ABSTRACT

Nutrition is an important component in maintaining optimal health. Adolescents are at the right stage in the continuum of vitality to incorporate change in their lives. Adolescent nutrition has always been a concern to doctors and researchers. The food choices adolescents make may not have immediate or noticeable effects on their bodies. This can create long-term problems in the future, such as obesity, diabetes, heart disease, and strokes. Helping adolescents become more knowledgeable and conscious of their dietary habits is important. The goal of identifying if adolescents have good nutritional knowledge to make good nutritional choices will help clinicians to provide adolescent-centered strategies to improve their overall health before adulthood. Literature has shown that many studies were done on adolescent nutrition. The outcomes were not statistically significant, but the findings suggested that adolescents’ nutritional knowledge was low in general. The theoretical framework to be implemented during the course of the study is the Nola Pender’s Health Promotion Model (HPM). The HPM has various activities that are directed toward the development of resources that maintain an individual’s health and well-being. The target population will include males and females of all ethnicity, between the ages of 11-19 years old. A total of 80 students are needed in order to establish a correlation among the variables in this study. A cross-sectional design will be used to distribute the two questionnaires at the study site. The researcher will issue informed consent forms and will collect them at the given deadline. The researcher and assistant will issue and collect the two questionnaires: Nutritional Knowledge Instrument (NKI) and Nutritional Self-Reported Questionnaire (NSRQ). The data will be analyzed by using Pearson’s r to test for correlation between the two variables. The correlation coefficient (r) obtained will tell the extent and the type of relationship between the two variables.

BACKGROUND

In the United States, 1 in 3 children and adolescents are currently overweight or obese (Datar & Chang, 2016). Obesity affects about 12.7 million children and adolescents between the ages of 2-19 years (Centers for Disease Control and Prevention, [CDC] 2015). Obese is defined as a body mass index (BMI) at or above the 95 percentile. Overweight is defined as BMI at or greater than the 85 percentile for weight. Obesity is an illness that poor nutritional or dietary habits dramatically affect (Anabwani, 2015). An overweight or obese adolescent is mostly likely to become overweight or obese adult (Datar & Chang, 2016).

The nutritional status of adolescents’ has been viewed as a topic of concern to parents, educators, researchers and health care professional. Each group has their own opinion of why there is a problem with adolescents’ diets. Many adults would argue that the adolescent diet is unhealthy because of the types of food they choose to eat (Anabwani, 2015). For example, adolescents like to eat fast foods, ranging from hamburgers to pizza, potato chips, chocolate bars, and soda. These types of foods are known to be high in fat, sugar, sodium, and low fiber. These behaviors are thought to be linked to lack of knowledge of nutrition. The food choices adolescents make may not have immediate or noticeable effect on their bodies. However, this can create long-term problems in the future, such as obesity, diabetes, heart disease and strokes (Anabwani, 2015). Helping adolescents become more knowledgeable and conscious of their dietary habits is very important.

PURPOSE OF THE PROJECT

The study is designed to assess the level of knowledge adolescents hold related to the type of foods they choose to eat. Students of all ethnicity will be welcomed for variety. Students who are on a special dietary regimen will be excluded because they already have some knowledge about nutrition due to their illness.

PROBLEM STATEMENT

Is there a relationship between adolescents’ nutritional knowledge and the types of foods eaten?

HYPOTHESIS

There will be a direct relationship between adolescents’ nutritional knowledge and the types of foods eaten as reported by the students using a Nutritional Self-Reported Questionnaire (NSRQ) and the Nutritional Knowledge Instrument (NKI).

METHOD

INSTRUMENTS

• Nutritional self-Reported Questionnaire (NSRQ)
• Nutritional Knowledge Instrument (NKI)
• Survey research
• Cross-sectional approach
• Informed consent will be issued
• Anonymity and confidentiality will be preserved

DESIGN

• Survey research
• Cross-sectional approach
• Informed consent will be issued
• Anonymity and confidentiality will be preserved

SAMPLE/SETTING

• WCIC School
• Middle and high school
• Allenbridge
• A minimum of 80 students
• About 200 surveys will be issued

LITERATURE REVIEW

• Adolescent nutrition has been a concern to many health care providers and researchers since the 1970’s. Articles published from several researchers have been based which centered on nutritional requirements for growth and the importance of eating right.

• In the 1980’s more research was conducted on adolescent nutrition. The researcher’s focused on adolescents’ nutritional habits, nutritional problems, such as obesity, nutritional knowledge, behaviors and attitudes.

• In the 1990’s nurses participated and conducted many research studies on adolescent nutrition. The focus of these studies were to understand how adolescent established their dietary patterns, how these patterns impacted on the adolescent future health and the adolescent knowledge about nutrition.

• During the millennium, the focus has been on identifying adolescents’ nutritional habits to prevent nutritional disorders, such as malnutrition and obesity (Phillips and Jensen, 2016). Researchers are assessing adolescents’ dietary intake and nutritional knowledge.

• In reviewing the literature, researchers are recommending that health care providers should emphasize teaching adolescents about portion control, less frequent consumption of fast foods and junk foods, increase fruits, vegetables and whole grains, as well as consuming low fat dairy products, and keep well hydrated daily (Phillips and Jensen, 2016).

CONCEPTUAL FRAMEWORK

The Health Promotion Model (HPM) will be used in this study. HPM has three major components: Individual characteristics, Behavior Specific Cognition’s and Affect, and Behavioral Outcomes. Each component has several subgroups to help test the variables being studied. Only part of the Pender’s HPM will be used during the course of the study. Nutritional knowledge will be studied in relation to food choices made by the adolescents. The Nutritional Self Reported Questionnaire will assess prior related behaviors such as current related nutritional habits and the foods they enjoy eating. Personal factors will be addressed by the demographic data the subjects give on the questionnaire such as their age, weight, height, gender. Behavior specific cognition and affect will be evaluated through interpersonal factors. The Nutritional Self Reported Questionnaire has questions that inquire about the adolescents’ knowledge of foods, school lunches, and meals prepared at home. The behavior outcome will be evaluated when the subjects demonstrated that they can make healthy food choices. The Nutritional Self Reported Questionnaire questions support testing the HPM empirically.

DELIIMITATION

The study will include English speaking adolescents, males and females between the ages of 11-19 years old, who are able to read. Students of all ethnicity will be welcomed for variety. Students who are on a special dietary regimen will be excluded because they already have some knowledge about nutrition due to their illness.

DATA COLLECTION PROCEDURE

Each student will be randomly selected to fill out a questionnaire on diet and nutritional knowledge.

The Pearson’s r will be used to establish if there is a correlation between the two variables. This statistical analysis will allow the researcher to establish the correlation coefficient (r) between the two variables, nutritional knowledge (Independent variable) and dietary habits (Dependent variable). Therefore, the outcome of this study will provide recent information on reinforcing nutrition to adolescents. As this age, adolescent acquire nutritional habits during this period, which establishes a foundation for future nutritional habits.

DATA ANALYSIS

The Pearson’s r will be used to establish if there is a correlation between the two variables. The statistical analysis will allow the researcher to establish the correlation coefficient (r) between the two variables, nutritional knowledge (Independent variable) and dietary habits (Dependent variable). Pearson’s r is a statistical analysis that tests the correlation between two variables. The Nutritional Knowledge Instrument is an instrument which will use a ratio level of measurement and the Nutritional Self-Reported Questionnaire will grade 20 questions on the interval level of measurement. Therefore, the use of the Pearson’s r is acceptable for this study. Depending on the statistical findings, the hypothesis of this study will be supported showing a relationship between the variables or rejected.

IMPLICATIONS FOR PRACTICE

This study will also provide supportive data for the advance practice nurse. The nurse practitioners are primary care providers who are responsible for educating their clients about many health issues. Reinforcing good nutrition is an important role for the nurse practitioners because health education is part of primary care; it is the foundation of the profession. There exists wealth of research studies to support quality education as an instrument in staying healthy. Therefore, the outcome of this study will provide recent information on reinforcing nutrition to adolescents. As this age, adolescent acquire nutritional habits during this period, which establishes a foundation for future nutritional habits.