RESEARCH
O&G Forum 2024; 34-3s: 2529-2532

A STUDY TO ASSESZS THE EFFECTIVENESS OF IEC PACKAGE ON KNOWLEDGE REGARDING OBESITY AMONG PERIMENOPAUSAL WOMEN AT SELECT COMMUNITY AT CHENNAI

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Abstract
BACKGROUND OF THE STUDY: Obesity is an important public health problem worldwide, and its prevalence is increasing in both developed and developing nations with changes in dietary habits and activity level. Individual who are at higher risk for a variety of disabling and life-threatening chronic conditions; including high blood pressure, menstrual abnormalities, psychosocial dysfunction, cardiovascular disease, diabetes mellitus, arthritis.
OBJECTIVE: To assess the effectiveness of IEC package on knowledge regarding obesity among Perimenopausal women. To associate the level of knowledge with the selected demographic variables.
METHOD: A pre experimental research design was adapted. A total of 60 women were selected using non probability sampling technique based on selection criteria. The instrument used in the study was structured questionnaires which consist of demographic variables and questionnaires regarding level of knowledge on obesity among perimenopausal women at selected rural community in Chennai. The data analyzed using descriptive and inferential statistics.
RESULT: The collected data was analyzed by using descriptive and inferential statistics.In pre-test 6 (10%) of women's had adequate knowledge, 48 (80%) women's had moderate knowledge, 5 (8.33%) women's had inadequate knowledge, 56 (93.33%) women's had adequate knowledge, 0 (0%) of women's had inadequate knowledge. Therefore, this shows that there is improvement in knowledge about obesity.
CONCLUSION: Most of the women had no idea regarding obesity after teaching program their knowledge level was improved on obesity.
KEYWORDS: IEC Package, knowledge and obesity.

Introduction

Obesity is an important public health problem worldwide, and its prevalence is increasing in both developed and developing nations with changes in dietary habits and activity level[1]. Individual who are at higher risk for a variety of disabling and life-threatening chronic conditions; including high blood pressure, menstrual abnormalities, psychosocial dysfunction, cardiovascular disease, diabetes mellitus, arthritis. Pickwick an syndrome, gout, gallbladder disease, digestive disease, cancer, respiratory dysfunction, diverticular disease, various skin conditions, and overall mortality[2] [3] [4].

Obesity is a leading preventable cause of death worldwide, with increasing rates in women's and children[5] [6]. In 2015, 600 million adults (12%) and 100 million children were obese in 195 countries[7]. Obesity is more common in women than men.Authorities view it as one of the most serious public health problems of the 21st century[8]. Obesity is stigmatized in much of the modern world (particularly in the western world), though it was seen as a symbol of wealth and fertility at other times in history and still is in some part of the world[8]. According to World Health Organization (WHO-2014) reported that adults aged 18 years and older who were overweight and obese were 39% and 13%, respectively[9]. Overweight and obesity were once considered to only affect high-income countries, but they have increased tremendously in developing countries, predominantly among urban dwellers[10].

Since 1992 the prevalence of obesity has increased by 65% in men and 25% in women. It was estimated that in 2010, England contained 6.6 million obese men (33% of the population) and 5.9 million obese women (28% of the population)[11]. The proportion of men predicted to be obese was greater than the proportion of women[12]. It has been estimated that on current trends, by 2050, 60% of males and 50% of females will be obese [13].

Increases in obesity are also being recorded globally, with rates of 10–15% in the developing world (1). The combination of obesity with age-related elevations in metabolic and functional risk contributes to physical limitations and reduced independence, as well as a host of chronic cardio metabolic disorders (1)

METHODOLOGY:

A pre experimental research design was adapted. A total of 60 women's were selected using non probability sampling technique based on selection criteria. Total population of the

village was 5625 most of them are daily workers. Population of the study was 50 general public residing at paraniputhur village. The instrument used in the study was structured questionnaires which consisted of demographic variables and question regarding level of knowledge on obesity among perimenopausal women at selected rural community in Chennai. The data analyzed using descriptive and inferential statistics.

RESULT:

TABLE-1: Distribution of Sampling According to Demographic Variables
N=60

S. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1.	**AGE:**		
	(a) 40 to 45 years	24	40%
	(b) 46 to 50 years	31	51%
	(c) 51 to 55 years	5	8%
2.	**EDUCATION:**		
	(a) Un educated	8	8%
	(b) Primary school	13	21%
	(c) High school	9	15%
	(d) Higher secondary	25	41%
	(e) Degree holder	5	8%
3.	**OCCUPATION:**		
	(a) Former	9	15%
	(b) Cooli	34	56%
	(c) Government staff	3	5%
	(d) Private job	4	6%
	(e) Un employed	10	16%
4.	**RELIGION:**		
	(a) Hindu	52	86%
	(b) Muslim	3	5%
	(c) Christian	5	8%
5.	**INCOME:**		
	(a) 10,000 - 20,000	26	43%
	(b) 20,000 - 30,000	23	38%
	(c) 30,000 - 40,0008	10	16%
	(d) 40,000 - 50,000	1	1%
	(e) None of the above	0	0%
6.	**TYPE OF FOOD:**		
	(a) Vegetarian	31	51%
	(b) Non-vegetarian	29	48%
7.	**NUMBER OF SERVING PER DAY:**		
	(a) 2 times	7	11%
	(b) 3 times	44	73%
	(c) 5 times	4	6%
	(d) None of the above	5	8%

TABLE 2: COMPARISON OF THE LEVEL OF KNOWLEDGE IN PRE AND POST TEST
(Paired' test)

Variables	Pre test				Post test				(t) value
	n	%	Mean	S.D	n	%	Mean	S.D	
In adequate Knowledge	5	8.33%	9.88	2.393	0	0%	7.23	1.98	-18.375
Moderate Knowledge	48	80%			4	6.66%			
Adequate Knowledge	6	10%			56	93.33%			

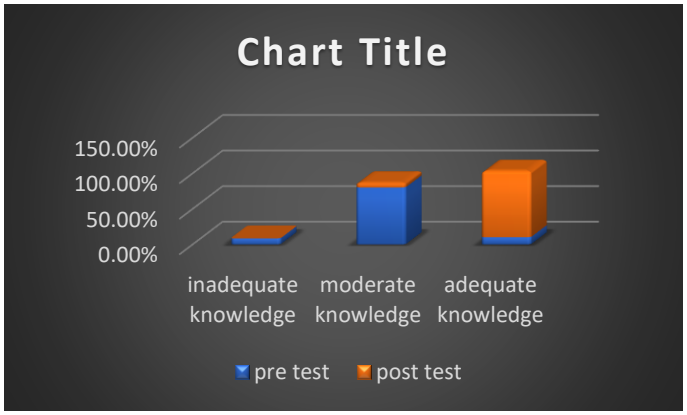

FIG.2 – LEVEL OF KNOWLEDGE IN PRETEST AND POST TEST

TABLE 3: ASSOCIATION OF THE LEVEL OF KNOWLEDGE IN POST TEST

S.NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE						X^2	P VALUE
		INADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE			
		n	%	n	%	n	%		
1.	**AGE:**								
	(a) 40 – 45years	2	3.33%	20	33.33%	2	3.33%		
	(b) 46 – 50 years	2	3.33%	25	50%	2	3.33%	9.747	NS
	(c) 51 – 55 years	1	1.66%	5	8.33%	1	1.66%		
2.	EDUCATION:								
	(a) Un educated	2	3.33%	9	15%	0	0%		
	(b) Primary school	1	1.66%	10	16.66%	3	5%		
	(c) High school	2	3.33%	7	11.66%	3	5%	11.444	NS
	(d) Higher secondary	1	1.66%	18	30%	0	0%		
	(e) Degree Holder	1	1.66%	3	5%	0	0%		
3.	**OCCUPATION:**								
	(a) Former	3	5%	5	8.33%	1	1.66%		
	(b) Cooli	3	5%	29	48.33%	2	3.33%		
	(c) Government job	1	1.66%	1	1.66%	1	1.66%	31.562	S
	(d) Private job	1	1.66%	2	3.33%	1	1.66%		
	(e) Un employed	5	8.33%	3	5%	2	3.33%		
4.	**RELIGION:**								
	(a) Hindu	4	6.66%	42	70%	6	10%		
	(b) Muslim	0	0%	3	5%	0	0%	2.227	NS
	(c) Christian	1	1.66%	3	5%	1	1.66%		
5.	**INCOME:**								
	(a) 10,000 – 20,000	3	5%	19	31.66%	4	6.66%		
	(b) 20,000 – 30,000	2	3.33%	19	31.66%	2	3.33%		
	(c) 30,000 – 40,000	1	1.66%	8	13.33%	1	1.66%	1.054	NS
	(d) 40,000 – 50,000	0	0%	1	1.66%	0	0%		
	(e) None of the above	0	0%	0	0%	0	0%		
6.	**TYPE OF FOOD**								
	(a) Vegetarian	0	0%	27	45%	4	6.66%	6.572	S
	(b) Non-vegetarian	5	8.33%	22	36%	2	3.33%		
7.	**NO. OF SERVING PER DAY**								
	(a) 2 times								
	(b) 3 times	0	0%	7	11.66%	0	0%		
	(c) 5 times	3	5%	37	61.66%	4	6.66%	6.209	NS
	(d) None of the above	1	1.66%	2	3.33%	1	1.66%		
		0	0%	5	8.33%	0	0%		

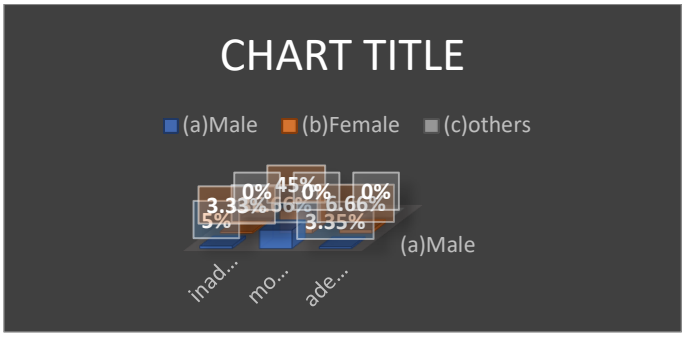

FIG.3- ASSOCIATION POST OF LEVEL OF KNOWLEDGE WITH SELECTED DEMOGRAPHIC VARIABLES IN GENDER

DISCUSSION:

TABLE I: Shows the distribution of age, nearly half of the sample 31 (51%) were aged 46– 50 years in most of the sample. Majority of the sample 25 (41%) were higher secondary in education. Majority of the sample 34 (56%) were cooli. Majority of the sample 52 (86%) were Hindu religion. Majority of the sample 26 (43%) were 10,000 – 20,000 income. Majority of the sample 31 (51%) were vegetarian foods. Majority of the sample 44 (73%) were 3 times serving per day.

TABLE II: It show that post-test 6 (10%) of Perimenopausal women's had adequate knowledge, 48 (80%) Perimenopausal women's had moderate knowledge, 5 (8.33%) Perimenopausal women's had inadequate knowledge, 56 (93.33%) Perimenopausal women's had adequate knowledge, 0 (0%) of women's had inadequate knowledge. Therefore, this shows that there is improvement in knowledge about obesity.

TABLE III: Indicates associate with the level of knowledge with demographic variables in the post test. The chi-square value shows that there was a statistically significant association between the level of knowledge on obesity with selected variables age, occupation and type of food between level of knowledge and all other demographic.

CONCLUSION:

That 6 (10%) of Perimenopausal women's had adequate knowledge, 48 (80%) Perimenopausal women's had moderate knowledge, 5 (8.33%) Perimenopausal women's had inadequate knowledge, 56 (93.33%) Perimenopausal women's had adequate knowledge, 0 (0%) of Perimenopausal women's had inadequate knowledge. Therefore, this shows that there is improvement in knowledge about obesity. An analysis of international studies on menopausal obesity reports that almost 39% women undergoing menopausal transition are either overweight or obese. In India, the proportion of overweight increases from 4% at younger age to 34% at middle age. The middle age women as to educate about obesity thereby it helps to prevent them health problems and thus help to improve the quality of life.

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