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## Impact of nutri-psycho counseling on self-esteem of obese school going children

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### Abstract

Impact of nutri-psycho counseling on self-esteem of obese school going children was assessed Western Maharashtra i. e. Pune, Nashik and Ahmednagar districts. For this study, 180 obese school going children were selected, from which 90 boys and 90 were girls and 60 from each selected district in 6- 16 age group. The self-esteem of selected children was assessed by using 'Battle's Self Inventory for Children' by Prof. Anand Kumar. It was found that, the self-esteem in relation with general, social, academic and parental was found increased after NP counseling.

**Keywords:** Snail, bovine, porcine, physicochemical properties, mucin, mucoadhesives

### Introduction

Obesity is a global nutrition concern confined not only in adults but also in children and adolescents. With changing life-style and growing urbanization, there has been a rapid increase in health problems related to over nutrition such as overweight and obesity in developing countries worldwide [1]. Childhood obesity is a condition where excess body fat negatively affects a child's health or wellbeing [2]. The prevalence rate of overweight and obesity in India are 12.8 and 10.3 per cent respectively and about 30 per cent of obesity begins in childhood [3]. Negative outcomes from being overweight during childhood include being at higher risk number of chronic and acute conditions as well as negative social and psychological outcomes [4, 5]. They may eat more often when they are feeling sad, stresses or bored and they are more likely to do so, if this pattern was demonstrated to them through their parents. The link between obesity and emotions is tight, yet frequently undefined. The study states that the issues of rejections, fear, anger, depression, stress, loneliness, other emotional disturbance and its ties to overeating. The feeling of distress reached a point at which eating becomes a suitable and temporary relief from their pain. Eating and its impartation seemed to provide the troubled person with a distraction, a reward, gratification, comfort or a sense of being loved [6]. Several authors mention that psychological problems such as negative self-esteem, withdrawal from interaction with peers, depression, anxiety and feeding of chronic rejections are characteristics of obese children [7, 8]. Overweight individuals have a socially disvalued identity. Children who are overweight become aware and others negative views on obesity, which in turn, diminishes their self-esteem. Furthermore, those who are obese may expect others to judge them based on their weight, which in turn may affect their own behavior in ways that produce negative social interactions [9]. Children who are obese not only experience lowered self-esteem as a result of peer taunting, they also show significantly elevated levels of loneliness, sadness and nervousness. Because approved from peers is particularly important within the adolescent years, such negative experiences can be detrimental to the development of self-esteem [10]. The study conducted by Pestic (2006) [11] recognized that obesity amongst children can be traumatic as it is may cause social stigma and lead to withdrawal in socializing with peers, obese children may develop a poor self-image and be of the opinion that they are not good enough. [11] As society views obesity as something negative, obese children may stop interacting with children of their age and tend to shy away from peers. Obese children prefer to stay at home rather than spending time with their friends. This may already be an early sign of depression. Against this background, the present study was undertaken to assess the impact of nutri-psycho counseling on obese school going children.

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**Materials and methods**

An exploratory research has been conducted in three districts such as Pune, Ahmednagar and Nasik of Western Maharashtra. Total 600 (obese) children among obese children having age between 7 to 12 years including male and female were selected by (purposive) simple random sampling method. About 200 obese children were randomly selected from each district. Out of 600 obese children 224 were male and 376 were female. From this samples, only 60 children from each district were taken from study, in which 30 male and 30 females were there. The obese children were selected by calculating BMI through school information of height and weight of children with prior permission of principal. The self-esteem of obese children was assessed by ‘Battle’s Self Esteem Inventory for Children (SEIC) recommended by Dr. Anand Kumar. This inventory contains 50 items and

following four sub-scales-General, Social, Academic and Parental self-esteem. The individual checks each item either ‘yes’ or ‘no’. the self-esteem score is done as per given in manual. There are 20 items on General SE, 10 items on Social SE, 10 items on Academic SE and 10 items on Parental SE. The collected data were pooled, tabulated and analysed statistically.

**Results and discussion**

The self-esteem of obese children was assessed by ‘Battle’s Self Inventory for Children’ by Prof. Anand Kumar. The impact of nutri-psycho counseling was assessed on children’s self-esteem. Their rating assessment after nutritional and psychological counseling was compared with their ratings before NP counseling.

**Table 1:** Impact of ‘NP’ counseling on Self-esteem of selected school going obese boys:

Areas of Self-esteem	Level	Boys(90)				‘Z’ Values
		Before		After		
		Frequency	%	Frequency	%	
General	High	12	13.3	15	16.7	(2.71)*
	Intermediate	29	32.2	41	45.6	(3.42)**
	Low	32	35.6	22	24.4	-(3.29)**
	Very low	17	48.9	12	13.3	-(3.78)**
Social	High	09	10.0	13	14.4	(2.60)*
	Intermediate	24	26.7	38	42.2	(3.81)**
	Low	27	30.0	21	23.3	-(3.53)**
	Very low	30	33.3	18	20.0	-(3.72)**
Academic	High	11	12.2	13	14.4	(1.21) <sup>NS</sup>
	Intermediate	42	46.7	44	48.9	(1.18) <sup>NS</sup>
	Low	22	24.4	28	31.1	-(2.49)*
	Very low	15	16.7	05	5.6	-(2.81)*
Parental	High	05	5.6	09	10.0	(2.63)*
	Intermediate	47	52.6	53	58.9	(2.55)*
	Low	28	31.1	26	28.9	-(2.51)*
	Very low	10	11.1	02	2.2	-(2.79)*

\*Significant at 5% level; \*\*Significant at 1% level; NS non-significant

The self-esteem of obese boys is classified in general, social, academic and parental self-esteem. Regarding general self-esteem it is observed that there is significant increase in high and intermediate per cent level i.e. from 13.3 to 16.7 and from 32.2 to 45.6 respectively. It is also observed that there is significant decrease in low and very low level i.e. from 35.6 to 24.4 and from 48.9 to 13.3.

It is also seen regarding social self-esteem that high from 10.0 to 14.4 percent and intermediate from 26.7 to 42.2 per cent level were increased significantly. Whereas regarding low and very low level there is significant decrease i.e from 30.0 to

23.3 and from 33.3 to 20.0 due to impact of NP counseling. The academic self-esteem of selected obese school going boys observed difference in before and after NP counseling. But the difference is non-significant. Whereas negative significant difference was found at low and very low level i.e. from 24.4 to 31.1 per cent and from 16.7 to 5.7 respectively. The parental self-esteem of obese boys significantly improved at high (from 5.6 to 10.0%) and intermediate level (from 52.2 to 58.9%) after NP counseling. The low and very low level were also significantly decreased i.e. from 31.1 to 28.9 and 11.1 to 2.2 per cent respectively.

**Table 2:** Average Statistical analysis of self-esteem of selected obese boys

Parameter	Mean Before	Mean After	Z cal	‘p’ value	Level of significance	Result	Conclusion
General	1.589	1.78	1.99	0.0466	0.05	Reject H0	Significant
Social	1.46	1.8	3.65	0.0003	0.05	Reject H0	Significant
Academic	1.711	1.811	1.07	0.285	0.05	Reject H0	Significant
Parental	1.511	1.74	2.54	0.0111	0.05	Reject H0	Significant

Moreover, the table 6.7.2 reveals the average statistical analysis of self-esteem of selected school going obese boys. It is found from observations that there is significant difference

in mean averages for general, social, academic and parental self-esteem of obese boys.

**Table 3:** Impact of ‘NP’ counseling on Self-esteem of selected school going obese girls:

Areas of Self-esteem	Level	Girls(90)				‘Z’ Values
		Before		After		
		Frequency	%	Frequency	%	
General	High	17	18.9	19	21.1	(1.09) <sup>NS</sup>
	Intermediate	34	37.8	43	47.8	(2.61)*
	Low	24	26.7	17	18.9	-(3.70)**
	Very low	15	16.7	11	12.2	-(2.52)*
Social	High	14	15.6	19	21.1	(2.63)*
	Intermediate	38	42.2	47	52.2	(2.74)*
	Low	13	14.4	11	12.2	-(2.47)*
	Very low	25	27.8	13	14.4	-(3.26)**
Acade-Mic	High	07	7.8	09	10.0	(2.55)*
	Intermediate	52	57.8	56	62.2	(2.48)*
	Low	29	32.2	24	26.7	-(3.22)**
	Very low	02	2.2	01	1.1	-(2.19)*
Paren-Tal	High	11	12.2	13	14.4	(2.35)*
	Intermediate	33	36.7	43	47.8	(2.39)*
	Low	37	41.1	32	35.6	-(2.44)*
	Very low	09	10.0	02	2.2	-(2.71)*

\*Significant at 5% level; \*\*Significant at 1% level; NS non-significant

It gives clear idea that the general self-esteem of obese girls in intermediate level i.e. from 37.8 to 47.8. Whereas, there is increase in high level from 18.9 to 21.1, but this difference is non-significant. It is also observed that there is significant decrease in low and very low level i.e. from 26.7 to 18.9 and from 16.7 to 12.2 respectively.

Regarding with social self-esteem, high and intermediate level of these girls were increased significantly from 15.6 to 21.1 per cent and from 42.2 to 52.2 per cent respectively. Whereas, regarding low and very low level there is significantly improved from 14.4 to 12.2 and from 27.8 to 14.4 respectively after NP counseling.

The academic self-esteem of selected obese school going girls observed significant difference in before and after NP counseling for high and intermediate level i.e from 7.8 to 10.0 and from 57.8 to 62.2. Whereas negative significant difference was found at low and very low level i.e. from 32.2 to 26.7 per cent and from 2.2 to 1.1 respectively.

The parental self-esteem of obese girls significantly improved at high (from 12.2 to 14.4%) and intermediate level (36.7 to 47.8%) after NP counseling. The low and very low levels were also significantly decreased i.e. from 41.1 to 35.6 and 10.0 to 2.2 per cent respectively.

**Table 4:** Average Statistical analysis of self-esteem of selected obese girls

Parameter	Mean		Z cal	‘p’ value	Level of significance	Result	Conclusion
	Before	After					
General	1.589	1.78	1.99	0.0466	0.05	Reject H0	Significant
Social	1.46	1.8	3.65	0.0003	0.05	Reject H0	Significant
Academic	1.711	1.811	1.07	0.285	0.05	Reject H0	Significant
Parental	1.511	1.74	2.54	0.0111	0.05	Reject H0	Significant

The table 6.7.2 reveals the average statistical analysis of self-esteem of selected school going obese girls. It is found from observations that there is significant difference in mean averages for general, social, academic and parental self-esteem of obese girls.

**Conclusion**

On the whole it can be concluded that, the self-esteem in relation with general, social, academic and parental was found increased after NP counseling among these selected obese children. This impact was noticed more significant in girls than boys. Academic self-esteem was noted improved in only obese girls at more significant level than the boys.

**References**

1. Bhav S, Bavdekar A, Otiv M. IAP National Task Force for childhood prevention of adult disease. *Childhood obesity*. Ind. *Pediatr*, 2004; 41:559-575.
2. Briefel RR, Johnson CL. Secular trends in dietary intake in the United States. *Annu. Rev. Nutr.* 2004; 24:185-90.
3. Centers for disease control and Prevention. Overweight and Obesity; Childhood Overweight and obesity, contributing factors. Available from:

- http://www.cdc.gov/obesity/childhood/causes.html. 2009.
4. Lee YS. Consequences of childhood obesity. *Annals of Academy of Medicine, Singapore*, 2009; 38:75-77
5. Sullivan K. How to help your Overweight Child. London: Rodale. 2004.
6. Draper D. Your body revival: weight loss straight talk.[O]. Available: <http://www.daverdraper.com/article-190-obesity.html>. 2004.
7. Kruger HS, Puoane T, Senekal M, Van der Merwe MT. Obesity in South Africa: Challenges for Government and Health Professionals. *Public Health Nutrition*. 2005; 8(5).
8. Goedecke JH, Jennings CL, Lambert EV. [sa]. Obesity in South Africa. *Chronic Diseases of Lifestyle in South Africa since UCT/MRC Research Unit for Exercise Science and Sport Medicine, Faculty of Health Sciences, University of Cape Town*. 1995- 2005.
9. Feingold A. Good-looking people are not what we think. *Psychological Bulletin*, 1992; 111:304-341.
10. Strauss RS. Childhood obesity and self-esteem. *Pediatrics*, 2000; 105: 105-110.
11. Pesic M. Child Obesity and Depression. [O]. Available: <http://ezinearticles.com/?Child-Obesity-and-Depression&id=357327>. 2006.