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The Study on Children Attitude Towards Junk Food

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ABSTRACT: The increasing consumption of junk food among children has become a serious public health issue. High in calories, sugars, and fats, junk foods have gained popularity due to their taste, convenience, and wide availability. This study assesses children's attitudes, preferences, and awareness regarding junk food, examining the influence of peer pressure, advertising, media, and parental habits. Using a descriptive research design, primary data was collected from 103 respondents through structured questionnaires. Statistical tools like Mann-Whitney U Test, Kruskal-Wallis H Test, and Chi-square Test were applied for analysis. The findings reveal that despite awareness of health risks, consumption rates remain high due to social and media influences. The study recommends health education programs, stricter advertising controls, and active parental guidance to promote healthier eating habits.

KEYWORDS: Junk Food, Children's Attitude, Peer Influence, Health Awareness, Advertising, India.

I. INTRODUCTION

1.1 INTRODUCTION OF STUDY

In recent years, lifestyle transitions driven by urbanization, globalization, and changing family dynamics have significantly altered the dietary habits of populations worldwide. Children, in particular, are increasingly consuming high-calorie, nutrient-poor foods, commonly referred to as junk food. These products, rich in sugars, fats, salts, and artificial additives, have become integral to modern food habits, especially among young people. Influenced by factors such as peer pressure, media exposure, and marketing tactics, children's food choices often prioritize taste and convenience over nutrition.

The implications of this trend are profound, with childhood obesity, dental problems, and nutritional deficiencies on the rise. Despite being aware of the adverse health effects of junk food, many children continue to prefer it due to its palatability and easy availability. This research investigates the attitudes, preferences, and behaviors of children towards junk food consumption and examines how factors like advertising, peer influence, and parental guidance shape their eating habits.

1.2 REVIEW OF LITERATURE

Qutteina Y et al. (2019): A diary study revealing frequent exposure to junk food imagery on social media, which increased cravings and consumption among adolescents, calling for policy interventions.

Upreti Y R (2022): A systematic review highlighting how individual preferences, peer pressure, and environmental factors like advertising and school availability contribute to junk food consumption among children.

Elbastawey S (2022): An intervention-based study showing how educational programs significantly improved children's awareness and attitudes towards junk food, reducing consumption rates.

Mohanram K M & Shaji H J C (2023): Explored the effectiveness of awareness programs among school children, observing a substantial improvement in identifying unhealthy foods and choosing healthier alternatives.

Mohammed et al. (2024): Surveyed primary school students and found that over 70% had a positive attitude towards junk food, valuing taste and convenience over health.

1.3 NEED FOR THE STUDY

The increasing trend of junk food consumption among children poses a serious public health challenge. Despite

awareness of its health risks, children continue to prefer high-calorie, low-nutrition foods due to taste, ease of access, and peer influence. Advertising and media portrayal of junk food as fun and trendy exacerbate the issue. Understanding children's attitudes and consumption patterns is essential for designing effective interventions. This study seeks to uncover the reasons behind children's junk food preferences, their awareness of health implications, and the influence of family, schools, and media. The findings can help policymakers and health professionals formulate targeted strategies to promote healthier eating habits and regulate unhealthy food marketing to young audiences.

1.4 OBJECTIVE OF THE STUDY

Primary Objective:

To determine the impact of junk food consumption on children's health.

Secondary Objectives:

- To examine the influence of parents on children's junk food consumption.
- To analyze children's awareness regarding junk food.
- To identify the most preferred junk food items among children.
- To study the role of demographic factors in children's junk food consumption.

1.5 SCOPE OF THE STUDY

The study focuses on analyzing children's food preferences, junk food consumption habits, and awareness of its health implications. It identifies factors influencing their eating choices such as peer influence, advertising, parental habits, and product accessibility. The research examines the level of awareness among children regarding the risks of junk food and evaluates the roles of parents, schools, and media in shaping these preferences. By covering different age groups and socio-economic backgrounds, the study provides comprehensive insights for developing health awareness programs and regulatory frameworks to reduce junk food dependency among children.

1.6 RESEARCH METHODOLOGY

RESEARCH DESIGN:

A descriptive research design was adopted for this study.

It aimed to describe current attitudes and practices regarding junk food among children. This design enabled systematic collection and analysis of data to meet study objectives.

PRIMARY DATA:

Primary data was collected using a structured questionnaire. Responses were gathered from 103 parents and guardians of children. The questionnaire included multiple-choice, rating scale, and demographic questions.

SECONDARY DATA:

Secondary data was gathered from existing academic literature and reports. It supported the primary findings and provided a theoretical background. Sources included journals, market reports, and public health studies.

SAMPLING TECHNIQUE:

A non-probability convenience sampling technique was applied. Respondents were selected based on easy availability and willingness to participate. This method ensured timely and cost-effective data collection.

SAMPLE SIZE:

The study was conducted with a sample size of 103 respondents. It included parents and guardians of children below 18 years of age. This size was adequate for descriptive and statistical analysis.

STATISTICAL TOOLS USED:

MANN-WHITNEY U TEST:

A non-parametric test used to compare differences between two independent groups. It was applied to analyze variations in junk food habits across gender. Suitable when data is not normally distributed.

KRUSKAL-WALLIS H TEST:

A non-parametric test used for comparing three or more groups. It assessed differences in junk food spending based on family income groups. Ideal for ordinal or non-normal data.

CHI-SQUARE TEST OF INDEPENDENCE:

Used to test the association between two categorical variables.It examined relationships between gender and preferences like discounts and offers.Helps identify statistically significant associations.

CORRELATION ANALYSIS (SPEARMAN'S RANK):

Measured the strength and direction of relationships between variables.It examined associations like health awareness and junk food consumption frequency.Suitable for ordinal, non-linear data.

WEIGHTED AVERAGE MEAN:

Calculated average values based on the importance (weight) of each item.Used to rank preferences for different junk food items among respondents.Helped determine overall popularity levels.

1.7 LIMITATIONS

- Limited sample size of 103 respondents.
- Geographically confined to urban and semi-urban areas.
- Convenience sampling introduces selection bias.
- Limited variables considered, excluding socio-economic and parental education factors.

II. DATA ANALYSIS AND INTERPRETATION

2.1 MANN-WHITNEY U TEST

To examine differences in late-night junk food consumption between different age groups.

TABLE NO 2.1 SHOWING MANN-WHITNEY U TEST BETWEEN CHILDREN AGE GROUPS AND HABIT OF LATE JUNK FOOD CONSUMPTION

Test Statistics	Value
Mann-Whitney U	3035
Z	-1.681
p-value	0.093

INTERPRETATION:Since the p-value (0.093) is greater than 0.05, the result is not significant.There's no significant difference in late-night junk food consumption across age groups.

2.2 KRUSKAL-WALLIS H TEST

To test differences in average weekly junk food spending among different family income groups.

TABLE NO 2.2 SHOWING KRUSKAL-WALLIS H TEST BETWEEN AVERAGE WEEKLY SPENDING ON JUNK FOOD AMONG CHILDREN FROM DIFFERENT FAMILY INCOME GROUPS

Test Statistics	Value
Kruskal-Wallis H	21.498
df	4
p-value	< 0.001

INTERPRETATION: Since the p-value is less than 0.05, the result is highly significant. Spending on junk food varies significantly among different income groups.

2.3 CHI-SQUARE TEST OF INDEPENDENCE

To test the association between gender and preference for discounts and offers.

TABLE 2.3 SHOWING CHI SQUARE BETWEEN GENDER OF RESPONDENTS AND DISCOUNTS & OFFERS

Test Statistics	Value
Pearson Chi-Square	0.531
df	3
p-value	0.912

INTERPRETATION: The p-value is much higher than 0.05, indicating no significant association. Gender has no influence on preference for discounts and offers.

2.4 CORRELATION ANALYSIS

To assess the relationship between belief in health problems from junk food and awareness of chemicals in it.

TABLE 2.4 SHOWING CORRELATION BETWEEN CAUSES OF HEALTH PROBLEMS DUE TO JUNK FOOD AND AWARENESS OF CHEMICALS IN JUNK FOOD

Measure Type	Value	p-value
Pearson's r	-0.158	0.11
Spearman's rho	-0.149	0.132

INTERPRETATION: The weak negative correlations are not statistically significant, so no meaningful relationship exists between the two variables.

2.5 WEIGHTED AVERAGE MEAN

To rank the popularity of various junk food items based on ratings.

TABLE NO 2.5 SHOWING WEIGHTED AVERAGE MEAN

Item	Weighted Average	Rank
Pizza/Burger	18.75	I
Pastries	18.57	II
Fries and Chips	17.23	III
Sugary Drinks	16.9	IV
Chocolates & Candy	16.9	V
Ice Cream	14.91	VI

INTERPRETATION: Pizza/Burgers are the most preferred junk food, followed by pastries and fries/chips. Ice cream ranked the lowest in preference.

III. SUMMARY OF FINDINGS, SUGGESTIONS

3.1 FINDINGS

- The majority of respondents (32%) were aged 16–18 years, with 54.4% being female and 30.1% in middle school. Most families (41.7%) earned between ₹50,001–₹1,00,000.
- 30% disagreed that late-night snacking is common, 25.2% were neutral about eating more on weekends, and 34.9% were neutral about packed food in school lunchboxes.
- 28.1% strongly agreed that advertisements influence their food choices. 31% agreed that junk food is easier to find. 26.2% agreed that celebrities influence consumption, and 33.9% were neutral about friend influence.
- 26.2% strongly agreed that junk food causes health problems. However, 35.9% remained neutral about unhealthy ingredients, and 46.6% were neutral about its impact on skin and hair.
- 35.9% agreed they were aware of chemical presence in junk food, while 28.1% were neutral about healthy food providing more energy.
- The Mann-Whitney U Test showed no significant age-based difference in late-night junk food consumption ($p = 0.093$). The Kruskal-Wallis Test showed significant spending differences across income groups ($p < 0.001$). Correlation tests showed no significant link between health beliefs and chemical awareness. Chi-square test found no significant association between gender and preference for discounts.

3.2 SUGGESTIONS

- Parents should monitor and regulate their children's junk food intake and encourage healthy eating habits at home.
- Schools should include nutrition education in the curriculum to raise awareness about the harmful effects of junk food.
- Junk food advertisements targeted at children should be limited or regulated, especially on television and digital platforms.
- Healthy alternatives to junk food should be made more appealing and easily available in school canteens and public spaces.
- Awareness campaigns and workshops should be conducted for both children and parents to promote nutritious food choices.

IV. CONCLUSION

The study concludes that children are highly influenced by taste, peer pressure, advertisements, and easy availability when it comes to junk food consumption. Despite being aware of its negative health effects, many continue to consume it regularly. Fast food and packaged snacks are the most preferred items, with significant weekly spending observed, especially among middle to high-income families. Emotional eating and screen time also contribute to these habits. While media and celebrities strongly influence children's choices, parental guidance and school education play a crucial role in shaping healthier behaviors. The findings highlight the need for awareness programs, regulatory policies, and healthier food alternatives. A collective effort from families, schools, and policymakers is essential to reduce children's dependence on junk food.

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