

Pattern and Factors Influencing Junk Food Consumption among Children: A Cross-sectional Study

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ABSTRACT

Introduction: The consumption of various fast food options is rising everywhere in the world, in both developed and developing nations. A growing number of individuals across all age groups, but especially teenagers and young adults, are drawn to eating fast food as a result of shifts in people's dietary and lifestyle patterns. The adoption of a fast food and junk food consumption patterns in the modern world has a number of deleterious effects on health.

Aim: To investigate the pattern and factors influencing junk food consumption among children.

Materials and Methods: This cross-sectional study was conducted in Yenepoya Medical College Hospital, Mangaluru, Karnataka, India, from December 2021 to May 2022. A total of 133 children between the age group of 8 and 14 were chosen using a non probability purposive sampling technique. A rating scale was utilised to analyse the factors influencing junk food consumption, and data was collected using a demographic proforma and a structured checklist to assess the pattern of

junk food consumption. The acquired data were evaluated using descriptive and inferential statistics. To determine the association between pattern and factors influencing junk food consumption and demographic characteristics, chi-square test was utilised.

Results: In present study, majority of research participants 71 (53.4%) said they ate junk food twice a week along with the family. Out of 133 children, 111 (83.5%) have access to junk food at home, and 90 (67.7%) of participants don't have a set time for eating junk food. Junk food taste 88 (66.2%), advertisements 78 (58.6%), availability 67 (50.4%), ease of availability in school surroundings 59 (44.4%), affordability 56 (42.1%), and the ability to be quickly prepared 78 (58.6%) were all strongly agreed upon by the majority of participants.

Conclusion: Youngsters frequently consume junk food, which is impacted by a variety of factors, including flavour, marketing, pricing, ease of access, and family customs. The majority of kids had easy access to junk food at home and didn't follow any set eating habits.

Keywords: Child, Dietary habits, Influence, Lifestyle, Nutrition

INTRODUCTION

Junk food is defined as readily available, frequently affordable, and lacking in nutritional value. These foods are higher in calories, salt, and saturated fat and lower in iron, calcium, and dietary fiber. Fast food, carbonated beverages, chips, sweets, and chocolates are examples of typical junk foods [1]. The consumption of junk food is rising steadily around the globe. Traditional foods have almost entirely been supplanted by foods that are readily available in canned or other forms of long-term preservation [2]. The consumption of these foods has peaked in industrialised nations, but there is a rising tendency in the world's developing nations also [3]. There is a definite upward tendency in the consumption of this junk food in South Asian nations [4,5]. Young people frequently consume junk food, despite clear proof of their harmful effects on the body. Such consumption may increase the prevalence of obesity, diabetes mellitus, hypertension, and coronary heart disease [6].

According to estimates, eating too few fruits and vegetables contributed to the loss of 16 million (1.0%) Disability-Adjusted Life Years (DALYs) and 1.7 million (2.8%) deaths worldwide [7]. The consumption of junk food has been rising globally due to its quick consumption, ready to eat, low cost, and good taste, despite the family's socio-economic situation. Some foods have been found to be prepared with low-quality ingredients including processed carbohydrates, added sugar, and fats [8]. Fast food contains a lot of sodium, which is frequently used as a preservative to enhance flavour and satisfaction. More individuals are drawn to these foods, particularly kids and teenagers [9].

In Asia, the rates of obesity and overweight have multiplied and are now alarmingly high. Diseases including diabetes and Cardiovascular

Disease (CVD) that are linked to obesity are on the rise in the South East Asia Region, children now have a higher prevalence of obesity than in the past [10].

In India, 93% children eat packaged food more than once a week, 56% children eat sweet food items such as ice cream and chocolates more than once a week, 59% children aged between 14 years and 17 years eat packaged beverages or food at least once a day, 83% children drink milk food drinks and 69% eat breakfast cereals such as cornflakes as their first meal of the day before heading to school, 91% children carry lunch box from their homes but 40% children consume packaged food to school almost daily [11].

The consumption of junk food is on the rise among the younger generation [12]. In India, the market for fast food and junk food is growing at a 40% annual rate. The widespread consumption of fast food and junk food has had a number of detrimental impacts on health [13]. The modern world's adaption to a fast food and junk food consumption system has had various detrimental implications on health. The increased use of these foods causing malignancies, cavities in the teeth, etc., Some food products contain food additives that have been shown to be carcinogenic and allergic, which can lead to asthma and rashes in children [14].

India, however, lacks information on the trends and causes that affect kids' junk food consumption. The hospital is a setting where medical professionals can consult the kids from diverse backgrounds and can determine their eating habits and the factors that affect junk food, they can provide education on an individual basis if necessary.

Hence, present study was carried out in a hospital setting to study the pattern and factors influencing junk food consumption among children.

MATERIALS AND METHODS

This cross-sectional study was carried out in Yenepoya Medical College Hospital in Mangaluru, Karnataka, India. from December 2021 to May 2022. The university's ethics committee provided written clearance for the study (approved number: YEC2/806, date: 17.09.2021). Before collecting any data, parents' and children's consent was sought.

Inclusion criteria: Children between the ages of 8 and 14 years, who visited to the Outpatient Department (OPD) and those who were admitted to wards, were included in the study.

Exclusion criteria: Children who were critically-ill or had mental disabilities were excluded from the study.

Sample size: The sample size was estimated using data from a reference study by Mercy A and Bhatti RK [15]. A total of 133 people were included in the study in order to estimate sample size, effect size of junk food consumption prevalence of 66.8%, with 95% confidence, and 8% margin of error was used to perform the computation. A non probability purposive sampling method was used to select youngsters.

Data collection: A rating scale was utilised to analyse the factors influencing junk food consumption, and data was collected using a demographic proforma and a structured checklist to assess the pattern of junk food consumption. The tool was distributed to seven professionals in the disciplines of nursing and medicine. The investigator self-assembled the instruments. The demographic proforma contained a total of 13 elements. The purpose of the checklist was to evaluate children's eating patterns of junk food. There were eight questions in it.

The rating scale, which had 33 items and questions organised under 11 categories, was used to evaluate the variables impacting children's consumption of junk food. The kids filled the questionnaires, and they were free to ask the investigator any questions they had.

Five kids who visited the selected Medical College Hospital in Mangaluru had the pretest. The tool was found to be clear, useful, and unambiguous. The tool's completion took 20 to 25 minutes. When the internal consistency of the rating scale was determined using Cronbach's alpha, the reliability was calculated to be $r=0.7$. By establishing the Kuder Richardson, the checklist's reliability was examined, and the calculated reliability was $r=0.8$.

STATISTICAL ANALYSIS

The acquired data were evaluated using descriptive and inferential statistics using IBM Statistical Package for the Social Sciences (SPSS) software version 23.0. To determine the association between pattern and factors influencing junk food consumption and demographic characteristics, the chi-square test was utilised. A p-value <0.05 was considered statistically significant.

RESULTS

The majority of the participants were aged 12-14 years 83 (62.4%), with a slightly higher representation of females 75 (56.4%). Most students were studying in 7th-9th standard 79 (59.4%) and belonged to government schools 91 (68.4%). A higher proportion of participants belonged to nuclear families 96 (72.2%), followed a non vegetarian dietary pattern 124 (93.2%), and more than half of the families were from the below poverty line category 71 (53.4%), indicating a predominantly middle to lower socio-economic background [Table/Fig-1].

More than half of the participants consumed junk food twice a week 71 (53.4%), and nearly one-third reported consuming it for the past 3-4 years 39 (29.3%). Junk food consumption was commonly associated with family settings 100 (75.2%) and social interactions, with over half consuming it with friends 68 (51.1%). The majority of participants reported no fixed time for consumption 90 (67.7%), and easy availability of junk food at

S. No.	Demographic proforma	n (%)
1.	Age in years	
	8-11	50 (37.6)
	12-14	83 (62.4)
2.	Gender	
	Male	58 (43.6)
	Female	75 (56.4)
3.	Grade studying in	
	3 rd -6 th standard	54 (40.6)
	7 th -9 th standard	79 (59.4)
4.	Type of school	
	Government school	91 (68.4)
	Private school	42 (31.6)
5.	Type of family	
	Joint family	37 (27.8)
	Nuclear family	96 (72.2)
6.	Religion	
	Hindu	69 (51.9)
	Christian	23 (17.3)
	Muslim	41 (30.8)
7.	Education of father	
	No formal education	8 (6)
	Primary education	47 (35.33)
	High school	21 (15.78)
	PUC	20 (15.03)
	Graduation	26 (19.54)
	Postgraduation and above	11 (8.3)
8.	Education of mother	
	No formal education	8 (6)
	Primary education	49 (36.8)
	High school	31 (23.3)
	PUC	18 (13.5)
	Graduation	25 (18.8)
	Postgraduation and above	2 (1.5)
9.	Occupation of father	
	Daily wager	54 (40.6)
	Self-employee	27 (20.3)
	Private employee	36 (27.1)
	Government employee	16 (12)
10.	Occupation of mother	
	Home maker	64 (48.1)
	Daily wager	25 (18.8)
	Self-employee	28 (21.1)
	Private employee	11 (8.3)
	Government employee	5 (3.8)
11.	Socio-economic status of the family(based on ration card)	
	Above Poverty Line (APL)	62 (46.6)
	Below Poverty Line (BPL)	71 (53.4)
12.	Dietary pattern	
	Vegetarian	9 (6.8)
	Non vegetarian	124 (93.2)
13.	How often you eat out/in the restaurant/ hotels with family	
	Once a month	16 (12)
	2-4 times a month	64 (48.1)
	More than 4 times a month	35 (26.3)
	Very rarely	18 (13.5)

[Table/Fig-1]: Distribution of demographic characteristics (n=133).

home 111 (83.5%) indicates a facilitating environment for frequent intake [Table/Fig-2].

S. No.	Items	n (%)
1.	How often you consume junk food per weekly	
	• Once a week	39 (29.3)
	• Twice a week	71 (53.4)
	• Alternative days	11 (8.3)
	• Every day	9 (6.8)
	• More than once in a day	3 (2.3)
2.	Since when you started to consume junk foods	
	• Less than 1 year	11 (8.3)
	• 1-2 years	21 (15.8)
	• 2-3 years	28 (21.1)
	• 3- 4 years	39 (29.3)
	• 4-5 years	21 (15.8)
	• More than 5 years	13 (9.8)
3.	Most of the time I consume junk food with friends at food stalls, restaurants, canteens, shops.	68 (51.1)
4.	Most of the time I consume junk food alone at food stalls, restaurants, canteens?	38 (28.6)
5.	Most of the time I consume junk foods along with my family.	100 (75.2)
6.	I only take branded junk foods and avoid local foods.	22 (16.5)
7.	I usually consume junk food	
	• While traveling	10 (7.5)
	• While reading	1 (0.8)
	• While being alone	9 (6.8)
	• Together with parents	23 (17.3)
	• No fixed time	90 (67.7)
8.	Junk food is available at home	111 (83.5)

[Table/Fig-2]: Distribution of pattern of junk food consumption (n=133).

Frequently consumed junk foods included ice cream 110 (82.7%), lays 96 (72.2%), chocolates 92 (69.2%), noodles (68.4%), and packaged juices 80 (60.2%). Carbonated drinks were consumed always or very often by a considerable proportion of participants, whereas energy drinks showed the least consumption, with the majority reporting never consuming them 101 (75.9%). Overall, the findings indicate a higher preference for easily available packaged snacks and sweetened food items compared to energy drinks [Table/Fig-3].

Family interest in trying new foods constantly, attraction by packing style, complimentary gifts offered with packets, quick access in consumption, social influence in consuming junk food, and some children by habituation consume more junk food, according to a description of the factors influencing junk food consumption. Other factors included public interest, parents' time to prepare food at home; cost of the food, peer influence, and assumption that junk food has more calories and energy available [Table/Fig-4].

The study found a significant association between pattern of junk food consumption with selected demographic variables at p-value <0.05, and the study also found a significant association between factors influencing junk food consumption with selected demographic variables at p-value <0.05 [Table/Fig-5,6].

DISCUSSION

The findings of present study investigation revealed that the factors encouraging the consumption of fast food looked to be greater than those discouraging it. Other research has found a pattern that is comparable to this one. At the moment, more and more people are interested in eating out and going to fast food places [16]. The availability and demand for fast food have increased recently, as shown by the findings of the study by Thornton LE et al., [17]. Fast

Commonly consumed junk foods	Always n (%)	Very often n (%)	Often n (%)	Never n (%)
Bingo	22 (16.5)	31 (23.3)	40 (30.1)	40 (30.1)
Kurkure	74 (55.6)	15 (11.3)	35 (26.3)	9 (6.8)
Lays	96 (72.2)	16 (12)	17 (12.8)	4 (3)
Juices	80 (60.2)	30 (22.6)	15 (11.3)	8 (6)
Carbonated drinks	61 (45.9)	31 (23.3)	15 (11.3)	26 (19.5)
Energy drinks (like red bulls, stings etc.,)	2 (1.5)	2 (1.5)	28 (21.1)	101 (75.9)
Chocolates	92 (69.2)	34 (25.6)	3 (2.3)	4 (3)
Ice cream	110 (82.7)	18 (13.5)	5 (3.8)	0
Bites	14 (10.5)	48 (36.1)	51 (38.3)	20 (15)
Crunch	12 (9)	41 (30.8)	57 (42.9)	23 (17.3)
Chocos	24 (18)	43 (32.3)	53 (39.8)	13 (9.8)
Parle's wafers	18 (13.5)	19 (14.3)	42 (31.6)	54 (40.6)
Noodles	91 (68.4)	35 (26.3)	5 (3.8)	2 (1.5)

[Table/Fig-3]: Distribution of commonly consumed junk foods in terms of frequency and percentage (n=133).

food consumption has risen in recent years, especially among children and adolescents, according to Rouhani MH et al., [18].

According to Kipke MD et al., interactions with larger social, cultural, and environmental contexts in which children lives have an impact on behaviour as well as personal traits like age, gender, and genetic profile [19]. These various environments can also have an impact on dietary preferences. This remark was in line with the findings of the present study, which showed that social variables had a mixed impact on fast food consumption. For instance, the desire to fit in with peers and the propensity to frequent public settings like restaurants encourage fast-food intake, while friends and family members' negative opinions and experiences were cited as deterrents.

In addition, other attitudes including convenience and health may influence meal choices. Prior research has suggested a link between flavour preferences and fast food intake among adolescents [16]. According to Schmidt M et al., convenience and time constraints were two of the main factors influencing adolescents' meal choices [20]. The present study noticed the same phenomenon and discovered that the adolescents' and families' time constraints significantly influenced their propensity to consume fast food. Because fast food is rapidly and easily absorbed, some study participants even prefer it. Additionally, according to several studies, flavour, price, convenience, and health are the primary factors influencing food selection [21]. The present study findings did not support the same theory, and it was noted that interest in fast food was more prevalent among middle-income families. Kipke MD et al., also suggested that the increased availability and affordability of energy-dense foods, such as fast food, particularly in low-income neighbourhoods, might play a role in the increased level of fast food consumption [19], however, the present study results did not support this theory.

Majority of fast food visits among individuals are spontaneous. In this study respondents have shown to eat fast food for fun simply because they are nice, irresistible, cheap and available everywhere. Similar results were obtained by Rabotata S and Malatji TI, their study stated that fast food craving conquered, where the respondents explained that they eat fast food unplanned [22]. "We see fast food sign as we are driving by and before we know it we are munching." Moreover, other factors such as consumer attitude towards the price of the fast food significantly influence the cravings and frequency of fast food consumption [22].

Study showed that there was a significant association between consumption of junk foods alone at food stalls, restaurants, canteens, with economic status of the family ($\chi^2=4.136$, p-value

S. No.	Items	Strongly agree n (%)	Agree n (%)	Neither agree nor disagree n (%)	Disagree n (%)	Strongly disagree n (%)
Public interest in fast food:						
1.	• I am attracted towards junk foods by seeing the advertisements in TV and social media.	78 (58.6)	32 (24.1)	14 (10.5)	5 (3.8)	4 (3)
	• My friends and family members' interest in eating fast food	55 (41.4)	49 (36.8)	13 (9.8)	16 (12)	—
	• In my localities there are many numbers of fast food eateries.	53 (39.8)	21 (15.8)	36 (27.1)	13 (9.8)	10 (7.5)
	• I am influenced by the character/enacting person advertising for junk foods.	47 (35.3)	51 (38.3)	21 (15.8)	7 (5.3)	7 (5.3)
Parents' time and cost considerations:						
2.	• Junk foods are cheap and easily available	56 (42.1)	37 (27.8)	18 (13.5)	14 (10.5)	8 (6)
	• Parents doesn't have time to cook they will give money for me to buy junk foods.	18 (13.5)	14 (10.5)	14 (10.5)	52 (39.1)	35 (26.3)
	• Traditional cooking takes a longer time whereas junk food is quickly prepared so time can save.	20 (15)	56 (42.1)	20 (15)	18 (13.5)	19 (14.3)
	• Junk food can be quickly prepared	32 (24.1)	78 (58.6)	9 (6.8)	11 (8.3)	3 (2.3)
	• My parents will order junk foods for whole family.	29 (21.8)	33 (24.8)	35 (26.3)	20 (15)	16 (12)
Peer influence:						
3.	• I eat junk foods because all my friends eat it.	38 (28.6)	38 (28.6)	35 (26.3)	15 (11.3)	7 (5.3)
	• If I do not join with my friends in eating junk foods, they may avoid me.	12 (9)	11 (8.3)	23 (17.3)	55 (41.4)	32 (24.1)
Caloric and energetic:						
4.	• I feel more energetic when I have junk foods.	5 (3.8)	10 (7.5)	50 (37.6)	61 (45.9)	7 (5.3)
	• Junk foods are more suitable for development of muscles.	9 (6.8)	19 (14.3)	33 (24.8)	52 (39.1)	20 (15)
Families' interest in new foods:						
5.	• My family is interested to taste new type of foods.	33 (24.8)	30 (22.6)	38 (28.6)	22 (16.5)	10 (7.5)
	• My parents are interested in fast food	24 (18)	45 (33.8)	25 (18.8)	24 (18)	15 (11.3)
	• It is easy to carry junk foods to other places	41 (30.8)	47 (35.3)	28 (21.1)	11 (8.3)	6 (4.5)
	• My parents are not interested to carry homely food to any places.	14 (10.5)	19 (14.3)	8 (6)	40 (30.1)	52 (39.1)
	• My parents are not aware of my eating preferences.	8 (6)	10 (7.5)	15 (11.3)	29 (21.8)	71 (53.4)
Socio-economic status of the families:						
6.	• I cannot afford high-cost fast food.	36 (27.1)	36 (27.1)	25 (18.8)	21 (15.8)	15 (11.3)
	• Junk foods are available at low coast	46 (34.6)	62 (46.8)	13 (9.8)	10 (7.5)	2 (1.5)
Influenced by attractive packing styles of junk foods like:						
7.	• I am attracted by variety of junk food shape	40 (30.1)	46 (34.6)	32 (24.1)	15 (11.3)	—
	• I am attracted by taste of junk foods	88 (66.2)	18 (13.5)	11 (8.3)	12 (9)	4 (3)
	• I am attracted by colour, and smell of junk foods.	55 (41.4)	40 (30.3)	18 (13.5)	16 (12)	4 (3)
	• I think that fast food is actually more wonderful than home-cooked cuisine.	37 (27.8)	49 (36.8)	21 (15.8)	15 (11.3)	11 (8.3)
8.	I am attracted by the complementary items in junk foods:	44 (33.1)	47 (35.3)	19 (14.3)	17 (12.8)	6 (4.5)
It is very quick to access and it is convenient:						
9.	• Junk food are easy to digest	28 (21.1)	41 (30.8)	42 (31.6)	16 (12)	6 (4.5)
	• It is easily available in school's surroundings	59 (44.4)	44 (33.1)	11 (8.3)	19 (14.3)	—
	• Available in all parts of the city.	67 (50.4)	51 (38.3)	5 (3.8)	10 (7.5)	—
Social factors:						
10.	• I believe that eating junk food is a symbol of modernity and that it is associated with higher socio-economic classes.	28 (21.1)	24 (18)	20 (15)	56 (42.1)	5 (3.8)
	• I feel junk food consumption is a sign of being social.	25 (18.8)	29 (21.8)	35 (26.3)	38 (28.6)	6 (4.5)
	• I feel, I am being in western countries when I consuming junk foods.	20 (15)	15 (11.3)	26 (19.5)	31 (23.3)	41 (30.8)
Habitual consumption:						
11.	• I have an addicted towards fast foods.	22 (16.5)	15 (11.3)	14 (10.5)	42 (31.6)	40 (30.1)
	• I have a routine habit of eating fast food.	15 (11.3)	33 (24.8)	21 (15.8)	29 (21.8)	35 (26.3)

[Table/Fig-4]: Description of factors influencing junk food consumption (n=133).

Demographic variables	Consumption of junk foods with friends at food stalls, restaurants, canteens	Consumption of junk foods alone at food stalls, restaurants, canteens	Consumption of junk foods with family	Consumption of branded food and avoiding local food	Availability of junk food at home
Gender	0.01*	NS	NS	NS	0.03*
Grade/class studying in	0.04*	0.03*	NS	NS	NS
Religion	NS	NS	0.01*	NS	NS
Education of father	0.01*	0.01*	0.01*	NS	0.01*
Education of mother	0.01*	0.02*	0.01*	NS	0.01*
Occupation of father	NS	NS	NS	0.01*	NS
Occupation of mother	NS	0.01*	NS	0.01*	0.01*

Socio-economic status of the family	NS	0.04*	NS	NS	NS
Dietary pattern	NS	NS	0.01*	NS	NS

[Table/Fig-5]: Association of pattern of junk food consumption with selected demographic variables (n=133).

*Represent p-value <0.05 level of significance

Demographic variables	Public interest in fast food	Parent's time and cost consideration	Peer influence	Caloric and energetic	Family's interest	SES of the family	Attractive packaging	Social factors	Attracted by the complementary items in junk foods	very quick to access and it is convenient	habitual consumption
Age in years	0.01*	<0.001	0.06	0.50	0.04*	0.01*	0.32	0.11	0.64	0.14	0.94
Gender	0.03*	<0.001	<0.001	0.04*	0.01*	0.98	0.01*	0.01*	0.01*	0.04*	0.02*
Grade/class studying in	0.01*	0.03*	0.03*	0.78	0.01*	0.01*	0.17	0.22	0.24	0.06	0.11
Type of school	0.39	<0.001	<0.001	0.16	0.01*	0.67	0.01*	0.01*	0.01*	0.01*	0.01*
Religion	0.01*	<0.001	<0.001	0.17	0.01*	0.01*	0.01*	0.01*	0.27	0.01*	0.01*
Type of family	0.01*	0.05	0.05	0.02*	0.01*	0.23	0.01*	0.03*	0.18	0.01*	0.01*
Education of father	0.01*	<0.001	<0.001	0.01*	0.01*	0.01*	0.01*	0.01*	0.01*	0.01*	0.01*
Education of mother	0.01*	<0.001	<0.001	0.37	0.01*	0.01*	0.01*	0.20	0.03*	0.01*	0.01*
Occupation of father	0.01*	0.02*	0.02*	0.02*	0.01*	0.01*	0.01*	0.01*	0.01*	0.01*	0.01*
Occupation of mother	0.07	0.48	0.48	0.01*	0.01*	0.01*	0.01*	0.01*	0.18	0.01*	0.01*
Socio-economic status of the family	0.01*	0.747	0.74	0.14	0.01*	0.21	0.01*	0.02*	0.02*	0.22	0.01*
Dietary pattern	0.01*	0.312	0.31	0.02*	0.63	0.35	0.01*	0.37	0.03*	0.01*	0.01*
How often you eat out in the restaurant/hotels with family	0.01*	0.02*	0.02*	0.01*	0.01*	0.01*	0.01*	0.03*	0.01*	0.01*	0.01*

[Table/Fig-6]: Association of factors influencing junk food consumption with demographic variables (n=133).

*Represent p-value <0.05 level of significance

<0.05). People at all stages of life cycle are likely to mention the role of food in social contact. In this recent study, University of Venda, students had indicated a factor such as socialising with friends/ or partners, wherein they just decide to eat out at the restaurants [22]. Similar results were obtained by Park C, where it was found that eating out gives consumers to satisfy their hunger, and need for pleasure, entertainment and social interaction and the mood transformation [23].

In order to develop appropriate rules on the quality of fast food as well as to teach adolescents to control their eating habits, it is crucial to take into account both the positive and negative variables in order to improve the health of children and adolescents.

Limitation(s)

Additionally, present study had certain drawbacks. Although many age groups are exposed to fast food intake, present study only studied adolescents aged 8 to 14 years, which was one of the major limitations that limits generalising present study findings to other age groups. The restricted sample size and non probability used in this study also prevent the extrapolation of present study findings.

CONCLUSION(S)

The present study revealed a high frequency and early initiation of junk food consumption among school-going children, with most participants consuming junk foods multiple times per week for several years. Easy availability at home, lack of fixed timing, and consumption in family and social settings were identified as major contributing factors influencing junk food intake. The opinions of parents, health professionals, health policy makers, and other stakeholders may also be the subject of future research. It is advised to educate families, kids, and teenagers about the negative impacts of ingesting fast food. In order to lessen the negative impacts of fast food on children and adolescents, tight regulation of fast food businesses and eateries is also essential. The findings highlight the need for targeted nutritional education and family-based interventions to reduce frequent consumption of commonly preferred packaged snacks and sweetened food items among children.

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