Effectiveness of Structured Teaching Programme on Knowledge Regarding Anorexia Nervosa Among Adolescent Girls at Alshifa College of Nursing

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ABSTRACT

Introduction and Background of the study: Anorexia Nervosa is defined as an eating disorder causing people to obsess about weight and what they eat. Aim: The study to assess the effectiveness of structured teaching programme on knowledge regarding eating disorders among adolescent girls. Material and Methods: A quasi-experimental one group pre-test post-test research design was adopted on 60 students by using convenient sampling technique. A self-administered structured knowledge questionnaire was used to assess the knowledge followed by structured teaching programme. The analysis of data was computed by using descriptive and inferential statistics. Result: In pre-test adolescent girls had poor knowledge score that is 17 (28%) and only 42(70%) adolescent girls showing moderate knowledge score and 1 (2%) adolescent girls are having good knowledge score. In post-test the majority of adolescent girls in post-test had good knowledge score that is 50(90%)) and 10(18%) adolescent girls showing average knowledge score. No samples are having poor knowledge score. Conclusion: It was concluded that post-test scores were more as compare to pre-test score thus adolescent girls has good knowledge score, thus the present study suggested that structured teaching programme on eating disorders was successful in gaining the knowledge of adolescent girls.

Keywords: Eating disorder, anorexia nervosa, effectiveness, STP

INTRODUCTION

Anorexia nervosa has the highest mortality of any psychiatric disorder.[1] It has a prevalence of about 0.3% in young women. It is more than twice as common in teenage girls, with an average age of onset of 15 years; 80-90% of patients with anorexia are female. Anorexia is the most common cause of weight loss in young women and of admission to child and adolescent hospital services. Most primary care practitioners encounter few cases of severe anorexia nervosa, but these cause immense distress and frustration in carers and professionals. We describe the clinical features of anorexia nervosa and review the current evidence on treatment and management.

NEEDS AND SIGNIFICANCE OF THE STUDY

Anorexia Nervosa occurs in approximately 0.5% to 3.7% of the female population. Its onset is usually between 13 to 20 years of age, but the illness can occur in any age group, including the elderly and pre pubertal children. Anorexia nervosa is also seen in male, who are thought to make up only 5% to 10 % of the anorectic population. The mortality from anorexia nervosa is estimated to be approximately 50%. The number of people with anorexia nervosa who fully recover is small. Although some patients improve symptomatically over time most continue to have disturbances with boy image, distorted eating, and other psychiatric problems. [3]

In a survey of 185 female students on a college campus, 58% felt pressure to be a certain weight, and of the 83% that dieted for weight loss, 44% were of normal weight. 91% of women surveyed on a college campus had attempted to control their weight through dieting. 22% dieted "often" or "always." 86% report onset of anorexia nervosa by 20 years of age. Anorexia is the third most common chronic illness among adolescents. 95% of those who have eating disorders are between the ages of 12 and 25. The mortality rate associated with anorexia nervosa is 12 times higher than the death rate associated with all causes of death for females 15-24 years old. [4]

Based on international data, the lifetime prevalence for females is between .3% and 1.5%. Approximately one in 100 adolescent girls develops anorexia nervosa. Anorexia has the highest mortality rate on any psychiatric disorder. 1 in 5 premature deaths of individuals with Anorexia Nervosa are caused by suicide. The onset of anorexia usually occurs during adolescents with a median age of 17. The average duration is 7 years. More than half of anorexia sufferers have been sexually abused or experienced some other major trauma. [4]

OBJECTIVES:

- Assess the level of pretest knowledge regarding anorexia nervosa among the adolescent girls.
- Determine the effectiveness of structured teaching programme on knowledge regarding Anorexia nervosa among the adolescent girls.
- Find the association between pretest knowledge score with their selected demographic variables.

RESEARCH HYPOTHESIS:

All hypothesis will be tested at p≤ 0.05 level of significance. H : There is significant difference between pre-test knowledge and1 post-test knowledge scores of adolescent girls regarding anorexia nervosa at p≤ 0.05 level of significance. H : There is significant association of the pre- test knowledge scores of adolescent girls regarding anorexia nervosa and its prevention with their selected demographic variables (at p≤ 0.05 level of significance.

Conceptual framework: The conceptual framework for the present study has been derived from King`s Goal Attainment Theory developed by Imogene King which encompasses a conceptual framework involving three interrelated sets of systems (personal, interpersonal and social system)[5] .

MATERIALS AND METHODS:

Population: female adolescents in selected colleges of Perinthalmanna.

Samples: Samples selected are adolescent girls at Al Shifa College of Nursing who meets the inclusion criteria.

Sample size: Estimated sample size for the study is 60 adoloscent girls from Al Shifa College of Nursing Perinthalmanna.

Sampling technique: Convenient Sampling.

Setting of the study: Al Shifa College of Nursing, Perinthalmanna

Criteria for sample selection

Inclusion criteria

In this study the inclusion criteria are undergraduate students,

- Between 17-19 years, not other age group.
- Willing to participate
- Present at the time of data collection

Exclusion criteria

In this study the exclusion criteria includes,

- Adolescent girls who had already attended class on anorexia nervosa

Tools or instruments

Tool 1: Socio demographic proforma

Tool 2: Structured questionnaire on anorexia nervosa

Descriptive statistics

Frequency and percentage distribution were used to study the demographic variables of the undergraduates such as age, religion, types of family, area of residence, occupation of the father, occupation of the mother, educational status of the mother, educational status of the father, income of the family, habit of food pattern, types of food pattern, no of meals pattern per day, source of information about anorexia nervosa, physical attributes.

Inferential statistics

Chi-square test was used to assess the association between pretest knowledge level with selected demographic variable among adolescent students

The results are presented in

Section A: Demographic variables of adolescent girls

Section B: Analysis and interpretation of knowledge of adolescent girls regarding Anorexia nervosa.

Section C: Comparison of pre-test & post -test level of knowledge scores of adolescent girls regarding anorexia nervosa

Section D: Association of pretest knowledge level and Selected Demographic variables

Section A: Demographic variables of adolescent girls.

- Among 60 samples 10% of the study participants belongs to 17-18 years, and rest belongs to 18-19years of age.
- Regarding religion, 28.33% belongs to Hindu, 1.67% belongs to Christian, 70% belongs to Muslim and none of them belongs to any other religion.
- 13.33% belongs to nuclear family, 86.67 % belongs to joint family and none of them belong extended family.
- Regarding fathers education 48.33% belongs to high school, 25% belongs to higher secondary, 13.33 belongs to under graduate, 10% belongs to post graduate, and 3.33% belongs to illiterate.

- Regarding mothers education 50% belongs to high school, 26.67% belongs to higher secondary, 13.33 belongs to under graduate, 10% belongs to post graduate, and none of them is illiterate.

- Regarding occupation of the father, 48.33% belongs to self-employed, 25% belongs to private employee, 18.33% belongs to other occupation, 8.33% belongs to government employed and none of them are unemployed.

- Regarding occupation of the mother, 80% of mothers are housewives, 6.67% are self employed, 3.33% belongs to other sector employees, 1.67% belongs to government employed and none of them are unemployed.

- Regarding socio economic status of the family, 98.33% belongs to middle class family and rest belongs to upper class family and none of them belongs to low class family.

- 33.33% is having a family income of Rs.10000 – 20000, 30% of them are having an income of Rs.20000-30000, 28.33% percentage family having above Rs.30000 and 8.33% are having Rs. 10000 as monthly income.

- 66.67 percentage of the sample are residing in rural area and 33.33% are residing in urban areas and none of them are residing in slum areas.

- Regarding habit of food pattern, 88.33% of people eating mixed food and 11.67% are non-vegetarian and none of them are vegetarians.

- 81.67% are following a normal diet plan, 16.67% of sample are following a balanced diet and 1.66% are having fatty meals and none of them are having a food pattern of junk foods.

- Regarding number of meals per day, 63.33% having a meals of 3 times/day and 20% of samples are having 4 times meals/ day 11.67% of people having meals 2 times/day and 5% of people having meals 1 time/day.

- Majority of samples, 70% of samples are having no source of information regarding anorexia nervosa and 25% of samples are having knowledge through mass media, 3.33% of samples gained knowledge from friends and 1.67% samples are having knowledge regarding anorexia nervosa from other family members.

- With regards to body mass index of adolescent girls majority 65(65%) of them are having normal body weight, 25(25%) of them are having low weight 8 (8 %) of them are having over weight and,2 (2%) of them are having obesity.

Table 1: Mean, median, SD & range of pre-test & post-test knowledge scores of adolescent girls regarding Anorexia nervosa.

n=60

Knowledge	Score	Mean	Median	Standard deviation
Pre test	726	12.10	0.49	3.78
Post test	1503	25.05	0.43	3.34

Table 2. Comparison of pre- test & post- test mean knowledge scores of adolescent girls regarding anorexia nervosa.

To test research hypothesis Null hypothesis was formulated as:

H0: There is no significant difference between pre-test & post-test knowledge scores of adolescent girls regarding anorexia nervosa.

Mean knowledge score	Mean score	Mean score (percentage)	Mean difference	p value
Pre test	12.10	20.17	21.58	≤0.001
Post test	25.03	41.75		

Section C: Comparison of pre-test & post -test level of knowledge scores of adolescent girls regarding anorexia nervosa.

INTERPRETATION	SCORE	PRETEST		POSTTEST	
		FREQUE NCY	%	FREQUE NCY	%
POOR	0-10	17	28%	0	0
MODERATE	11-20	42	70%	10	16.7
GOOD	21-30	1	2%	50	83.3
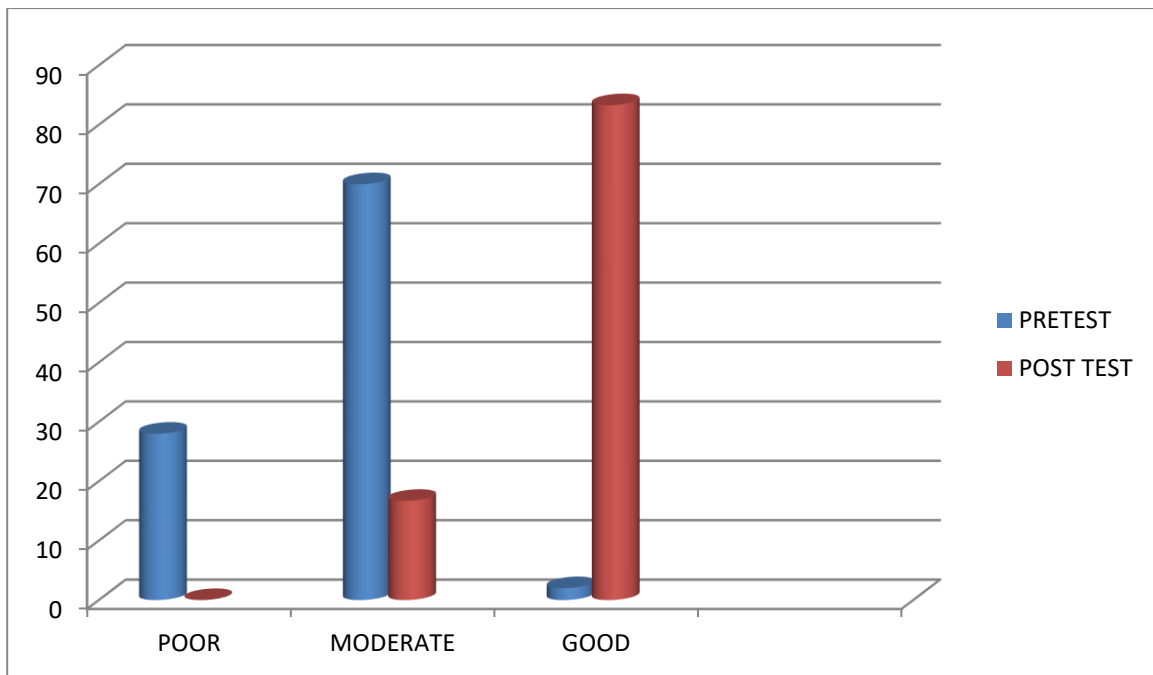
Section D: Analysis and interpretation of data to find out an association of pre –test knowledge scores of adolescent girls with their selected demographic variables.

Sl.No	Demographic variables	Chi-square value	Degree of freedom	P value
1	**Age (yrs)**			

	17 -18 18-19	4.84	2	*0.088
2	**Religion** Hindu Muslim Christian Others	1.27	4	*0.86
3	**Types of family** Nuclear Joint Extended	0.223	2	*0.089
4	**Father's education qualification** Illiterate High school Higher secondary Under graduate Post graduate	8.53	8	0.38
5	**Mother's education qualification** Illiterate High school Higher secondary Under graduate Post graduate	10.5759	6	0.1023
6	**Father's occupation** Unemployed Self employed Private employee Government employee Others	4.1496	6	*0.6564
7.	**Mother's occupation** Unemployed Self employed Private employee Government employee Others	4.4940	8	0.8100
8.	**Socio economic status of the family** Low class family Middle class family Upper class family	0.4358	2	0.8041
9.	**Monthly income** Below Rs. 10000 Rs.10000 – 20000 Rs.20000 – 30000	5.108	6	0.5300

	Above Rs. 30000			
10.	**Area of residence** Urban Rural Slum	2.1367	2	0.3435
11.	**Habit of food pattern** Vegetarian Non-vegetarian Mixed	12.855	2	0.0016
12.	**Types of food pattern** Fatty meals Junk foods Balanced diet Normal diet	7.8058	4	0.0989
13.	**No of meals pattern per day** 1 times meals per day 2 times meals per day 3 times meals per day 4 times meals per day	0.7978	6	0.9921
14.	**Previous source of information about anorexia nervosa** Through mass media Through friends Family members No	60.95	6	2.9×10^{-11}
15.	**Physical measurement (BMI)** Low weight Normal Over weight obesity	4.7455	6	0.5768

Discussion

In pre-test 17(28%) having poor, 42 (70%) moderate and 1 (2%) having adequate knowledge regarding anorexia nervosa and its prevention. Pre-test mean score was 726, median was 12.10, and standard deviation was 3.78. This study reveals that majority of adolescent girls were having moderate knowledge so there is a need tos be educated regarding anorexia nervosa.

The present study was supported by a similar cross sectional study conducted by Westenhoefer J -2006 in Germany among school students to assess their knowledge regarding anorexia nervosa. A self-administered questionnaire was used. The majority (78.2%) had no idea regarding anorexia nervosa. Only 20.3% have some knowledge regarding anorexia nervosa. The results of the study revealed inadequate knowledge on anorexia nervosa. So the Government and clinicians should combine efforts to provide accurate information on anorexia nervosa during school health programmes[6].

RECOMMENDATIONS

• A large-scale study among adolescent girls can carry out to generalize the findings.

• A study to assess the attitude and knowledge of adolescent girls on the prevention of birth anorexia nervosa.

CONCLUSION:

Based on the analysis of the findings, the following inferences were drawn. There was evident increase in the knowledge scores in all the areas included in the study after administration of STP. Thus it was proved that STP was effective teaching method for creating awareness regarding anorexia nervosa and its prevention among adolescent girls at Alshifa college of nursing, perinthalmanna.

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REFERENCE

1. Hoek HW. Incidence, prevalence and mortality of anorexia nervosa and other eating disorders. Curr Opin Psychiatry 2006;19:389-94. [PubMed] [Google Scholar]
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1857759/
3. Stuart Gail W. Principles and practice of psychiatric nursing. 7th edition. China: Mosby publications, 2001, 257.
4. Alekar Mahima Sharad, Mathew Sussane, (2022). A study to assess the effectiveness of planned teaching programme on knowledge regarding anorexia nervosa among adolescent girls in selected schools of city. International Journal of Nursing and Health Research, Volume 4, Issue 2, Page No. 29-35.
5. Burns N, Groove FK. Understanding Nursing Research. 4th ed. Missouri: Elseiver' s publication; 2007.
6. Westenhoefer J. Prevalence of eating disorders and weight control practices in Germany in 1990 and 1997. Int J East disorder 2006; 29: 477 – 481.