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To assess the effectiveness structured teaching programme on knowledge regarding anorexia nervosa among the adolescent girls in selected community

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Abstract

Anorexia nervosa is a dietary issue portrayed by a savage journey for slimness. The DSM-IV and ICD-10, characterizes patients with anorexia nervosa as having an extraordinary dread of putting on weight, putting unjustifiable impact on body shape or weight for mental self view, having a body weight which is under 85% of the weight that would be anticipated, and missing at any rate three sequential feminine periods. Anorexia is an emotional disorder that is focused on food. In any case, it is really an endeavor to manage compulsiveness and a longing to control things by carefully controlling food and weight individuals with anorexia regularly feel that their confidence is attached to how this they are anorexia is progressively normal particularly among young ladies in industrialized nations where social desires urge ladies to be meager, fueled by obsessions with slight and fit bodies. A quantitative one group pretest posttest research design was conducted among 100 adolescent girls. Purposive sampling technique was used to select samples. Semi-structured interview was used to collect demographic data and knowledge of adolescent girls. Adolescent girls were explained about the purpose of the study and the psychological and dietary changes that is important during the adolescent period. The girls were given structured teaching program on anorexia nervosa. After 2 days the knowledge was reassessed using the same questionnaire. The data were collected and analyzed. The study results show that the pretest mean difference is 13.81 and posttest mean difference is 26.03. The overall calculated value 44.54, *et al.* 0.05 in knowledge aspect was greater than table value 0.75 at 0.05 level of significance. Hence it is concluded that there is very high significant gain in knowledge of anorexia nervosa. This reveals there is a need for the health education regarding the dietary pattern among adolescent girls to maintain good health.

Keywords: Effectiveness, adolescent girls, anorexia nervosa, structured teaching program

Introduction

Adolescence is a time of psychosocial changes that is frequently astounding for the adolescents and their parents. The fast physical changes that happen as of now lead teenagers to get engrossed with their self-perception. WHO defines 'Adolescents' as individuals in the 10-19 years age group and 'Youth' as the 15-24 year age group. While 'Young People' covers the age range 10-24 years ^[1].

Anorexia is an emotional problem that is focused on food. Yet, it is really an endeavor to manage their body shape and a craving to control things by carefully directing food and weight individuals with anorexia frequently feel that their confidence is attached to how they look. Anorexia is progressively regular particularly among young ladies in growing culture where social desires urge ladies to be meager, fueled by obsessions with lean and slender bodies ^[2, 3].

Anorexia nervosa is an eating disorder characterized by a fierce quest for thinness. The DSM-IV and ICD-10, defines patients with anorexia nervosa as having an intense fear of gaining weight, putting undue influence on body shape or weight for self-image, having a body weight which is less than 85% of the weight that would be predicted, and missing at least three consecutive menstrual periods ^[4].

Anorexia regularly prompts various genuine clinical issues including; amenorrhea, osteoporosis, heart abnormalities. The reason for anorexia nervosa isn't known. Apparently innate because of hereditary qualities, family and scholarly conduct, culture and media and prohibitive eating serious injury or enthusiastic worry during pubescence or pre adolescence.

Irregularities in cerebrum chemistry. A propensity towards compulsiveness dread of being embarrassed and family background of anorexia. Around 95 rates of those influenced by anorexia are female, however guys can build up the problem too. It starts to show itself during later youth; it is additionally found in young children and grown-ups^[5, 6].

A study was conducted in Tamil Nadu about the prevalence and psychiatric co- morbidity among juvenile with eating disorder 41 cases with ICD 10 diagnosis of eating disorder 25% psychogenic vomiting was the commonest eating disorder and anorexia nervosa the emerging eating disorder.⁷ Ben-Dor DH conducted a study to examining the prevalence on anorexia nervosa among the relatives. Prevalence is estimated at 1/1000, but with a high prevalence of the partial syndrome and a mortality rate. Data from 10 million death records (all National Center for Health Statistics registered death in USA) were examined for mention of anorexia nervosa as a primary contributing cause of death. Only 724 were found which equals an average of 145 annual deaths and ate of 6.73 per 100,000 deaths. The age and sex distribution suggests 2 fatal forms anorexia nervosa, an early onset form comprising 89% of women age of 15 -35 yrs. and a later form comprising 24% men. The findings suggest the mortality risk of anorexia nervosa is confined to young adults and adolescents^[8].

The purpose of the study^[1] To assess the pre test and post test knowledge regarding anorexia nervosa among adolescent girls^[2] To evaluate the effectiveness of structured teaching program on knowledge regarding anorexia nervosa among the adolescent girls.^[3] To determine the association between post test knowledge score with their selected demographic variable

Methods and Materials

A quantitative one group pre test and post test research design was conducted among 100 adolescent girls at Puzhal. The samples who meet the inclusion criteria were selected by Purposive sampling technique. The criteria for sample selection are girls who are willing to participate, who are available during the study and focussed on the age group 16 to 19. The exclusion criteria for the samples are who study their under graduation, girls who had already attended class on anorexia nervosa and who are not willing to participate in the study. The data collection period was done with prior permission from the head of the village. The investigator introduced and explained the purpose of study to the adolescent girls and obtained the written consent. Adolescent girls were gathered and explained about the purpose of the study and the psychological and dietary changes that is important during the adolescent period. The girls were given structured teaching program on anorexia nervosa. After 2 days the knowledge was reassessed using the same questionnaire. The data were collected and analyzed. The data were analyzed using descriptive and inferential statistics. The sample characteristics and level of stress were described using frequency and percentage. Chi square was used to associate the post-test level of knowledge with the selected demographic variables.

Results and Discussion

Section A: Sample characteristics

The study depicts that, with regards to age 67 (67%) were 17- 18 yrs, 33(33%) were 18- 19 years of age. With regard

to religion majority of the samples 91 (91%) were Hindus, 4 (4%) were Christians and 5 (5%) of them were Muslims. With regard to the area of residence, majority, 64 (64%) resides in rural area, 27 (27%) reside in urban area, 9 (9%) reside in slum area. Family system of adolescent girls reveals 57 (57%) were from nuclear family, 35 (35%) were joint family, and 8 (8%) were extended family. distribution of subjects with reference to educational qualification of mother reveals majority 44 (44%) were belongs to High school, 32 (32%) were belongs to higher secondary, 12 (12%) were under graduates and 4 (4%) of them were post-graduation and 8 (8%) were illiterate. With regard to occupation of father reveals majority 70 (70%) were self-employees, 21(21%) were private employees, 9(9%) of them were government employees, and no one in unemployed. With regard to family income majority of the adolescent girls 50 (50%) belongs to the income level 5000-10,000 per month, 31 (31%) belongs to below 5000 per month, 13 (13%) were receiving 10,000- 15,000/%, and 6 (6%) of hem receiving above 15,000/month. With regard to habit of food pattern of adolescent girls majority 67 (67%) non - vegetarian, 33(33%) of them were belongs to vegetarian. Distributions of subjects with type of food pattern of adolescent girl's majority 50 (50%) were having junk foods, normal diet, 24 (24%) were having fatty meals, 20 (20%) were having normal diet, and 6(6%) of them were having balanced diet. With regard to number of meals pattern per day of adolescent girl's majority 37(37%) of them taking 1 time meals per day, 32(32%) of them taking 2 times meals per day,12 (12%) of them taking 3 times meals per day, 19(19%) of them taking more than 3 times per day. Distribution of subjects with reference to previous information regarding anorexia nervosa shows majority 84 (84%) of them not received any information about anorexia nervosa,5(5%) had received information from family members, 5(5%) had received information from friends, and 6(6%) of them received information from mass media. 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.

The first objective was to assess the level of pretest and posttest knowledge regarding anorexia nervosa among the adolescent girls

The major finding of this study was the majority 80(80%) of the adolescent girls had inadequate knowledge regarding anorexia nervosa, 20(20%) of them had moderate knowledge regarding anorexia nervosa, and 0% no one had adequate knowledge regarding anorexia nervosa in the pretest. The above findings summaries that majority of the samples are having inadequate knowledge.

Muro- Sans P, (2016) a study conducted to describing the prevalence of anorexia nervosa among adolescents. A community sample of 1155 participants, and a risk sample of 93 participants, aged between 10.9 and 17.3 years old from the city of Barcelona participated in the study. A study involves screening with a structured clinical interview method. They conclude that a 1.28% of the total sample was detected as anorexia nervosa (2.31% of girls and 0.17% of boys.) Symptoms of anorexia nervosa were higher among girls than boys. Preoccupation with maintained low weight, with body image and shape and taking excessive exercises

in order to lose weight, are increasing among adolescent girls [9].

The second objective to evaluate the effectiveness of structured teaching program on knowledge regarding on anorexia nervosa among adolescent girls

The study predicts that comparison of the mean pretest and post -test level of knowledge and it also deals with mean

difference in pretest and, posttest and “t” value, thus the effectiveness of the study is found. The pretest mean difference is (13.81) and posttest mean difference is (26.03). The overall calculated’ value (44.54, *et al.* 0.05) in knowledge aspect was greater than table value (0.75) at 0.05 level of significance. Hence it is concluded that there is very high significant gain in knowledge of anorexia nervosa (table 1).

Table 1: Comparison of mean pretest and posttest knowledge level of adolescent girls.

n = 100

S. No	Level of knowledge	Mean	Mean difference	SD Difference	“t” Value
1.	Pretest	12.22	13.81	2.036	44.54
2.	Posttest	26.03		2.457	

Significant: *et al.* 0.05

Isomaa R, (2016) a study conducted to investigating the prevalence, incidence and development of eating disorders and subclinical eating pathology. A study was conducted in Western Finland with 595 adolescents. A screening questionnaire followed by a semi structured interview was used to determine the prevalence, incidence and development of eating disorders. The lifetime prevalence rates for females age 18 were 2.6% for anorexia nervosa (AN), 0.4% for bulimia nervosa (BN), 7.7% for AN-NOS, 1.3% for BN-NOS and 8.5 subclinical eating disorder. No prevalent case of DSM-IV eating disorders was found among the males. The incidence rate of eating disorder in adolescents age 15 - 18 was 1641 per 100 000 person per year [10].

Hence, the first hypothesis is proved since there is a significant difference in the mean pre-test and post-test value *et al.* 0.05

The third objective was to find the association between the level of the knowledge scores before structured teaching program and selected demographic variables

The major findings of this study were showed that there was a significant association between pre-test knowledge score with the selected demographic variables such as father’s education status, type of family, mother’s occupation, habit of eating pattern and course. Hence the calculated Chi-square value was compared with the table value which was higher than the table value. So, the result proven that there was an association between pre-test knowledge score with the selected demographic variables. To prevent the anorexia nervosa among adolescent girls with no slim beauty conscious and standardized, diversified measures should be adopted so that outcome of anorexia nervosa prevention work should be assessed more objectively and effectively.

Wick K, (2016), a study conducted to assessing the real world effectiveness of a German school based interventions for primary prevention of anorexia nervosa in pre-adolescent girls. Anorexia nervosa is notoriously difficult to treat, has high mortality rates and has a prevalence peak in 15- year old girls. Intervention involved 9 guided lessons with special posters and group discussions. A parallel controlled with pre- post measurements and a three month follow up was conducted in 92 Thuringian schools (n = 1553 girls) in 2007 and 2008. Primary outcomes were conspicuous eating behavior, body self- esteem, and AN - related knowledge. After the primary interventions provides an efficient and practical model to increase AN- related protection factors [11].

Hence, the hypothesis is proved since there is a significant difference between the knowledge and the selected demographic variable.

Conclusion

This indicates that adolescent girls have poor or inadequate knowledge on anorexia nervosa. Structured teaching program has helped the adolescent girls to gain knowledge and helped them to follow healthy lifestyle.

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Authors Contribution

All the authors actively participated in the work of the study. All authors read and approved the final manuscript.

Conflicts of Interest

The authors declare no conflicts of interest

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