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A Descriptive Study to Assess the Knowledge of 11 - 16 Years Age Children's Regarding Health Hazards of Junk Food in a Selected School at Gopeshwar, Chamoli in View to Develop Pamphlet

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Abstract: ***Junk food is the term given to food that is high in calories but low in nutritional content. In 11 - 12 years age children both boys and girls undergo several physical and psychological changes which make them to become partly responsible for their own health and welfare. Psychological development of children such as independence and acceptance by peers may affect school children food choices and nutrient intake which place them to adopt unhealthy eating behaviors like addiction to junk food. An attempt has been made to conduct a descriptive study to assess the knowledge of 11 - 16 years age children's regarding health hazards of junk food in Kendriya Vidyalaya at Gopeshwar, Chamoli. The conceptual framework used in this study was based on Modified Health Belief Model. Objective of study: 1) To assess the existing knowledge of 11 - 16 years age children regarding the health hazards of junk food in a selected school. 2) To find association between knowledge regarding the health hazards of junk food with their selected demographical variables. 3) To compare level of knowledge of 11 - 16 years age children of housewife mother and working mother.4. To develop and distributes pamphlets regarding health hazards of junk food. Hypothesis H1 – there is a significant difference between level of Knowledge of children of working mother with level of Knowledge of children of house wife mother regarding health hazard of junk food. H2 - there is a significant association between level of knowledge of children with their demographic variables regarding health hazards of junk food at < 0.05 level of significance. Research methodology: Research approach - quantitative research approach was used research design Non - experimental descriptive research design, research setting was Kendriya Vidyalaya at Gopeshwar, Sample size and sample technique – sample size total 50, 11 - 16 years age children sample technique is non - probability convenient sampling sample techniques was used for this study. Method of data collection and tools: Self structured knowledge questionnaire was used to collect data. Results: Findings of the study reveals that the knowledge score of 11 - 16 years age of children regarding level of knowledge on health hazards of junk food revealed that 60% were having average knowledge, 20% of them were having poor knowledge, and 20% of them were having good level of knowledge. Demographic variables like age, education level, mother education, and family income have significant influence on knowledge of 11 - 16 years age children (p>0.05) regarding health hazards of junk food. And there is no significant difference between the knowledge of 11 - 16 years age children of house wife mother and working mother.***

Keywords: Assess, knowledge, Health Hazards, junk food

1. Introduction

Food is an important part of balanced diet. It is something everyone needs, everyday. Life can sustained only with adequate nourishment. Food usually composed of carbohydrates, fat, proteins and water that can be eaten or drunk by an animal or human for nutrition or pleasure. Junk food is the term given to food that is high in calories but low in nutritional content. In 11 - 12 years age children both boys and girls undergo several physical and psychological changes which make them to become partly responsible for their own health and welfare. Psychological development of children such as independence and acceptance by peers may affect school children food choices and nutrient intake which place them to adopt unhealthy eating behaviors like addiction to junk food. Junk food contain Monosodium glutamate which is a flavor enhancer and this recognized as a health hazard if taken in large amount because it causes headache, nausea, edema, changes in heart rate, burning sensation, etc. Junk food is unhealthful food that is high in calories from sugar or fat, with little dietary fibers, proteins, vitamins, minerals or other important nutritional value. Junk food is defined as those commercial products, including candy, bakery food, ice - cream, salty snacks. Over the past decades the consumption of junk food has increased in worldwide. Recent studies has shown that trend of junk food consume among children as well as the restaurants. Now a day, the prevalence of both fast food consumption and obesity has been increased.72.4% had at least one type of fast food consumption in the recent month including sandwich 44.4%, pizza 39.7% and fried chicken 13.8%. a significantly percentage (82.3%) were non - vegetarian, where as only 8.8% of vegetarians and ova - vegetarians were obese. They concluded that the incidence of obesity was found to be significantly higher in those adolescents who ate meals outside home. Majority of study subjects 69.56% samples had average knowledge while 24.35% sample having good knowledge and 6.08% sample having poor knowledge regarding health hazards of junk foods.

1.1 Need of Study

Due to increasing in large amount of junk food in worldwide by which we assessing the knowledge and awareness of the 11 - 16 years age children. The celebrities giving advertisement of junk food by which the children attract

towards them. By assessing their health status we can get knowledge how they are concern about their health and free from illness and how much they are spending their money on junk foods.

1.2 Objectives

1) To assess the existing knowledge of 11 - 16 years age children regarding the health hazards of junk food in a selected school.
2) To find out the association between knowledge level regarding health hazards of junk food with their selected socio - demographical variable.
3) To compare level of knowledge of 11 - 16 years age children of housewife mother and working mother.

1.3 Hypothesis

- **H1** – there is a significant difference between level of Knowledge of children of working mother with level of Knowledge of children of house wife mother regarding health hazard of junk food.
- **H2 -** there is a significant association between level of knowledge of children with their demographic variables regarding health hazards of junk food. \

1.4 Operational Definitions

- **Assess:** assess is defined as to evaluate or analyze.
- **Knowledge:** the fact or condition of having information or of being learned.
- **Health Hazards:** a potential source of danger to a person's health.
- **Junk Foods:** junk food is unhealthy food that is high in calories from sugar or fat with less proteins, vitamins and minerals.

2. Conceptual Framework

The conceptual framework used in this study was based on Modified Health Belief Model

2.1 Review of Literature

Based on knowledge assessment

A cross - sectional study of 13 - 18 yrs adolescent living in 2010 at Riyadh. The purpose of the study was to examine the trends of fast food consumption among adolescents. They selected 127 adolescents' girls and Twenty four - hour diet recall and face –to –face interview food questionnaire were performed. Weight, height, waist circumference and hip circumference were measured using standardized methods. Among study participants, 95.45% consume restaurants fast food and 79.1% eat fast food at least once weekly. Burgers and carbonated soft drinks were the main kinds of fast food meals and beverages usually eaten by girls. SPSS INC, Chicago, IL, USA version was used for data analysis. Categorical variable were expressed as numbers and percentage and were analyzed using a Chi - Square test. Finally, international restaurants were preferable by participants to buy fast food compared with local restaurants (70.9% vs 29.15%). The study concluded that evidence on the high prevalence of fast food consumption among Saudi girl, suggesting an urgent need for community –based nutrition intervention that consider the 21trends of fast food consumption and targeted eating behaviors of adolescent and young adult girls.

An experimental study to assess the effectiveness of planned instructional module regarding knowledge about health hazards of junk food among school children in selected school in 2014 at Vellore. The objective of the study was to assess the level of knowledge on health hazard of junk food among school children before the planned instructional module. The sample size was 100, selected by using probability simple random sampling technique. Data was collected by pre test and post test by questionnaire method. The result of the study was 55 of majority of children participated in the study were female. This study reveals that before the planned instructional module of the school children had inadequate knowledge and lack of awareness about health hazard of junk food, but after intervention of planned instructional module there was improvement in their level of knowledge about hazards of junk food

3. Research Methodology

3.1 Research approach - In view of the nature of the problem under the study and to accomplish the objectives of the study, quantitative approach was found to be appropriate.

3.2 Research Design - Non experiment research design.

3.3 Sample size and technique - total 50, 11 - 16 years age children was selected by non - probability convenient sampling sample techniques.

3.4 Method of data collection and tools - self structured knowledge questionnaire was used to collect data.

4. Data Analysis

Collected data were planned to be analyzed using descriptive statistics such as percentage to assess the knowledge of 11 - 16 years age children regarding health hazards of junk food in Kendriya Vidyalaya, Gopeshwar Chamoli. The data are presented in the form of tables and figures

Section 1: Frequency Distribution Table

Table 1.1: Distribution of 11 - 16 years age children with their socio - demographic variable, N=50

Age (in years):	Frequency	Percentage
11 - 13	25	50%
14 - 16	25	50%
Gender:		
Male	29	58%
Female	21	42%
Education level:		
VI	17	34%
VII	07	14%
VIII	03	06%
IX	09	18%
X	14	28%

Mother Education:		
Illiterate	02	04%
Primary education	10	20%
Secondary education	16	32%
Graduate and above	22	44%
Family Income:		
<5, 000	07	14%
5, 000 - 10, 000	08	16%
10, 000 - 15000	05	10%
>15, 000	30	60%
0ccupation of mother:		
Housewife	39	78%
Labour	00	0%
Government employee	05	10%
Private employee	06	12%
Habitat:		
Rural	24	48%
Urban	26	52%

Table no.1.1 shows the frequency distribution of subjects according to demographical variables.25 (50%) students are from 11 - 13 years age group and 25 (50%) students are from 14 - 16 years age group. Maximum students are from class VI that are 17 (34%) whereas minimum students are from class VIII that are 3 (6%). Maximum students that are 22 (44%) having mother educational level of graduate and above whereas minimum students that are 2 (4%) having illiterate mother. Maximum students that are 30 (60%) are from family income of more than 15, 000 whereas minimum students that are 5 (10%) from family income between 10, 000 - 15, 000. Maximum students that are 39 (78%) having housewife mother whereas minimum no one have labor mother. Maximum students are 26 (52%) from urban area whereas minimum students that are 24 (48%) from rural area.

Section - 2

Table 4.2: Frequency and percentage distribution of 11 - 16 years age children regarding level of knowledge on health hazards of junk food, N=50

Aspects	Frequency	Percentage %
Poor	10	20
Average	30	6
Good	10	20

Table No.1.2 shows that knowledge score of 11 - 16 years age of children regarding level of knowledge on health hazards of junk food revealed that 60% were having average knowledge, 20% of them were having poor knowledge, and 20% of them were having good level of knowledge.

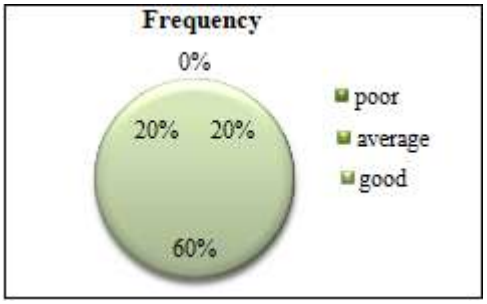

Figure 1.1: Knowledge score regarding level of knowledge on health hazards of junk food.

Fig.1.1 shows that the percentage distribution of 11 - 16 year age of children regarding level of knowledge on health hazards of junk food revealed that 60% were having average knowledge, 10% of them were having good knowledge and 10% of them had poor level of knowledge.

Section 3

Table 1.3: Association of Knowledge with Demographic Variables, N=50

Sl. no	Demographic variables	poor	Average	Good	df	X^2	Tabulated value	Inference
1	Age							
	11-13	9	15	1	2	10.68	5.99	*significant
	14 - 16	3	12	10				
2	Gender							
	Male	5	18	6	2	3.57	5.99	Not significant
	Female	6	13	2				
3	Education level							
	Class VI	7	10	0	8	16.34	15.51	*Significant
	Class VII	2	4	1				
	Class VIII	0	2	1				
	Class IX	2	7	0				
	Class X	1	7	6				
4	Education level of mother							
	Illiterate	1	1	0	6	33.46	12.59	*significant
	Primary education	3	7	0				
	Secondary education	5	7	4				
	Graduate and above	3	15	4				
5	Family income							
	<5, 000	5	2	0	6	14.88	12.59	*significant
	5, 000 - 10, 000	1	6	1				
	10, 000 - 15, 000	0	5	0				
	15, 000	6	17	7				
6	Mother occupation							
	Housewife	9	23	7	6	3.57	12.59	Not Significant
	Labour	0	0	0				

	Government employee	1	2	2				
	Private employee	1	5	0				
7	Habitat							
	Rural	7	12	5	2	1.94	5.99	Not Significant
	Urban	5	18	3				

*Level of significance= (p>0.05)

Section – 4: Comparison between level of knowledge of children of house wife mother and working mother.

Table 1.4: Difference between level of Knowledge of children of housewife mother with Level of Knowledge of children of working mother regarding health hazard of junk food.

Mean		Standard deviation (S. D.)		Standard Error (S. E.)	Z test
Mean 1	Mean 2	S. D.1	S. D.2		
18.56	21.18	5.66	4.33	1.58	1.6

Table no.1.4 showing the difference between level of knowledge of children of housewife mother with level of knowledge of children of working mother where Mean1 is mean of marks obtained by children of house wife mother which is 18.5 while Mean2 is mean of marks obtained by children of working mother which is 21.18, S. D.1 is the standard deviation of children of housewife mother which is 5.66 while S. D.2 is the standard deviation of children of working mother which is 4.33, S. E is showing standard error which is 1.58 and Z Test is 1.6. Z value is less then tabulated value. Therefore the result is no significant difference between the knowledge of 11 - 16years age children of house wife mother and working mother.

5. Conclusion

It can be concluded that most of the children had average knowledge regarding health hazards of junk food. There was the need to enhance the knowledge of the children about health hazards of junk food, for that we distributed the pamphlets to children by which they improved their knowledge. Children can be aware and educated by teachers, parents through discussion and conducting programs on healthy life and balanced diet.

6. Implication

The study findings have included the implication for the future in relation to nursing education and administration

7. Recommendations

- Similar study can be undertaken for large samples to generalize the findings.
- The comparative study can be carried out to assess the level of knowledge regarding health hazards of junk food among 11 - 16 years age children.
- Similar study can be undertaken in the community settings.
- A comparative study can be undertaken to assess the level of knowledge of 11 - 16 years age children among children of working and non - working mothers.
- A comparative study can be undertaken to assess the level of knowledge of 11 - 16 years age children among children of literate and illiterate mothers.

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