A STUDY TO ASSESS THE KNOWLEDGE, STATED PRACTICES AND PERCEIVED BODY IMAGE IN RELATION TO EATING HABIT AMONG ADOLESCENT GIRLS OF SELECTED HIGH SCHOOLS OF KALIMPONG DISTRICT, WEST BENGAL.

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ABSTRACT   According to the health field concept, the most important factor affecting health is a life style. A good knowledge and healthy practices regarding eating habit plays a very important role in maintaining good health among adolescents. The descriptive study was conducted among 192 adolescent girls of age group 14-19 years at Girls Higher Secondary School and Pranami Balika Vidhya Mandir Higher Secondary School of Kalimpong district, West Bengal with the aim to assess the knowledge, stated practices and perceived body image in relation to eating habit. The study data was collected by using structured questionnaires. The result revealed that about 10.41%, 74.47% and 15.10% of adolescent girls have good, average, and poor level of knowledge; among them 13.54%, 73.43 % and 13% of adolescent have good, moderate and poor stated practices, related to eating habit. Regarding body image 20.83 %, 68.22% and 10.93% of adolescent girls were highly, moderately and poorly satisfied, with their body image. There was a negative correlation found between knowledge and stated practices (r= -0.044) and between perceived body image and stated practices (r= -0.0796) related to eating habit at 0.05 level of significance. Further chi square result showed that there was significant association between levels of knowledge of eating habit with religion and meal frequency / day at 0.05 level of significance. The improvement in knowledge and practices about healthy eating habit is essential by awareness programme in schools to promote healthy lifestyle among adolescents.

KEYWORDS :

INTRODUCTION

Disorder in eating habits remains a major global problem among adolescents as they not only affect their physical health but also affect their mental and behavioural development. In spite of the tremendous advances that have been made in many field including feeding practices, adolescents are still lacking, they still consume diets that are nutritionally inadequate.

Many studies showed that, the diets of adolescent do not meet the criteria for recommendations of good health and are contributing to either underweight, overweight and obesity. Due to lack of awareness about their nutritional needs and requirement, diet of the Indian adolescent girls especially in rural areas is inadequate both with reference to Quality and quantity .[1]

Nutritional needs during adolescence are increased because of the increased growth rate and changes in body composition associated with puberty. The dramatic increase in energy and nutrient requirements coincides with other factors that may affect adolescents' food choices, nutrient intake, and thus, nutritional status. These factors, including the quest for independence and acceptance by peers, increased mobility, and greater time spent at school and/or work activities, and preoccupation with self-image, contribute to the erratic and unhealthy eating behaviours that are common during adolescence.[2]

In addition, adolescents may have formed beliefs about their cultural foods and eating habits that reflect their family's notions of healthy and unhealthy foods, which may or may not be accurate.[2]

While the specifics of healthy eating can vary, the overall goal of a healthy diet is to improve patients' health and lower the risk of disease. Considerable evidence shows us that healthy food choices can extend longevity and reduce the risk of cardiovascular disease, diabetes, hypertension, cancer and other important chronic diseases. A healthy diet can also help with weight management and improve health-related quality of life.

With such a broad impact, population-wide improvements in diet could have a substantial impact not only on population health but also on health care costs.[3]

Knowledge, attitudes, and practices (KAP) are the key elements of promoting change in the behaviour of an individual. They work together by providing cognitive understanding, forming beliefs and attitudes, and initiating attempts to achieve behavioural change. They are crucial to understanding the reasons for unhealthy eating among adolescents, because adolescents develop personal eating habits based on their dietary knowledge and practices. Identifying the gaps in their knowledge, attitude and practices can therefore help us to design more effective targeted interventions. [4]

Problem Statement

A Study to assess the knowledge, stated practices and perceived body image in relation to eating habit among Adolescent Girls of selected High Schools of Kalimpong District, West Bengal.

Objectives

1. To assess the knowledge regarding healthy food and eating habit among Adolescent Girls of selected High Schools of Kalimpong District, West Bengal.
2. To assess the stated practices of eating habit among Adolescent Girls of selected High Schools of Kalimpong District. West Bengal.
3. To assess the perceived body image in relation to eating habit among Adolescent Girls of selected High Schools of Kalimpong District. West Bengal.
4. To find out the correlation between knowledge and stated practices of eating habit among Adolescent Girls of selected High Schools of Kalimpong District, West Bengal.
5. To find out the correlation between the perceived body image and stated practices of eating habit among Adolescent Girls of selected High Schools of Kalimpong District, West Bengal.
6. To find out the association between knowledge of healthy food and eating habit with selected socio-demographic variable of Adolescent Girls of selected High Schools of Kalimpong District, West Bengal.

Operational Definition of Variables

Knowledge: In this study, knowledge refers to range of correct responses of adolescent girls to items regarding healthy food and eating habit.

Eating Habit: In this study eating habit means the way the Adolescent Girls eats, what they eat, how they eat and when. It includes meal frequency, diet composition and food choices of them.

Health: Health here means state of wellbeing (both physical and mental).

Adolescent: Adolescent is the period of human growth and development occurring after childhood and before adulthood. In my study Adolescent Girls are those who are 14-19 years.

Perceived Body Image: Body image is the perception that Adolescent Girls have regarding their physical self, but more importantly the thought and the feeling that they experience as a result of that perception. For e.g. some people believe that they will feel better about themselves if they are thinner. Others believe that they will look good if they developed more muscles.

Research Methodology

Research Approach: Quantitative, Research Approach

Name of Research Design: Non-Experimental, Descriptive Survey Research Design.

Variable

Demographic Variable
Age, Religion, Place, Number of members in the family, Education of mother, Education of the father, Monthly family income, Type of diet, Meal frequency, Educational qualification of the students, BMI and Food preferences during lunch.

Research Variable
1. Knowledge regarding healthy food and eating habit among adolescent girls.
2. Stated practices of eating habit among adolescent girls.
3. Perceived body image in relation to eating habit among adolescent girls.

Setting of the Study
Pilot Study: Government High School, District Kalimpong West Bengal.
Schedule For Data Collection For Pilot Study: 16/01/2023-24/01/2023
Final Study: Girls Higher Secondary School Kalimpong and Pranami Valika Bidya Mandir Higher Secondary School Kalimpong, West Bengal.
Schedule For Data Collection For Final Study: From 06/02/2023-05/03/2023

Population
Adolescent girls of age group (14-19) years.

Sample
Adolescent girls of age (14-19) years of selected High School of Kalimpong District, West Bengal.

Sample Size
Pilot Study: 20 adolescent girls
Final Study: 192 adolescent girls
Sampling Technique: Non-Probability Purposive Sampling Technique.

Sampling Criteria
Inclusion Criteria
1. Adolescent girls who are willing to participate.
2. Adolescent girls of age 14-19 Years.
3. Those who can speak and understand English and Nepali language.
4. Those who are present at the time of conducting the study.

Exclusion Criteria
1. Adolescent girls who are ill and thereby compromising the anthropometric measurement.

Data Collection Tools and Technique
The following data collection instruments were constructed in order to conduct necessary information and presented in the following table

Table I: Data Collection Tools and Technique.

SL NO	NAME OF THE TOOLS	VARIABLE TO BE MEASURED	TECHNIQUE
1	Demographic Variable	Semi-Structured questionnaire	Paper Pen method
2	Knowledge related to healthy food and eating habit among adolescent girls.	Structured questionnaire	Paper Pen method
3	Stated practices related to eating habit among adolescent girls.	Structured questionnaire by5 points likert scale.	Paper Pen method
4	Perceived body image in relation to eating habit among adolescent girls	Structured questionnaire by 5 points likert scale	Paper Pen method

Section: I Finding Related to Socio-demographic Data of Adolescent Girls of Selected High School of Kampong District, West Bengal.
Table 2: Frequency and percentage distribution of demographic variables of adolescent girls relating to eating habit.   **n=192**

Variables	Frequency(f)	Percentage (%)
Age in years		
.		
14-15 Yrs.	127	66.15
16-17 Yrs.	53	27.60
18-19 Yrs.	12	6.25
Religon		
Hindu	111	57.81
Muslim	13	6.77
Christian	36	18.75
Buddhist	32	16.67
Place		
Urban	94	48.96
Rural	98	51.04
Number of members in the family		
3-5	134	69.79
6-8	43	22.40
More than 8	15	7.81

Data presented in the table 2 indicated that 66.15% of adolescent girls belonged to the age group of 14-15 years, 27.60% of adolescent girls belonged to the age group of 16-17 years and 6.25% of adolescent girls belonged to the age group of 18-19 years. Data also indicated that 57.81% of adolescent girls were Hindu, 6.77% of adolescent girls were Muslim, 18.75% of adolescent girls were Christian and 16.67% adolescent girls were belonging to Buddhist.

Data further indicated that, 51.04 % of adolescent girls were from rural region and 48.96 % were from urban region. Regarding number of members in the family, 69.79% girls had 3-5 members, 22.40% had 6-8 members and 7.81% had more than 8 members in the family.

Table 3: Frequency and percentage distribution of demographic variables of adolescent girls.   **n=192**

Variables	Frequency(f)	Percentage (%)
Education of the mother		
Illiterate	33	17.19
Upto primary	53	27.60
Upto secondary	86	44.79
Upto H.S	11	5.73
Graduate and above	9	4.69
Education of the father		
Illiterate	16	8.33
Up to Primary	51	26.57
Up to Secondary	74	38.54
Up to H.S.	26	13.54
Graduate and above	25	13.02
Monthly family income		
5000-15000	120	62.5
15001-25000	11	5.7
>25000	61	31.7
Type of Diet		
Vegetarian	19	9.90
Non-vegetarian	173	90.10
Meal frequency		
One	-	-
Two	14	7.29
Three	156	81.25
Four and above	22	11.46

Data presented in the table 3 indicated that 17.19% of mother of adolescent girls were illiterate, 27.60% of mother of adolescent girls studied up to primary level, 44.79% of mother of adolescent girls studied up to secondary level, 5.73% of mother of adolescent girls studied up to higher secondary level and 4.69% of mother of adolescent girls studied up to graduate and above level.

Regarding educational level of father, 8.33% of father of adolescent girls were illiterate, 26.57% of father of adolescent girls studied up to primary level, 38.54% of father of the adolescent girls studied up to secondary level, 13.54% of father of adolescent girls studied up to higher secondary level and 13.02% of father of adolescent girls were studied up to graduate and above level.

Data further indicated that, 62.5% of adolescent girls have monthly family income between 5000-15000 and 5.7% of adolescent girls have

between 15001-25000, and 31.7% of adolescent girls were having more than 25000 levels. Regarding type of diet 90.10% adolescent girls were non-vegetarian and only 9.90% were vegetarian.

Regarding meal frequency, 7.29% of adolescent girls were consumed two meals per day 81.25% adolescent girls were consumed three meals per day, and 11.46% of adolescent girls were consumed more than three meals per day.

Table 4: Frequency and percentage distribution of demographic variables of adolescent girls. **n=192**

Variables	Frequency(f)	Percentage (%)
Educational qualification of the students		
Class IX	94	48.96
Class X	98	51.04
BMI		
<18.5	56	29.17
18.5-24.9	121	63.02
25-29.9	14	7.29
30.0 and above	1	0.52
Food preferences during lunch		
Canteen food	69	35.94
Home food	123	64.06

Data presented in the table 4 indicated that 48.96% of adolescent girls were from class IX and 51.04% of adolescent girls were from class X. Data further indicated that 29.17% of adolescent girls were have BMI of less than 18.5, 63.02% of adolescent girls were have BMI between 18.5-24.9, 7.29% of adolescent girls were have BMI between 25-29.9 and 0.52% of adolescent girls were have BMI of more than 30.0 and above. Regarding food preferences during lunch, 35.94 % of adolescent girls were preferred canteen food during lunch and 64.06% adolescent girls were preferred home food during lunch.

Section – II: Finding Related to the Knowledge Regarding Healthy Food and Eating Habit Among Adolescent Girls of Selected High Schools of Kampong District, West Bengal.
Table 5: Mean, Median and Standard deviation of knowledge score regarding healthy food and eating habit among adolescent girls. **n=192**

Variables	Frequency(f)	Percentage (%)
Educational qualification of the students		
Class IX	94	48.96
Class X	98	51.04
BMI		
<18.5	56	29.17
18.5-24.9	121	63.02
25-29.9	14	7.29
30.0 and above	1	0.52
Food preferences during lunch		
Canteen food	69	35.94
Home food	123	64.06

Minimum Score =0
Maximum Score=20

Data presented in the table 5 indicated that Range of obtained score regarding knowledge of healthy food and eating habit among adolescent girls was 8-20, Mean score was 13.99, Median score was 14 and Standard deviation was 2.24.

Table 6: Frequency and percentage distribution of knowledge score of adolescent girls regarding healthy food and eating habit. **n=192**

Level of knowledge	Frequency (f)	Percentage (%)
Good (>Mean +Above 1SD) >16	20	10.41
Average (Mean-1SD) to (Mean +1SD) (12-16)	143	74.47
Poor (<Mean –1SD) <12	29	15.10

Data presented in the table 6 indicated that 10.41% of adolescent girls have good level of knowledge, 74.47% adolescent girls have average level of Knowledge and 15.10% of adolescent girls have poor level of

knowledge regarding healthy food and eating habits.

Table 7: Distribution of adolescent girls according to area wise knowledge score of eating habit **n=192**

Area wise knowledge Score	SD	Maximum Possible Score	Mean	Mean (%)
Source of nutrients	1.25	6	3.33	55.5
Type of food	1.037	6	4.54	75.76
Quantity of food	0.567	2	1.267	63.35
Quality of food	0.518	2	1.656	82.8
Timing of food	0.538	2	1.385	69.27
Importance of food	0.445	2	1.807	90.36

Data presented in the table 7 indicated area wise Knowledge score of healthy food and eating habit among adolescent girls where mean percentage of adolescent girls related to knowledge regarding source of nutrient was 55.5%, knowledge regarding type of food was 75.76 %, knowledge regarding quantity of food was 63.35 %, knowledge regarding quality of food was 82.8%, knowledge regarding timing of food was 69.27% and knowledge regarding importance of food was 90.36%.

Section – III: Finding Related to Stated Practices of Eating Habit Among Adolescent Girls of Selected High School of Kalimpong District, West Bengal.
Table 8: Mean, Median and Standard deviation of stated practices of adolescent girls related to eating habit. **n=192**

Variable	Range of obtained score	Mean	Median	Standard Deviation
Stated Practices	42-80	58.60	58	7.16

Minimum Score=20
Maximum Score=100

Data presented in the table 8 indicated that, Range of obtained score regarding stated practices of adolescent girls in relation to eating habit was 42-80, Mean score was 58.60, Median score was 58 and Standard Deviation was 7.16.

Table 9: Frequency and percentage distribution of level of stated practices of adolescent girls related to eating habit. **n=192**

Level of stated practices	Frequency (f)	Percentage (%)
Good (>Mean +Above 1SD) >66	26	13.54
Average (Mean-1SD) to (Mean +1SD) (51-66)	141	73.43
Poor (<Mean –1SD) <51	25	13

Data presented in the table 9 indicated that 13.54 % of adolescent girls have good stated practices, 73.43 % have average stated practices and 13 % have poor stated practices related to eating habit.

Domain Wise Food Consumption by Adolescent Girls   **n=192**
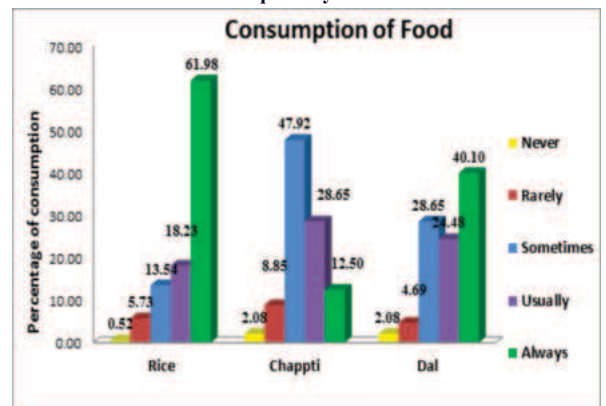

Figure 1-A: Bar diagram showing percentage distribution of consumption of rice, chapatti and dal by adolescent girls.

Bar diagram in the figure 1-A indicated that 61.98%, 12.50%, and 40.10%, of adolescent girls consumed Rice, Chapatti, Dal, always.

Whereas 0.52%, 2.08%, and 2.08%, % of adolescent girls never consumed Rice Chapatti and Dal respectively.
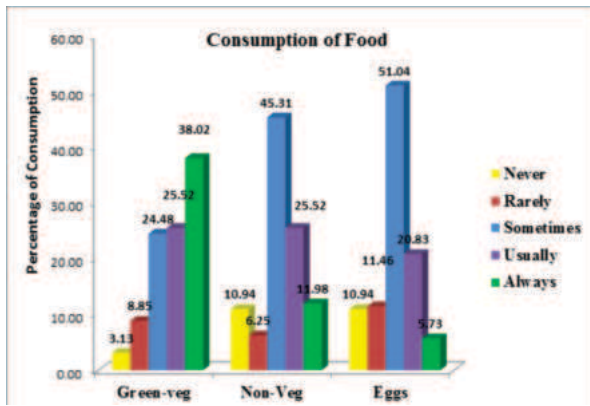
n=192

Figure 1-B: Bar diagram showing percentage distribution of consumption of green vegetable, Non-vegetarian and eggs by adolescent girls.

Bar diagram in figure 1-B indicated that 38.02%, 11.98%and 5.73% of adolescent girls consumed Green-Vegetables, Non-vegetarian and eggs always.

Whereas 3.13%, 10.94% and 10.94% of adolescent girls never consumed Green Vegetables, Non-Vegetarian and Eggs respectively.
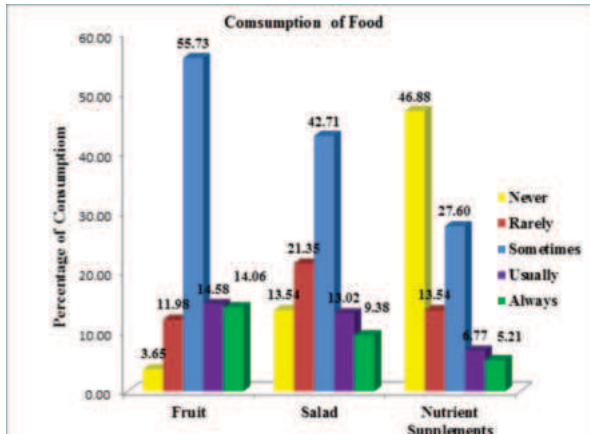
n=192

Figure 1-C: Bar diagram showing percentage distribution of consumption of fruit, salad and nutrient supplements by adolescent girls.

Bar diagram in the figure 1-C indicated that, 14.06%, 9.38% and 5.21% of adolescent girls consumed fruit, salad, and nutrient supplement always.

Whereas 3.65%, 13.54%, 46.88% of adolescent girls were never consumed Fruit, Salad and Nutrient Supplement respectively.
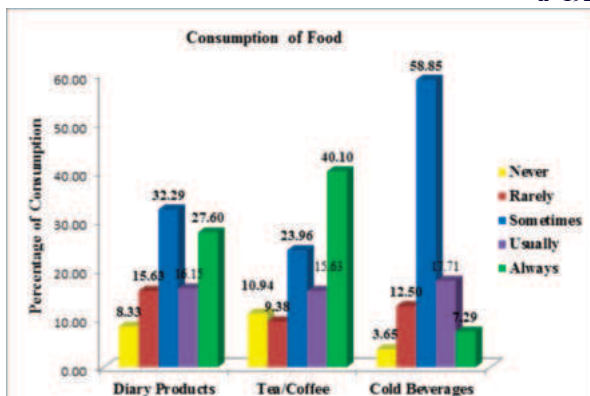
n=192

Figure 1-D: Bar diagram showing percentage distribution of

consumption of dairy products, tea/coffee and cold beverages by adolescent girls.

Bar diagram in figure 1-D indicated that, 27.60 %, 40.10% and 7.29% of adolescent girls consumed Dairy Products, Tea/Coffee and Cold Beverages always.

Whereas 8.33%, 10.94% and 3.65% adolescent girls were never consumed Diary Products, Tea/Coffee and Cold Beverages respectively.
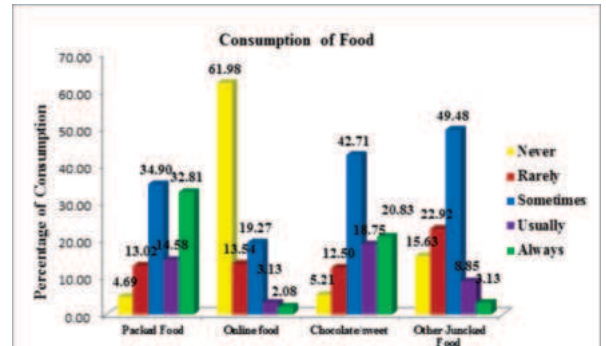
n=192

Figure 1-E: Bar diagram showing percentage distribution of consumption of packed food, food from online, chocolate/sweet and other junked food by adolescent girls.

Bar diagram in the figure 1-E indicated that, 32.81 %, 2.08%, 20.83% and 3.13% of adolescent girls Consumed Packed Food, Food from Online, Chocolate/ Sweet and Other Junked Food always.

Whereas 4.69 %, 61.97%, 5.21% and 15.63% of adolescent girls were never consumed Packed Food, Food from Online, Chocolate/ Sweet and Other Junked Food respectively.
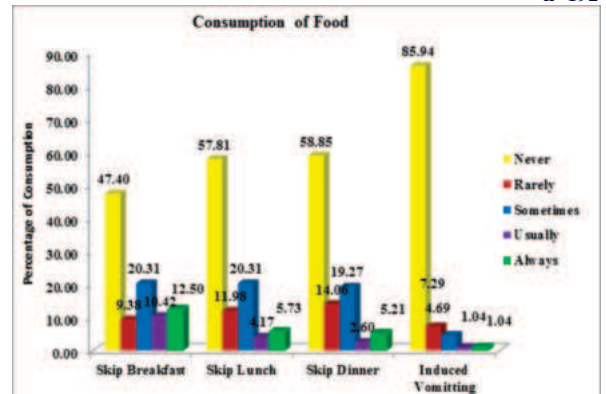
n=192

Figure 1-F: Bar diagram showing percentage distribution of consumption of skip breakfast, skip lunch, skip dinner and induced vomiting by adolescent girls.

Bar diagram in figure 1-F indicated that 47.40%, 57.81%, 58.85% and 85.94% of adolescent girls never skip breakfast, lunch, dinner and induced vomiting respectively.

Whereas 12.50 %, 5.73%, 5.21% and 1.04% of adolescent girls skip breakfast, lunch, and dinner and induced vomiting always.

Section – IV: Finding Related to Perceived Body Image in Relation to Eating Habit Among Adolescent Girls of Selected High Schools of Kalimpong District, West Bengal.
Table 10: Mean, Median and Standard deviation of perceived body image among adolescent girls related to eating habit.
n=192

Variable	Range of obtained Score	Mean	Median	Standard Deviation
Perceived body image related to eating among adolescent girls	24-64	39.43	39	7.49

Minimum Score =20
Maximum Score= 100

Data presented in the table 10 indicated that range of obtained score regarding perceived body image in relation to eating habit among adolescent girls was 24-64, mean score was 39.43, median score was 39 and standard deviation was 7.49.

Table 11: Frequency and percentage distribution of level of perceived body image of adolescent girls related to eating habit. **n=192**

Level of perceived body	Frequency (f)	Percentage (%)
High Satisfied (>Mean + 1 SD) >47	40	20.83
Moderate satisfied (Mean-1 SD) to (Mean+1 SD) 32-47	131	68.22
Poor satisfied (<Mean-1SD) <32	21	10.93

Data presented in the table 11 indicated that 20.83 % of adolescent girls were highly satisfied, 68.22% of adolescent girls were moderately satisfied and 10.93% of adolescent girls were poor satisfied with their body image in relation to eating habit.

Table 12: Distribution of adolescent girls according to area wise score of perceived body image related to eating habit. **n=192**

Area of perceived body image	SD	Maximum Possible Score	Mean	Mean (%)
Positive body image perception	2.99	20	10.85	54.27
Negative body image perception	3.85	35	11.27	32.20
Preoccupied with a desire to be thinner	1.10	5	1.68	33.54
Preoccupied with a desire to be Fatter	1.29	5	2.15	42.92
Currently satisfied but fear of being overweight	1.41	5	2.36	47.19
Currently satisfied but fear of being underweight	1.05	5	1.58	31.67
Body image not important matter	2.16	10	4.94	49.4
Indulge in practices to lose weight	1.13	5	1.78	35.52
Indulge in practices to gain weight	0.84	5	1.35	26.9
Indulge in practices to sustain current body image	0.96	5	1.47	29.48

Data presented in the table 12 indicated, area wise perceived body image in relation to eating habit among adolescent girls where mean % of adolescent girls related to positive body image perceptions was 54.27%, Negative body image perception was 32.20%, preoccupied with a desire to be thinner was 33.54%, preoccupied with a desire to be fatter was 42.92%, currently satisfied but fear of being overweight was 47.19%, currently satisfied but fear of being underweight 31.67%, body image not important matter was 49.4%, indulge in practices to lose weight was 26.98%, indulge in practices to gain weight was 26.98%, indulge in practices to sustain current body image was 29.48%.

Section – V: Finding Related To Correlation Between Knowledge And Stated Practices Of Eating Habit Among Adolescent Girls In Selected High Schools Of Kalimpong District.
Table 13: Relationship between knowledge and stated practices of eating habit among adolescent girls. **n=192**

Variable	Mean	Standard Deviation	Correlation Coefficient (r)	t-value
Knowledge related to healthy food and eating habit among adolescent girls.	13.99	2.24	-0.044	1.652
Stated practices related to eating habit among adolescent girls.	58.60	7.17		

't' value at df (191) =1.39, P<0.05 level of significance.

Data presented in the table 13 indicated that there was a negative correlation (r=-0.044) between knowledge score and stated practice score of eating habits among adolescent girls, which was found to be statistically significant with the t' value 1.652 at 0.05 level of significance. Hence, it could be inferred that with increase of knowledge regarding healthy food and eating habit does not mean that healthy practices of eating habit increases.

Therefore, it support Null Hypothesis (H0), as no relation was found between Knowledge of healthy food and eating habit and stated practices of eating habit.

Section –VI: Finding Related to Correlation Between the Perceived Body Image And Stated Practices of Eating Habit Among Adolescent Girls of Selected High Schools of Kampong District, West Bengal.
Table 14: Relationship between perceived body image and stated practices of adolescent girls regarding eating habit. **n=192**

Variable	Mean	Standard Deviation	Correlation Coefficient (r)	t- value
Perceive body image related to eating habit among adolescent girls	39.43	7.49	-0.0796	1.652
Stated practices related to eating habit among adolescent girls	58.60	7.17		

"t" value at df (191) =,1.39, P<0.05 level of significance

Data presented in the table 14 indicated that there was a negative correlation (r=-0.0796) between perceived body image and stated practice of eating habit among adolescent girls, which was found to be statistically significant with the t' value 1.652 at 0.05 level of significance. Hence it could be inferred that having positive perceived image does not mean that they have healthy practices of eating habit.

Therefore, it support Null Hypothesis (H0), as no relation was found between perceived body image and stated practices of eating habit among adolescent girls.

Section – VII: Finding Related to Association Between Knowledge of Healthy Food and Eating Habit Among Adolescent Girls with Selected Socio-demographic Variables.
Table 15: Association between knowledge of healthy food and eating habit with selected socio-demographic variables of adolescent girls. **n=192**

S.l No.	Selected Demographic Variables	Knowledge Score < Median value	≥ Median value	Total	χ^2
1.	Age in Years Up to 15 >15	42 26	85 39	127 65	0.90 25
2.	Religion Hindu Others(Muslim, Christian and Buddhist)	46 22	65 59	111 81	4.17 53*
3.	Number of member in the family up to 5>5	43 25	91 33	34 58	2.14 68
4.	Meal frequency Up to 3 times >3 times	55 13	155 9	170 22	6.08 83*
5.	BMI Up to 24.9 >24.9	63 5	114 10	177 15	0.03 09
6.	Food preferences during lunch Home food Canteen food	39 29	84 40	123 6	2.05 8
S.l No.	Selected Demographic Variables	Knowledge Score < Median value	≥ Median value	Total	χ^2
7.	Monthly Family Income Up to Rs.15000.00 > Rs. 15000.00	47 21	57 67	104 88	9.48 *

8.	Type of Diet				1.32
	Vegetarian	9	10	19	
	Non-Vegetarian	59	114	173	
9.	Place				0.059
	Urban	32	62	94	
	Rural	35	63	98	
10.	Education of Mother				2.83
	Up to Primary Level	36	50	86	
	Above Primary Level	32	74	106	
11.	Education of Father				8.61*
	Up to Primary Level	33	34	67	
	Above Primary Level	35	90	125	
12.	Educational Qualification of Student				42.94*
	Up to IX Level	55	39	94	
	Above X Level	13	85	98	

x²df(1)=3.84,   P<0.05,   *= significant,

Data presented in the table 15 indicated that chi square values computed between the knowledge of healthy food and eating habit with socio-demographic variable such as (Age in years, Number of members in the family, BMI, and food preferences during lunch, type of diet, Place, Education of Mother) of adolescent girls were not significant at 0.05 level of significance, because computed chi square value is less than that of the tabulated chi square value at df (1) = 3.84. So, it can be inferred that selected demographic variable such as (Age in years, Number of members in the family, BMI, and food preferences during lunch , Place ,type of diet , education of mother) were not significantly associated with the knowledge of healthy food and eating habit among adolescent girls.

Whereas, chi square value computed between knowledge of healthy food and eating habit with selected socio-demographic value such as (Religion, Meal frequency, Monthly family income, Education of Father and Educational qualification of Students) of adolescent girls were significant at 0.05 level of significance, because computed chi square value is greater than that of the tabulated chi square value at df (1) = 3.84. So, it can be inferred that selected demographic variable such as (Religion Meal frequency, Monthly family income, Education of father, and Educational qualification of Students) were significantly associated with the knowledge of healthy food and eating habit among adolescent girls.

CONCLUSION
From the above discussion, it was clear that, majority of the adolescent girls have average knowledge, and stated practices related to eating habit and also, they were moderately satisfied with their perceived body image. The relationship between knowledge and stated practices and perceived body image and stated practices in relation to eating habit among adolescent girls was negative. Further study finding also indicated that demographic variable such as (Religion and Meal frequency/ day) were significantly associated with that knowledge of healthy food and eating habit.

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