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42 **I INTRODUCTION**

43 **“Let food be thy medicine, thy medicine shall be thy food”.**

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45 Nutrition is a critical part of health and development, better nutrition is related to  
46 improved child health, growth and development, stronger immune system, and lower risk of  
47 adolescents who are in a pubertal phase of development and growth. Nutrition is the process of  
48 consuming, absorbing and using nutrients needed by the body for growth, development and  
49 maintenance of life.<sup>1</sup>

50 Good nutrition aims to achieve and maintain a desirable body composition, optimal  
51 health, prevention of disease and high potential for physical & mental work. Increasing  
52 nutrition knowledge and interest are typical strategies for nutrition intervention and important  
53 pre-requisites for eliciting diet-related behavior changes.<sup>2</sup>

54 Obesity is one side of the double burden of malnutrition. From 1975 to 2016, the  
55 prevalence of overweight or obese children and adolescents aged 5-19 years increased more  
56 the four-fold from 4% to 18% globally. Over 340 million children and adolescents aged 5 - 19  
57 were overweight or obese in 2016.<sup>3</sup>

58 Self- efficacy refers to the confidence in ability to perform a particular action and is  
59 expected to influence the likelihood of the behavioral occurrence. Nutritional self-efficacy is  
60 achieved through knowledge, understanding and skills development, it is vital in facilitating  
61 healthy eating habits among school children.<sup>4</sup>

62 Game based education refers to borrowing of certain gaming principles and apply them  
63 in real life setting to use. The motivational psychology involved in game-based education  
64 allows student to engage with educational materials in a playful & dynamic way.<sup>5</sup>

65 Game based education may enhance learning opportunities by positively affecting  
66 motivation and interest of participants. A recent review found that game-based education, can  
67 have an impact on children's eating behaviour. As the investigators realized the urgent need

68 for educating the school children regarding nutrition in order to overcome inappropriate  
69 dietary behaviours.<sup>5</sup>

## 70 **Statement of the problem**

71 A pre-experimental study to evaluate the effectiveness of game-based education  
72 on nutritional knowledge and self-efficacy among school children at a selected school, Chennai.

## 73 **Objectives**

- 74 ➤ To assess and compare the pretest and post-test level of nutritional knowledge and  
75 self-efficacy among school children.
- 76 ➤ To evaluate the effectiveness of game-based education on nutritional knowledge  
77 and self-efficacy among school children.
- 78 ➤ To associate the post-test level of nutritional- knowledge and self-efficacy among  
79 school children with their selected demographic variables.

## 80 **Hypotheses**

- 81 ➤ **NH<sub>1</sub>** - There is no significant difference between the pre and post-test level of  
82 nutritional knowledge and self-efficacy among school children.
- 83 ➤ **NH<sub>2</sub>** - There is no significant association between the post test score of nutritional  
84 knowledge and self-efficacy among school children with their selected demographic  
85 variables.

86

## 87 **II MATERIALS AND METHODS**

88 A quantitative research approach with pre-experimental design one group pretest and  
89 post-test design was adopted in the study. The independent variable was game-based

90 education and the dependent variables were nutritional knowledge and self-efficacy. The  
91 study was conducted at Vels Vidhyashram School, Chennai. The sample size was 53 school  
92 children who fulfilled the inclusion and exclusion criteria, selected using a non-probability  
93 sampling technique. The samples were selected based on the following:

94 **Inclusion Criteria:** School children

- 95 • who are studying in 7<sup>th</sup> std.
- 96 • who are able to read and understand Tamil and English

97 **Exclusion Criteria:** School children

- 98 • who are not willing to participate in the study.
- 99 • who are sick during the data collection

100 **Development and description of the tool**

101 It consists of two sections.

102 **Section A: Assessment of the Demographic variables**

103 This consists of Age (in years), Gender, Degree of malnutrition,  
104 Monthly family income, Maternal Education, Paternal education, Type of family &  
105 Dietary pattern, history of food allergy, habit of taking junk food

106

107 **Section B: A Semi – structured knowledge questionnaire** formulated by the investigator  
108 was used to assess the nutritional knowledge. It consisted of 20 questions with one correct  
109 answer each. It was categorized under the following components: types of nutrients,  
110 functions, deficiency diseases and the sources of nutrients. Participants were asked to select a  
111 suitable answer from the four options given.

112

113 **Section C: Modified Nutritional Self-efficacy scale** consisted of 10 statements on healthy  
114 eating habits. School children were asked to mark their confidence level towards healthy  
115 eating on a 5-point Likert scale.

116

#### 117 **Data collection procedure:**

118

119 After obtaining formal permission from the school Principal, oral assent from the  
120 school students and written informed consent from the parents, the investigator obtained  
121 demographic variables from the samples, following which pre – test level of nutritional  
122 knowledge and self-efficacy was assessed using the above-mentioned tools. Following this,  
123 game-based education was given using a PowerPoint presentation for 15mts followed by a  
124 connection game was conducted to recollect the content taught. Post-test was conducted after  
125 7 days of intervention.

126

#### 127 **Ethical consideration**

128

129 The study proposal and plans were granted formal ethical approval by Institutional  
130 Ethical Committee of Venkateswara Nursing College, Chennai, India. Oral assent from the  
131 school children and written informed consent from the parents were obtained after explaining  
132 the study purpose, type of data required, participants, procedure, potential benefits and right to  
133 withdraw from the study was explained. Confidentiality of data and anonymity of the study  
134 participants was assured.

135

### 136 **III RESULTS**

#### 137 **Distribution of demographic variables of school children**

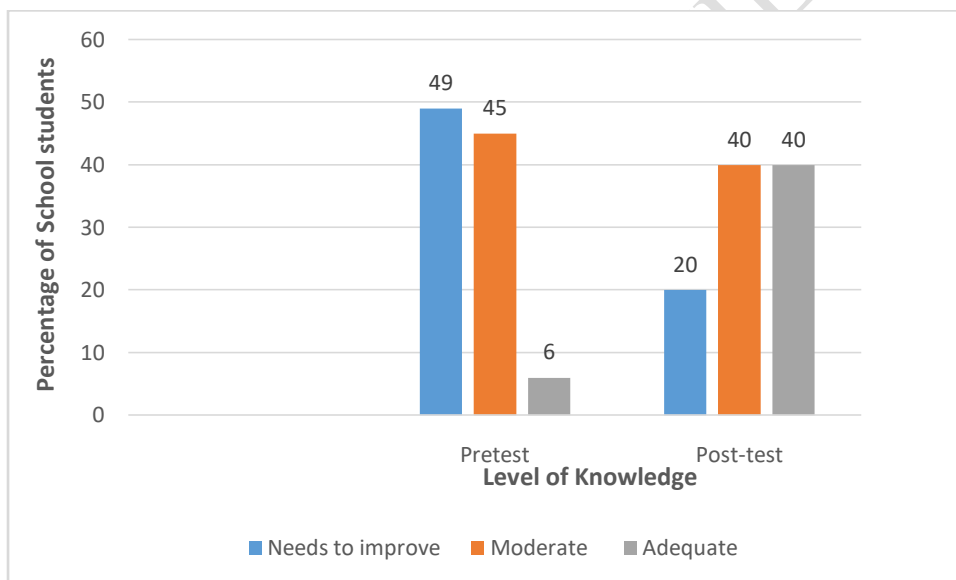
138 The study revealed that majority of the children, 45 (85%) were in the age between 11-  
139 12 years, 31 (58%) were male, 24 (45%) children's mothers had post graduate education, 29  
140 (55%) of children's father were post graduate 50 (94%) had a family monthly income of  
141 rupees above 20001, 43 (81%) belonged to the nuclear family, 37 (70%) had a normal  
142 nutritional status, 9 (17%) had no history of food allergies and 48 (91%) reported a habit of  
143 taking junk food.

144

145 **Frequency and Percentage distribution of pre and post-test level of nutritional**  
146 **knowledge**

147

**N = 53**



148

149 **Figure 1: Percentage distribution of pre and post-test level of nutritional**  
150 **knowledge among school children**

151

152 Figure 1 reveals that in the pre-test level of nutritional knowledge 49% of school children  
153 had needs to improve, 45% had moderate knowledge and only 6% had adequate knowledge

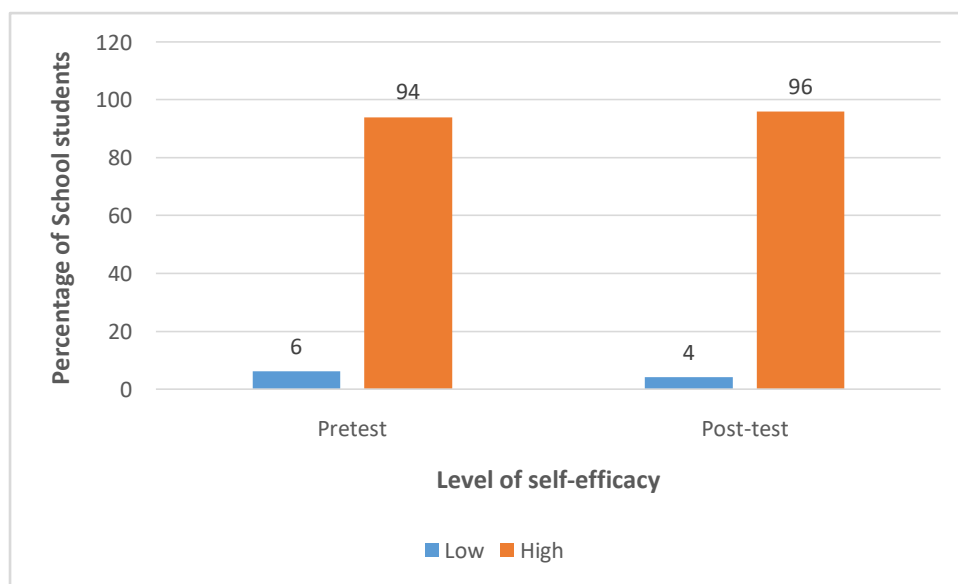
154 whereas in the post test, 20% had needs to improve, 40% had moderate knowledge and 40%  
155 had adequate knowledge.

156

157 **Frequency and Percentage distribution of pre and post-test level of self-efficacy among**  
158 **school children**

159

N = 53



160

161 **Figure:2 Percentage distribution of pre and posttest level of self-efficacy**  
162 **among school children**

163

164 Figure 2 reveals that in the pre-test, 6% of school children had low self-efficacy level, 94%  
165 had high self-efficacy level whereas in the post-test 4% had low self-efficacy and 96% had  
166 high self-efficacy level.

167

168 **Effectiveness of game-based education on nutritional knowledge and self- efficacy among**  
169 **school children.**



170 **TABLE- 1: Comparison of pretest and post-test nutritional knowledge and self- efficacy**  
 171 **among school children.**

172 N=53

Variables	Test	Mean	SD	Mean Difference Score	Paired 't' Test Value
Nutritional Knowledge	Pre-test	10.77	3	3.89	t= 4.91 P = 0.05* DF=52, S*
	Post-test	14.66	3.27		
Self-Efficacy	Pre-test	31.51	4.81	0.68	t= 0.63 NS
	Post-test	32.19	5.57		

173 \* Significant at  $p < 0.05$ , S – Significant, NS – Non-Significant

174

175 Table 1 reveals that the pre-test mean score of nutritional knowledge was 10.77 with  
 176 a standard deviation of 3 and the post-test mean score was 13.66 with a standard deviation of  
 177 3.27. The mean difference score was 3.89. The calculated paired “t” test value  $t = 4.91$  was  
 178 found to be statistically significant at  $p < 0.05$  level. The pretest mean score of self efficacy  
 179 was  $31.51 \pm 4.84$  and the post-test mean score of self-efficacy was  $32.19 \pm 5.57$  and the men  
 180 difference score was 0.68. The calculated paired “t” test value of  $t=0.63$  was found to be non-  
 181 significant at  $p < 0.05$  level.

182

183 **Association of the post-test level of nutritional knowledge among school children with**  
 184 **selected demographic variables**

185

186 The demographic variables age ( $\chi^2=2.28$ ,  $p=0.455$ ) gender ( $\chi^2=1.50$ ,  $p=0.455$ ), history  
187 of food allergies ( $\chi^2=2.40$ ,  $p=1.386$ ) history of taking junk foods ( $\chi^2=2.81$ ,  $p=1.386$ ) had  
188 shown statistically significant association with post-test level of nutritional knowledge at  
189  $p<0.05$  level. The school children in the age of 11-12 years , male, has history of taking junk  
190 food and no history of food allergies had high level self-efficacy at  $p <0.05$  level.

191

#### 192 **IV DISCUSSION**

193

194 With regard to the demographic variables of school children, , 45 (85%) of the  
195 children were in the age between 11-12 years, 31 (58%) were male, 24 (45%) children's  
196 mothers had post graduate education, 29 (55%) of children's father were post graduate, 50  
197 (94%) had a family monthly income of rupees above 20001, 43 (81%) belonged to the nuclear  
198 family, 37 (70%) had a normal nutritional status, 9 (17%) had no history of food allergies and  
199 48 (91%) reported a habit of taking junk food.

200 The comparison of pretest nutritional knowledge mean score of 10.77 and standard  
201 deviation of 3 with the post-test mean score of 13.66 and standard deviation of 3.27 provided  
202 a mean difference score of 3.89. The calculated paired "t" test value  $t = 4.91$  was found to  
203 be statistically significant at  $p<0.05$  level which proved that the administration of game-based  
204 education was effective in enhancing the knowledge of the school children regarding  
205 nutrition.

206 The association of selected demographic variables of school children with the mean  
207 differed level of knowledge and self-efficacy showed that age, male gender, history of food  
208 allergies and history of taking junk foods were significantly associated, indicating that higher  
209 knowledge and self-efficacy in boys and children with good dietary practices. The other

210 demographic variables were not associated with mean differed level of knowledge and self-  
211 efficacy of school children.

212

## 213 **V CONCLUSION**

214 The study concluded that there is a significant difference in the level of nutritional  
215 knowledge and self-efficacy of school children after administration of game-based education.  
216 Thus, the study findings revealed that this intervention was found to be effective in improving  
217 the knowledge and self-efficacy level among school children. Hence the researchers  
218 recommend to utilize this game-based education in various settings to create awareness  
219 among children to adopt healthy eating practices.

220

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235

236 **VIII CONFLICT OF INTEREST:** None declared

237

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