obesity was originally only a problem in high-income nations, but it is now widespread in middle- and low-income nations as well.

Materials and Methods: The knowledge of housewives in the village of Larsun, district of Ganderbal, regarding obesity was evaluated using a quantitative approach. Data from housewives who met the inclusion criteria were gathered using a purposeful sampling strategy. A self-administered structured knowledge questionnaire was used to obtain the data. 11 professionals validated the tool. By utilizing the Karal-Pearson correlation coefficient (r = 0.83), the tool's dependability was determined. Following the pretest, a structured teaching programme was offered. A posttest was conducted three months later. Quantitative analysis was used to examine the data.

Results: The majority of the subject (12.9%) scored poorly on the pretest, followed by 61.3% who scored well, and 25.8% who scored well. 100% had outstanding knowledge on the posttest. The mean knowledge score before the test was (16.45 +_.943), and the mean knowledge score after the test was (28.45 +_1.12). Additionally, it showed that it had statistical significance (P 0.05).

Conclusion: The funding of the study came to the conclusion that there was a considerable improvement in housewives' understanding of obesity following the implementation of a self-structured instruction programme.

1. Introduction

Living in this lovely world is a wonderful experience. Therefore, it would be awful if obesity or being overweight cut short this wonderful experience of experiencing life when one has the power to prevent it. Due to growing urbanisation and sedentary lifestyles, overweight and obesity are the most common dietary problems in both developed and developing countries.[1]

Obesity is characterised as an abnormal or excessive accumulation of fat that could harm one's health. Obesity is defined by the WHO as a BMI >=30 and overweight

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as a BMI >=25.Body mass index is a straightforward measure of health for tall people that is frequently used to categorise overweight and obesity. It is calculated by dividing a person's weight in kilogrammes by height in metres (KG/m2). Obesity is a significant contributor to the rise in diabetes, hypertension, cancer, and lipid diseases. The most common significant public health issue now is obesity. It is a complex illness that can be linked to overall health and happiness.[2]

The most prevalent nutritional issue today is obesity, which reaches pandemic proportions. Gender inequalities in the relationship between education and income and obesity were revealed by the 2001 National Health and Nutrition Survey.[3] The ratio of women to males was significantly larger (3.38% vs. 2.20%), and women with lower socioeconomic position and less education were nearly four times more likely to be obese than women with higher socioeconomic status and more education. However, according to NHANS statistics from 2015, adults aged 40 to 59 years had a greater prevalence of obesity (42.8%) than those aged 20 to 39 years (35.7%).[4]

The danger of being obese is rising among housewives, which is the main cause of chronic illness.In order to solve the issue, this research project will help determine the prevalence and contributing elements of obesity. The results of this study will aid in the adoption of healthy lifestyles by housewives and other members of society.

2. Objectives

1. To assess the existing knowledge regarding obesity among house wives in village (Larsun) of District Ganderbal.(pretest)
2. To assess the post test knowledge regarding obesity among house wives in village (Larsun) of District Ganderbal.
3. To assess the effectiveness of awareness program on knowledge regarding obesity among house wives in village Larsun of district Ganderbal by comparing between pretest and post test.
4. To find association of pretest knowledge score regarding obesity with demographic variables viz: (age, type of family, education qualification).

2.1. Hypothesis

1. H1: The mean post test knowledge score of house wives regarding obesity is significantly higher than the pretest knowledge score after the implementation of awareness program at 0.05 level of significance.
2. H2: There is significant association between pretest knowledge score of housewives with their selected demographic variables at 0.05 level of significance.

3. Materials and Methods

3.1. Study design and setting

The study was designed in the form of pre experimental one group pretest posttest quantitative design with the objectives to increase the knowledge of obesity among housewives in village larsun district ganderbal.

3.2. Sample size and sampling method

The sample size for the present study comprised of 31 housewives of village larsun district ganderbal Kashmir.

The sampling technique of this study consists of purposive sampling technique.

3.3. Data collection tool and technique

For data collection tool was used which consists of 2 sections.

Section 1st

Demographic data seeking information about age, educational qualification, type of family.

Section 2nd

Structured questionnaire regarding risk factors, causes signs and symptoms, diagnosis ,prevention and management of obesity.

4. Data Management and Analysis

4.1. Data was analyzed and organized under the following sections

1. (a) *Section:* Demographic variables among house wives in village (Larsun) of District Ganderbal Kashmir i.e. Age, Education, Type of family.
   (b) *Section:* Findings of pretest knowledge scores regarding management of obesity among housewives in village of Larsun district Ganderbal
   (c) *Section:* Findings of posttest knowledge scores regarding management of obesity among housewives in village of Larsun district Ganderbal.
   (d) *Section:* Comparison of pre test and post test scores.
   (e) *Section:* Findings related to Association between knowledge with selected variables.

4.1.1. Section A

As is evident from Table 1 the majority i.e. 67.7% of the subjects are in the age group of 33 to 48 years ,22.6% are in the age group of 16 to 32 years and 9.7% are 48 +

As is evident from Table 2 most of the subjects belong to illiterate group 19 i.e. (61.3%) and only 12 i.e. (38.7%) belong to literate group.

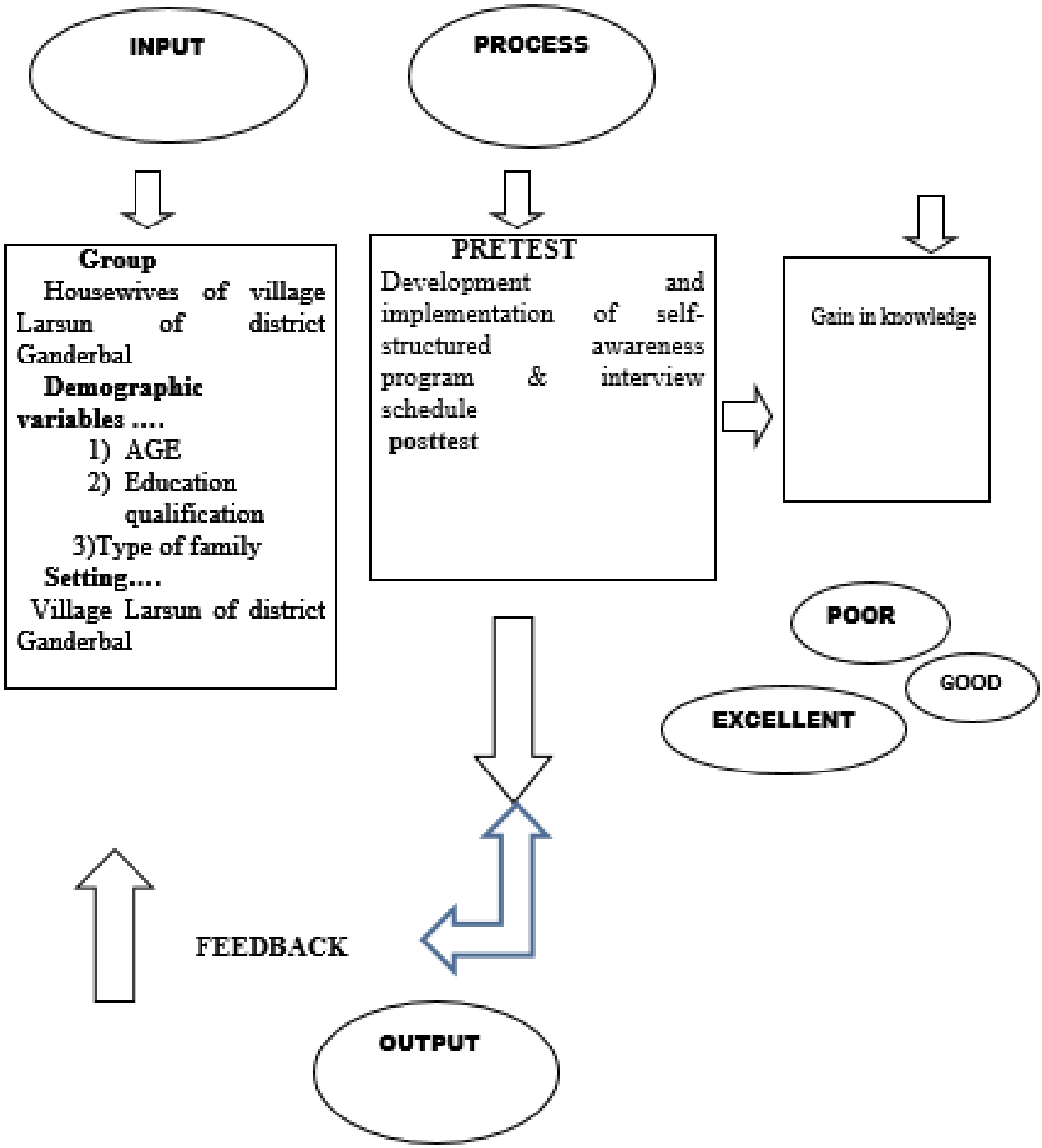

Fig. 1: Conceptual framework based on ludwig von bertaniaffy system model

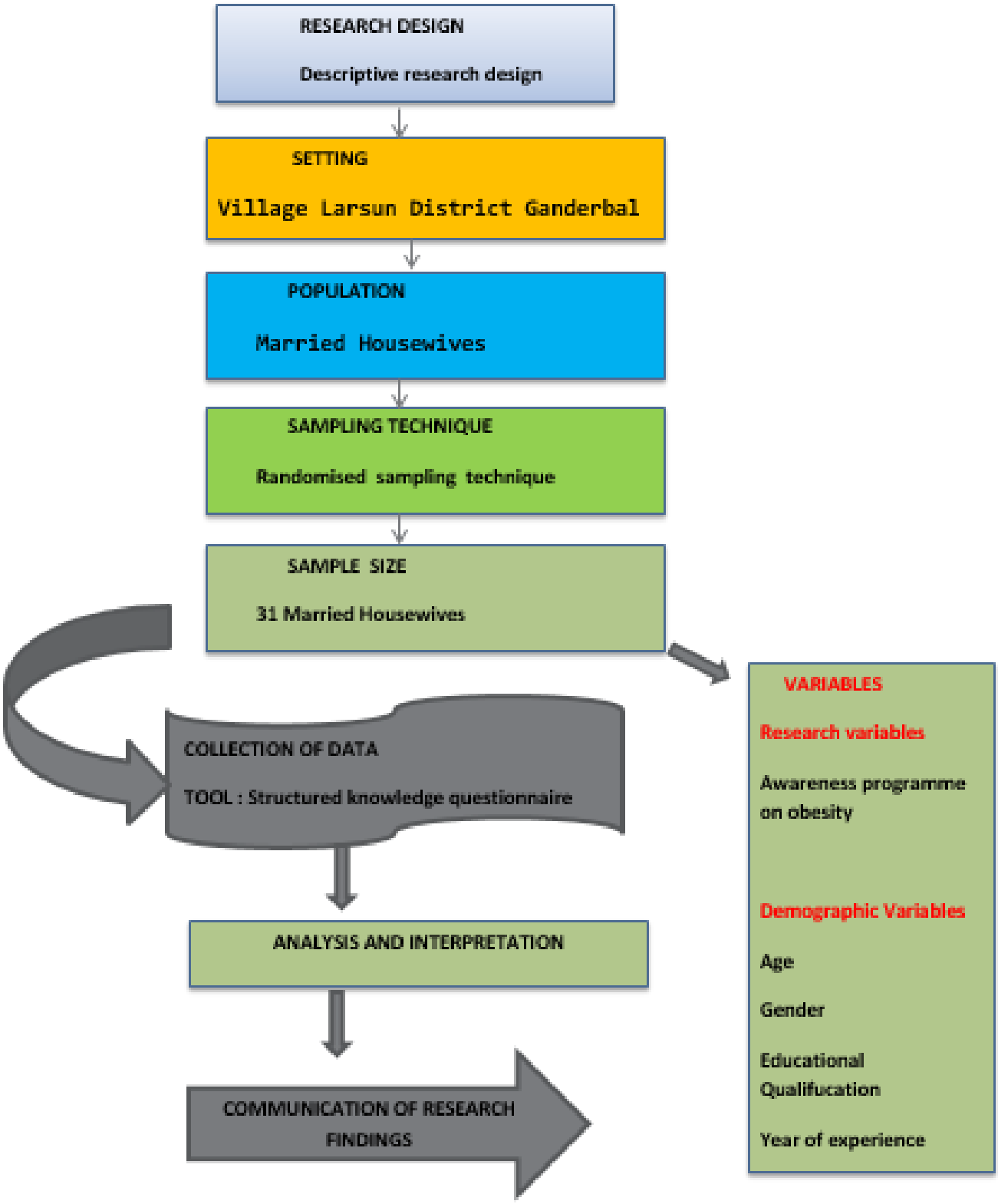

Fig. 2: Schematic representation of research methodology

Table 1: Frequency and percentage distribution of subjects with respect to age: N=31

Age	N	Percent (%)
16-32	7	22.6
33-48	21	67.7
48+	3	9.7
Total	31	100
Mean±SD	39.55±7.77	

Table 2: Frequency and percentage (%) distribution of subjects with respect education: N=31

Education	N	Percent (%)
Literate	12	38.7
Illiterate	19	61.3
Total	31	100.00

Table 3: Frequency and percentage distribution of subjects with respect to type of family N=31

Type of family	N	Percentage (%)
Joint	18	58.1
Nuclear	13	41.9
Total	31	100.00

As is evident from Table 3 the majority of subjects belong to joint family i.e. 18 (58.1%) and only 13 i.e. (41.9%) belong to nuclear family

4.1.2. Section B

Table 4: Assessment of Knowledge score of subject regarding management of obesity among house wives in village Larsun before conducting awareness program N=31

Knowledge Score	Pretest	
	Number	%
Poor(3-10)	4	12.9
Good(11-20)	19	61.3
Excellent(21-24)	8	25.8

As is evident from data of Table 4, most of the subject 19 i.e. (61.3%) had good knowledge, 8 i.e. (25.8%) had excellent knowledge and only 4 i.e. (12.9%) had poor knowledge

4.1.3. Section C

As is evident from data of Table 5, the entire subjects i.e. 31 have excellent knowledge (100%)

4.1.4. Section D

It is evident from Table 6 that mean post test score obtained by subject's i.e. (28.45 ± 1.12) was greater than mean pretest knowledge score of subjects i.e. (16.45± .943) and also indicates that it was statistically significant (P<0.05).

Table 5: Knowledge score of subjects regarding management of obesity among house wives in village Larsun after awareness programme N=31

Knowledge score	Postest	
	Number	%
Poor(1-10)	0	0
Good(11-20)	0	0
Excellent(21-31)	30	100

4.1.5. Section E

The data in the table shows that no significant association was found between (education and knowledge) thus we accept Null hypothesis and reject research hypothesis. Again there is a significant association between (age and knowledge) hence null hypothesis is rejected and research hypothesis is accepted.[5–8]

5. Discussion

"A Study to assess the effectiveness of awareness program on knowledge regarding management of obesity among housewives in village Larsun of district Ganderbal"

Self-structured interview schedule was used to analyze the data by using spss software all the categorical variables was reprinted by frequency and % also quantitative variables was further analyzed by paired t test and association was shown by using chi square test all the results will be discussed at 5% level of significance (p< 0.05). The conclusion of the study was drawn on the basis of major findings which were as follows:

5.1. Major findings of the study

Section A: Description of demographic variables ie Age, educational qualification and type of family

1. Out of 31 study subjects the majority i.e. 67.7% of the subjects were in the age group of 33 to 48 years,22.6% were in the age group of 16 to 32 years and 9.7% were 48+
2. Majority of the study subjects belonged to illiterate group 19 i.e. (61.3%) and only 12 i.e. (38.7%) belonged to literate group.
3. Majority of the study subjects belonged to joint family i.e. 18 (58.1%) and only 13 i.e. (41.9%) belonged to nuclear family.

Section B: Findings of pretest knowledge scores regarding management of obesity among housewives in village of Larsun district Ganderbal.

1. In pretest knowledge, most of the subject (12.9%) had poor knowledge
2. In pretest 61.3% had good knowledge
3. In pretest knowledge 25.8% had excellent knowledge

Table 6: Comparison of overall pre and posttest knowledge score by using p value n=31

	Mean	N	Std. Deviation	Std. Error Mean	P-value
Pretest score	16.45	31	5.253	.943	P<0.0001
Post test score	28.45	31	1.121	.201	

Table 7: Association betweenPre- test knowledge Score with selected demographic variables of subject N=31

Variable	Category	Levels of knowledge			Chi-square	Df	P-value	Remark
		Poor (%)	Good(%)	Excellent (%)				
Age	16-32	1(25)	5(26.3)	1(12.5)		4		
	33-48	1(25)	13(68.4)	7(87.5)			0.04	SIG. *
	48+	2(50)	1(5.3)	0(0.0)	9.06			
Education	Literate	1(25)	8(42.1)	3(37.5)	.414	2	.813	NS
	Iliterate	3(75)	11(57.9)	5(62.5)				
Type of family	Joint	3(75)	14(73.7)	1(12.5)	9.16	2	.010	SIG*
	Nuclear	1(25)	5(26.3)	7(87.5)				

Section C: Findings of posttest knowledge scores regarding management of obesity among housewives in village of Larsun district Ganderbal.

In posttest 100% had excellent knowledge.

Section D: Comparison of pretest and posttest knowledge score regarding management of obesity in housewives of village Larsun district Ganderbal.

While comparing the knowledge scores of study subjects regarding management of obesity, the mean posttest knowledge was (28.45 +_1.12) and mean pretest knowledge score was (16.45 +_ .943). And also indicated that it was statistically significant (P<0.05).

5.2. Association between knowledge with selected variables

1. Association between ages with knowledge was statistically significant.
2. Association between education and knowledge was statistically insignificant.
3. Association between type of family and knowledge was statistically significant.

6. Summary

Study was conducted to assess the impact of self-structured awareness program on knowledge regarding management of obesity among housewives in village of Larsun district Ganderbal.

7. Conclusion

Conceptual frame work was used in our study based on the Ludwig von Bertainniaffy system model. The model states that we are enmeshed in many systems. A system is a set of components which are input, process, output and feedback.

1. Quantitative approach was used in the study with one group pretest posttest Preexperimental research design. The study was confined to housewives of village Larsun district Ganderbal. 31 housewives were selected by convenient sampling technique.
2. The tool developed for data collection was self-structured interview schedule.
3. The structured awareness program significantly helped in the improvement of knowledge regarding management of obesity in village Larsun district Ganderbal.

8. Recommendations

At the end of our research study and the interpretations presented at the each graph and pie chart, a no. of recommendations/suggestions are proposed by our group as;

1. To impart in-depth knowledge regarding management and preventive measures of obesity
2. A replication of present study can be conducted on a large group.
3. A study can be conducted to find out the causes and risk factors of obesity
4. A study can be conducted to find out the prevalence and incidence of obesity.
5. There are some other tips for combating obesity which include

   (a) Eat Adequate fiber die
   (b) Skip the high fat food product
   (c) Eat more vegetables and fruits
   (d) Eat frequent meals
   (e) Don't skip the breakfast
   (f) Drink plenty of purified water throughout the day
   (g) Get proper sleep
   (h) Exercise regularly
   (i) Avoid junk and processed foods
   (j) Avoid sedentary life style[9]

9. Nursing Implication

The findings of the study have implications for nursing practice nursing education nursing administration and nursing research

9.1. Nursing services

1. Nurses in advanced practice may find assessment procedures like auscultation and palpation difficult because of the large amounts of adipose tissue, and thorough evaluation of heart, lung, and bowel sounds that in turn impairs the diagnosis.
2. Every nurse needs to develop self-awareness of the overt and covert messages conveyed to obese patients about their weight, their weight loss efforts, and especially their weight control failures.
3. Nurse practitioners are in a wonderful position to educate patients regarding diet and exercise, as well as help with the maintenance of appropriate weight and identification of those at risk for overweight and obesity.
4. Nurses play an important role in promoting preventative measures and encouraging positive lifestyle behaviors, as well as identifying and treating obesity-related co-morbidities. They also have a role in counseling patients about safe and effective weight loss and weight management programs.

10. Nursing Education

1. This study justifies that the nursing educator needs to consider Obesity and Overweight as a condition that requires medical intervention and include it in the curriculum as a study area.
2. This would not only help the nurses to know about this recently growing epidemic but also it would help the nurses to educate her clients and community about Obesity and its causes and thus prevent associated risks.

11. Nursing Adminstration

As a Nursing Administrator one can use the findings of this study as a topic for conducting group discussions, symposiums and continuing education programs. This would not only update the knowledge of nursing staffs, but also recommendations suggested by the participants may be of significant help in modifying policies and planning of the Government in the areas of prevention and rehabilitation.

12. Nursing Research

This research is an attempt to update the existing level of knowledge regarding diet practices leading to Obesity. Nursing researchers find their basis of study in the findings revealed in earlier studies. The results of this study would trigger a researcher's instinct to conduct further studies in the field of prevention and control etc.

13. Limitations

The limitations of the study were.

1. The study was limited to small sample size which imposes limitation on generalization
2. Sample was selected only from Larsun village of district Ganderbal; hence generalization can only be made for the sample studied.

Effectiveness of self-structured awareness program was assessed only once in terms of knowledge gain. Skill domain was not included.

14. Source of Funding

None.

15. Conflict of Interest

None.

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