

“A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE AND PRACTICE REGARDING JUNK FOOD CONSUMPTION AND ITS EFFECTS AMONG SCHOOL GOING CHILDREN IN VIEW TO DEVELOP THE INSTRUCTIONAL MODULE ON JUNK FOOD CONSUMPTION AND ITS EFFECTS IN SELECTED SCHOOL AT VILLUPURAM”

¹Mr.Haridass.V, ²Mr.Vignesh.G. ¹Associate Professor, Nursing Tutor.

¹Department of Mental Health Nursing, E.S College of Nursing, Villupuram, Tamilnadu, India.

Abstract : BACKGROUND: Today s children are the future of our nation. Many children like to eat junk food more than older individuals but they do not know about harmful effects of junk food on their health. Nutrition in child's life will be the most important factor in preparing health, growth and development of children in their future. Growth rate is high in primary years of life and lack of necessary knowledge about nutrition is influencing factors for malnutrition incidence in children. Now days, changing dietary patterns in recent decades, nutritious snacks are substituted by junk food. **AIM OF THE STUDY:** A study aimed to identify the level of knowledge and practice regarding junk food consumption and its effects among school going children. It also explored the relationship between the level of knowledge and practice on junk food consumption and its effects among school going children with their demographic variables. **METHODS:** A non-experimental descriptive study was conducted on 100 school going children at selected schools in Villupuram, selected by purposive sampling technique structured knowledge questionnaire and structured practice checklist were used to collect the data. **RESULTS:** Study shows that more than half of the school going children (69%) have inadequate knowledge, (26%) were having moderate knowledge, (5%) were having adequate knowledge regarding junk & ill-effects. Only (39%) children were following healthy practices and remaining school children had the highest consumption complications \ hazards of junk food. **CONCLUSION AND RECOMMENDATION:** The students studied had low knowledge and a positive attitude toward junk. Also, half of the school children had the highest consumption of junk food. Promoting student knowledge about junk food and decreasing consumption of junk food is recommended through counseling and educational programs.

I. INTRODUCTION

"Children are the bridge to heaven.-Persian proverb"

Concepts, relationships, lifestyles are metamorphosed to accommodate the new jet age and eating habits too is no exception. Healthy nutritious foods have been replaced by the new food mantra JUNK FOOD! In the context of world economy. junk food is a global phenomenon. Junk food addiction is so high because of its simplicity. They are easy to prepare and are very tasty. Junk food is an informal term applied to some foods that are perceived to have little or no nutritional value, or to products with nutritional value but which also have ingredients considered unhealthy when regularly eaten, or to those considered unhealthy to consume at all. The term was coined by Michael Jacobson, Director of the Center for Science in the Public Interest, in 1972. It seems to have engulfed every age; every race and the newest entrants on stage are children, school going in particular. Children find themselves amidst a

complex society that is undergoing breath taking changes. Wafers, chips, colas, pizzas and burgers are suddenly the most attractive food items among children. Children rapidly seem to have stepped into a world of fast foods and vending machines, totally unaware of the havoc they are creating for themselves and the impact on their health. Good nutrition is of utmost priority in children for a steady growth and development.

Most of the time these junk foods are laced with colors which are often inedible, carcinogenic and harmful to the body. These foods and their colors can affect digestive systems, the effects of it emerging after many years. Studies have found that food coloring can cause hyperactivity and lapses of concentration in children. Children suffering from Learning Disabilities are often advised against eating food with artificial coloring. Chocolates, colas, flavored drinks and snack tit bits are full of artificial coloring. Not surprisingly, junk food not only has physiological repercussions, but also psychological ones far reaching ones that affect the child's intellect and personalities. Coping intelligently with their dietary needs increases their self-esteem, and encourages further discovery. School days are full of educational challenges that require long attention spans and stamina. Poor nutritional habits can undermine these pre-requisites of learning, as well as sap the strength that children need for making friends, interacting with family, participating in sports and games or simply feeling good about them. Junk foods are often eaten in instead of regular food, an essential Indian diet that consists of wholesome chapattis and vegetables or snacks like upmas and idlis. Not surprisingly eating junk food leads to a sense of starvation both physically and mentally, as the feeling of satiation and contentment that comes after a wholesome meal is absent.

NEED OF THE STUDY.

India is no exception to this changing fast-food trend. India's fast-food industry is growing by 40 percent a year. Statistics place India in 10th place in fast food per capita spending figures with 2.1% of expenditure of annual total spending. According to the National Sample Survey Organization (NSSO) survey in the year 2005 released by the Delhi Government the total value of junk food consumed in India in 2003 was about Rs. 41,000 crore; of which, rural areas accounted for a little over Rs. 22,000 crore, as published in an article in newspaper by Sudhanshu Ranade in "Business Line" on July 13th 2005. Nature In 2007 states that preventable diseases caused mainly due to smoking, poor diet as junk food consumption and lack of exercise could kill millions in developing world in the next 10 years. As per a study conducted by the National Institute of Nutrition, Rs 800 crore worth junk food was consumed by Indians last year (2010). The problem is most common among adolescents. Part of it is because their parents bribe them with junk food, says K.S. Kumari, Professor, Department of Food Science and Technology, Pondicherry University. School nutrition survey in Ireland has revealed that 48.6% of lunch taken by children has been categorized as "junk". Nutritionists agree that the reason for kids with "Attention Deficit Hyperactivity Disorder" is largely the kind of food that children eat. Experts warn that eating too much junk food is one of the factors that have contributed to the current childhood obesity epidemic. On January 21, 2011, WHO formally issued a recommendation asking for a ban on junk food in schools and playgrounds in order to promote healthy diet and tackle child obesity. The World Consumer Rights Day on March 15 will begin a campaign against the marketing of unhealthy foods to children. Amongst school children, many strategic ideas can be incorporated in schools such as "Bring fruit at school", which aims to cut down at junk food consumption and its addiction promoting healthy food habits among them. Some of the school-based research and initiatives can open doors for identifying promising strategies to develop fruit and vegetable environment amongst students in school settings. Awareness on junk food facts is lacking dramatically in every corner of the society. Hence every individual in the society need to be educated about such foods and their impact on their health.

RESEARCH METHODOLOGY

The methodology section outline the plan and method that how the study is conducted. This includes Universe of the study, sample of the study, Data and Sources of Data, study's variables and analytical framework. The details are as follows;

3.1 RESEARCH APPROACH: Quantitative Research approach

RESEARCH DESIGN: Non experimental, descriptive research design

SETTING OF THE STUDY: This study was conducted in Middle School, Madurapakkam

POPULATION: All school going children studying in Middle School, Madurapakkam, Villupuram.

TARGET POPULATION: All school going children studying in Middle School, Madurapakkam, Villupuram.

ACCESSIBLE POPULATION: School going children in age group of 9 - 14 years in Middle School, Madurapakkam

SAMPLE: Sample was School going children in age group of 9 - 14 years in Middle School, Madurapakkam.

SAMPLING TECHNIQUE: The subjects of the present study were selected by Purposive sampling technique.

SAMPLE SIZE: Sample Size was 100 school going girls in age group of 9 - 14 years in in Middle School, Madurapakkam

SAMPLING CRITERIA INCLUSION CRITERIA:

1. School going children in age group of 9 - 14 years
2. School going children residing with both living parents & guardian.

EXCLUSION CRITERIA: School going children which medical illness at the time of data collection.

DESCRIPTION OF THE INSTRUMENT

The instrument used for data collection was a structured questionnaire and Rating scale. This was developed based on the objectives of the study and through review of literature.

The instrument consisted of three parts

PART A: The demographic data consisted of 15 items seeking information about age, gender, education, economic status, and family type, number of siblings,

PART B: Structured questionnaire to assess the knowledge on junk food consumption

It consisted of 20 multiple choice questions regarding the junk food consumption and its effects. Children should select the correct option and write it in the box provided against each question. Each correct answer will be given score of one and wrong answer will be given score of zero.

PART C: A 5-point Likert's scale was used to assess the practice of junk food consumption.

It consisted of 15 statements regarding the practice of consuming junk food. There is no right or wrong answer; they have to mark it in the rating scale according to their practice pattern.

SCORING PROCEDURE

Part I: For demographic variables coding was used for descriptive analysis.

Part II: It consisted of 20 multiple choice questions. Each correct answer was given a score of 'one' and wrong answer was given a score of "zero".

Scoring Pattern:

LEVEL OF KNOWLEDGE SCORING	
>75%	Adequate knowledge
50-<75%	Moderately adequate knowledge
<50%	Inadequate knowledge

Part III: A 5-point Likert's scale was used to assess the practice of junk food consumption. It consisted of 15 items.

Scoring pattern:

Never -1, Once in a month -2, Once per week-3, 2-3 times per week -4, Daily -5

SCORE INTERPRETATION:

LEVEL OF PRACTICE SCORING	
PRACTICE OF CONSUMING JUNK FOOD	SCORING
HIGH	>75%
MODERATE	50-<75%
LOW	<50%

IV. RESULTS AND DISCUSSION

4.1 Results of Descriptive Statics of Study Variables

SECTION-A : Table 4.1: Frequency and Distribution of Demographic Variables of School Going children.

Sl. No	Demographic variables	Frequency (n)	Percentage (%)
1	Gender		
	a) Male	52	52
	b) Female	48	48
2	Age		
	a) 13 yrs.	30	30
	b) 14 yrs.	42	42
	c) 15yrs	28	28
3	Standard of education		
	a) 8th standard	36	36
	b) 9th standard	38	38
	c) 10th standard	26	26
4	Educational Qualification of father		
	a) Illiterate.	10	10
	b) Primary Education	35	35
	c) Secondary Education	45	45
	d) Graduate	10	10

	e) Post Graduate	0	0
5	Educational qualification of mother		
	a) Illiterate.	15	15
	b) Primary Education	45	45
	c) Secondary Education	35	35
	d) Graduate	5	5
	e) Post Graduate	0	0
6	Occupational status (father)		
	a) Unemployed	0	0
	b) Self employed	18	18
	c) Coolie	32	32
	d) Government employee	22	22
	e) Private employee	28	28
7	Occupational status (mother)		
	a) Unemployed	65	65
	b) Self employed	0	0
	c) Coolie	12	12
	d) Government employee	8	8
	e) Private employee	15	15
8	Income of the family in Rupees		
	a) Below Rs. 10000	8	8
	b) Rs. 10001-Rs. 15000	37	37
	c) Rs. 15001-Rs. 20000	43	43
	d) Rs. 20000 and above	12	12
9	Type of family		
	a) Nuclear Family	84	84
	b) Joint Family	16	16
10	No of siblings		
	a) Nil	3	3
	b) 1	33	33
	c) 2	47	47
	d) 3 and more	17	17
11	Ordinal position of child in the family		
	a) First	40	40
	b) Second	37	37
	c) Third	20	20
	d) Fourth	3	3
	e) Others	0	0
12	Dietary pattern		
	a) Vegetarian	11	11
	b) Non-vegetarian	89	89
13	Items at Home		
	a) Computer	17	17
	b) Television	100	100
	c) Cycle	100	100
	d) Bike	73	73
	e) Exercising equipment	0	0
14	Health problems of the students		
	a) Ulcer	2	2
	b) Worm infestations	13	13
	c) Heart disease	0	0
	d) Any other.	0	0
	e) Nil	85	85

SECTION-B: Table 4.2.1: Level of Knowledge on junk food among School Going children.

Table 4.1

LEVEL OF KNOWLEDGE		
LEVEL OF KNOWLEDGE	N	%
Adequate knowledge	5	5%
Moderately adequate knowledge	26	26%
Inadequate knowledge	69	69%

Table: 4.2.1. Level of Knowledge on Junk food

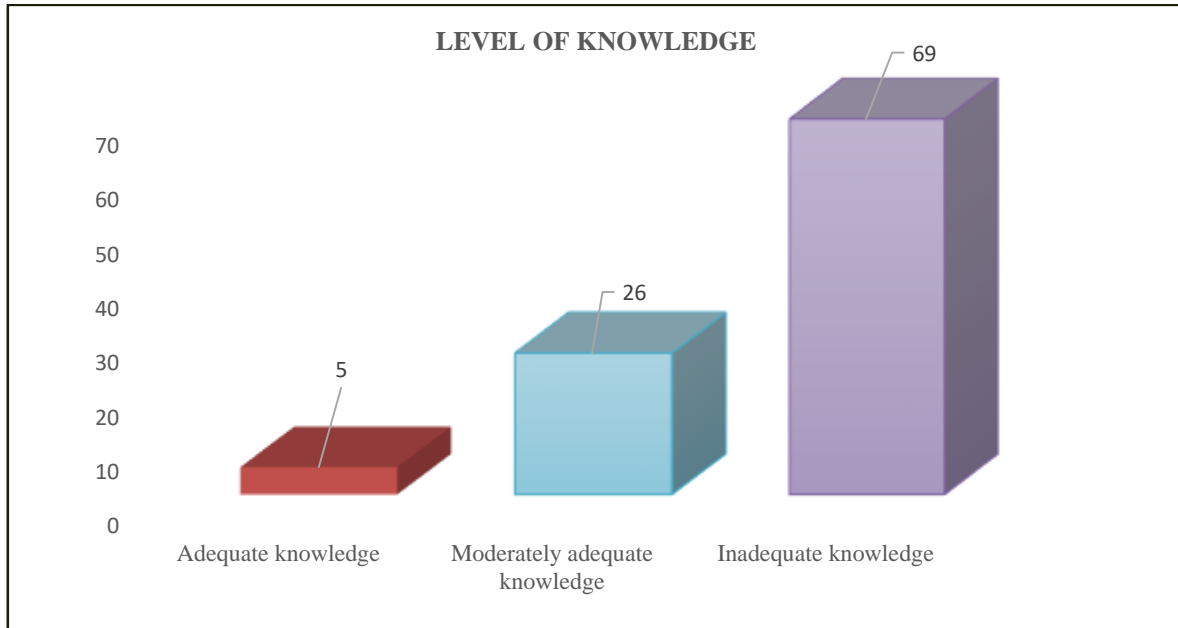


Fig: 4.2.1. Level of Knowledge on Junk food

SECTION-B: Table 4.2.2: Level of practice on junk food among School Going children.

LEVEL OF PRACTICE		
LEVEL OF PRACTICE	N	%
High	39	39%
Moderate	45	45%
Low	16	16%

TABLE: 4.2.2. LEVEL OF PRATICE ON JUNK FOOD

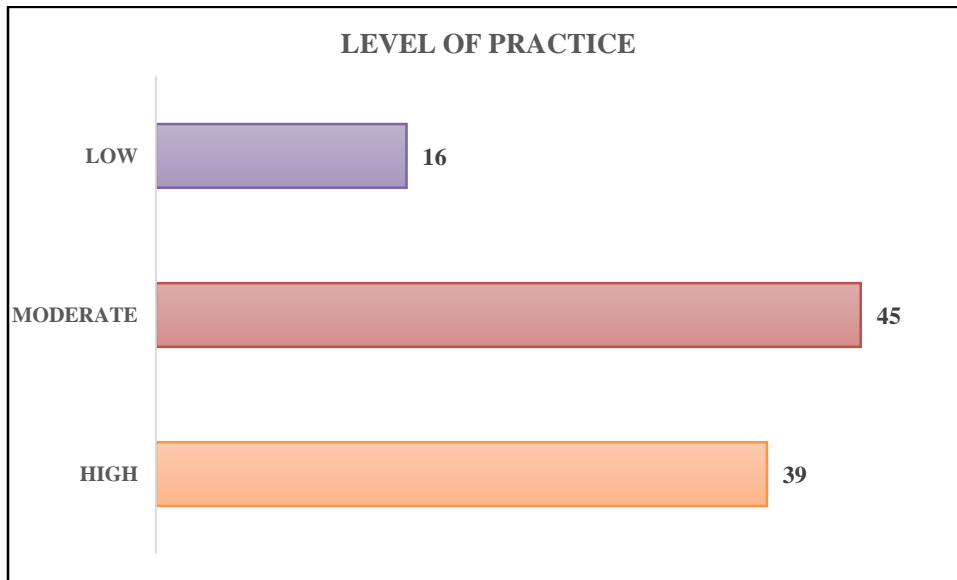


Fig: 4.2.2. Level of Practice on Junk food

SUMMARY:

The study was to assess the level of knowledge and practice regarding junk food consumption and its effects among school going children studying in selected Middle School, Madurapakkam. 100 samples in the age group of 9 - 14 years were selected for the study based on inclusion and exclusion criteria by using purposive sampling technique. The tool consists of Section –A demographic variables, Section –B Self structured question on knowledge regarding junk food consumption and its effects among school going children , Section -C Self structured 5 point rating scale on practice regarding junk food consumption and its effects among school going children studying in selected Middle School, Madurapakkam. Data was collected after the Researcher obtained consent from the participants, ensuring confidentiality and maintained good rapport. The data obtained was analyzed in terms of the objective of the study using descriptive and inferential statistics. Frequency, mean and correlation test was applied.

FINDINGS OF THE STUDY: The present study findings revealed that, out of 100 samples most of them (69%) have inadequate knowledge, (26%) were having moderate knowledge, (5%) were having adequate knowledge regarding junk & ill-effects. Regarding practice only (39%) children were following healthy practices, and remaining (61%) had moderate and poor practice of consuming junk food this study. It is therefore inferred that most of the children had inadequate knowledge, moderate & poor practice of consuming junk food consumption and its effects. This may be due to lack of proper awareness regarding the ill-effects of junk food consumption and more influence of advertisements in the media regarding junk food.

REFERENCES

- [1] . Anita Rani (2008) A study to assess the knowledge and practices of high school students with respect to healthy diets before and after a nutrition education programme (Pub Med) indexed for MEDLINE).
2. Bauer, Larson, Nelson. Preventive medicine. Frequent fast food intake (serial online)2008(cited 1 oct 2009) (www.ncbi.nlm.gov/pubmed/19166872)
3. Bowman, Gortmaker, Ebbeling, Pereira, Ludwig. Pediatrics.Effects of fast food among children. (Serial online) 2005 (cited 9 sep 2009) (www.ncbi.nlm.nih.gov/pubmed/14702458)
4. Breznitz.Z (2009) A survey of what children eats for lunch in nine schools across Jaipur. PMID: 11669028 (Pub Med indexed for MEDLINE).



Copyright & License:

© Authors retain the copyright of this article. This work is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.