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A Descriptive Study to Assess the Knowledge and Practice Regarding Health Hazards of Consumption of Junk-Food among Adolescents in Senior Secondary School of Bhalwal

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Abstract: ***A descriptive study to assess the knowledge and practice regarding health hazards of consumption of junk food among adolescents (13-19) at selected senior secondary school of BHALWAL, Jammu. Material & Methods: A descriptive approach using non experimental research design was adopted for the present research study. Purposive sampling technology was used to collect the data. Tool used for present study were socio- demographic sheet, self structured questionnaires tool, Likert scale was used to collect the data. The population for the study were all comprised of adolescents who are 13-19 year. (Accessible Population) it included adolescents of age 13-19 years in selected senior secondary school of BHALWAL, Jammu. The sample size for present study was 100. Results: Among 100 adolescents, 29 (29%) had inadequate knowledge, 63 (63%) had moderate knowledge and 8 (8%) had adequate knowledge and the study also reveals that among 100 samples 10 (10%) had unhealthy practice, 61 (61%) neutral practice, 29 (29%) had healthy practice. Conclusion: It was concluded from findings of study there were significant association of knowledge score with demographic variables that is age, gender, parental education, monthly income.***

Keywords: Junk food, Adolescent, Hazards, Knowledge, Practice

1. Introduction

Fast food is popular because it's convenient, it's cheap, and it tastes good. But the real cost of eating fast food never appears on the menu".

~Eric Schlosser

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.[1]

It's the 21st century and "junk food" has gone global. For worse junk food is now available all over the world. We see it all most everywhere we go in grocery shop and also in convenience stores. Children find themselves amidst of a complex society that is undergoing breathtaking changes. Concepts, relationships, lifestyles are metamorphosed to accommodate the new jet-setting age. Food is of no exception; Healthy nutritious foods have been replaced by the new food mantra - JUNK FOOD.[2]

The world is currently facing an obesity epidemic, which puts people at risk for chronic diseases like heart disease and diabetes. Junk food can contribute to obesity and yet it is becoming a part of our everyday lives because of our fast-paced lifestyles. Junk food companies make food convenient, tasty, and affordable, so it has largely replaced preparing and eating healthy homemade meals. Junk foods include foods like burgers, fried chicken, and pizza from fast-food restaurants, as well as packaged foods like chips, biscuits, and ice-cream, sugar-sweetened beverages like soda, fatty meats like bacon, sugary cereals, and frozen ready meals. These are typically highly processed foods, meaning several steps were involved in making the food, with a focus on making them tasty and thus easy to overeat. Unfortunately, junk foods provide lots of calories and energy, but little of the vital nutrients our bodies need to grow and be healthy, like proteins, vitamins, minerals, and fibers. Young people are often the targets of sneaky advertising tactics by junk food companies, which show our heroes and icons promoting junk foods.[3]

Adolescence is the period of increased vulnerability to obesity. Lack of physical activity and outdoor sport, along with the consumption of fat-rich junk-foods, is the major cause of obesity among the affluent population (Choudhury and Gogia, 2006) consumption of diet high in sugar, saturated fat salt and calorie content in children can lead to early development of obesity, hypertension, dyslipidemia, and impaired glucose tolerance (Kotecha et al, 2013) some dietary patterns appear quite common among adolescents, to mention a few snacks eating, usually on energy-dense foods, meal skipping, particularly breakfast, or irregular meals, wide use of fast-food, and low consumption of fruits and vegetables (Cavadini et al, 1999, Dausch et al, 1995) among urban adolescent in India, some of these patterns are also likely to be common but very little information is available on this aspects. Most of the young people are presumed to be healthy but, as per World health organization (WHO) an estimated 2.6 million young people aged 10 to 24year die each year and a much greater number of young people suffer from illness behaviours which hinder their ability to grow and develop to their full potential.[4]

2. Literature Survey

Deeksha S, Pallavi P, (2023) A study to assess the effectiveness of the structured teaching program on

knowledge & attitude regarding health hazards of junk food among students in selected school of Himachal Pradesh. Quantitative research approach and non randomized c control group pre-test, post-test design was used for the study. Non-probability convenient sampling technique was used sample size was 100 i.e., 50 for experimental group 50 for control group. In experimental group comparison with in group, mean post-test knowledge score was significantly higher than the mean pre-test knowledge score as evident from paired value 19.66 and mean post test attitude score was significantly higher than the mean pre-test attitude score as evident from paired t value 21.67. Comparison between experimental group mean post test knowledge score was significantly higher than mean post test knowledge score of control group as evident from unpaired t value 12.39 and mean post test attitude score was significantly higher than mean post- test attitude score of control group as evident from unpaired t value 9.71 which was significant at 0.05 level of significance. The Positive correlation result was found between pre-test knowledge and post-test knowledge r=0.46, post-test knowledge and pre-test attitude r=0.43, post-test knowledge and post-test attitude r=0.474, pre-test attitude and post-test attitude r=0.86 experimental group and control group positive correlation was found between pre-test knowledge and post knowledge r=0.97, pre-test attitude and post-test attitude r=0.98. [11]

Meena P, Francis Nath, F. J David (2023), A descriptive design with simple random research design was used to assess the assess the knowledge on hazards of junk food among adolescents at rural areas After obtaining permission from the Department of Community Heath Nursing, the investigator selected 30 samples by using purposive sampling technique. The samples who met the inclusion criteria were selected by convenience sampling technique. The purposes of the study to the samples and obtained the written informed consent. The nature and purpose of the study was explained to the women. Questionnaire was used to collect the demographic variables of adolescents. The study reveals that 15(50%) had moderate level of knowledge, 8(26.67%) had inadequate knowledge and 7(23.33% had adequate knowledge regarding health hazards of the fast food consumption among adolescents. The mean score of knowledge score was 8.502.86. The median score was 9.0 with minimum score of 4.0 and maximum score 13.0 The demographic variable pocket money per month (x*=10.243, p=0.037) had shown statistically significant association with level of knowledge regarding health hazards of the fast food consumption among adolescents at p‹0.05 level and the other demographic variables had not shown statistically significant association with level of knowledge regarding health hazards of the fast food consumption among adolescents. [12]

Upendra Karki, Janak K. Thapa (2022), a study to assess junk food consumption among school age adolescents in Kanakasundari rural municipality jumble. This study was analytical cross-sectional research. The total sample size for the study was 280. Purposive sampling was used to select the schools and census was used to select the students from the schools. A self-administered semi-structured questionnaire in Nepali version was used to collect the data and the collected data were entered and analyzed in SPSS using simple statistical methods. The result among the 280 respondents, the mean age was 15.17 years. The consumption of junk food among adolescents was 45 percent among males and 55 percent among females. Religion (p=0.011) and type of family (p=0.034) were significantly associated with junk food consumption. The participants following Hindu religion were 3.43 times more likely to be consume junk food (COR=3.430, 95% CI=1.256-9.366) as compared to non-Hindu. Participants residing in joint family were less likely to consume junk food (COR=0.490, 95% CI=0.252-0.954) as compared to nuclear family. was significant at 0.05 level of significance.[13]

Ankita M, Sanjna K, (2021) A study to assess the knowledge and attitude regarding health hazards of fast foods among adolescents in greater Noida, UP. The sample of this research included 100 adolescent's girls. A convenient sampling technique was used to select the samples the data collection made through semi structured knowledge questionnaires to assess the knowledge and 5 points likert attitude scale designed to assess the attitude. The result revealed that 75%adolescents were having in adequate (<50%score) knowledge regarding health hazards of fast- food 59% (59of adolescents were having moderately favorable attitude (52-70%) 39% (39) of adolescents were having favorable attitude (>75%) and 2% (2) of adolescents were having unfavorable attitude (<50%) regarding health hazards on fast food. [14]

Problem Definition

- **Assess:** According to oxford dictionary to make a judgment about the nature or quality of something or someone. In this study to assess the knowledge and practice regarding health hazards of consumption of junk-food among adolescents.
- **Knowledge:** In this study knowledge refers to correct response of adolescents to the questions regarding knowledge of health hazards of junk food.
- **Practice:** The actual application or use of an idea, belief, or method, as opposed to theories relating to it. "The principles and practice of teaching"
- **Hazards:** In this study hazards refers to problem of adolescent like obesity, and risk of health, i.e, cardiovascular diseases, PCOS, diabetes because of consumption of junk food continuously.
- **Junk-food:** In this study junk-food refers to the food that is high in salt, sugar or calorie and low in nutritive values which directly or indirectly cause health hazards [salted snacks, candies, gum, fried fast food and carbonated beverages].
- **Adolescents:** In this study adolescent refers to the school students with an age group of 13-19 years studying in the selected senior schools.

3. Material & Methods

1) **Research Design:** Used in this study is non-experimental research design.
2) **Research Setting:** Neel Kamal High School Thathar, Block BhalwaL.
3) **Population:** Adolescents of Neel Kamal High School Thathar, Block BHALWA.
4) **Sample & Sample technique:** 100 adolescents from selected senior secondary school of BHALWAL.
5) **Sampling:** Purposive sampling technique

4. Result / Discussion

Table 3: Frequency and Percentage distribution of study subjects according to their demographic data.
N=100

Characteristics	Demographic data		
	Content	Frequency	Percentage
Age	13-15	58	58%
	15-17	42	42%
	17-19	0	0%
	>19	0	0%
Gender	Male	54	54%
	Female	46	46%
	others	0	0%
Parental education	Primary School	38	38%
	Secondary School	29	29%
	Graduate	25	28%
	Above	8	8%
Parental occupation	Government job	33	33%
	Private job	34	34%
	other	33	33%
Monthly family income	20000-40000	41	41%
	40000-60000	37	37%
	60000-80000	13	13%
	>80000	9	9%

Section II: Description of knowledge scores of study subjects regarding health hazards of consumption of junk food among adolescents in selected senior secondary school of BHALWAL, N=100

Knowledge	Frequency	Percentage
Inadequate Knowledge (0-8)	29	29%
Moderate Knowledge (9-16)	63	63%
Adequate Knowledge (17-25)	8	8%

Table 5: Frequency and percentage distribution of level of practice regarding Health hazards of consumption of junk food among adolescents in selected senior secondary school of BHALWAL, N=100

Practice Level	Frequency	Percentage
Inadequate Practice (1- 10)	10	10%
Moderate Practice (11- 20)	61	61%
Adequate Practice (21- 30)	29	29%

Section III: **Association of knowledge scores regarding health hazards of consumption of junk food among adolescents in selected senior secondary school of BHALWAL.**

Association of Knowledge Scores of with selected Demographic Variables.									
Variables	Opts	Inadequate Knowledge	Moderate Knowledge	Adequate Knowledge	χ^2 Test	χ^2 table Value	Df	p Value	Result
Age	13-15	22	14	22	13.83	5.99	2	0.001	S*
	15-17	4	15	23					
	17-19	0	0	0					
	>19	0	0	0					
Gender	Male	25	15	14	12.13	5.99	2	0.000	S*
	Female	4	15	27					
Parental education	Primary school	12	17	9	16.2	12.4	6	0.02	S*
	Secondary school	7	12	10					
	Graduate	5	7	13					
	Above	1	0	7					
Parental occupation	Government	10	10	13	4.28	9.48	4	0.5	NS
	Private	12	11	11					
	others	0	0	0					
Monthly family income	20000-40000	15	11	15	24.12	12.4	6	0.000	S*
	40000-60000	10	1	26					
	60000-80000	1	4	8					
	>80000	0	0	9					

Association of practice Scores with selected Demographic Variables.									
Variables	Opts	Inadequate Knowledge	Moderate Knowledge	Adequate Knowledge	χ^2 Test	χ^2 table Value	df	p Value	Result
Age	13-15	12	20	26	9.83	5.99	2	0.03	S*
	15-17	1	18	23					
	17-19	0	0	0					
	>19	0	0	0					
Gender	Male	5	25	24	10.13	5.99	2	0.000	S*
	Female	2	17	27					
Parental education	Primary school	15	7	16	11.2	12.4	6	0.02	NS
	Secondary school	10	9	10					
	Graduate	5	7	13					
	Above	1	0	7					
Parental occupation	Government	11	11	12	3.24	9.48	4	0.5	NS
	Private	11	11	12					
	others	0	0	0					
	20000-40000	13	13	15	14.12	12.4	6	0.001	S*

Monthly family income	40000-60000	10	1	26					
	60000-80000	1	4	8					
	>80000	0	0	9					

The study findings were discussed in this chapter with reference to the demographic variables among Adolescents.

Table -1 indicated that out of 100 adolscent, 58%were in the age group of 13 _15.

- Majority of study participants (54%) were male.
- Distribution of samples according to parental education shows that among 100 samples greater percentage (38%) have completed primary school education.
- The distribution of sample according to parental education shows that majority of the parents (33%) are doing government job.
- The distribution of samples according to their monthly income shows that 41% have monthly income of 20,000 - 40,000

Section II: Analysis of knowledge regarding the health hazards of junk food among Adolescents.

Among 100 adolescents, 29 (29%) had inadequate knowledge, 63 (63%) had moderate knowledge and 8 (8%) had adequate knowledge. A similar study was conducted by **Vijay Basappa Dhange, Priya Prabhu (2017)**, present study was done to assess the knowledge and practice of fast- food consumption among Pre-University College students. The study design adopted was cross-sectional. Semi-structured self-administered questionnaire were used to collect the data. Time bound enumeration was used to recruit the participants and total 160 Pre-University students were included in the study. Result about 51(31.87%) of the participants had inadequate knowledge, 67(41.88%) of the participants had moderate knowledge and 42(26.25%) of the participants had adequate knowledge about the effect of fast- food consumption. The majority of the respondents 116 (72.5%) reported that the main reason for their consumption is a delicious taste of fast food.[29]

Section III: Findings related to practice of junk food among adolescents:

Among 100 samples, 10 (10%) had unhealthy practice, 61 (61%) neutral practice, 29 (29%) had healthy practice. A similiar study was conducted by **Phougat Jyoti, Kour Manpreet (2020),** A non–experimental descriptive study was conducted to assess knowledge and expressed practices regarding consumption of junk food among school going children on 200 school going children, selected by convenient sampling technique Structured Knowledge Questionnaire and Structured Practice Checklist were used to collect the data. Result: study shows that more than half of the school going children were (55%) having good very good knowledge and (5%) were having below average knowledge. Only (30.5%) children were following healthy practices. The mean of knowledge score is higher (22.62%) than mean score of expressed practices (18.64). The study reveals that the half of the school going children had very good knowledge even one third of them having unhealthy expressed practices regarding consumptions of junk food. [20]

5. Conclusion

The present study was undertaken to assess the knowledge regarding health hazards of consumption of junk food among adolescents and to assess the practice of junk food among adolescents. The result of the study reveals that among 100 adolescents, 29 (29%) had inadequate knowledge, 63 (63%) had moderate knowledge and 8 (8%) had adequate knowledge, and among 100 samples 10 (10%) had unhealthy practice, 61 (61%) neutral practice, 29 (29%) had healthy practice.

6. Future Scope

This study implies a basis for developing knowledge of:

- Awareness about importance of conducting research in the area of health hazards of fast food can be created among nurses those who are working in community areas. It will help the future generation to become healthy.
- Nursing personnel should be prepared by in service education programs to take leadership role in educating the community on health hazards of fast food.

This study can be helpful for practicing staff nurses while giving health education to adolescents regarding diet, lifestyle.

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