

Why and how people eat health essay

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INTRODUCTION

" We may not be able to prepare the future for our children, but we can at least prepare our children for the future."

- Franklin D. Roosevelt

School age children come under the age group of 6-12 years. Immediately after school age the preadolescent period starts. During this period growth spurt occur and the children are in need of more proteins, vitamins and minerals for proper growth and development. Fast food is loaded with saturated fat and high calories, and it is low in fibre and nutrients. The term food habits refers to why and how people eat, which foods they eat, and with whom they eat, as well as the ways people obtain, store, use, and discard food. Dietary habits are determined by familial and cultural factors rooted in the childhood. Healthy food habits can be inculcated in children only through early education and bringing modification in attitude. A study conducted among 200 school children of age group between 12 -18 years in Rajasthan, reveals that adolescent receives less energy from carbohydrates and more from fat. Their sodium intake is high and fibre consumption is low. The prevalence of Hypertension is 1. 5% and Hypercholesterolemia is 50%. (Indian J Pediatr 2007; 74(9): 823-826) Today's school children are more attracted to the unhealthy foods such as fried snacks, ice creams, chocolates, cakes, pastries, and many other. These foods are easily available and affordable. But the health hazards considerably outweigh those benefits. Poor diet and physical activities accounts about 3, 00, 000 deaths per year globally. Fast foods are extremely high in sodium content. Sodium is an essential constituent of salt and hence, consuming too much of it can

contribute to high blood pressure, water retention and obesity. High amounts of fats make delicious taste in fast foods. Many fast food shops increase the fat content in items even further by adopting cooking methods such as deep frying in saturated oils etc. The calories consumed in a fast food meal can be disastrous for health. A single fast food meal can have the equivalent of an entire or even two days' worth of calories. Healthier choices such as salads can also be loaded with calories when top it with dressing. Excessive consumption of saturated fats and trans-fats can result in increasing blood cholesterol and heart diseases. Many fast foods are cooked in hydrogenated oils which are made to have long shelf lives. This kind of processing makes the oils extremely unhealthy as it is a storehouse of trans-fats which the body immediately stores under the skin as fat. These fats raise the level of bad cholesterol in the body thereby reducing the good cholesterol. With all the overdose of fats, oils and calories, the liver gets burdened as it has to incessantly work overtime to break them down. Eating fast food for prolonged periods of time can cause as great as harm to liver as alcohol. Habits are hard to break. Inculcating healthy food habits from the childhood make children easier to adapt in their future. Food safety is a global issue with public health implications.

NEED FOR THE STUDY:

The foods that we eat are important to our long term health and well being. However, despite widespread community awareness of the importance of healthy eating, recent surveys have shown that many children have poor eating habits. Healthy eating does not become habit overnight. It takes time and effort to make it a part of the daily routine. Children form habits that will

last a life time. A fast food diet in children can lead to many health problems. Such a diet is low in fibre, vitamins, minerals, and essential oils. This type of diet will lead to malnutrition in children. A diet consisting of such amounts of fast food as we see in today's children will lead to immune deficiency, high cholesterol, and diseases showing up at an earlier age than we used to see. So many children are eating too much fast food that can result in epidemics of heart disease, osteoporosis, and other diseases linked to fast food. Being malnourished also stunts growth and makes it harder for those affected to concentrate. A child who is constantly tired at school is not going to be able to learn as much. However, there are more than just long term effects that children can be affected with. Food poisoning is more likely to kill children than adults. It is easy to get food poisoning to children. Booth, et. al. 2001 conducted a study regarding eating habits of children and concluded that childhood eating habits can have an impact on adult health. Children who consume large quantities of energy dense foods, for example, are likely to become overweight and obese, especially if they are sedentary. Baur 2001; Fagot-Campagna 2000; Must et al. 1992 concluded that obese children have a greater chance of being obese as adults and suffering from associated disease conditions such as type 2 diabetes and heart disease. The researcher personally felt the school age children are unaware of the safe food habits and are more interested in fast food items. This trend can open ways to variety of diseases such as obesity, cardiovascular diseases, gastric ulcers and many other diseases in children. By considering the high magnitude of the problem the researcher is interested to develop a planned nursing intervention on safe outdoor food habits among school children of age group 10-12 years. Dr Tarun K. Prahraj, senior consultant cardiologist at <https://assignbuster.com/why-and-how-people-eat-health-essay/>

Calcutta's B. M. Birla Hospital concludes almost 25 per cent of the city's teenagers and young adults are at heart risk. According to him there is direct correlation with changes in the eating habits of children. And also there has been a 20-25 percent rise in obesity in the urban children. Children are eating more fatty foods like pizza, pasta, pastry, etc. Modern-day stress is also taking its toll.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of planned nursing intervention on safe outdoor food habits in terms of knowledge, attitude and self reported practice among school age children in a selected school at Salem.

OBJECTIVES:

To develop and validate planned nursing intervention on safe outdoor food habits among school age children. To assess and compare pre-test and post-test knowledge score on safe outdoor food habits among school age children. To assess and compare pre-test and post-test attitude score on safe outdoor food habits among school age children. To assess and compare pre-test and post-test self reported practice score on safe outdoor food habits among school age children. To find out association between level of pre-test self reported practice score on safe outdoor food habits among school age children with their selected demographic variables (educational status of parents and mother's occupation).

HYPOTHESES: (Level of significance at $p < 0.05$)

H1: The mean post-test knowledge score on safe outdoor food habits is higher than the mean pre-test knowledge score among school age children.

H2: The mean post-test attitude score on safe outdoor food habits is higher than the mean pre-test attitude score among school age children. H3: The mean post-test self reported practice score on safe outdoor food habits is higher than the mean pre-test self reported practice score among school age children. H4: There is significant association between the level of pre-test self reported practice score on safe outdoor food habits among school age children with their selected demographic variables. H4(a): There is significant association between the level of pre-test self reported practice score on safe outdoor food habits among school age children and their parent's educational status. H4(b): There is significant association between the level of pre-test self reported practice score on safe outdoor food habits among school age children and their mother's occupation.

OPERATIONAL DEFINITION:

1. Assess the effectiveness:

It refers to the measurement of difference between the mean pre-test and the post-test scores. In this study it refers to the difference in the mean pre-test score and mean post-test score on knowledge, attitude and self reported practice regarding safe outdoor food habits among school age children.

a) Knowledge on safe outdoor food habits:

It is the state of knowing, understanding and acquiring information related to a particular topic. In this study it included identification and selection of safe food (mainly Ice creams, chat items, fried foods, soft drinks, cakes, biscuits, packed snacks, chocolates) and food hygiene and it was measured by structured knowledge questionnaire. The total score was converted into

percentage and interpreted as 75-100% adequate, 51-74% moderately adequate, 0-50% inadequate knowledge.

b) Attitudes on safe outdoor food habits:

It is the tendency to respond positively or negatively towards certain idea or situation. In this study it referred as the belief and perception of samples towards identification and selection of safe food(mainly Ice creams, chat items, fried foods, soft drinks, cakes, biscuits, packed snacks, chocolates) , and food hygiene. It was measured by using the (3 point) Likert's scale. The scale includes three positive statements and seven negative statements. It includes score from (0, 1, 2). The total score was interpreted as follows:- 11-20 positive attitude, and 1-10 negative attitude.

c) Self Reported Practice on safe outdoor food habits:

It refers to individual's own report about their activities related to a specific area. In this study it referred as the eating habit of children when they are outdoor and the practices regarding selection of safe food (mainly Ice creams, chat items, fried foods, soft drinks, cakes, biscuits, packed snacks, chocolates) , and food hygiene. It was measured by using the self reported practice checklist. It includes ten negative statements. The total score was interpreted as follows:- 11-20 Adequate Practice, and 1 - 10 Inadequate Practice.

2. Planned nursing intervention on safe outdoor food habits:

The planned nursing intervention included structured teaching programme, reinforcement and encouragement given by the researcher on knowledge regarding safe outdoor food habits. The various aspects such as

identification and selection of safe foods(mainly Ice creams, chat items, fried foods, soft drinks, cakes, biscuits, packed snacks, chocolates), and food hygiene was included in the structured teaching programme. This was taught to school age children in a group at a selected school by lecture cum discussion method with visual aids (flash cards and chart), for about 30-40 minutes.

3. School age children:

Children of age group 6-12 years comes under school age. Children studying in 6th and 7th standard are selected.

4. Selected schools:

Schools which are selected for the purpose of conducting the study. Mount Mary Matriculation School, SalemAnderson Matriculation School, SalemEden Garden Matriculation School, Salem

5. Demographic variables:

Gender:

It refers to the sex of a person. In this study both male and female school age children are included.

Educational status of parents:

In this study educational status of the sample's parents are considered.

Mother's occupation:

It refers to the occupational status of the mothers of the samples. Mothers can be educated or uneducated.

Socioeconomic status:

It refers to the monthly income of the family.

ASSUMPTIONS:

School age children may have varied level of knowledge, attitude and practice regarding safe outdoor food habits. Planned nursing intervention can be effective tool for creating awareness on knowledge, attitude and practice regarding safe outdoor food habits.

ETHICAL CONSIDERATIONS:

Written permission was obtained from concerned school authority where the study was conducted. All the information was kept confidential and used only for the present study.

DELIMITATIONS:

The study was delimited to children of age 10-12 years. The study was delimited to selected school at Salem. Data collection period was delimited to 6 weeks. The study was delimited to 50 samples.

SUMMARY:

This chapter deals with the contents of introduction, need for the study, statement of the problem, objectives, hypotheses, operational definitions, assumptions, ethical considerations, and delimitations.