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Original Research Article

Assess the knowledge regarding the consumption of junk food among adolescents at selected colleges of Belagavi City

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ABSTRACT

Good nutrition is very essential in development of children both Physically and mentally. Children must know what they eat; it affects their growth and behavior. Adolescents are not capable of understanding that the advertising is intended to manipulate their feelings and alter their behavior. There is no better time than now to build a supportive environment for nurturing children and endowing them with a legacy of good health. The objectives of the study is to assess the level of knowledge regarding consumption of junk foods among adolescents. A descriptive survey design was used for the study. Purposive sampling technique were used to collect the data. Data collected from 60 Adolescents (15-19 yrs) at selected colleges of Belagavi city.: The study concludes that among 60 participants 55(91.66%) had inadequate knowledge and 5(8.33%) had moderately adequate knowledge and none of them had adequate knowledge. occupation of the father, occupation of the mother, previous knowledge of junk foods, source of information shown significant association with knowledge of adolescents regarding effects of junk foods on health.

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1. Introduction

Good nutrition is very essential in development of children both Physically and mentally. Children must know what they eat; it affects their growth and behavior. Changes in our society have intensified the need for food skills, to the extent that they need to become part of the child's basic education for good health and survival. Most people have forgotten that the primary reason for eating is nourishment. In many ways, our culture is structured to foster poor eating habits. Television commercials and supermarkets are propagating a wide variety of enticing junk foods, attractively packaged and often tagged with tempting offers. ¹⁻⁴

Junk food are typically ready to eat convenience foods containing high levels of saturated fats, salt or sugar and little or no fruit, vegetables or dietary fiber and are considered to have little or no health benefits. Common junk food includes salted snack foods like chips (crisps), candy, gum, most sweet desserts, fried fast food and carbonated

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beverages (sodas) as well as alcoholic beverages.⁵

Obesity can have a deep effect on a child's life, increasing risk of numerous health problems. Such as heart disease, hypertension and stroke, type 2 diabetes, high level of cholesterol and sleep apnoea. Obese children also face a higher risk of developing liver diseases, orthopedic problems and asthma. ⁶

Adolescents are not capable of understanding that the advertising is intended to manipulate their feelings and alter their behavior. There is no better time than now to built a supportive environment for nurturing children and endowing them with a legacy of good health.⁷

2. Materials and Methods

A descriptive survey design was used for the study. Purposive sampling technique were used to collect the data. Data collected from 60 Adolescents (15-19 yrs.) at selected colleges of Belagavi city. The structured questionnaires were used for the data collection. Permission obtained from Institutional Ethical Clearance Committee, kaher, Institute

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3. Results

Frequency, percentage distribution on demographic variables of adolescents n=60

Table 1: Frequency, percentage distribution on demographic variables of adolescents

	Demographic Variables	Frequen	cy Percentage
1.	Age		
	a) 15-17 years	32	53.3
	b) 17-19 years	28	46.6
2.	Gender		
	a) Boys	29	48.3
	b) Girls	31	51.6
3.	Religion		
	a) Hindu	51	85
	b) Muslim	5	8.3
	c) Christian	4	6.6
4.	Occupation of the		
	father		
	a) Govt.Job	4	6.6
	b) Private Job	28	46.6
	c) Business	10	16.6
	d) Coolie	18	30
5.	Occupation of the		
	mother		
	a) Govt.Job	3	5
	b) Private Job	29	48.3
	c) Business	0	0
	d) Housewife	28	46.6
6.	Do you know about		
	the effects of junk		
	food on health		
	previously?		
	a) Yes	9	15
_	b) No	51	85
7.			
	information	_	
	a) Mass media	5	8.3
	b) Friends	4	6.6
	c) Health care		
	professionals		
	d) Others		

Majority of the respondents 32(53.3%) were in the age group of 15-17 years. 28(46.6%) were in the age group of 17-19 years. Majority of the respondents 31(51.6%) were girls. Majority of respondants 51(85%) were Hindu. 4(6.6%) were Christians. Majority of respondants father 28(46.6) were working in privater sector. 4(6.6%) were in Govt jobs. Majority of the respondants mother 29(48.3%) were working in private jobs. 3(5%) were working in Govt sector. Majority of the respondants 51(85%) don't know about the effects of junk food on health. Only 5(8.3%) know through mass media and 4(6.6%) know through friends.

Table 2: Frequency and percentage distribution of level of knowledge regarding the effects of junk foods on health among adolescent n=60

Level of knowledge	Frequency	Percentage	
Inadequate	55	91.66%	
Moderately Adequate	5	8.33%	
Adequate	0	0%	
Total	60	100%	

Table 2 Suggests that among 60 participants 55(91.66%) had inadequate knowledge and 5(8.33%) had moderately adequate knowledge and none of them had adequate knowledge.

Table 3: Frequency, percentage distribution and chisquare association between level of knowledge and their selected demographic variables of adolescent

	Demographic Variables	Frequency	Percentage	X2 Value
1.	Age			X2=10.71
	a) 15-17 years	32	53.3	P>0.05
	b) 17-19 years	28	46.6	
2.	Gender			X2=2.81
	a) Boys	29	48.3	P>0.05
	b) Girls	31	51.6	
3.	Religion			
	a) Hindu	51	85	X2=0.85
	b) Muslim	5	8.3	P>0.05
	c) Christian	4	6.6	
4.	Occupation of the father			
	a) Govt.Job	4	6.6	X=0.2
	b) Private Job	28	46.6	P>0.05
	c) Business	10	16.6	170.03
	d) Coolie	18	30	
5.	Occupation of the	10	20	
	mother			
	a) Govt.Job	3	5	X2=0.02
	b) Private Job	29	48.3	P>0.05
	c) Business	0	0	
	d) Housewife	28	46.6	
6.	Do you know about			X2=0.02
	the effects of junk			
	food on health			
	previously?			
	a) Yes	9	15	P>0.05
	b) No	51	85	
7.	If yes, source of information			
	a) Mass media	5	8.3	X2=0.63
	b) Friends	4	6.6	P>0.05
	c) Health care			
	professionals			
	d) Others			

Table 3 Suggests that demographic variables such as age, gender, religion werenon significant association with

knowledge of adolescents. Whereas occupation of the father, occupation of the mother, previous knowledge of junk foods, source of information shown significant association with knowledge of adolescents regarding effects of junk foods on health.

4. Discussion

Demographic variables such as age, gender, religion were non significant association with knowledge of adolescents. Whereas occupation of the fathet, occupation of the mother, previous knowledge of junk foods, source of information shown significant association with knowledge of adolescents regarding effects of junk foods on health. These findings were supported by Lt col Mercy Antony et –al (2013) conducted a cross sectional descriptive study using survey method with a sample of 208 in Pune district of Maharashtra India. The results revealed that out of 66.8% who consumed junk food, 50% of teenagers consumed junk food 3-5 times and 1-3 bottles of aerated drinks per week. 46.15% of teenagers had average knowledge about ill effects of junk food. Massimo Santinello et -al (2009) conducted a cross sectional survey among adolescents between 11 and 16 yrs in Belgium Flander & the Veneto region of Italy. The purpose of the study was focus on several lifestyle behaviors and family rules as determinant of soft drink consumption were limited to adolescent children. The results revealed that each 77 independent variables was significantly associated with daily soft drink consumption, despite some sub group.

5. Conclusion

The study concludes that among 60 participants 55(91.66%) had inadequate knowledge and 5(8.33%) had moderately adequate knowledge and none of them had adequate knowledge. occupation of the father, occupation of the mother, previous knowledge of junk foods, source of information shown significant association with knowledge of adolescents regarding effects of junk foods on health.

6. Source of Funding

None.

7. Conflict of Interest

None.

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