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A Study To Assess The Effectiveness of Planned Teaching Programme on Knowledge Regarding Night Eating Syndrome Among Young Adults in Selected Colleges

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Abstract: **Night eating syndrome is a type of eating disorder that is characterized by hyperphagia in the evening with 25% or more of daily caloric intake after dinner with not less than two nocturnal awakenings during the week to eat food. The prevalence is 1.5% in the general population of the United States. NES prevalence is like other binge eating disorders like bulimia nervosa and anorexia nervosa. It is more frequently seen in obese populations, although not all individuals with NES are, in fact, obese. Objectives: To assess the existing knowledge regarding night eating syndrome among young adults in selected colleges, To assess effectiveness of planned teaching on knowledge regarding night eating syndrome among young adults in selected colleges, To associate the post-test knowledge score with selected demographic variables. Materials and Methods: Quantitative research approach with Quasi experimental research design was used. 80 subjects were selected by using sample calculation formula with the help of population Prevalence. Youngs Adult population who belonged to 18 to 25 years in selected school. Non-Probability Convenient sampling technique was used to select the sample. The data were collected from selected school, using socio demographic and structured knowledge Questionnaire. Results: 80 subjects 15% of young adults were in the age group of 18-19 years, 62.50% in 20-21 years, 16.30% in 22-23 years and 6.30% ofyoung adults were in the age group of 24-25 years.26.30% of young adults were males and 73.80% of them were females.Parents of 26.30% of young adults were government servant, 35% of them were private servantand 38.80% of them were doing other occupation. 60% of young adults were Hindus, 5% of them were Christian, 1.30% of them were Muslim and 33.80% of young adults were belonging to other religion. All(100%) of young adults were unmarried. 61.30% of young adults were from nuclear families, 36.30% were from joint and 2.50% of youngadults were from extended families.42.50% of young adults had monthly family income of Rs 10000-15000, 37.50% had between Rs15001-20000, 18.80% had between Rs 20001-30000 and only 1.30% of young adults had monthly familyincome of more than 30000 Rs.41.30% of young adults were vegetarian, 16.30% of them were non vegetarian and 42.50% ofyoung adults were consuming mixed diet. In pre-test 42.5% of young adults had average level of knowledge score and 57.5% of them had good level of knowledge score. Minimum knowledge score in pretest was 7 and maximum knowledge score in pretest was 18. Mean knowledge score in pretest was 12.97 ± 2.63and mean percentage of knowledge score in pretest was 43.25 ± 8.79. In the post-test,32.5% of young adults had good level of knowledge score, 42.5% had very good and 25% of young adults had excellent level of knowledge score. 0% 10% 20% 30% 40% 50% 60% 70% Poor, Average, Good, Very Good, Excellent 0% 42.50% 57.50% 0% 0% % of young adults Level of Pretest knowledge score Minimum knowledge score in posttest was 14 and maximum knowledge score in post-test was 28. Mean knowledge score in posttest was 21.20 ± 3.77 and mean percentage of knowledge score in post-test was 70.66 ± 12.58. The association of knowledge score with age in years of young adults from selected colleges. The tabulated 'F' values were 2.72 (df=3,76) which is less than the calculated 'F' i.e. 6.39 at 5% level of significance. Also, the calculated 'p'=0.001 which was less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that age in years of young adults is statistically associated with their posttest knowledge score.**

Keywords: **Assess, knowledge, night Eating Syndrome, young adults, Selected School.**

I. INTRODUCTION

Eating a healthy diet is not about strict limitations, staying unrealistically thin, or depriving yourself of the foods you love. Rather, it is about feeling great, having more energy, improving your health, and boosting your mood.[1]

Night eating syndrome is different from binge eating disorder (BED) you are more likely to eat a lot at a single sitting. If you have NES, it is likely that you eat smaller amounts throughout the night. NES is also different from sleep-related eating disorder.[2]

Those who are obese increase their risk of heart diseases, many types of cancer and gallbladder disease. Individuals with night eating syndrome often have a history of substance abuse, and may also suffer from depression. They typically report being more depressed at night. They also frequently have sleep disorders.[3]

Although some debate still exists, NES encompasses a few key behaviors, including evening hyperphagia (late-night eating before initiating sleep) and eating after awakening from sleep (night eating) either in a fully or semi-conscious state. This contrasts with binge eating disorder (BED), which describes episodes of consuming large quantities of food in discrete time periods without control, or sleep related eating disorder (SRED), which refers to involuntary nocturnal eating, often of bizarre foods or inedible items, that occurs after awakening. Late-night eating also can be found in other diagnoses, such as bulimia nervosa or dissociative disorders, but in these cases it is usually a part of a group of symptoms rather than the central problem.[4]

Night eating syndrome (NES) is a specific eating disorder. People with the condition consume most of the food they eat at night, even waking up from sleep in order to eat. People with NES often eat because they believe that it will improve sleep or help them fall back asleep. Those who have this condition often have little appetite in the morning and frequently skip breakfast. They commonly experience guilt and shame related to their eating.[5]

BACKGROUND OF STUDY

Night eating syndrome (NES) is an eating disorder, characterized by a delayed circadian pattern of food intake. Although there is some degree of comorbidity with binge eating disorder, it differs from binge eating in that the amount of food consumed in the night is not necessarily objectively large nor is a loss of control over food intake required. It was originally described by Albert Stunkard in 1955 and is currently included in the other specified feeding or eating disorder category of the DSM5. Research diagnostic criteria have been proposed and include evening hyperphagia (consumption of 25% or more of the total daily calories after the evening meal) and/or nocturnal awakening and ingestion of food two or more times per week. The person must have awareness of the night eating to differentiate it from the parasomnia sleep-related eating disorder (SRED). Three of five associated symptoms must also be present: lack of appetite in the morning, urges to eat at night, belief that one must eat in order to fall back to sleep at night, depressed mood, and/or difficulty sleeping.[6]

A systematic review metanalysis was conducted in (2022) identification and management of night eating syndrome in the adolescent and young adult population. The objective of the study was Night eating syndrome (NES) is a lesser-known eating disorder that can lead to significant morbidity in adults. The result shows that Adolescent patients exhibiting conditions including depression, eating disorders, insomnia, and high levels of stress should be monitored for the development of night eating symptoms. Children of mothers with NES should also be monitored during adolescence, as this confers a higher risk. Interestingly, increased body mass index is not associated with NES in adolescence. Patients that are identified as being at risk should have their comorbid conditions managed medically, while those diagnosed with NES can potentially be treated with cognitive-behavioral therapy and/or selective serotonin reuptake inhibitors. The study concluded that NES is a clinical entity that requires further investigation, especially concerning adolescents and the development of symptoms during the transition into adulthood. More research is needed on the treatment of the syndrome, as several treatments have been studied but none are US Food and Drug Administration approved.[7]

NEED OF STUDY

Night eating syndrome is a type of eating disorder that is characterized by hyperphagia in the evening with 25% or more of daily caloric intake after dinner with not less than two nocturnal awakenings during the week to eat food. The prevalence is 1.5% in the general population of the United States. NES prevalence is like other binge eating disorders like bulimia nervosa and anorexia nervosa. It is more frequently seen in obese populations, although not all individuals with NES are, in fact, obese.[8]

Individuals with night eating syndrome feel like they have no control over their eating patterns, and often feel shame and guilt over their condition. Night eating syndrome affects an estimated 1.5% of the population, and is equally common in men and women, according to the National Institute of Mental Health.[9]

The data were collected Significantly higher percentage of women 'at risk' skipped meals to consume snacks as compared to women who were 'not at risk' There was a significant association of satisfaction of current not satisfied as compared to women 'not at risk' (27.5%). There was a significant association of special diet followed and risk of developing eating disorders. Women 'at risk' had significantly higher score for eating energy dense foods after suppertime and this need to eat was to help them to get sleep after waking up at night. Habits and night snacking patterns are highly compromised in young women at risk for developing eating disorders.[10]

OBJECTIVES OF THE STUDY

Primary/general objective

- To assess the effectiveness of planned teaching on knowledge regarding night eating syndrome among young adults in selected colleges.

Secondary Objectives

- To assess the existing knowledge regarding night eating syndrome among young adults in selected colleges.
- To assess effectiveness of planned teaching on knowledge regarding night eating syndrome among young adults in selected colleges.
- To associate the post-test knowledge score with selected demographic variables

METHOD OF SELECTION OF STUDY SUBJECT (ELIGIBILITY CRITERIA)

INCLUSION CRITERIA

- Those who are in age group from 18 to 25 year only.
- Young adults who are studying in under graduate.

EXCLUSIONCRITERIA

- Young adults who are not present at time of data collection.
- Young adults below 17 years & above 25 years

ETHICAL ASPECTS

- Permission has been obtained from Institutional Ethical Committee.
- Permission will be obtained from selected colleges of the city.
- Written informed consents will be taken from study subjects.

II. METHODOLOGY

Quantitative research approach with Quasi experimental research design was used. 80 subjects were selected by using sample calculation formula with the help of population Prevalence. Youngs Adult population who belonged to 18 to 25 years in selected school. Non-Probability Convenient sampling technique was used to select the sample. The data were collected from selected school, using socio demographic and structured knowledge Questionnaire.

TOOLS:

Socio demographic data: It contains data regarding Age, gender, marital status, occupation, monthly family income, religion, dietary pattern.

Knowledge questions: This section contains 30 questions to assess the knowledge regarding night eating syndrome among young adults in selected colleges.

Statistical analysis: The data was analysed, by using descriptive and inferential statistics on the basis of objectives and hypothesis of the study. Association of knowledge scores and demographic variables were analysed by chi-square test.

Scoring Technique

TABLE I: grading of knowledge score among subject

Level of knowledge score	Percentage of marks	Marks
Poor	0-20%	01-06
Average	21-40%	07-12
Good	41-60%	13-18
Very good	61-80%	19-24
Excellent	81-100%	25-30

III. ANALYSIS AND INTERPRETATION

SECTION A: DISTRIBUTION OF SUBJECTS IN RELATION TO THEIR DEMOGRAPHIC VARIABLES.

In this study frequency and percentage wise distribution of subject in relation to their Age, gender, marital status, occupation, monthly family income, religion, dietary pattern regarding night eating syndrome among young adults in selected colleges.

Demographic variables of the present study shows, out of the 80 subjects 15% of young adults were in the age group of 18-19 years, 62.50% in 20-21 years, 16.30% in 22-23 years and 6.30% ofyoung adults were in the age group of 24-25 years.

26.30% of young adults were males and 73.80% of them were females.

Parents of 26.30% of young adults were government servant, 35% of them were private servantand 38.80% of them were doing other occupation.

60% of young adults were Hindus, 5% of them were Christian, 1.30% of them were Muslim and33.80% of young adults were belonging to other religion.

All(100%) of young adults were unmarried.

61.30% of young adults were from nuclear families, 36.30% were from joint and 2.50% of youngadults were from extended families.

42.50% of young adults had monthly family income of Rs 10000-15000, 37.50% had between Rs15001-20000, 18.80% had between Rs 20001-30000 and only 1.30% of young adults had monthly familyincome of more than 30000 Rs.

41.30% of young adults were vegetarian, 16.30% of them were non vegetarian and 42.50% ofyoung adults were consuming mixed diet.

SECTION B: ASSESSMENT LEVEL OF KNOWLEDGE REGARDING NIGHT EATING SYNDROME AMONG YOUNGADULTS IN SELECTED COLLEGES

This section has dealt with the assessment of knowledge regarding knowledge regarding night eating syndrome among young adults in selected colleges. The levels of knowledge score were categorized under categories: poor, average, good, very good and excellent.

In pre-test 42.5% of young adults had average level of knowledge score and 57.5% of them had good level of knowledge score. Minimum knowledge score in pretest was 7 and maximum knowledge score in pretest was 18. Mean knowledge score in pretest was 12.97 ± 2.63and mean percentage of knowledge score in pretest was 43.25 ± 8.79.

In the post-test,32.5% of young adults had good level of knowledge score, 42.5% had very good and 25% of young adults had excellent level of knowledge score. 0% 10% 20% 30% 40% 50% 60% 70% Poor, Average, Good, Very Good, Excellent 0% 42.50% 57.50% 0% 0% % of young adults Level of Pretest knowledge score Minimum knowledge score in posttest was 14 and maximum knowledge score in post-test was 28. Mean knowledge score in posttest was 21.20 ± 3.77 and mean percentage of knowledge score in post-test was 70.66 ± 12.58.

SECTION C: ASSOCIATION OF KNOWLEDGE SCORE REGARDING SELECTED VECTOR BORNE DISEASES AND ITS PREVENTION AMONG ADULTS IN RURAL AREA WITH SELECTED DEMOGRAPHIC VARIABLES.

This section dealt with the association of level of knowledge score of subjects with selected demographic variables.

The association of knowledge score with age in years of young adults from selected colleges. The tabulated 'F' values were 2.72 (df=3,76) which is less than the calculated 'F' i.e. 6.39 at 5% level of significance. Also, the calculated 'p'=0.001 which was less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that age in years of young adults is statistically associated with their posttest knowledge score.

IV. CONCLUSION

After the detailed analysis, this study leads to the following conclusion Planned teaching on night eating syndrome was found to be effectiveness in improving the knowledge of young adults. Young adults had a significant gain in knowledge regarding night eating syndrome.

An association was found between age & type of family and socio-economic status ofyoung adults knowledge about night eating syndrome.

Hence, based on the above findings, it was concluded undoubtedly that the writtenprepared material by the investigator in the form of planned teaching helped the young adults to improve their knowledge regarding night eating syndrome among young adults in selected colleges.

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