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"A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCURED TEACHING PROGRAM ON KNOWLEDGE AND PRACTICE REGARDING HEALTH HAZARDS OF JUNK FOODS AMONG HIGH SCHOOL STUDENT IN SELECTED SCHOOLS OF RAJNANDGAON (C.G.)"

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INTRODUCTION

''If you are going through difficult time keep trusting god, He knows how to bless you in unexpected ways.''
Good health is the necessity of living a healthy life for everyone of us which needs to maintain a healthy diet and healthy habits throughout the life.

Food is the most important factor for the betterment of health .our health is depends on what we eat in daily. The right selection and preferences of food makes a person perfect in their all of the spheres.

Food is any substance ingested to provide nutritional support to the body. It is usually of plant or animal origin and it contains nutrients such as carbohydrate, fat, protein, vitamins or minerals.

Parents should be very conscious towards the eating habit of their kids and children. Because in the childhood they never know and decide their good or bad so it is parents who are fully responsible for the good or bad habit of eating among their kids.

Food habits are formed by attitudes and prejudices and taboos practice in early days of life generally the adolescents consumes consume unconventional meals mostly disapproved by the senior family members. They have formed distinctive likes and dislike of foods.

The continuous dependency on nutrient poor foods can leave you with poor appetite for more nutritious foods ,increasing your risk of nutritional deficiency Highly processed food contain little fibre a substance your body needs for a healthy gastrointestinal tract and for control of cholesterol and blood sugar level.

Food need to apply some knowledge and decide for themselves what is right for them and what's not And it has been proven that high fat/ carbohydrate foods leads to obesity, increase in cholesterol, high blood pressure and cardiac problem. So everybody must keep certain amount of awareness about food and nutrition, thereby the healthy choices can be made.

The practice of high consumption of junk food like magi, noodles, burgers, sand, witches hot dogs, petties, popcorn chocolates etc. have become common features of adolescents diet.

The term junk food date's back at least to 1950, all though is coined has been created to [**Michal f. Jacobson**] of the centre of science and public internet in 1973 It should be describe as a unhealthy and non – nutritive food.

The term junk food means a food do not good to the body health in anyway. It is less nutrition and harmful to the body system. Most of the junk foods contains high level of saturated fats sugar, salt and bad cholesterol which are toxins to the health junk food refers to generally the heavy and unhealthy diet that is considered to be having poor nutritional value according to food standard agency.

Consumption of fast foods has becomes almost global phenomenon, India's fast food industry is expanding at the rate of 40% percent every year Indiarank 10th in the fast food per capita spending figures with 2.1 % percent of expenditure in annual total spending.

Ill effect of regular intake of junk food are mainly lack of energy, poor concentration and obesity leading to inferiority complex, depression, heart disease, cholesterol high, stunted growth, premature ageing and tooth delay.

Adolescents represent around 20% of the world population and around 84% of them are found in developing countries. Adolescent is a period, which forms the base of future health and social life. The health problems and habits acquired during this phase prove a

lifelong hindrance in wellbeing. Adolescents missing their meals at home are increasing in number.

Needs for the Study
''One of the most important keys to success is having the discipline to do what you know you should do, even when you do not feel like doing it.''
Junk foods is loaded with calories from refined sugar and fats (especially the artery clogging, saturated and hydrogenated fats, which are repeatedly reheated to temperature for frying purposes). Another issue in the fast foods industry is the health hazards that fast foods chains are prone to. A particular hazard is the E. coli bacteria that meat products are susceptible to. Because of the long supply chain through which fast foods chains operate in the handling and sourcing of the meat is very hard to monitor.

Junk foods consumption in India a growing concern in rural area research reveals. The increase in junk foods intake in India has lead to increase in the percentage of overweight and obese school children in India from 9.7% to 13.9% between 2001 to 2010.

A 2011 study by Je hanging hospital in Pune & ULC Institute of child health London show that a 30% of children living in urban area are obese and overweight .In 2017 study published in Indian journal of public health experts in off level school of Rajkot are obese or overweight .According to experts the rupees 8,000 Crore junk foods industry in India is largely responsible for the increasing incidence of non –communicable diseases and will play a significant role in killing two third of Indians by 2030.

According to WHO report 40,000 deaths occurs per year in world due to excessive intake of junk foods .It has been found that India's overweight rate increasing by 20%. Now India is the grip of an obesity epidemic. World's adolescent population is 1200 million persons in 10 to 19 years of age or about 19 % of the total population faces a series of serious nutritional challenges.

The increase in junk foods intake in India has led to an increase in the percentage of overweight and obese school children in India, from 9.7 % to 13.9 % between 2001 and 2010.

Junk foods has emerged as a major challenge for health of young generation of the country. Recent studies indicate that the incidence of juvenile diabetes is on the rise in cities, around 20% of school going children in India are overweight.

In India alone the fast foods industry is growing by 40% per year .Eating at home remains very much ingrained in Indian culture and changes in eating habit are very slow moving with barrier to eating out inched in certain sectors of Indian society.

Studies conducted in metropolitan cities like Chennai, Bangalore states that 70% of the mortality in adulthood is linked to habits. It was estimated that eating junk foods is the second leading cause for most of the adolescent health problems.

Problem Statement
"A study to evaluate the effectiveness of strucured teaching program on knowledge and practice regarding health hazards of junk foods among high school student in selected schools of rajnandgaon (c.g.)"

Objectives
1. To assess the pre -test and post- test knowledge of students regarding health hazards of junk foods in selected high schools of Rajnandgaon(C.G.)
2. To assess the pre- test and post-test practice of students regarding health hazards of junk foods in selected high schools of Rajnandgaon (C.G.).
3. To compare the post -test and pre -test knowledge scores of the students regarding health hazards of junk foods in selected schools of Rajnandgaon (C.G.).
4. To comparethe post- test and pre- test practice scores of the students regarding health hazards of junk foods in selected schools of Rajnandgaon (C.G).
5. To determine the association of pre-test knowledge scores regarding health hazards of junk foods among high schools studentswith their selected demographic variables.
6. To determine the association of pre -test practice scores regarding health hazards of junk foods among high schools students with their selected demographic variables.

Criteria of sample selection
Inclusion criteria
- Student who are studying in 9th to 11th class.
- Both boys and girls.
- Student who are willing to participate.
- Student who are available during data collection.

Exclusion Criteria
- Student who are not studying in 9th to 11th class
- Student who are not willing to participate.
- Student who are not available during data collection.

REVIEW OF LITERATURE

''Never base your life decision an advice from people who do not have a deal with the result''.
Review of literature is a body of the textthat aims to review critical point of current knowledge on particular topic. It ultimate goal is to bring the reader up to date with current literature on a topic and forms the basis for another goal. Such as future researcher that may be need in the area.

Definition- According to PILOT AND HUNGER, the literature is important to gain a better understanding and insight necessary to develop a broad conceptual framework in which the problem can be examined. It helps in formulation of a specific problem acquaint the investigator to what is already known in relation to the problem.

Article Related To Junk Foods

Introduction: In today's world scenario, junk foods has become a prominent feature of diet for adolescents. The rapidly changing food consumption pattern and diet transition emerging in the society due to economic growth and new lifestyle choices. Good nutrition is very essential in development of children both physically and mentally.

The three countries with the highest child obesity rates where the south pacific island nations of Kiribati, Somoza and Micronesia .Among the more populous countries facing the worst scenarios were EGYPT- where more than are third (35.55%) of children aged 5-17 were are overweight or obese. More than 3.5 million children now had type 2 diabetes, which was once unknown in this age group and kindly to horrible complication in later life, such as amputation, and the blindness .The world obesity federation, which complete the data, predicted that number would rise to 4.1 million by 2025.About 13.5 million children have impaired glucose tolerance around 24million have high blood pressure .Around 24million have high blood pressure and more than 33 million have fatty liver disease.

According to WHO report 40,0000 death occur per year in world due to excessive intake of junk food It has been formed that India over weight rates increased by 20%. Now India is in the grip of an obesity epidemicexpert say that trends needs to be immediately arrested by restricting food advertisement and making food labelling clear. World adolescent population is 1200 million person 10-19 years, or about 19% of the total population faces a series of serious nutritional challenges. The increase in percentage of overweight and obese school children in India, from 9.7% to 13.9% between 2001 and 2010. Junk food or fast food has emerged as major challenges for health of young generation of the country. Recent study indicates that the incidence of juvenile diabetes is and the rise in cities, around 20% of school going children in India are overweight.

• [**Amardeep Priyanka Kumari** 'international journal of health and research[www./jhrs.org volume 7 5may 2017 28pdf]junk food refers to fast food which are easy to make, easy to consume they are low in nutritional value and have only lying fat in it causing ill effect on the health of consumer. The term junk food was coined by **MichalJacobson,** director of centre for science in 1972 in the public interest who wanted toraise public attention about the issue about the food. Junk food control high level of refinedsugar, white flour. From fat

polygon saturated fat. Salt numerous fat additives such as monosodium glutamate.

http:// www.Research gat .net> publication.

• In andrewto smith's Encyclopedia of junk food and fast food is define as those commercial products including candy bakery goods , ice cream , salty snacks, and drinks which have little or no nutritional value but do have plenty of calories , salt and fats. **[Https://llen.m.wikipedia.org. > wiki > junk food Wikipedia]**

• Junk foods taste good that's why it is mostly liked by everyone of any age group kids and school going children. They generally ask for the daily basis because they have been so by their parents from the childhood. They never have been discussed by their parents about the harmful effects of junk food over health. According to the researcher by scientists, it has been found that junk food have negative effect on the health in many way. They are generally fried foods found in the market in the packet. They become high in calorie, high in cholesterol and low in healthy nutrition.

• **[Niati 2018 https;//brainly in >articles on junk food and its harmful effect]**What is junk food? Why it is bad for you. Ideally junk foods are defined as processed food with negligible nutrient value and are often high in salt sugar and fat .junk food are prepared in a way that look appealing and are enjoyable [acc. To Sonali Sharma dietician and nutsionistamardeep hospital]. Commercial product including but not limited to salted snack food, gums, candy sugary, desserts, fried fast foods and sweetened, carbonate beverages that are little or no nutritional value but are high in calorie, salt, and fat may be considered junk foods.

Frequent consumption of junk foods increase the intake of excess fat,simple carbohydrate and processed sugar which may lead to a high risk of obesity and cardiovascular diseases among the chronic health problems. It has also been suggested that eating junk foods affect the brain in the same way as a consuming addictive drugs. **[sarikarani nov.2017 articles https;//food ndtv.com.topic>articles**

(B) Problems Assossiated with Junk Foods

• **High fat content** – Junk foods such as hamburgers,pizza,friedchicken and chips usually loads of saturated fat in diet will cause people to put on weight and obese being overweight is a risk to the health of heart and cause other disease.

• **High salt content**- Junk often have too much salt there is a lots of salt already in food such as bread, breakfast cereals biscuit's so peoples are getting more salt than they need when they eat junk foods to much salt is unhealthy for health.

• **High sugar content**- soft drinks, cordials, biscuits, cakes and lollies also have load of sugar that make them taste to good but too much sugar makes peoples fat rots

the teeth, is bad for the blood and may cause other disease.

(C)Reason of Popularity of Junk Foods

1. **The time factor**- Junk foods addiction is so high because of its simplicity .They are easy to prepare and are very tasty junk foods such as potato wafers, and Cheetos do not even need cooking or heating peoples prefer to eat them while watching T.V.

2. **The taste factor-**If time constraint is one reason that pushes people to eating junk foods. But junk foods get their taste owning to lavish us age of oil, salt, sugar overall the survey showed that a cross the people have conflicting attitude and behaviours about junk foods**.**

3. **Junk food advertising:** - Foods prepares outside the home and restaurant foods has great attraction for food buffs. Junk foods advertising has a major role in this. There is also convex about the targeting of marketing to children because. Children are easy and potential target for junk foods.

4. **Easy to transportation** – The transportation of junk foods is easy due to its packaging as compare to the man mood. Food easy transportation and availability increase the popularity of junk foods day by day.

5. **Low cost -** The cost is less as compared to healthy of junk foods. It is easily areas able to all classes of popularity due to its low and attractive price range.

6. **Hazards affect of consumption of junk food** – Here the some junk food facts that help to understand the harmful effect associate with them some of them are long term while other are short term effect. The fat content has high cholesterol level. High calorie contentwith sugar can leadto obesity cholesterol salt can increase blood pressure, stroke heart disease in chain.

7. **Lack of energy** – This is known as short term adverse effect resulting from eating junk foods as junk foods don't' provide the essential nutrients [like vitamins protein fibres] even though they can very much sufficing people feel weakened.

8. **Poor concentration** –This is another result of junk foods habit. These are traced effect in immediate and median term periods when people have a consumption junk meal rich in oil they feel drowsy and fail to concentration over sustain periods of junk foods eating blood circulating drop due to fat accumulation lack of vital oxygen, nutrients and protein particularly can state their brain cells.

9. **High cholesterol** – A past from forming plagues and constricting arteries cholesterol also affects vivax where it is metabolized. High cholesterol due to junk foods and diet strains lives damaging it finally. This is long term effect.

10. **Heart disease** – Junk foods is major cause of heart disease [myocardial infarction] due to plaque formation in arteries which demands heart to put in extra effort to pump blood on the downstream on the upstream the is lack of retraining blood in heart that may cause damage of heart.

11. **How nutrient value** – The nutritional value of junk foods is about one on a scale of 1-10which is the least .the nutritional value is lost vitamins minerals are added to compensate it but they are not good compared to natural vitamin and minerals natural and chemicals are not present in junk foods.

12. **Highly addictive** – It is well known fact that fat and sugar are as addictive as heroin and cocaine they stimulate the same receptors in the brain that make feel good due to increased dopamine level. Junk foods have lot of hidden sugar and fat to make it addictive and also enhance the taste.

13. **For betterment of health**– Some studies have revealed that the chemical [MSG flavour, colour addictives and presentation] present in junk food in high amount can cause obesity and cancer along with neurological complication. The better food enhance the life span with a greater quality of life.

14. **Obesity** – It is defined as an excess of body weight what is 20% over the idea obesity is a global issues it is reaching epidemic proportion in develop nation and now be considered as a chronic disease . Obesity is multifactorial disorders of energy balance in which chronic calorie intake is greater than energy output it is characterised by an excess body mass index (BMI).

15. **Diabetes mellitus** – It is a chronic metabolic disordercharacterised by hyperglycaemia, glycosuria, hyperlipidemia, negative nitrogen balance and sometimes kleptomania. Over 90 % cases are type 2 diabetes due to junk foods consumption.

16. **Dental cavity** - Dental cavity formed due to the excess consumption of junk foods because food accumulates on teeth space and plague formation occurs which finally result in dental cavity.

17. **Kidney disease -** Junk foods is rich of sugar and fat so it cause kidney impairment like polyuriaand renal failure

18. **Neurological disorders** - Mental disorders i.e. drowsiness,laziness , dyslexia,attention deficit hyper activity disorder (ADHD) less of balance and lack of concentration due to excessive eating junk foods.

19. **Cancer -** Obese people have an increased risk of colon,breast,prostate, gall bladder,ovarian , skin cancer, uterine.

20. **Behavioural problems -** Consumption of junk foods in early child hood can be result in behaviours associated problems like hyperactivity, aggressiveness etc.

21. **Asthma -** It is chronic pulmonary obstructive pulmonary disorder occur due to artificial flavouring and the colouring agent which is present abundantly in junk foods.

(D) How to Avoid Junk Foods

1. The junk foods advertising the laser of convenience in addition to taste get people of junk foods addiction .Awareness of junk foods fact is lacking dramatically in every concern of the society.

2. Junk foods and children stranger affinity to each other do not let children to get habitual to junk foods. Ask them to avoid junk foods available in school / college canteen.

3. Eliminating the temptation for junk foods is one way avoid it keeping good foodsnearby having meals right on time may help in this direction controlling the temptation for junk foods is much easily than controlling alcoholism.

4. Controlling children from eating junk foods in schools is another step that helps in a long term .School administered along with parents has a responsibility to educate children about junk foods in schools.

A. Studies Related To Knowledge Regarding Health Hazardsof Junk Foods

a) Miss fancy et- al (2019) -A Non experimental descriptive design was considered for the present study. The population of the present study included adolescent aged about 18-20 years. The sample size was 50 selected by simple random, by using structured questionnaires schedule. The finding of the present study revels shows that only 6 % of adolescent having adequate knowledge regarding ill effects of junk foods. And also the consumption of junk foods practice very high among adolescent. The majority (74%) age was between 19 to 20 year mainly (66 %) living in urban. The majority of adolescent 20 (40%) had family monthly income > 20,000 of availability of junk foods in college was 100%.

b) G. Shanti et-al (2019) -A quantitative research approach and descriptive research design was used to assess the knowledge regarding risk factors associated with junk foods among adolescent in kamakshinagar at Nellore 30. Adolescent were secreted by using probability convenience sampling technique. To assess the knowledge regarding risk factors associated with junk foods. The score interpretation was more than 75% adequate knowledge 55 to 77 % moderate knowledge < 50 % inadequate knowledge.

c) Brijeshpatel et- al (2018) - Conducted a descriptive study to assess the knowledge regarding ill effect of junk foods among students in selected constituent of charusatchanga with objective to assess existing knowledge regarding ill effect of junk foods and to find association between selected demographic variables and knowledge of student regarding ill effects of junk foods Data collection is carried out through self-administered questionnaire, the finding revealed that 51. 7 % (31) of students had good knowledge regarding ill effect of junk foods 43.3 % (26) of students had average knowledge and 5% (3) had poor knowledge regarding ill effect of junk foods, and there was no relation with the knowledge ill effect of junk foods, and the frequency of consumption of junk foods is in the relation with knowledge regarding ill effect of junk foods among students.

d) Amoldeeppriyankakumari (2017) -Conduct a pre experimental study to assess effectiveness of planned teaching program regarding bad effect of junk foods and fast foods in daily life among school children. Study was

conduct on 10 different schools comprising of 2636 children selected by using convenience sampling technique. The pre- experimental one group pre- test, post -test research design was adopted to collect the data from adolescent in selected school of Kalama the target group population of the study in 9th, 10th, 11th, 12thclass .In post -test knowledge scores, the majority of adolescent were had good knowledge that is 55% and the 37% had average level of knowledge 08% had very good level of knowledge and no adolescent have poor knowledge, and conclude that there was increase in post knowledge scores as compare to pre- test knowledge scores.

e) Andleebyousuf, ijnr (2017) -A pre- experimental study was conducted by using one group pre- test, post – test design to assess the level of knowledge regarding effect of junk foods on health. The study was conducted in 2 selected schools of Srinagar (radiant public school and kashni memorial school). The sample was selected by stratified simple random sampling. The sample size was 80. Structured questionnaire was used to assess the knowledge of adolescents. The overallresult were mean knowledge score 25.91. Obtained by the subject in post-test was higher than mean knowledge score 16.90 in the pre- test and with the improvement score as 9.01 There was significant difference between pre- test and post -test knowledge score at <0.05.The finding of the study revealed that the planned teaching program was significantly effective in improving the knowledge of adolescence.

f) Saranyap.v. shanifa et al march (2016) -A descriptive study was done among student of 1 & 2 PUC in Bangalore, through experimental survey .The sample size was 100 was obtained at pre university school .The data collected tool were consist of demographic data , a self- administer questionnaire fast foods with 24 multiple choice questions with general aspect of fast food health effect of fast foods . The study result shows that 69% of adolescent had moderate knowledge regarding effects of taste food. A total 34 a children and adolescent aged 1-17 year visited restaurant with their parent 69 % ,alone (31%), 35 % of adolescent ate 6 or more time per week and 72% of adolescent reported that taste was most important factor in there meal selection.

g) DR. nishavikramanetal [2019]- Kerala, India. The study was conducted among adolescent girls. About 30 students were selected at random sampling technique .self administered questionnaire prepared by the investigator with 20 closed ended questions and 3 open ended questions was selected as the tool for the required study. The eating habits of the adolescents revealed that 60% of did not take junk foods as an alternative to breakfast while 40% tool it is an alternative and when adolescent were asked to select the factors that influence them in selecting the type of junk foods 20% opted for taste alone while better part for taste and appearance 13% taste and peer groups 7% taste alongwith

convenience and peer group 13% opted for taste and time factor.

The awareness about junk foods and fast foods showed that about 57% of respondents said that they do check the quality of the junk foods followed by 43% who don't, check it. About 87% of students consider it as unhealthy while 13% considered as healthy.

h) Man deepkaur [2014] -Did a quasi- experimental study. To assess the effectiveness of structured teaching programme on knowledge regarding harmful effect of junk foods among the adolescent at jalandhar Punjab. Total 60 adolescent were selected by non-probabilityconvenience sampling technique. Through pre-test and post- test taken by using self structured questionnaire followed by structured teaching programme The main percentages of the knowledge scores of post-test [12-96] and the difference between knowledge score was increase after the structure teaching programme. The finding of study ravelled that the education had a vital role in improving knowledge of adolescent regarding junk foods.

(B) Studies Related To Practice Regarding Junk Food Consumption
a) Subhadevisapkataetal [feb 2018]:- A descriptive cross sectional research conducted, to assess the junk foods consumption and pattern of consumption of junk foods among secondary level students .Hundred forty two responds were drawn by using cluster sample. Through self-administered semi structure questionnaire. The findingsreviled that more girls 53.5% consumed junk foods than boys (79.6%) junk foods majority of respondents as influence by T.V. advertisement (15.5%) because of peer pressure (31.7%) some (20.6%) responds prefer junk foods because nothing was available. The study concluded all children consumed junk foods in a regular basis. The majority preferred it for taste and some as influence by advertisement only half of them were aware about health risk.

b) Suresh k Sharma et-al (June 2016):- The correlation research design was used to conduct the study in three selected schools of Ludhiana city convenience sampling technique was used to select the schools and 300 subject lie 100 subject from each school the research study was approved by the institutional research . Junk foodsconsumption profile was assessed using structure teaching questionnaireto developed item and and rating scale to assess frequency of junk foods consumption Majority of adolescent (86.3%) ate junk foods because of they like the taste of junk foods 226(73.5%) adolescent ate junk foods at the home and 267 (89%) adolescent never substituted means with junkfoods. there were 172 by 69(23%) overweight 22(9.7%) obese and 30(10%) underweight.

c) A study on prevalence of fast food intake among urban and semiurban adolescent student of

GuwahatiDaisy Sharma et al (2016)-Fast foods has become a global phenomenon the street foods and fast foods trade. The research study find out the prevalence of fast foods intake among urban and semiurban adolescent students. A representative sample of 200 urban and semiurban students were randomly selected in the target area A structured questionnaire was administered and interviews were carried out on the students in different school and the colleges and market places of the Guwahati city. The findings of the studyreveals that the age group of 19 to 20 years (70%) while 30% of them were between 21 to 24 years among this 24% of them were hostellers about 24% of them carried packed lunch while rest 56% of the respondents do not carry packed lunch and eat fast foods during their lunch time about 94% of the respondents replaced at least one of their meals with fast foods while 6% replaced more than 2 meals with fast foods. Emotional state like boredom, stress and depression also has an influence on fast foods intake of adolescent. Also exposure to advertisement media influence and urbanization were found cheap factors in fast food intake.

d) Robert j Hancoxet-al (2014) -Conducted a multicounty cross sectional study on adolescent aged on 13 – 14 year. The study selected 72,000 children in 17 countries 199, 133 adolescent in 36 countries. A questionnaire was used to collect data. A general line mixed model was used to determine the association between BMI and fast foods consumption was reported in 23% of adolescent respectively. The study conclude that fast foods consumption was high in childhood and increased in adolescent.

C. Studues Related To Knowledge And Practice Regarding Health Hazards Of Junk Foods
a) Laisgomesfonseca et al : (2019) –This study aim to evaluate the effect of a nutritional intervention involving a problem arising approach and the use of pictorial representations on the promotion of knowledge and practice of healthy eating practice among adolescent. The randomised study included 461 adolescent from public schools in brasilia federal district brazil (intervention group 273 students from 4 schools control group 188 students from 3 schools. The intervention group showed a higher mean score of correct answers to question about dietary knowledge, minimally participants in the intervention group were also 2.5 times more likely to correctly answer questions about the importance of dietary environment (95% CL: 1.1 -5.5) and control. The proposed intervention increased adolescent knowledge and improved some of their dietary habits. Educational activities using a problem arising approach and pictorial presentation of food appear to be effective in promoting healthy eating practice among adolescent.

b) Dr.pankajkumarsahu et al (2018) -A cross sectional ,descriptive study was undertaken in schools of

urban area of journal urban district of Assam over a period of one year from June 2016 to May 2017 .25schools 25 schools was selected as study participants .A total 800 students were randomly selected during the study period .On analysis the consumption frequency of various junk foods we found that among various junk foods ,that among the study participants who consume junk foods frequently [>5days] ranges between 56% to 24%while those practice of taking junk foods consumption infrequently [1-4 days]we found their habit range from 49.4%to 70.8%in different junk foods products. In this study 800 participants and assessed their knowledge regarding ill effects of junk foods. The conclusion about ¼ of the study participants consumed fast foods on an average 2/4 times per week 40.1 % students consume fast foodsrarely, 8.0 % of the students consume fast foods every day.

c) **Vijay shri et-al (2018) -** A study to assess the knowledge and practice of fast foods consumption among pre university students in Karnataka INDIA (2017) The study was done to assess the knowledge and practice of fast foods consumption among pre university students.The study design was cross sectional self-administered and self-administered questionnaire were used to collect data. The findings of the study reviled that 31.8 % of the participants had inadequate knowledge, 41.88% of the participants had moderate knowledge and 26.25% of the participants had adequate knowledge about the effect of fast foodsconsumption. The majority of the respondent 72.5% reported that the main reason for their consumption is a delicious test of fast foods.

d) **Tenney chelekhongeangjem et- al (2017) -**A cross sectional study was conducted from august to November (2016) among pre university students. The study was conducted in 2 pre University College in Karnataka.The participants using a semi structured self- administer questionnaire. Total 160 participants were involved in the study .The questionnaire were prepared based on their interest. The participant has to answer the 10 question to assess their knowledge regarding fast foods. The conclusion about ¼ of the study participants consumed fast foods on an average 2/4 times per week 40.1 % students consume fast foods rarely ,8.0 % of the students consume fast foods every day.

Methodology
This chapter deals with the research approach, research design, study setting and sampling technique .It also deal with the development of tool, procedure for data collection and plan for data analysis.

Research Approach
This research approach used for the study was true experimental approach. Diagrammatic representation of the design is given below.

Research Design
Research design for this study was two groups pre- test, post -test, experimental and control group design.
- O1 O2 X O3 O4 (experimentalgroup)
- O1 pre-test assessment of knowledge.
- O2 pre- test assessment of practice.
- X administration of structured teaching programme.
- O3 post- test assessment of knowledge.
- O4 post-test assessment of practice.
- O1 O2 = O3 O4 (control group)
- O1 pre test assessment of knowledge.
- O2 pre test assessment of practice
- Not administered structured teaching programme.
- O3 Post test assessment of knowledge.
- O4 Post-testassessment of practice.

RESEARCH DESIGN
TRUE EXPERIMENTAL RESEARCH DESIGN
(PRE-TEST, POST-TEST, CONTROL GROUP DESIGN)

TARGET POPULATION
HIGHER SECONDARY SCHOOL STUDENTS
AT SELECTED SCHOOL OF RAJNANDGAON (C.G.)

ACCESIBLE POPULATION
HIGHER SECONDARY SCHOOL STUDENTS CLASS 9TH TO 11TH
AT SELECTED SCHOOL OF RAJNANDGAON (C.G.)

SETTING
BAL BHARTI PUBLIC SCHOOL, RAJNANDGAON &
SHREE GURUNANAK HIGHER SECONDARY SCHOOL RAJNANDGAON

SAMPLING
SIMPLE RANDOM SAMPLING TECHNIQUE

SAMPLE SIZE
300 STUDENTS AT SELECTED
SCHOOLS OF RAJNANDGAON (C.G.)

VARIABLES

INDEPENDENT VARIABLES
INDEPENDENT VARIABLE IS
ALSO CALLED A TREATMENT
AND EXPERIMENTAL VARIABLE
IN THIS EXPERIMENTAL
VARIABLES STUDY THE
INDEPENDENT VARIABLES
REFERS TO EFFECTIVENESS OF
STRUCTURE TEACHING
PROGRAME

DEPENDENT VARIABLES
THE VARIABLES THAT
DEPENDENT UPON IS A
CONSEQUENCE OF THE OTHER
VARIABLE IS TERMED AS
DEPENDENT VARIABLE. THE
DEPENDENT VARIABLES OF
THIS STUDY REFERS TO
KNOWLEDGE AND PRACTICE
REGARDING HEALTH HAZARDS
OF JUNK FOODS

RESEARCH TOOL
SELF STRUCTURED QUESTIONNAIRES SELECTED FOR
JUNK FOODS IS DIVIDED IN TO 3 SECTIONS -
• **SECTION A -** 10 QUESTIONNAIRES RELATED TO
SOCIODEMOGRAPHIC PROFILE.
• **SECTION B -** 15 SELF STRUCTURED QUESTIONNAIRES
FOR ASSESSMENT OF KNOWLEDGE.
• **SECTION C -** 15 SELF STRUCTURED QUESTIONNAIRES
FOR ASSESSMENT OF PRACTICE.

ANALYSIS OF DATA
● **DESCRIPTIVE STATISTICS** (MEAN, STANDARD
DEVIATION, FREQUENCY PERCENTAGE)
● **INFERENTIAL STATISTICS** ('T' TEST , CHI-SQUARE)

Settingof the Study
In this study **Bal Bharti Public School Rajnandgaon (Private School**) was taken for experimental group and **Shree Gurunank Higher Secondary School Rajnandgaon (Private School)** was selected for the control group randomly.

Population
All the student who are studied in 9th to 12th class of **Bal Bharti Public School Rajnandgaon, And Shree Gurunank Higher Secondary School Rajnandgaon.**

Sample Size
The sample size consists of 500 students. 250 students were selected for experimental group from **Bal Bharti Public School Rajnandgaon** and 250 students were selected for control group from **Shree Gurunank Higher Secondary Rajnandgaon** by simple random method.

Criteria for the sample selection
Inclusion Criteria
• Students who were studying in 9th to 11th class.

- Both boys and girls.
- Students who were willing to participate.
- Students who were available during data collection.

Exclusion Criteria
- Students who were not studying in 9th to 11th class
- Students who were not willing to participate.

- Students who were not available during data collection.

Table 1: Distribution of study respondents on the basis of socio-demographic characteristics (n = 250).

Socio-demographic Characteristics		Frequency	Percentage
Gender	Female	115	46.0
	Male	135	54.0
Age	14 - 16	199	79.6
	17 - 19	51	20.4
Educational Status (Student)	9th	60	24.0
	10th	2	0.8
	11th	188	75.2
Educational Status (Parents)	Below PUC	152	60.8
	Above PUC	98	39.2
Occupation of parents	Govt job	84	33.6
	Private job	61	24.4
	Self Employed	93	37.2
	Unemployed	12	4.8
Monthly family Income	<10, 000	15	6.0
	10,000 - 30,000	147	58.8
	> 30, 000	88	35.2
Family type	Joint	120	48.0
	nuclear	130	52.0
Religion	Christian	2	0.8
	Hindu	222	88.8
	Muslim	26	10.4
Food	Mixed	155	62.0
	Non vegetarian	18	7.2
	Vegiterien	77	30.8
Source of information regarding junk food	Friend	75	30.0
	Mass media	68	27.2
	Observed experience	20	8.0
	Self experience	87	34.8
Knowledge about ill effects of junk food	Adequate	41	16.4
	Inadequate	33	13.2
	Moderate / Average	176	70.4

Distribution of samples according to their gender shows that, most 54% of the subjects were males and 46% were females.

Age group shows that 79.6% of the subjects were in the age group of 14 - 16 years, however 20.4% of the study subjects were in the age group of 17 -19 years.

Most of the subjects 88.8% of the subjects were hindus, muslims were 10.4% followed by Christian with 0.8%.

Majority i.e., 52% of the families were nuclear family and only 48% were joint family.

Most 75.2% of the subjects were studying in 11th.

Distribution of samples according to their source of awareness shows that, Majority i.e, 34.8% of the subjects were self experienced and 30% knew information from friends.

Majority of the study subjects 70.4% had knowledge about ill effects of junk food.

Table 2: Association of demographic variables with Pre-test knowledge of study group.

Demographic variables		Pre-test knowledge			Total	Chisquare df, p-value
		Adequate	Inadequate	Moderate		
Source of information	friend	11	12	52	75	6.952, 6, 0.325
		26.80%	36.40%	29.50%	30.00%	
	mass media	6	8	54	68	
		14.60%	24.20%	30.70%	27.20%	
	observed experience	4	2	14	20	
		9.80%	6.10%	8.00%	8.00%	
	self experience	20	11	56	87	
		48.80%	33.30%	31.80%	34.80%	
Religion	christian	2	0	0	2	**18.755, 4 0.001**
		4.90%	0.00%	0.00%	0.80%	
	hindu	39	26	157	222	
		95.10%	78.80%	89.20%	88.80%	
	muslim	0	7	19	26	
		0.00%	21.20%	10.80%	10.40%	
Food	mixed	25	11	119	155	**17.948, 4, 0.001**
		61.00%	33.30%	67.60%	62.00%	
	non vegetarian	5	2	11	18	
		12.20%	6.10%	6.20%	7.20%	
	vegitarien	11	20	46	77	
		26.80%	60.60%	26.10%	30.80%	
Family type	joint	12	16	92	120	12.393, 4, 0.015
		29.30%	48.50%	52.30%	48.00%	
	nuclear	23	10	49	82	
		56.10%	30.30%	27.80%	32.80%	
	separate	6	7	35	48	
		14.60%	21.20%	19.90%	19.20%	
Income	10,000 - 30,000	22	21	104	147	1.637, 4, 0.802
		53.70%	63.60%	59.10%	58.80%	
	<10, 000	2	1	12	15	
		4.90%	3.00%	6.80%	6.00%	
	> 30, 000	17	11	60	88	
		41.50%	33.30%	34.10%	35.20%	
Occupation	govt job	16	15	53	84	5.389, 6, 0.495
		39.00%	45.50%	30.10%	33.60%	
	private job	9	4	48	61	
		22.00%	12.10%	27.30%	24.40%	
	self employee	14	12	67	93	
		34.10%	36.40%	38.10%	37.20%	
	unemployee	2	2	8	12	
		4.90%	6.10%	4.50%	4.80%	
Education of parents	gradueted	14	7	77	98	**16.552, 6, 0.011**
		34.10%	21.20%	43.80%	39.20%	
	high	20	26	82	128	
		48.80%	78.80%	46.60%	51.20%	
	middle	7	0	15	22	
		17.10%	0.00%	8.50%	8.80%	
	primary	0	0	2	2	
		0.00%	0.00%	1.10%	0.80%	
Gender	female	20	15	80	115	0.153, 2, 0.927
		48.80%	45.50%	45.50%	46.00%	
	male	21	18	96	135	
		51.20%	54.50%	54.50%	54.00%	
Standerd	10th	0	0	2	2	7.501, 4, 0.112
		0.00%	0.00%	1.10%	0.80%	

	11th	35	29	124	188	
		85.40%	87.90%	70.50%	75.20%	
	9th	6	4	50	60	
		14.60%	12.10%	28.40%	24.00%	
Age	**14**	7	8	46	61	
		17.10%	24.20%	26.10%	24.40%	
	15	7	9	32	48	
		17.10%	27.30%	18.20%	19.20%	
	16	20	12	58	90	7.533, 8, 0.48
		48.80%	36.40%	33.00%	36.00%	
	17	7	4	36	47	
		17.10%	12.10%	20.50%	18.80%	
	18	0	0	4	4	
		0.00%	0.00%	2.30%	1.60%	
Total		41	33	176	250	
		100.00%	100.00%	100.00%	100.00%	

Association of religion, food habits and education of parents was found statistically significant with pre-test knowledge in study group.

Table 3: Association of demographic variables with Pre-test knowledge of control group.

Demographic variables		Pre-test knowledge			Total	Chi-square, df, p-value
		Adequate	Inadequate	Moderate		
Source of information	**friend**	15	0	48	63	**21.984,6, 0.001**
		28.80%	0.00%	25.10%	25.20%	
	mass media	18	0	71	89	
		34.60%	0.00%	37.20%	35.60%	
	observed experience	9	0	18	27	
		17.30%	0.00%	9.40%	10.80%	
	self experience	10	7	54	71	
		19.20%	100.00%	28.30%	28.40%	
Religion	**christian**	0	0	4	4	1.830, 4, 0.767
		0.00%	0.00%	2.10%	1.60%	
	hindu	50	7	177	234	
		96.20%	100.00%	92.70%	93.60%	
	muslim	2	0	10	12	
		3.80%	0.00%	5.20%	4.80%	
Food	**mixed**	12	4	102	118	**41.130, 4, < 0.001**
		23.10%	57.10%	53.40%	47.20%	
	non vegetarian	21	0	14	35	
		40.40%	0.00%	7.30%	14.00%	
	vegitarien	19	3	75	97	
		36.50%	42.90%	39.30%	38.80%	
Family type	**joint**	16	4	85	105	**17.613, 4, 0.001**
		30.80%	57.10%	44.50%	42.00%	
	nuclear	19	3	86	108	
		36.50%	42.90%	45.00%	43.20%	
	separate	17	0	20	37	
		32.70%	0.00%	10.50%	14.80%	
Income	**10,000-30,000**	36	4	134	174	5.234, 4, 0.264
		69.20%	57.10%	70.20%	69.60%	
	< 10,000	4	1	31	36	
		7.70%	14.30%	16.20%	14.40%	
	> 30,000	12	2	26	40	
		23.10%	28.60%	13.60%	16.00%	
Occupation	**govt job**	21	3	76	100	0.912, 6, 0.989
		40.40%	42.90%	39.80%	40.00%	
	private job	18	2	60	80	

		34.60%	28.60%	31.40%	32.00%	
	self employee	13	2	53	68	
		25.00%	28.60%	27.70%	27.20%	
	unemployee	0	0	2	2	
		0.00%	0.00%	1.00%	0.80%	
Education of parents	Graduated	8	5	91	104	**28.780, 4, < 0.001**
		15.40%	71.40%	47.60%	41.60%	
	High	31	0	85	116	
		59.60%	0.00%	44.50%	46.40%	
	Middle	13	2	15	30	
		25.00%	28.60%	7.90%	12.00%	
Gender	Female	25	1	97	123	3.632, 2, 0.163
		48.10%	14.30%	50.80%	49.20%	
	Male	27	6	94	127	
		51.90%	85.70%	49.20%	50.80%	
Standard	10th	1	0	0	1	**27.157, 4, < 0.001**
		1.90%	0.00%	0.00%	0.40%	
	11th	42	6	89	137	
		80.80%	85.70%	46.60%	54.80%	
	9th	9	1	102	112	
		17.30%	14.30%	53.40%	44.80%	
Age	14	5	1	78	84	**31.209, 6, < 0.001**
		9.60%	14.30%	40.80%	33.60%	
	15	4	0	33	37	
		7.70%	0.00%	17.30%	14.80%	
	16	29	4	56	89	
		55.80%	57.10%	29.30%	35.60%	
	17	14	2	24	40	
		26.90%	28.60%	12.60%	16.00%	
Total		52	7	191	250	
		100.00%	100.00%	100.00%	100.00%	

Association of age, standard, food habits, family type, education of parents and source of information were found statistically significant with pre-test knowledge in control group.

Table 4: Association of demographic variables with Pre-test practice of study group.

Demographic variables		Pre-test Practice			Total	Chisquare, df, p-value
		Adequate	Inadequate	Moderate		
Source of information	friend	26	2	47	75	**14.827, 6, 0.022, Significant**
		21.70%	14.30%	40.50%	30.00%	
	mass media	33	6	29	68	
		27.50%	42.90%	25.00%	27.20%	
	observed experience	12	0	8	20	
		10.00%	0.00%	6.90%	8.00%	
	self experience	49	6	32	87	
		40.80%	42.90%	27.60%	34.80%	
Religion	christian	2	0	0	2	7.543, 4, 0.11
		1.70%	0.00%	0.00%	0.80%	
	hindu	106	10	106	222	
		88.30%	71.40%	91.40%	88.80%	
	muslim	12	4	10	26	
		10.00%	28.60%	8.60%	10.40%	
Food	mixed	85	8	62	155	**18.542, 4, 0.001, Significant**
		70.80%	57.10%	53.40%	62.00%	
	non vegetarian	6	4	8	18	
		5.00%	28.60%	6.90%	7.20%	
	vegitarien	29	2	46	77	
		24.20%	14.30%	39.70%	30.80%	

Family type	joint	61	4	55	120	2.949, 4, 0.566
		50.80%	28.60%	47.40%	48.00%	
	nuclear	39	6	37	82	
		32.50%	42.90%	31.90%	32.80%	
	separate	20	4	24	48	
		16.70%	28.60%	20.70%	19.20%	
Income	10,000 - 30,000	75	7	67	149	1.341, 4, 0.854
		62.50%	50.00%	57.80%	59.60%	
	< 10,000	5	1	7	13	
		4.20%	7.10%	6.00%	5.20%	
	> 30,000	40	6	42	88	
		33.30%	42.90%	36.20%	35.20%	
Occupation	govt job	37	6	41	84	5.497, 6, 0.482
		30.80%	42.90%	35.30%	33.60%	
	private job	35	2	24	61	
		29.20%	14.30%	20.70%	24.40%	
	self employee	44	6	43	93	
		36.70%	42.90%	37.10%	37.20%	
	unemployee	4	0	8	12	
		3.30%	0.00%	6.90%	4.80%	
Education of parents	gradueted	43	6	49	98	37.445, 6, < 0.001, Significant
		35.80%	42.90%	42.20%	39.20%	
	high	63	6	59	128	
		52.50%	42.90%	50.90%	51.20%	
	middle	14	0	8	22	
		11.70%	0.00%	6.90%	8.80%	
	primary	0	2	0	2	
		0.00%	14.30%	0.00%	0.80%	
Gender	female	48	4	63	115	6.676, 2, 0.036, Significant
		40.00%	28.60%	54.30%	46.00%	
	male	72	10	53	135	
		60.00%	71.40%	45.70%	54.00%	
Standerd	10th	2	0	0	2	5.436, 4, 0.245
		1.70%	0.00%	0.00%	0.80%	
	11th	84	10	94	188	
		70.00%	71.40%	81.00%	75.20%	
	9th	34	4	22	60	
		28.30%	28.60%	19.00%	24.00%	
Age	14	28	6	27	61	7.301, 8, 0.505
		23.30%	42.90%	23.30%	24.40%	
	15	23	0	25	48	
		19.20%	0.00%	21.60%	19.20%	
	16	47	6	37	90	
		39.20%	42.90%	31.90%	36.00%	
	17	20	2	25	47	
		16.70%	14.30%	21.60%	18.80%	
	18	2	0	2	4	
		1.70%	0.00%	1.70%	1.60%	
Total		120	14	116	250	
		100.00%	100.00%	100.00%	100.00%	

Association of food habits, Gender, education of parents and source of information were found statistically significant with pre-test practice in study group.

Table 5: Association of demographic variables with Pre-test practice of control group.

| | | Pre-test Practice | | Total | Chisquare, df, p-value |
		Adequate	Moderate		
Source of information	friend	36	27	63	5.599, 3, 0.133

		30.50%	20.50%	25.20%	
	mass media	35	54	89	
		29.70%	40.90%	35.60%	
	observed experience	15	12	27	
		12.70%	9.10%	10.80%	
	self experience	32	39	71	
		27.10%	29.50%	28.40%	
Religion	**christian**	2	2	4	
		1.70%	1.50%	1.60%	
	hindu	112	122	234	0.980, 2, 0.613
		94.90%	92.40%	93.60%	
	muslim	4	8	12	
		3.40%	6.10%	4.80%	
Food	**mixed**	40	78	118	
		33.90%	59.10%	47.20%	
	non vegetarian	28	7	35	**24.222, 2, < 0.001**
		23.70%	5.30%	14.00%	
	vegitarien	50	47	97	
		42.40%	35.60%	38.80%	
Family type	**joint**	37	68	105	
		31.40%	51.50%	42.00%	
	nuclear	55	53	108	**14.532, 2, 0.001**
		46.60%	40.20%	43.20%	
	separate	26	11	37	
		22.00%	8.30%	14.80%	
Income	**10,000 - 30,000**	87	87	174	
		73.70%	65.90%	69.60%	
	< 10,000	11	25	36	4.675, 2, 0.097
		9.30%	18.90%	14.40%	
	> 30,000	20	20	40	
		16.90%	15.20%	16.00%	
Occupation	**govt job**	59	41	100	
		50.00%	31.10%	40.00%	
	private job	39	41	80	
		33.10%	31.10%	32.00%	
	self employee	20	48	68	**16.086, 3, 0.001**
		16.90%	36.40%	27.20%	
	unemployee	0	2	2	
		0.00%	1.50%	0.80%	
Education of parents	**gradueted**	38	66	104	
		32.20%	50.00%	41.60%	
	high	64	52	116	**8.155, 2, 0.017**
		54.20%	39.40%	46.40%	
	middle	16	14	30	
		13.60%	10.60%	12.00%	
Gender	**female**	65	58	123	
		55.10%	43.90%	49.20%	3.097, 1, 0.078
	male	53	74	127	
		44.90%	56.10%	50.80%	
Standerd	**10th**	1	0	1	
		0.80%	0.00%	0.40%	
	11th	63	74	137	1.246, 2, 0.536
		53.40%	56.10%	54.80%	
	9th	54	58	112	
		45.80%	43.90%	44.80%	
Age	**14**	36	48	84	
		30.50%	36.40%	33.60%	2.163, 3, 0.539
	15	21	16	37	

		17.80%	12.10%	14.80%	
16		41	48	89	
		34.70%	36.40%	35.60%	
17		20	20	40	
		16.90%	15.20%	16.00%	
Total		118	132	250	
		100.00%	100.00%	100.00%	

Association of food habits, family type, education of parents and occupation were found statistically significant with pre-test practice in control group.

Table 6: Association of pre-post test with level of knowledge in study group.

Level of knowledge	Pre-test	Post test
	No. (%)	No. (%)
Inadequate	33 (13.2%)	7 (2.8%)
Moderate	176 (70.4%)	184 (73.6%)
Adequate	41 (16.4)	59 (23.6%)
Chisquare - 20.318, df - 2, p-value - < 0.001, Highly significant		
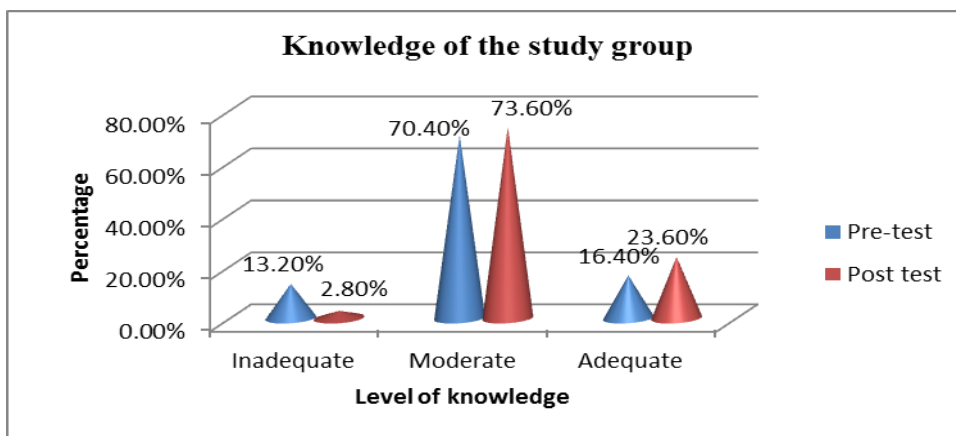
Table 7: Association of pre-post test with level of knowledge in control group.

Level of knowledge	Pre-test	Post test
	No. (%)	No. (%)
Inadequate	7 (2.8%)	3 (1.2%)
Moderate	191 (76.4%)	184 (73.6%)
Adequate	52 (20.8%)	63 (25.2%)
Chisquare - 1.866, df - 2, p-value - 0.393.		
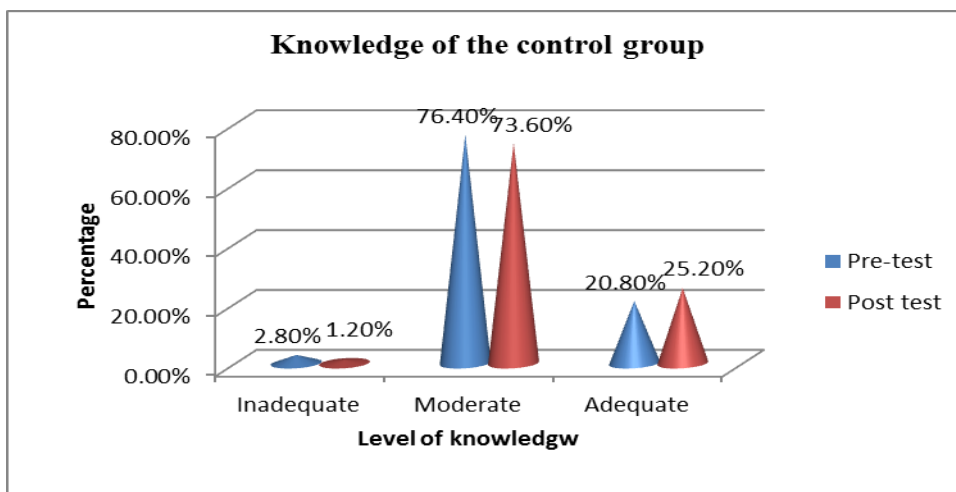
Table 8: Association of pre-post test with level of practice in study group.

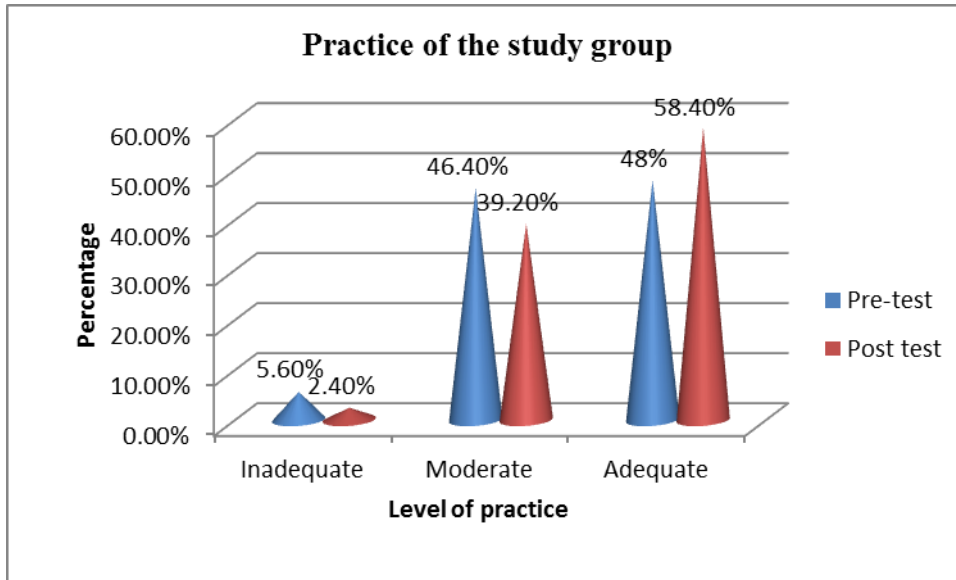| Level of practice	Pre-test No. (%)	Post test No. (%)
Inadequate	14 (5.6%)	6 (2.4%)
Moderate	116 (46.4%)	98 (39.2%)
Adequate	120 (48%)	146 (58.4%)
Chisquare - 7.255, df - 2, p-value - 0.026, Significant		

Table 9: Association of pre-post test with level of practice in control group.

Level of practice	Pre-test No. (%)	Post test No. (%)
Inadequate	0 (0%)	2 (0.8%)
Moderate	132 (52.8%)	113 (45.2%)
Adequate	118 (47.2%)	135 (54%)
Chisquare - 4.616, df - 2, p-value - 0.099.		
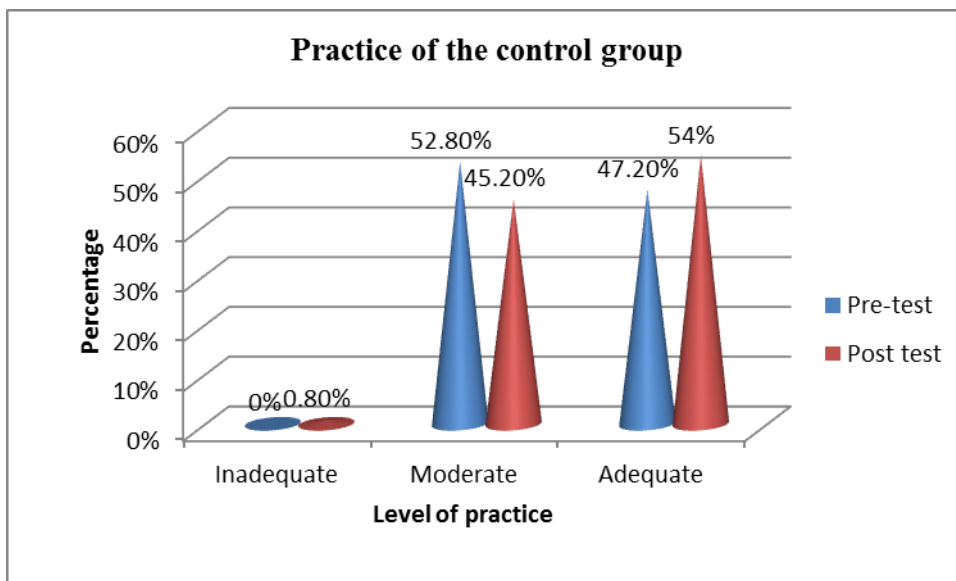
Table 10: There is a statistically significant difference between study and control group in pre-test knowledge. Whereas there was no statistically significant difference between study and control group in post-test knowledge.

Test	Group	N	Mean Rank	Sum of Ranks	Mann-whitney U, Z-value, p-value
Pre-test knowledge	Study	250	220.86	55215.0	**23840, -4.639, <0.001, Significant**
	Control	250	280.14	70035.0	
Post-test knowledge	Study	250	239.86	59964.0	28589, -1.674, 0.094
	Control	250	261.14	65286.0	

Table 11: There was no statistically significant difference between study and control group in pre and post-test practice.

Test	Group	N	Mean Rank	Sum of Ranks	Mann-whitney U, Z-value, p-value
Pre-test practice	Study	250	252.46	63114	30761, -0.306, 0.76
	Control	250	248.54	62136	
Post-test practice	Study	250	260.01	65003	28872, -1.493, 0.135
	Control	250	240.99	60247	

Table 12: Correlation of demographic variables with pre-test knowledge of study group.

Pre-test knowledge	Age	Standard	Gender	Education of parents	Income	Source of information
Correlation Coefficient	0.074	0.002	0.02	-0.005	0.04	0.098
Sig. (2-tailed)	0.244	0.974	0.756	0.933	0.532	0.122
N	250	250	250	250	250	250

There was no correlation between demographic variables and pre-test knowledge of study group.

Table 13: Spearman's correlation of demographic variables with pre-test knowledge of control group.

Pre-test knowledge	Age	Standard	Gender	Education of parents	Income	Source of information
Correlation Coefficient	.252[**]	.222[**]	0.026	-.294[**]	0.107	-.128[*]
Sig. (2-tailed)	0	0	0.686	0	0.093	0.043
N	250	250	250	250	250	250

There was significantly low relationship of knowledge with age and standard at 0.01 level, and the relationship is positive. Whereas negligible relation with gender and income. There was low relationship of knowledge with education of parents at 0.01 level and source of information at 0.05 level , and the relationship is negative.

Table 14: Spearman's correlation of demographic variables with pre-test practice of study group.

Pre-test Practice	Age	Standard	Gender	Education of parents	Income	Source of information
Correlation Coefficient	0.011	-0.097	-0.086	-0.071	-0.026	.150[*]
Sig. (2-tailed)	0.865	0.124	0.173	0.264	0.679	0.017
N	250	250	250	250	250	250

There was low relationship of practice with source of information at 0.05 level.

Table 15: Spearman's correlation of demographic variables with pre-test practice of control group.

Pre-test Practice	Age	Standerd	Gender	Education of parents	Income	Source of information	Pre-test Practice
Correlation Coefficient	0.035	-0.023	0.111	-.165[**]	0.103	-0.059	1
Sig. (2-tailed)	0.583	0.717	0.079	0.009	0.105	0.354	.
N	250	250	250	250	250	250	250

There was significant correlation of practice with education of parents at 0.01 level and the relationship is negative.

Sample Technique
Balbharti public school and shree gurunank higher secondary school rajnandgaon. Were randomly assign to both experimental and control group, Both experimental and control group the students were selected for the study by simple random sampling

technique. In **Balbharti Public School Rajnandgaon.** Daily classes start from 7:30 am to 12:30pm there were total number of students in 9th to 11th class was 400. Among 400 students selected 250 students for An experimental group over a period of 5 days through simple random technique. In **Shree Gurunanak Highe Secondary School Rajnangaon.** Daily classes started from 8:30 to 1:30 pm there were total number of students in class 9th to 11th class was 350. Among 350 students select 250 students selected randomly for control group over a period of 5 days.

Tools
Discription of The Tools
It consists of 3 sections

Section A- It deals with the socio demographic profile, which includes age of student, standard of studying, gender, education and occupation of parents, monthly income of family, types of family ,types of food, sources of information about junk foods.

Section B – A self structured questionnaire administered in which multiple choice question for assessment of knowledge regarding health hazards of junk food among high school students . Total items were 15, each subject score '1'mark for every correct answer and scored '0' mark for every wrong answer.

SECTION C– A self structured questionnaires administered in which 'yes /no' questions which consist of 15 items for the assessment of practice regarding health of junk foods. Each subject scored '1' mark for every correct answer and scored '0' mark for every wrong answer.

Scoring Procedure
A self administered questionnaire for the assessment of knowledge regarding health hazard of junk foods among high school children , each subject score of '1' (one) mark was given for every correct answer and score of '0' (zero) was given for every wrong answer .The resulting score is as follows .

Inadequate knowledge - a score from - 05(0 - 50 %)
Moderately adequate knowledge - a score from 6 – 10 (51 – 75 %)
Adequate knowledge - a score from10 – 15 (76 – 100 %)

A self administered questionnaire for assessment of practice regarding health hazards of junk foods among high school children ,each subject score of '1'(one) mark was given for every correct answer and score of '0' (zero) was given for every wrong answer. The resulting score is as follows.

Unsatisfactory practice - a score from 0- 5 (0 – 50 %)
Moderate satisfactory practice - a score from 6 – 10 (51 to 75 %)

Adequate satisfactory practice - a score from 10 – 15 (56 – 100 %)

Content Validity of the Tools
Based on the review of literature the questionnaire was developed the tools was evaluated by 5 experts, 3 experts from department of nursing and two experts from department of paediatrics. Based on their valid suggestions, reforming the tools was done for the assessment of knowledge and practice regarding health hazards of junk foods among high school children

Reliability of tools
Reliability of the questionnaire done by Karl's Pearson's formula. The reliability of tools tested with 30 students by distributing self-administered multiple choice questionnaire to them. After5days again retested with the same questionnaire. The reliability coeffient of the knowledge questionnaire was $r = 0.9$ .To assess the practice of junk foodsthe coefficient of reliability was found $r = 0.8$.

Pilot Study
In order to test the feasibility relevance an practicability of the study a pilot study was conducted a week before the main study among 30 students of **Wiedner Memorial Higher Secondary School Rajnandgaon And Wesleyan Higher Secondary School Rajnandgaon.** For that 15 students were selected for experimental group from **Wiedner Memorial Higher Secondary School Rajnandgaon**, and 15 students were selected for control group from **Wesleyan Higher Secondary School Rajnandgaon**. Data were analysed to find out the suitability of statistics. The pilot study revealed that the study was feasible.

Data Collection Procedure
Among 7 English medium schools 2 schools were selected by simple random sample technique for experimental group selected (Balbharti Public School Rajnandgaon). And for control group selected (Shree Gurunanak Higher Secondary School Rajnandgaon).

(**For Experimental Group**)- (Balbharti Public School Rajnandgaon) were having total number of 400 students studying from 9th -10th .Among 400 students 250 students were selected by simple random sampling technique for main study.

(**For Control Group**)- (Shree Gurunanak Higher Secondary School Rajnandgaon) were having total number of 350 students studying from 9th -11th. Among 350 students 250 students were selected by simple random sampling technique for main study.

Experimental group	No. of sample	Control group	No. of sample
Group -1 (1st week)	250	Group -2 (2nd week)	250
Day 1- Day 5 (pre-test + S.T.P.)	Each Day 50 Sample	Day 1- Day 5 (pre-test and **No** S.T.P.)	Each Day 50 Sample

For experimental group first week from 1st -5th day pre-test taken. Each day 50 students were selected out of 400 students. With the help of self -structured questionnaire and given structured teaching programme.

For control group Second week from1st -5th day pre-test taken. Each day 50 students were selected out of 350 students. With the help of self -structured questionnaire. and without structured teaching programme.

Two Week after S.T.P. (Structured Teaching Programme).

Experimental group	No. of sample	Control group	No. of sample
Group -1 (3rd week)	250	Group -2 (4th week)	250
Day 1-Day 5 post-test	Each day 50 sample	Day 1-Day 5 post –test	Each day 50 sample

For Experimental group, in 3rd week, 1st -5th day post-test taken. Each day post- test taken for selected 50 students. With the help of administered self –structured questionnaire.

For control group, in 4th week, 1st -5th day post-test taken. Each day post-test taken for selected 50 students. By administering self- structured questionnaire.

Plan for Data Analysis
The data analysis was planned according to the study by using descriptive statistics and inferential statistics.

Descriptive statistics
Such as mean, standard deviation was used for the data analysis.

Inferential statistics
'T' test was used to determine the difference between pre-test and post- test in terms of gain in knowledge and practice.

Co-relation to find out the relationship between pre-test and post- test in terms of co-relate in knowledge and practice.

Chi- square to find out the association between knowledge of high school students regarding health hazards of junk foods and selected demographic variables such as religion and food pattern.

And to find out the association between practices of high school students regarding health hazards of junk foods and selected demographic variables such as education of parents and food pattern.

Recommendation
Based on the findings of the study the investigators propose the following recommendation.
1. More research needs to be conducted with large sample size in different setting to increase utilization of the generalization of the findings.
2. The study can be done by using different teaching strategies on lifestyle modification programme

regarding health hazards of junk food among high school children.
3. A comparative study can be done to assess the risk factor of health hazards of junk food among the adolescence in rural and urban setting.
4. A study to find out the effectiveness of planned structured teaching programme regarding health hazards among high school students
5. A comparative study can be done to assess the health hazards of junk food among girls and boys.
6. A descriptive study can to evaluate the practice of junk food In children in living urban areas.

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Implications
The findings of the study have the following implication in nursing.

a. Nursing Education
Nursing education should emphasize on preparation of nurses, to impact information regarding ill effects of junk foods and healthy diet and its role in maintaining good health. The present study emphasise on as age, gender, monthly family income, and sources of information regarding junk foods etc. To make a curriculum for students and academic session regarding health hazards of junk foods among nursing students, They should be encouraged to attained specialized role play and seminar regarding healthy diet in maintaining good health.

b. Nursing Practice
The nurses can organize role play, work shop, awareness survey and different teaching programme regarding knowledge and practice of junk foods in hospital and community settings for general population and for the non professional health group as it helps to improve knowledge regarding healthy foods and foods which is ill for their health.

c. Nursing Research
The finding and results of this research will motivate nurse research to take up similar studies in different setting and this will serve as guideline for further research. The outcome of such nursing measures can be evaluated and the reports submitted to statutory body like food safety and security act of India. And it can be organized in various categories and enhance to upgrade different settings and implication. So it can utilize as evidence based information to developed effective materials useful in preparing new books and for revising health education for general population.

d. Nursing Administration
Nurse administrator can inculcate and reinforced better health teaching program about healthy diet in institutional setup and in public place, hospital and college for general population. The nurse administrator should collaborate with various faculties of institute and nongovernmental organization and they collaborate organized different teaching programmes like health education, health exhibitions planned health teaching program for individual to improve their knowledge on healthy diet.