

**Junk Food Practice among School Level Students in Chadragiri Municipality,
Kathmandu**

A Thesis

Submitted to Health and Population Education Department
In the Partial Fulfillment of Master of education in Health Education

Submitted by
Rinku Maan

Tribhuvan University
Faculty of Education
Central Department of Education
Health and Population Education Department
Kirtipur, Kathmandu

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Declarations

I hereby declare that to the best of my knowledge this thesis is my original. No part of it was earlier submitted for the candidature of research degree to any university, college or educational institution. All the works in the report are my own and I have not copied any materials from thesis completed earlier.

Date: 04/03/2022

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Rinku Maan

Recommendation Letter

This is to certify that **Rinku Maan** has prepared this thesis under my supervision and guidance for the preparation of this thesis entitled '**Junk Food Practice among School Level Students in Chadragiri Municipality, Kathmandu**' for the partial fulfillment of Master's of in Health Education. This thesis report is the result of her own work. I recommend this thesis for acceptance and final evaluation.

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Approval Sheet

This thesis entitled '**Junk Food Practice among School Level Students in Chadragiri Municipality, Kathmandu**' Submitted by **Rinku Maan** in partial fulfillment for the requirement of Master's Degree in Health Education has been approved.

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Rinku Maan

Abstract

The present thesis entitled '**Junk Food Practice among School Level Students in Chandragiri Municipality**'. The major objectives of the study to find out the junk food practices among students from class 4 to 10, to identify the sources of Tiffin of basic level students and to analyze the role of mother on selection of Tiffin for their children. All boys' and girls' respondents and their mothers were the respondents from grade 4 to grade 10 by census method. All together 180 students were studied in this selected school. Total 180 students were sample of this research using census method. Hence, this study was done in the basis of primary data. In addition, several research reports, journals, articles, and thesis and so on will be used as secondary source of data.

Parents play a powerful role in children's eating behavior, providing both genes and environment for children. For example, they influence children's developing preferences and eating behaviors by making some foods available rather than others, and by acting as models of eating behavior. Work fruits and vegetables into the daily routine, aiming for the goal of at least five servings a day. Be sure you serve fruit or vegetables at every meal.

Socio cultural food practices relate to ideas and materials that give rise to food choices and food patterns of a group. We begin with a discussion of how individuals experience, interpret, negotiate, and symbolize the food world around them. We examine primarily the ideational pathways, such as identity, gender, religion, and cultural prohibitions, and their influence on food practices. We then provide guiding questions, frameworks, and a brief overview of food choice values to support policy planning and design. Lastly, we explore how socio cultural change for sustainable or healthy diets is already happening through food movements, food lifestyles, and traditional diets

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Abbreviations

ADB	:	Asian Development Bank
CBS	:	Central Bureau of Statistics
CDE	:	Central Department of Economics
CONCERN	:	Concern for Children and Environment
ITUC	:	International Trade Union Confederation
SACCS	:	South Asia Coalition on Child Servitude
SC	:	Save the Children
TU	:	Tribhuvan University
UK	:	The United Kingdom
UN	:	United Nations
UNDP	:	United Nations Development Programme
UNESCO	:	United Nations Educational Scientific and Cultural Organization
UNICEF	:	United National Children's Fund
USA	:	United States of America
WDR	:	World Development Report

Chapter I: Introduction

Background of the study

Junk foods contain a lot of unhealthy ingredients which are unsafe not just for children, but for people of all ages. The transition in lifestyle and dietary habits may be responsible for this trend and it is directly or indirectly leading to rise of many non-communicable diseases.

"Junk food" generally refers to foods that contribute lots of calories but are of limited nutritional value. Junk foods are usually commercially prepared and packaged, like candy bars, chips, snack cakes, cheese puffs, and cookies. With worldwide marketing and advertisement in 21st century "Junk Food" has gone global. It can be seen almost everywhere in grocery and convenience stores, fast-food restaurants, on television usually looking very appealing. (Magee, 2007).

Junk food is a noun which means, food that is not good for health because of its high fat, sugar or artificial substances (Oxford dictionary, 2019). According to Bhaskar and Ola (2012), in 1972, first the director of the Centre science Micheal Jacobson coined the phrase slanged foods with useless or low nutritional value. Junk Food means those food which can be easy to make and easy to consume. Junk Food contain calorie, salt and enriched fats, refined sugar, white flour, trans fats, polyunsaturated fat salt and food additive like monosodium glutamate and tart razine, and lack in protein, vitamin and fiber. The USA, Canada, Britain, Australia, Japan, Sweden etc the countries which consumption rate is higher nowadays.

Junk food consumption and obesity are interrelated, so obesity in childhood has been described as a global epidemic not only in developed countries but also in developing countries, because childhood obesity often persists until adulthood may cause cardiovascular disease, osteoarthritis, and certain types of cancer. It's very important that promoting factors of consumption of junk food is primary step towards planning multipronged strategies to address increasing health hazard may protect our teenagers from long term ill effect of consuming junk food (Antony &Bhatti, 2015).

Further Wiles et.al (2007), since 1983 there has been concern about how dietary factors that make children additives and effect on their behavior. Naturally, all parents want to be beat for their children, and parent's wants to give occasional treat different than everyday diet plan they try to find out healthy alternative food which became processed junk food. Currently 26% of children are suffering from heavy weight (Martin, 2019).

As per Arya and Mishra (2013), junk food like maggi noodles, burgers, pao-bhaji, sandwiches, hot dosg, patties, pastries, pop corn, potato-chips, carbonated drinks, biscuits, samosa, chocolates, etc have become common junk food items consumed by adolescents throughout the world. In India more than three percentage of the population is in an obese category.

According to Chalise (2018), in daily practice nearly 4 in5 students replace their meal with junk food in a week. Most of the students prefer noodles as tiffin and they spend average Rs. 31 everyday buying junk food. Among them, half of the students realized that eating practice is increasing day by and more than half of the student buy junk food after leaving home due to better taste, easily available, as well as it is effect of advertisement.

In addition to this, Rana, (2017) Junk foods are processed foods consisting of high calories, but that is considered only as a broad umbrella. These foods are prepared in a way that they look appealing and are enjoyable so you are chemically programmed to ask for more. Commercial products including but not limited to salted snack foods, gum, candy, sugary desserts, fried fast food, and sweetened carbonated beverages that have little or no nutritional value but are high in calories, salt, and fats may be considered junk foods. Though not all fast foods are junk foods, but a great number of them are. For instance, a salad may be fast food, but is definitely not junk food. Some foods like burgers, pizzas, and tacos may alternate between junk and healthy categories depending on the ingredients, calories and process of manufacturing."

According to WHO report (1995), WHO's Global School Health Initiative, lunched in 1995, seeks to mobilize and strengthen health promotion and education

activities at the local, national, regional and global level, and strengthen health promotion and education activities at the local, national, regional and global levels. The initiative is designed to improve the health of students, school personnel, families, and other members of the community through school.

Further National School Health and Nutrition Strategy (2006), the National Goals of School Education stresses, Primary education is meant to develop positive awareness of health issues in daily life, the lower secondary and secondary education also attempts to make students health conscious, competent and healthy citizens. The periodic Development Plans also had added value to SHNP. The Tenth Plan (2002-2007) has made a policy to access and utilization of primary health services by providing training and orientation to the school teachers and students of grade 6 to 10. Nepal has committed to respect the rights of the children, regarding right to optimum health, nutrition, and clean drinking water, (Article 24), the right to primary education (Article 28) and so on. However, EFA review in Dakar, Senegal (2000) has lunch a health partnership among UNESCO, UNICEF, WHO, World Bank Education International and World Food Programme (WFI.)

As per Hegde et.al (2016), elaborate about the knowledge, attitude and dietary practices among rural school children, in their survey in Mangalore, although there was good knowledge and attitude among the senior children rather than in juniors. But, both groups juniors and seniors students there was increased preference for junk foods is alike, the visual appeal being the main cause. Despite increased awareness, consumption of junk was still prevalent among the vast majority in all age groups. Further they added, diet plays a significant etiological role not only in development of dental caries, but even dental erosion, developmental defects of teeth, periodontal diseases and oral cancer. It emphasis, healthy eating habits are essential not only for overall physical health, but also for the development and maintenance of a healthy oral cavity. When there is a lack of one or more nutrients in our diet, the first symptoms of deficiency often manifest in the oral cavity. Hence, the school is the social context where children learn to develop their lifestyle.

Kaur (2017), says that previously fast food and junk food was only a problem in America and some other western countries, but nowadays it has seen problem in Asian countries too. For instance, Japan, China and India, but we cannot ignore Nepal too, are suffering from various different diseases. Its' very important to be aware on health hazards of fast food need to taught in school level. Parents, especially, mother can be a role-model for their kids at home by serving home- made foods on the dining table. Parents too can eat only homemade foods for breakfast, lunch, snacks or dinner. This may minimize life style disorder among children and adolescent to greater extent. Punjab Government sets an example for banning junk food in schools to minimize the effect of fast food on human health.

In context of Nepal, junk food and its health impacts is an burning issue and poor nutritional value of junk food is in lime light which supports that poor nutritional value in children's diet can undermine the strength that children need for studying, interacting with family, participating in sports and games, making friends, or simply feeling good about themselves

Statement of Problem

On the one hand, selecting Junk Food is very common among school students on the other hand it's very difficult to change food habits among them. Therefore, here, mother with entire family members can help them to change their eating habits. However various Nepali and Indian television channels which enchanted children with colourful designs of junk food with its beautiful and attractive covers as well as with various offers, so children cannot control themselves in result parents are forced to purchase.

As we know that, 'junk' means useless or valueless, in ordinary language, junk food stands for packaged or processed food having zero or less nutritional value. For examples: pizzas, burgers, soft drinks, samosas, French fries, lays, chips, etc. are some common junk food items. It is very common that children while watching television, any programme in school compound, in the movie hall, hiking, while travelling especially for lunch in the school, we can see junk foods colored packet in their palm. According to Changing Food Habits Among School Children (CFHASC)(2018). It is estimated that

one out of five children is obese because of unhealthy habit or unhealthy food practice that are consumption of junk food. The reason behind the children are obese is because of unhealthy food practices of eating junk food. As we know that junk foods are low in nutrition and high in calories.

Why children select junk foods rather than choosing homemade items, like beans, fry rice, fresh local and seasonal fruits, or raw vegetables like carrot, radish or cucumber. Which are economically cheap and healthy rather than junk food?

Objectives of Study

Following are the objectives of the study:

1. To find-out the junk food practices among school level students from class 4 to 10
2. To identify the sources of Tiffin of students.

Significance of the Study

Some of the significations of this study are as follow:

1. This study would be extent for the researchers, students and for those who want to have further study in detail.
2. Similarly, this study may be fruitful to government, planners, policy makers, social workers and others.
3. It is also hoped that this study may also be able to explore the socio-economic and cultural characteristics of students and their mother.
4. It is hoped that this study will provide some understanding the junk food practices among students from class 4 to 8

Delimitation of the Study

These studies were concern with school level students and their mother. The study has been focused on lunch practices among students only. The study has been focused only to find out the junk food practice by the student on selection of Tiffin for their children.

Definition of Term Used

Attractive colours: Very pleasing in appearance or sound with pleasant effect of a bright colour or of a lot of colours together.

Colorful designs: In the food and hospitality industry, colour has a huge role in visual for a logo, brand colours, the interior design of your restaurant or the design of the menu. For example when we look at many food corporations or fast-food, paper has the most contrast which means the menu is most legible.

High artificial substances: Made or produced by human beings rather than occurring naturally, especially as a copy of something natural by using chemicals of great vertical extent.

High fat: Denoting or relating to food or a diet that is high or relatively high in fat, especially saturated fat.

High sugar: A sweet crystalline substance obtained from various plants, especially sugar cane and sugar beet, consisting essentially of sucrose, and as a sweetener in food and drink.

Lack of protein: Any of class of nitrogenous organic compounds which have large molecules composed of one or more long chains of amino acids and are an essential part of living organisms, especially as structural components of the body tissues such as muscle, hair, etc., and as enzymes and antibodies, which may lack in human body.

Monosodium glutamate: Agino moto which is used to add taste on junk foods.

Nutrition: The process of providing or obtaining the food necessary for health and growth.

Novel foods: Any nutritious substance that people or animals eat or drink or that plants absorb in order to maintain life and growth.

SDQ: Strengths and Difficulties Questionnaire it's a type of self-report inventory behavioral screening questionnaire for children and adolescents aged 2 through 17 years old developed by the United Kingdom child psychiatrist Robert N. Goodman.

Chapter II: Review of Related Literature

To accomplish the thesis paper, literature review is a significant step in research process which gives general guideline to the researcher. It helps to the researcher to identify the problems, practices and knowledge about the related field. It also presents, classifies and evaluates what the researcher have found and how h/s has written in a particular subject.

Theoretical Literature

We have found several theories in health education research. I used these theories in my study. I applied socio cultural theory and Social cognitive theory as a lens in my research.

Socio Cultural Theory

Socio cultural theory stresses the role that social interaction plays in psychological development. It suggests that human learning is largely a social process, with our cognitive functions being formed based on our interactions with around us who are more skilled.

Socio cultural theory (SCT) stresses the interaction between developing people and the culture in which they live. Socio cultural theory implies that human learning is mainly a social process. To develop a link between the cognitive and the social perspectives, which can result in successful learning, mediation through developmentally collaborative dialogue in the learner's Zone of Proximal Development is inevitable (Swain, 2000).

Vygotsky (1978) believed that ZPD is "the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under guidance or in collaboration with more capable peers

According to socio cultural theory, cognitive development is essentially a socially mediated process, in which the meditational connection between the social and mental

ability is created and, in large part, by language, as it develops from social speech to private speech, which in turn into inner speech. The study of private speech and its importance in language learning has been a rather controversial area in linguistics and psychology. The majority of the probes have proved that private speech is more important in the process of learning a language (McCafferty, 2004). Private speech is the use of language for self-regulation of behavior. It is agreed upon by many researchers that learners may use private speech as a tool to guide behavior and to solve problems (Russell, 1997). In this way, private speech is of interest to educators and the phenomenon of private speech raises many questions regarding ways, if any, to encourage and assist learners, especially those with special needs, to self-regulate, self-monitor and solve problems.

According to Remi and Lawrence (2012) reading is a social skill which requires learners to actively participate and interact with the task. Thus, the outcomes of this study can be helpful pedagogically through suggesting new techniques and methods of teaching reading skill to the English learners. Socio cultural theory proposes that almost all mental functions of humans originate in the social and cultural context and language is like a tool for mediating our mental functioning (Vygotsky, 1978). Socio cultural theory (SCT) holds that cognitive development is mediated socially and in large part the language acts as mediation between the social and mental worlds (DiCamilla& Anton, 2004).

Policy planning and design to determine what actions could be taken to promote sustainable healthy diets should include a socio-cultural analysis to understand the acceptability and desirability of any policy action. Individual choices are influenced by the broader socio-cultural context, where in the process of decision-making individuals experience, define, interpret, negotiate, manage, and symbolize the world around them. The ideas, symbols, and meanings associated with foods are part of our shared socio-cultural context. Values are another way to link the individual and socio-cultural level. Food movements, food lifestyles, and traditional diets are examples of how values, symbols, and ideas can be leveraged for collective action, for alternative ways to grow, procure, and consume foods. Businesses and civil society organizations can support and mobilize consumers toward more ethical and citizen-oriented food

actions. An analysis of the socio-cultural influences on food practices is needed so that food policy fully aligns with society and culture

In context of Nepal, junk food and its health impacts is an burning issue and poor nutritional value of junk food is in lime light which supports that poor nutritional value in children's diet can undermine the strength that children need for studying, interacting with family, participating in sports and games, making friends, or simply feeling good about themselves. In the absence of sound policies, strategies and strict labelling criteria, nutritionally void products claim to be enriched with vitamins, calcium, minerals, and iron, whilst ignoring the fact they are laden with artificial colors, preservatives, emulsifiers and flavors, excess amount of salt, sugar and unhealthy fats.

Social Cognitive Theory

At the core of Social Cognitive Theory is the triadic model comprising person, behavior, and environment. This model addresses the behavior of individuals and social groups, and their dynamic interaction, referred to as reciprocal determinism, is an essential element of SCT (Bandura, 1986; Bandura, 1995). To illustrate, individual person-level factors, such as outcome expectations and self-efficacy, may increase the likelihood of an individual's executing a behavior; conversely, the behavior of an individual within a defined social group (e.g., school) can shift norms among others within that shared social environment, which in turn may influence personal motivation (e.g., outcome expectations) and subsequent behavior. Environmental factors can also influence behavior (e.g., availability of healthful foods in the school cafeteria), serving either to enhance or to suppress individual motivation. Comprehensive school health education programs similarly include both individual and environmental intervention. Specifically, health education curricula tend to focus on person-level factors, whereas other elements of the CSHP program, such as healthy environment or school policy, foodservices, and community involvement, largely address environmental factors.

Self-efficacy (SE) plays a central role in SCT. SE is defined broadly as the confidence in one's ability to execute a specific behavior or set of behaviors. In other words, if a student does not feel confident in his or her ability to resist peer appeals to use drugs, the likelihood of employing appropriate communication skills is diminished; similarly, low efficacy regarding athletic performance may inhibit involvement in physical activity. Two fundamental assumptions regarding SE are critical to understanding its importance in SCT. First, Bandura (1986) posits SE as a *cause* of behavior, not simply as the *result* of reinforcement, as operant learning theorists may contend. Second, SE is task specific, as distinguished from more global, largely immutable personality attributes such as self-esteem, self-concept, and locus of control. Individuals are not self-efficacious in general, but instead, their sense of efficacy is tied to specific behaviors and tasks, which are amenable to change.

For example, an adolescent may have high SE regarding his or her ability to perform well on standardized tests, but little efficacy regarding ability to dance or play sports. Although SE is conceptualized as task specific, when tasks are similar in their cognitive and behavioral demands, as well as in the context in which they occur, crossover or generalizability of SE can occur. For example, a high school student, because of positive experiences in high school mathematics, may have high efficacy regarding his or her ability to perform well in college math courses, despite having low efficacy regarding his or her ability to perform well in college language courses. Additionally, within tasks, the degree of SE that an individual may possess is not absolute. Instead, a gradient of SE can be plotted, with levels of SE generally decreasing as the complexity or difficulty of the task increases. Thus, an adolescent may report high SE that he or she can resist an appeal to try marijuana from a casual acquaintance but may report low SE if the appeal is from a popular peer opinion leader. Similarly, an adolescent may be highly self-efficacious with regard to asking a long-time partner to use a condom, but less efficacious with a new partner (Maibach & Murphy, 1995).

Efficacy can develop through four sources: performance mastery experience, vicarious observation, verbal persuasion, and physiologic or psychological states. Performance mastery experiences are considered the most influential source, producing the strongest and most enduring efficacy effects. Performance success raises efficacy beliefs, whereas failure lowers them. Of considerable theoretical and clinical import is the fact that the perception of successful performance, rather than performance per se or subsequent external reinforcement, predicts future behavior. Thus, independent of actual performance, individuals who are convinced (through either their own appraisal or the assessment of others) that they performed well on a task develop stronger efficacy beliefs and are more likely to continue efforts than do individuals who perform well but perceive their performance as unsuccessful. This points to the need for health teachers to reinforce successful performance—for example, to praise even small positive changes in dietary, exercise, or safety habits.

Vicarious observation involves seeing (or visualizing) individuals under comparable demand parameters successfully perform the target behavior. This can include vicarious observation of simulated performance in clinical settings or instructional media or in vivo observation of peers and family members. Observing adult or peer role models successfully perform positive behaviors represents an important potential source of efficacy that is often lacking in disadvantaged populations. The absence of positive role models can then be recast as an absence of positive observational learning situations and, therefore, as a problem of low personal efficacy rather than low self-esteem. In addition to affecting efficacy directly, positive role models can also influence behavior by altering outcome expectations and normative beliefs.

Verbal persuasion, encouraging an individual to attempt a behavior change and providing assurance he or she has the skills necessary to do so, can be an effective motivational strategy, although encouragement must be titrated to the behavioral and cognitive capacity of the individual. Determining "how high to aim" requires considerable understanding of an individual's talents, interests, motivation, and baseline efficacy. Finally, physiologic and affective states, such as excessive arousal, anxiety, and depression, can diminish efficacy and discourage continued efforts, whereas positive

states, such as stimulation, euphoria, and physical enjoyment, can encourage future effort. Pressuring an adolescent to attempt a new behavior or modify an existing one when that person is not prepared or sufficiently motivated to do so can create dysphonic levels of anxiety, arousal, anger, or resentment that, even with successful performance, can result in diminished motivation to continue efforts. Efficacy operates through four processes: choice behavior, effort expenditure and persistence, thought patterns, and emotional reactions.

The first two are reflected in the behavioral domain; the last two are largely cognitive in nature. Individuals with high SE are more likely to attempt to perform a behavior (i.e., choice) and more likely to continue their efforts in the face of initial setbacks or frustration (i.e., expenditure and persistence). On the cognitive level, highly self-efficacious individuals tend to visualize and dwell on their successes more than their failures (i.e., thought patterns) and to process positive affective aspects of their performance more than the negative (i.e., emotional reactions).

Outcome Expectations

Outcome expectations include the perceived positive and negative results of a behavior (i.e., pros and cons). Initial and continued behavioral efforts are more likely when perceived positive outcomes (i.e., benefits) outweigh the perceived negatives (i.e., costs). This dimension of SCT includes much of what operant learning theorists classify as reinforcement, although SCT differs in its emphasis on the cognitive, conscious expectations of environmental contingencies rather than on the conditioned (and largely unconscious) responses resulting from reward or punishment. SCT delineates three categories of outcome effects: physical, social, and self-evaluative. Physical effects include anticipated positive and negative sensory experiences (pleasure or pain), as well as assumed short- and long-term health consequences resulting from a behavior. This may include achieving of positive physical effects (e.g., by losing weight) or avoiding negative effects (e.g., by reducing the risk of heart disease). It is within this domain that health knowledge operates. Knowledge regarding what behaviors improve or impair

health, as well as the resources and options at one's disposal, are necessary though insufficient precursors of outcome expectations.

As first described by Rosenstock (1988) in his delineation of the Health Belief Model, awareness of the connection between behavior and health generally does not spur action unless the individual feels personally susceptible to the potential risks (or rewards) that is, the person believes the potential outcomes of a behavior are likely on a personal not only an abstract (i.e., to "others") level. Social effects include approval from friends and family, recognition, monetary reward, and improved status, as well as inhibiting factors such as disapproval, rejection, censure, or ostracization. Social effects are particularly influential among school-age youth, since their identity is determined largely through peer relationships and normative comparison. Studies on substance use, diet, and sexual habits have demonstrated that perceptions regarding peer behaviors and group norms are strong predictors of behavior (Botvin et al., 1992; Botvin and Dusenbury et al., 1993).

The third class of outcome expectations, self-evaluation, includes the positive and negative internal reactions resulting from behavior. Although related to perceived social effects, insofar as personal values are largely derived from peer standards and social mores, self-evaluative expectations refer more to the perceived intra-personal or intrapsychic consequences of behavior that is, how one will feel about him-or herself morally and emotionally as a result of engaging in a behavior, beyond its external, social contingencies. During adolescence, moral development is largely under construction and contingent more on external than on internal reference (Kohlberg, 1977). As a result, self-evaluative effects are seen as less influential than social effects in this age group.

Modifying outcome expectations is an important component of many health education programs. For example, substance use programs often include information regarding the positive and negative physical health effects of tobacco, marijuana, and alcohol use, while nutrition education programs address the consequences of consuming foods high or low in fat. Given the "present" orientation of most adolescents, saliency of health information for this population is enhanced by focusing on immediate rather than

delayed consequences of behavior. For example, substance use prevention programs that place greater emphasis on concurrent or short-term physical effects, such as impaired stamina and athletic performance, appear more effective than those emphasizing long-term health effects such as cancer, cirrhosis, or heart disease (Glynn et al., 1990).

Modifying perceived social effects may have an even greater impact on health behavior than does improving knowledge of physical consequences. Social effects include perceptions of how engaging in a behavior will alter social status. For example, decisions regarding substance use are influenced by how the individual perceives these behaviors will alter his or her social image. Based on the observation that many adolescents over-estimate the prevalence and therefore the normalcy of substance use, researchers have developed programs aimed at correcting erroneous perceptions regarding prevalence and acceptability, and initial results of these interventions appear promising (Hansen and Graham, 1991). Although most "normative influences" programs have focused on substance use behaviors, this approach may be applicable to other health habits, such as sexual behavior and diet (Maibach & Murphy, 1995).

Goals

Setting discrete, realistically ambitious goals and then attaining them can significantly increase performance motivation. Setting goals can establish a hierarchy of behavioral tasks that is sequential and reinforcing. Attainment of goals that are too easily achieved produces little motivation, while setting unrealistic goals, though initially motivating, can eventually take its toll, resulting in low efficacy states if not helplessness and depression. The relation between "attainability" and motivation may differ for short- and long-term goals. Ambitious long-term goals can be useful if the short-term goals needed to achieve them are divided into realistic, hierarchical steps and sequentially attained. Individuals, rather than hinging all sense of their success on glamorous future goals, can be taught to gain satisfaction from progressive mastery of "minigoals" and can then learn to use these short-term successes as stepping stones toward their ultimate ambition.

Specifically, it may be appropriate to encourage youth to set their sights on high achievement, wealth, or fame, as long as appropriate, progressive proximal goals, such as completing high school, doing well on the SATs, and applying to college, are established and attained. SCT-based health education programs help youth establish positive goals, such as eating five servings of fruit and vegetables per day, regularly wearing a seat belt or safety helmet, or exercising three times per week.

According to SCT, personal goals mediate motivation in three ways. First, anticipated self-satisfaction from achieving performance standards can stimulate initial efforts and continued persistence (i.e., expectations of accomplishment can stir one to action). Second, successful performance and goal attainment can enhance personal efficacy, motivating heightened efforts and progression to more complex tasks and hierarchical goal achievement. The third type of influence involves adjustment of standards in response to performance attainment. Individuals who readjust their goals upward after successful performance are more likely to continue efforts, whereas those who are satisfied with simply attaining the same standard again invest little subsequent effort.

In other words, individuals who continue setting their sights on new heights are often those who achieve greatness. The relationship among expectations, goals, and motivation can be somewhat complex. In the face of initial failure, some individuals become demoralized while others persist. Motivation is best maintained by a strong sense of efficacy not only to succeed but to withstand failure. In applying this principle to youth, it may be important to provide them with motivation not only to attempt new behaviors but also to prepare them to regroup and try again if initial efforts are not entirely successful. This strategy—encouraging realistic expectations for success and preempting defeatist interpretations of failure—is an essential element of *relapse prevention* (Brownell et al., 1986; Marlatt & Gordon, 1985). The challenge again lies in providing realistic expectations without injecting a self-fulfilling prophecy of failure.

Skills

For some behaviors, high SE and motivation (i.e., strong positive outcome expectations) are insufficient to produce successful behavior change. Task-specific social and motor skills are often needed. For example, to resist appeals from peers to use alcohol, tobacco, and other drugs, specific skills, decision making, stress management, and communications may be needed. Younger children may require skills to request that parents purchase and serve healthier foods. Motor skills include athletic skills and condom use skills or, for youth with chronic illnesses, proper use of an asthma inhaler or insulin injection.

The Interaction of Self-Efficacy, Outcome Expectations, Skills, and Goals

As discussed earlier, SCT delineates multiple determinants of behavior change. Self-efficacy is, however, seen as occupying a central role in this model. As such, it is important to understand how SE interacts with other personal and environmental determinants, as well as how a comprehensive school health program can employ SCT. Individuals with high SE are more likely to attempt a behavior if they have strong positive outcome expectancies and possess the skills necessary to accomplish the task. Possessing requisite skills is also likely to increase opportunities to attain mastery experiences, which will instill increased efficacy and promote continued behavioral effort. Additionally, if realistic goals are set, performance is more likely to be perceived as successful and efficacy beliefs will be strengthened. If unattainable goals are set, performance may be perceived as failure, which will decrease efficacy and thereby discourage persistence. On the environmental level, excessive levels of family stress, chaotic living conditions, lack of positive peer and adult models, and insufficient access to preventive services can suppress positive outcome expectations and initial effort, as well as reduce the likelihood of experiencing positive mastery experiences, which in turn can decrease efficacy and persistence.

Empirical literature review

According to Antony and Bhatti (2015), had studied on “Junk Food Consumption and Knowledge about its Ill Effects among Teenagers: A descriptive study, The major findings was approximately 1/5 of the world’s population comparing with adolescents and most of them 84% population live in developing countries. Out of 66.8% -50% of teenagers consumed junk food 3 to 5 times and 1 to 3 bottles of aerated drinks per week. Only 46.15% teenagers had average knowledge about negative effects of consuming junk food. The main objective of study was to assess the prevalence of junk food consumption and knowledge of adolescents regarding its ill effects and also factors contributing towards this public health concern by using 208 children from 7 to 9 classes who were selected by disproportionate random sampling using structured questionnaire. This shows that the students have general awareness among teenagers related to ill effects of using junk food is relatively average or good, but these students do not translate the knowledge in their habit using healthy food because of various factors which forces the young adult to choose junk which invites attention from home, school team and legislative bodies.

Eisenberg et.al (2016), in their article “Snacking on Television: A Content Analysis of Adolescents’ Favorite Shows” the major findings were almost half of food incidents on television shows were snacks, so, children are more addictive with snack than meals which are most unhealthy which is 69.3% vs 22.6% and more likely to include screen time use (25.0% of snacking incidents vs 4.0% of meals). It has aimed on analysis of adolescents of their snacking practice through their favorite television shows. A diverse sample of 2130 adolescents (mean age 14.3 year) 3 favorite television shows were listed in 2010, school based survey. 3 episodes each of 25 most popular were coded for food-related contents, healthfulness, portion size, screen time use, setting and social context. They used χ^2 tests, binomial tests, and multilevel regression models to compare habit of using snacks versus meals. This shows that media awareness and literacy programme should be address on television shows as entertainment the children.

According to Chong et.al (2016), stated in their survey entitled “Eating Habits of Malaysian Children: Findings of the South East Asia Nutrition Surveys” the major findings of this article considered relatively most children consume irregular meal and its potential influence on dietary nutrient intake. Irregular intakes of meal habit were

significantly related with lower micronutrient intakes, majority of this pattern of fooding habits were adolescents. 2797 children aged 2 to 12 years old in Malaysia, using a nationally representative data set from South East Asia Nutrition Surveys by using questionnaire s. in total 56.1% of children consumed 3 main meals everyday and 20% children consumed snacks 3times per day and 9.7% ate fast food once a week. This shows that irregular intake of meal and snacks may associate with health. Therefore, persistent efforts must be eating habit among children from childhood.

According to Archero et. al (2018) conducted a research on an article “Adherence to the Mediterranean Diet among school children and Adolescents Living in Northern Italy and unhealthy Food Behaviors Associated to overweight, the main aim of the study were to evaluate the differences in Mediterranean diet and its components among primary and secondary school children and adolescents living in Northern Italy, and the associations with the weight status. The observation was done by the (Mediterranean diet Quality Index) KIDMED questionnaire were asked 669 subjects with 6 to 16 years students of 5 schools in Novera. 585 respondents were both the students and parents attended the research. 83.4% of majority had a normal weight and 14.1% and 2.5% (male and female respectively) of them were overweight. As the research was done for the Mediterranean diet, in result; poor food quality is replacing the Mediterranean diet plan in children and adolescents are remain in need.

In addition to this Sapkota (2018), found in her study “Junk Food consumption Among Secondary Level Students, Chitwan,”by using descriptive cross- sectional method , with cluster sampling method, 142 respondents asked semi structured questionnaire in Nepali version were asked. She found that more girls 53.5% consumed junk food than boys 79.6%, the were aware of junk food. 90.1% respondents preferred junk food due to taste, 44.4% choose junk food because of easy to prepare, 15.5% respondents influenced by T.V. Advertisements and 31.7% respondents influenced by friends. The main objective of the research was conducted to assess the junk food consumption and patterns of consumed junk food among secondary level students. This shows that adolescents consumed more junk food which may led majority of various ill in future.

Similarly, Subedi, et al. (2020) studied on "Knowledge and Practice on Junk Food Consumption among Higher Level Students at selected Educational Institutions of Kathmandu". The aim of this study was to assess the level of knowledge, prevalence, practice and influencing factors of junk food consumption among students of educational institutions of Kathmandu, Nepal. A Descriptive cross-sectional study was conducted. Total 367 participants were selected from educational institutions of Kathmandu using simple random sampling technique. Data were collected using Semi-structured Questionnaire by self-administered method. Around half (45.2%) of the respondent had poor level of knowledge, and only 19.1% of respondents had adequate knowledge regarding harmful effects of junk food consumption. All of the respondents had practice of junk food consumption. The findings of this paper seeks to urge the concerned authorities to admit the fact that, the course with small topic regarding effects of junk food consumption alone cannot minimize the practice of junk food consumption among students, banning the advertisement which encourage the students to consume junk food is very crucial and to conduct the awareness programme regarding harmful effect of junk food consumption among all level of students through media and course work is necessary to prevent malnourishment and complications of junk food among students

Likewise, Paudel and Shrestha (2021) studied on Awareness and Practice of Junk Foods among Adolescents in Secondary Level Students. A descriptive cross-sectional study was conducted among adolescents of secondary level students. A simple random sampling technique was used to select the sample and the sample size was 237. Data collection was done from April 15, 2019 to May 14, 2019. A set of semi-structured self-administered questionnaire was used for data collection. Descriptive and inferential statistics were used to analyze and interpret the findings. This study revealed that almost all (92.8%) of the adolescents was aware of the harmful effects of junk foods on health. This study concludes that most of the adolescents possessed a moderate level of awareness of junk foods. Majority of them did not bring tiffin from their home. Around half of them consumed junk foods in their daily life. Majority of them were aware of junk foods, although they still consumed junk foods.

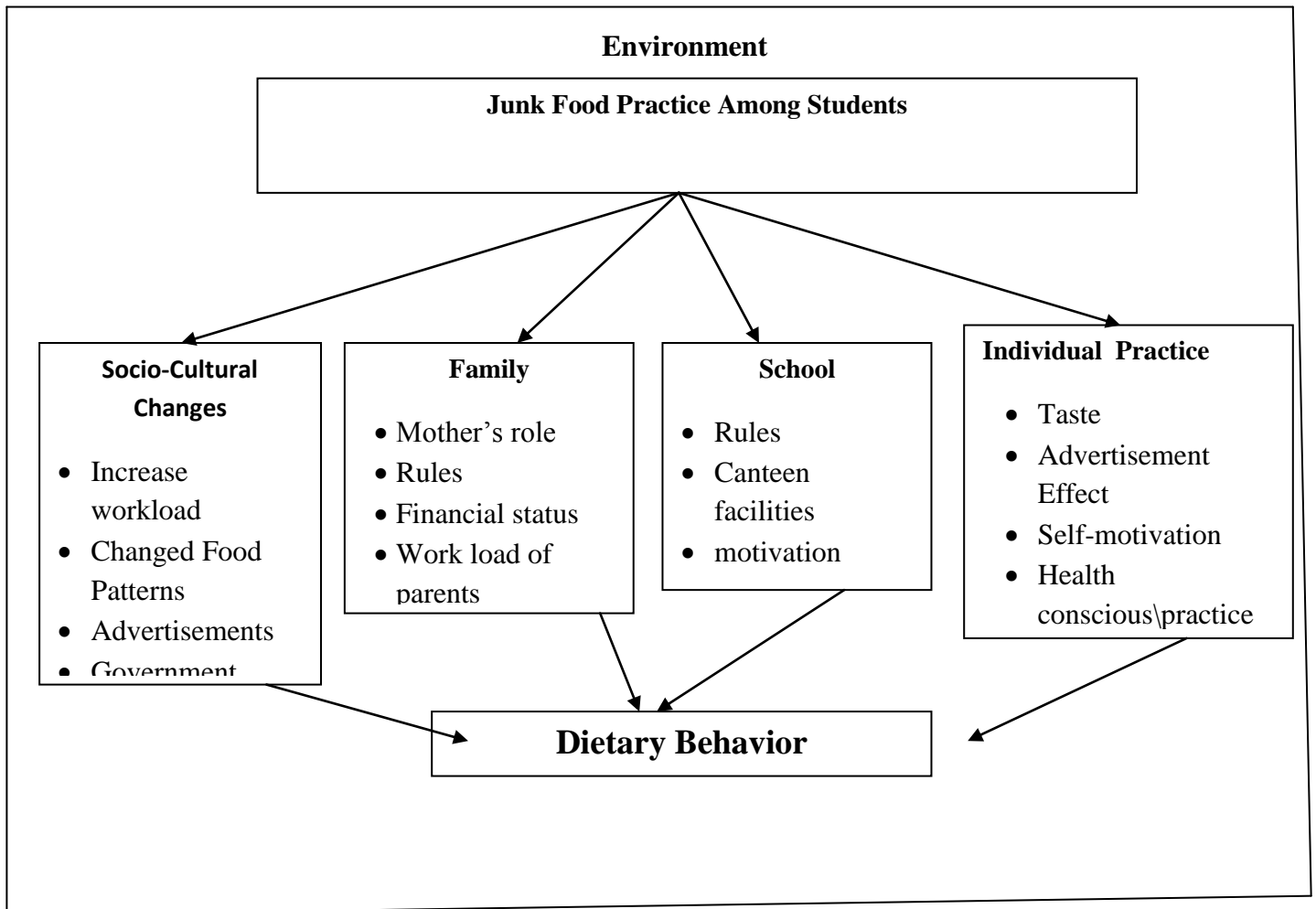
Conceptual framework

Conceptual framework is represented either graphically or in narrative form of the main concepts or variables and their relationship with each other as well as it is the backbone of any research which is analytical tool with several variables and context, this shows the relationship between dependent and extraneous variables. Thus, it is sketch or map of research work and guideline for a researcher. It is considered that junk food practice among school level students is closely related on the basis of literature review, so below conceptual framework has been developed to analyze and interpret the situation of junk food practice among students.

The diagram illustrates the habit of students, consuming junk food during lunch break in the school premises. Two factors influence students to have junk food, internal factors and external factors. This concept is generated to identify the cause of habitual using of junk food. Internal factors such as individual, family, school which causes students to buy packed food items, it might be the reason why school children choose the junk food instead of homemade food items. Individual factors like: taste, effect of advertisement, self-motivation, concern about health, and due to friends pressure. Family plays most important role on choice of their children on food selection so parenting practices, source of income, knowledge, role modeling, increased work load, changed food patterns. School also an important place where children learn their life skills behavior therefore school practice, rules of school, canteen facilities, knowledge could be another caused.

External factors could be the cause of selecting junk food among students in the school ground during lunch break, for instance: advertisements which include multi-media, news-papers, you tube, or shop.

Due to the sharing lunch with peers either talking about newly lunched junk food items with friends or peer pressure might be the cause.



Socio-cultural food practices relate to ideas and materials that give rise to food choices and food patterns of a group. We begin with a discussion of how individuals experience, interpret, negotiate, and symbolize the food world around them. We examine primarily the ideational pathways, such as identity, gender, religion, and cultural prohibitions, and their influence on food practices. We then provide guiding questions, frameworks, and a brief overview of food choice values to support policy planning and design. Lastly, we explore how socio-cultural change for sustainable or healthy diets is already happening through food movements, food lifestyles, and traditional diets.

The current global food policy discourse on sustainability and health views healthy diets as key for preventing malnutrition in all its forms. Individual food choices that result in dietary patterns are considered important for achieving sustainability targets. Scientists are calling for dietary transformations, urging diverse, coherent actions from governments and institutions. From a policy perspective, orchestrating dietary change requires considerable effort. While large dietary transformations have happened, they have occurred alongside dramatic shifts in livelihood, food production, and distribution. In Nepal, economic development that led to changes in urbanization, livelihoods, and food systems was accompanied by the “nutrition transition” (ie, significant shift from plant-based diets to diets with a higher proportion of energy from animal-source foods, more vegetable oils and fats, and more added sugars. More often, dietary change has been slower, more subtle, and dependent on socio-cultural food practices.

Cultural food practices refer to material and ideational (cognitive) elements that give rise to specific dietary patterns within a geographic region or social group. Material elements include food production systems that grow, transport, and distribute food; financial resources to acquire food; and meal preparation (acquisition, cooking, storage) and eating location. Ideational aspects include cuisine, “rules” for meals, the ritualistic uses of foods, prestige and status attributed to foods, and social organization (roles, status) around food production, preparation, and consumption.⁶ In this article, we focus on ideational aspects of culture as an entry point to shifting norms on how we grow, procure, and prepare our foods.

Policy planning and design to determine what actions could be taken to promote sustainable healthy diets should include a socio-cultural analysis to understand the acceptability and desirability of any policy action. Individual choices are influenced by the broader socio-cultural context, where in the process of decision-making individuals experience, define, interpret, negotiate, manage, and symbolize the world around them. The ideas, symbols, and meanings associated with foods are part of our shared socio-cultural context. Values are another way to link the individual and socio-cultural level. Food movements, food lifestyles, and traditional diets are examples of how values, symbols, and ideas can be leveraged for collective action, for alternative ways to grow,

procure, and consume foods. Businesses and civil society organizations can support and mobilize consumers toward more ethical and citizen-oriented food actions. An analysis of the socio-cultural influences on food practices is needed so that food policy fully aligns with society and culture.

Chapter III : Research Methodology

Methodology is an integral part of any research which makes easy to fulfill the objectives of the study. This chapter describes the research design, study area, population, sources and nature of data, Sampling, sample size, sampling procedure and methods of analysis and interpretation of data.

Research design

As it is known, the research design is the blueprint of any research. However, this study was based on observational, and questionnaire surveys, through the Quantitative research design. This study is exploratory and descriptive in research design.

Study Population and Sampling Process

The population of this study is the students from grade 4 to grade 10 of one same school. All boys' and girls' respondents and their mothers were the respondents from grade 4 to grade 10 by census method. All together 180 students were studied in this selected school. Total 180 students were sample of this research using census method.

Source of data

Hence, this study was done in the basis of primary data. Students and their mother is the source data collection as well canteen observation. In addition, several research reports, journals, articles, and thesis and so on will be used as secondary source of data.

Data collection tools

For Data collection questionnaire was used as the tool. The tools were contained both structured question were asked in the field for data collection purpose. It helps to collect data easily. Here primary data and information was collected applying some tools and techniques such as direct personal interview, observation etc. by using questionnaire from the field survey. Similarly, secondary data was collected from the published and unpublished reports, thesis, articles, journals, online sources, relevant literatures and some, etc.

I used to collect the primary data about the issue the researcher was visited to the school compound, and provided some questionnaire to students and their mothers to find out the” Junk Food Practice among students school level students and on selection of Tiffin in Chandragiri municipality, Kathmandu”. Data were analyzed together with a questionnaire regarding mothers’ concerns for children’s lunch boxes and their eating habits at the end of the investigation. Following tools were applied during the time of primary data collection.

Interview Schedule

A Interview schedule was a set of questions with structured answers to guide an researcher. It was a plan or guide line for investigation. In this method the interviewer personally meets the informants and asks necessary questions to them regarding the subject of enquiry. Usually a set of questions or questionnaires were carried by researcher and questions were also asked according to that. The interviewer efficiently collected the data from the informants by cross examining them. The interviewer must be very efficient and tactful to get the accurate and relevant data from the informants. The collected data were very reliable since the interviewer tactfully collects the data by cross examining the responders.

Finalization of the tool

Some questions were arranged according to the objective of the thesis on the basis of a review of the related literature. Then, were consulted with the supervisor and other seniors for an improvement questionnaire. Then the questionnaire trial tested in another place and were calculated Cronbach Alfa for the tool's internal consistency.

Data analysis and Interpretation

The quantitative data were analyzed by coding, recoding and classifying data, also referred to as categorizing and indexing and aiming to make sense of the data collected and to highlight the important messages, features or findings. A close reading of a text, becoming immersed in the data, reading and re-reading notes, sample interviews, key informants' interview, reflecting on the data and writing down interpretations have been

done. The collected data and information were presented in various tables and simple statistical method such as frequency table, percentage etc. In a qualitative analysis, the recorded data were transcribed and it was read thoroughly to generate the themes related to the research issues.

Ethical considerations

The participants were has been vulnerable to any risk during the study. The rights, freedom and confidentiality of the respondents were strictly respected in all the phase of the study. All the possible means were used to inform the students, parents, and conversation with school staffs, principal of the school. Hence, the compensation has been provided. The verbal consent has taken before applying tools as well as to take photographs, if necessary. The researcher has maintained the personal privacy of the participant respondents in any stage of research. The information was collected in the field.

Chapter IV Results and Discussion

Socio-demographic Information about Respondents

This topic deals with the general background of respondents to analyze the general background, age, education and age of students were selected. This section describes the demographic, socio - economic and parent's professional profile of the students interviewed in this study. This information is useful during interpretation of finding and for understanding, the results presented later in the reports. Here students information were collected on respondents age, educational level, types of family, Religion status, occupational status, housing status of students, source of income of family and involvement to other work etc. The description of the demographic characteristic of 180 students interviewed in this study is presented below.

Age group of the students. the age structure of a population is the distribution of people among various ages. The age structure of selected students were presented in the following table :

Table 1

Age of the Students

Age Group	No. of Respondents	Percent
14 Years	40	22.22
15 Years	35	19.44
16 Years	30	16.67
17 Years	35	19.44
Above 18	40	22.22
Total	180	100

Table 1 shows the age group of selected 180 students. Out of the total respondents 22.22 percent were 14 years, 19.44 percent were 15 years, 16.67 percent were 16 years, 19.44 percent were 17 years and remaining 22.22 percent above 18 years.

Sex of the students sex is the range of characteristics pertaining to, and differentiating between, masculinity and femininity. Depending on the context, these

characteristics may include biological sex , sex-based social structures or gender identity. Some cultures have specific gender roles that can be considered distinct from male and female. The sex of the selected respondents were presented in the following table :

Table 2
Sex of the Students

Sex	No. of Respondents	Percentage
Boys	100	55.56
Girls	80	44.44
Total	180	100

Table 2 shows the sex descriptions of the students. Out of the total students 55.56 percent of them are boys and whereas 44.44 percent were girls.

Type of family. Family is the most important primary unit of social structure in every structure in every community. Students ally nuclear and joint family system are in practice in Nepal. In this study are, most of the household are joint family. So, family who are in joint family are facing the lack of economic condition, education, sufficient food and appropriate health service. Most of them have tradition and superstition about health disease and in it's treatments. Family is a fundamental unit of a society. Family is a natural and social unit protected by society and state. Family is the most important unit of the social structure in Nepal. It is very important to know the family type while studying the dietary pattern and the nutritional condition of students. During the survey, mainly two types of family structure (Joint and Nuclear) were found in the study area which is mentioned in table 3.

Table 3

Types of family

Type of family	Household	Percentage
Joint family	140	77.78
Nuclear family	40	22.22
Total	180	100

Table 3 shows that 77.78 percent students from joint family and 22.22 percent from nuclear family. So the results reveals that most of the students from nuclear family.

Religion of the respondents. During the study period, the researcher found that family of students from different religion like : Hindu, Buddhist, Christian, Muslim etc. In religious characteristics of household head of household among selected students, Hindu and Buddhist people are more found in the study area.

Table 4

Religion of the Students

Religion	Number	Percentage
Hindu	100	55.56
Buddhist	20	11.11
Christian	40	22.22
Others	20	11.11
Total	180	100.0

Table 4 shows the religion status of respondents. 55.56 percent were Hindu, 11.11 percent were Buddhist, 22.22 percent were Christian and 11.11 percent were others (Muslim, Jain, Kira etc). So, Majority of the respondents were Hindu.

Distribution of the respondents by caste Nepal is a multi-ethnic and multilingual society. According to census 2068, there are identified 125 caste and ethnic

groups and subgroups of the population. In this study all the castes were included. There is no bias in caste while selecting the respondents:

Table 5

Distribution of Respondents by Different Caste

Religion	Number	Percent
Newar	10	5.55
Brahmin	10	5.55
Chhetri	70	38.89
Magar	20	11.11
Tamang	30	16.67
Dalit	40	22.22
Total	180	100.0

Table 5 show that 5.55 percent were Newar, 5.55 percent of respondent were Brahmin, 38.89 percent were Chhetri, Magar 11.11 percent, Tamang 16.67 percent and 22.22 percent Dalit caste.

Educational level of the respondents. Education plays a vital role in achieving all round development of human personalities. Education can play an important role to make better health, self-depend, nutrition and psychological condition of each family, educational level of a men and women can influenced the dietary intake pattern and knowledge of whole family. Education is a most important part of human being. Educational level of selected students is given below:

Table 6

Grade of the Students

Education Status	No. of Respondents	Percent
Class 4	20	11.11
Class 5	15	8.33
Class 6	22	12.22
Class 7	26	14.44
Class 8	25	13.89
Class 9	42	23.33
Class 10	30	16.67
Total	180	100

Table 6 shows that the educational status of respondents, 11.11 percent were from class 4, 8.33 percent were from class 5, 12.22 percent were from class 6, 14.44 percent were from class 7, 13.89 percent were from class 8, 23.33 percent were from class 9 and remaining 16.67 percent were from class 10.

Residential status of the respondents. Residential is a part of demographic that the person identity about location in valley or out of valley. By knowing his/her information of permanent address or temporary address. Some of the students did not know the housing status effect the nutritional status effect. House is students need of human being.

Table 7

Housing Status of Students

House	Respondents	Percent
Own	40	22.22
Rent	140	77.78
Total	180	100

Table 7 shows that 22.22 percent of respondents has own house and 77.78 percent of responds were used rented house.

Source of income of family. Source of income determines the economic status of an individual in the society. The source of income of the respondents family were presented in the following table:

Table 8

Source of Income of Family

Source of Income	No. of Respondent	Percent (%)
Agriculture	70	40
Livestock	100	55.55
Business	5	2.78
Service/Foreign Employee	5	2.78
Total	180	100

Table 8 shows that, 40 percent respondent's family were dependent on agriculture, 55.55 percent livestock, 2.78 percent depend on business and 2.78 percent depend on service. Agriculture is main source of income of selected respondent's family.

Table 9

Types of Food Used in Tiffin

S. N.	Description	No. of Respondents	Percent
1	Home cooked	50	27.78
2	Bought from market	90	50
3	Parent bring food from home during lunch	20	11.11
4	Buy from School Canteen	20	11.11
	Total	180	100

Table 9 shows that, 27.78 percent respondents family were dependent on Home cooked, 50 percent Bought from market, 11.11 percent depend on both Parent bring food from home during lunch and Buy from School Canteen.

Table 10

Student's Favorite Food

Description	No. of Respondents	Percent
Home cooked	10	5.55
Bought from market	90	51.11
Parent bring food from home during lunch	10	5.55
Buy from School Canteen	70	38.89
Total	180	100

Table 10 shows that, 5.55 percent respondents family were dependent on Home cooked, 51.11 percent Bought from market, 5.55 percent depend on both Parent bring food from home during lunch and 38.89 percent Buy from School Canteen.

Table 11

Knowledge about Junk Food

S. N.	Description	No. of Respondents	Percent
1	Yes	100	55.56
2	No	80	44.44
Total		180	100

Table 11 shows that, 55.56 percent respondents have the knowledge about junk food whereas 44.44 percent do not have knowledge about junk food.

Table 12

Types of Junk food

Description	No. of Respondents	Percent
Spicy Food	90	50
Packet Food	50	27.78
Very nutritious food	40	22.22
Total	180	100

Table 12 shows that, 50 percent bring spicy food, 27.78 percent take packet food and 22.22 percent take very nutritious food.

Table 13

Status of Favorite Junk Food

Description	No. of Respondents	Percent
Noodles	70	38.89
Biscuits	20	11.11
Crispy	50	27.78
Chocolate	40	22.22
Total	180	100

Table 13 shows that 38.89 percent bring noodles, 11.11 percent bring biscuits, 27.78 percent bring crispy and 22.22 percent bring chocolate in the school respectively.

Table 14

Reason of Selecting Junk Food

Description	No. of Respondents	Percent
Easily available in the market	30	16.67
I like the taste very much	50	27.78
Seeing the colorful shells	30	16.67
Being cheap	30	16.67
Interesting in other friends Tiffiin	40	22.22
Total	180	100

Table 14 shows about the Reason of Selecting Junk food where 16.67 percent due to Easily available in the market, 27.78 percent is I like the taste very much, 16.67 percent is Seeing the colorful shells and Being cheap and 22.22 Interesting in other friends Tiffiin.

Table 15

Use of Canteen

Description	No. of Respondents	Percent
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Yes	80	44.44
No	100	55.56
Total	180	100

Table 15 is about use of canteen in school where 44.44 percent uses canteen and rest 55.56 percent does not uses canteen.

Table 16

Types of food is available in the canteen

Description	No. of Respondents	Percent
Pulses, rice and vegetables	20	11.11
Noodles, biscuits (Junk food)	70	38.89
Samosa, Gram, Vegetables etc.	40	22.22
Mo:Mo:	30	16.67
Others	20	11.11
Total	180	100

Table 16 shows about the Types of food is available in the canteen. 11.11 percent eat Pulses, rice and vegetables, 38.89 percent eat Noodles, biscuits (Junk food), 22.22 percent eat Samosa, Gram, Vegetables etc., 16.67 percent eat Mo: Mo:, 11.11 percent eat other.

Table 17

Status of Drink Water per Day

Description	No. of Respondents	Percent
Once	5	2.77
Twice	35	19.44

Three times	80	44.44
More than 3 times	60	33.33
Total	180	100

Table shows is about the status of drink water per day. 2.77 percent said that they drink one a day, 19.44 percent twice, 44.44 percent thrice and 33.33 percent said more than 3 times a day.

The current global food policy discourse on sustainability and health views healthy diets as key for preventing malnutrition in all its forms. Individual food choices that result in dietary patterns are considered important for achieving sustainability targets. Scientists are calling for dietary transformations, urging diverse, coherent actions from governments and institutions. From a policy perspective, orchestrating dietary change requires considerable effort. While large dietary transformations have happened, they have occurred alongside dramatic shifts in livelihood, food production, and distribution. In Nepal, economic development that led to changes in urbanization, livelihoods, and food systems was accompanied by the “nutrition transition” (ie, significant shift from plant-based diets to diets with a higher proportion of energy from animal-source foods, more vegetable oils and fats, and more added sugars. More often, dietary change has been slower, more subtle, and dependent on socio cultural food practices.

Cultural food practices refer to material and ideational (cognitive) elements that give rise to specific dietary patterns within a geographic region or social group. Material elements include food production systems that grow, transport, and distribute food; financial resources to acquire food; and meal preparation (acquisition, cooking, storage) and eating location. Ideational aspects include cuisine, “rules” for meals, the ritualistic uses of foods, prestige and status attributed to foods, and social organization (roles, status) around food production, preparation, and consumption.⁶ In this article, we focus on ideational aspects of culture as an entry point to shifting norms on how we grow, procure, and prepare our foods.

Summary of Findings

The major findings to find out the junk food practices among students from class 4 to 10, to identify the sources of Tiffin of students and to analyze the role of mother on selection of Tiffin for their children. The population of this study is the students of from grade 4 to grade 10 of one same school. All boys' and girls' respondents and their mothers were the respondents from grade 4 to grade 10 by census method. All together 180 students were studied in this selected school. Total 180 students were sample of this research using census method. Hence, this study was done in the basis of primary data. students and their mother is the source data collection as well canteen observation. In addition, several research reports, journals, articles, and thesis and so on will be used as secondary source of data.

The major findings of the study are as follows:

- This study shows the age group of selected 180 students. Out of the total respondents 22.22 percent were 14 years, 19.44 percent were 15 years, 16.67 percent were 16 years, 19.44 percent were 17 years and remaining 22.22 percent above 18 years.
- This study shows the sex descriptions of the students. Out of the total students 55.56 percent of them are boys and whereas 44.44 percent were girls.
- This study shows that 77.78 percent students from joint family and 22.22 percent from nuclear family. So the results reveals that most of the students from nuclear family.
- This study shows the religion status of respondents. 55.56 percent were Hindu, 11.11 percent were Buddhist, 22.22 percent were Christian and 11.11 percent were others (Muslim, Jain, Kira etc). So, Majority of the respondents were Hindu.
- This study show that 5.55 percent were Newar, 5.55 percent of respondent were Brahmin, 38.89 percent were Chhetri, Magar 11.11 percent, Tamang 16.67percent and 22.22 percent Dalit caste.
- This study shows that the educational status of respondents, 11.11 percent were from class 4, 8.33 percent were from class 5, 12.22percent were from class 6, 14.44

percent were from class 7, 13.89 percent were from class 8, 23.33 percent were from class 9 and remaining 16.67 percent were from class 10.

- This study shows that 22.22 percent of respondents has own house and 77.78 percent of responds were used rented house.
- This study shows that, 40 percent respondents family were dependent on agriculture, 55.55 percent livestock, 2.78 percent depend on business and 2.78 percent depend on service. Agriculture is main source of income of selected respondent's family.
- This study, 50 percent Bought from market, 11.11 percent depend on both Parent bring food from home during lunch and Buy from School Canteen.
- This study shows that, 5.55 percent respondents family were dependent on Home cooked, 51.11 percent Bought from market, 5.55 percent depend on both Parent bring food from home during lunch and 38.89 percent Buy from School Canteen.
- This study shows that, 55.56 percent respondents have the knowledge anout junk food whereas 44.44 percent donot have knowledge about junk food.
- This study shows that, 50 percent bring spicy food, 27.78 percent take packet food and 22.22 percent take very nutritious food.
- This study shows that 38.89 percent bring noodles, 11.11 percent bring biscuits, 27.78 percent bring crispy and 22.22 percent bring chocolate in the school respectively.
- This study *shows about the* Reason of Selecting Junk food where 16.67 percent due to Easily available in the market, 27.78 percent is I like the taste very much, 16.67 percent is Seeing the colorful shells and Being cheap and 22.22 Interesting in other friends Tiffiin.
- This study is about use of canteen in school where 44.44 percent uses canteen and rest 55.56 percent does not uses canteen.
- This study shows about the Types of food is available in the canteen. 11.11 percent eat Pulses, rice and vegetables,38.89 percent eat Noodles, biscuits (Junk food), 22.22 percent eat Samosa, Gram, Vegetables etc., 16.67 percent eat Mo:Mo:, 11.11 percent eat other.

- This study is about the status of drink water per day. 2.77 percent said that they drink one a day, 19.44 percent twice, 44.44 percent thrice and 33.33 percent said more than 3 times a day.

Chapter V: Conclusion and Recommendation

Conclusion

Junk food is energy dense food with high amount of refined sugar, white flour, trans-fat, polyunsaturated fat, salt, numerous additives and low nutrient value in terms of protein, fibre, vitamin and mineral content.

Socio cultural food practices relate to ideas and materials that give rise to food choices and food patterns of a group. We begin with a discussion of how individuals experience, interpret, negotiate, and symbolize the food world around them. We examine primarily the ideational pathways, such as identity, gender, religion, and cultural prohibitions, and their influence on food practices. We then provide guiding questions, frameworks, and a brief overview of food choice values to support policy planning and design. Lastly, we explore how socio cultural change for sustainable or healthy diets is already happening through food movements, food lifestyles, and traditional diets.

The current global food policy discourse on sustainability and health views healthy diets as key for preventing malnutrition in all its forms. Individual food choices that result in dietary patterns are considered important for achieving sustainability targets. Scientists are calling for dietary transformations, urging diverse, coherent actions from governments and institutions. From a policy perspective, orchestrating dietary change requires considerable effort. While large dietary transformations have happened, they have occurred alongside dramatic shifts in livelihood, food production, and distribution. In Nepal, economic development that led to changes in urbanization, livelihoods, and food systems was accompanied by the “nutrition transition” (ie, significant shift from plant-based diets to diets with a higher proportion of energy from animal-source foods, more vegetable oils and fats, and more added sugars. More often, dietary change has been slower, more subtle, and dependent on socio-cultural food practices.

Cultural food practices refer to material and ideational (cognitive) elements that give rise to specific dietary patterns within a geographic region or social group. Material elements include food production systems that grow, transport, and distribute food;

financial resources to acquire food; and meal preparation (acquisition, cooking, storage) and eating location. Ideational aspects include cuisine, “rules” for meals, the ritualistic uses of foods, prestige and status attributed to foods, and social organization (roles, status) around food production, preparation, and consumption.⁶ In this article, we focus on ideational aspects of culture as an entry point to shifting norms on how we grow, procure, and prepare our foods.

Recommendations

Policy planning and design to determine what actions could be taken to promote sustainable healthy diets should include a socio-cultural analysis to understand the acceptability and desirability of any policy action. Individual choices are influenced by the broader socio-cultural context, where in the process of decision-making individuals experience, define, interpret, negotiate, manage, and symbolize the world around them. The ideas, symbols, and meanings associated with foods are part of our shared socio-cultural context. Values are another way to link the individual and socio-cultural level. Food movements, food lifestyles, and traditional diets are examples of how values, symbols, and ideas can be leveraged for collective action, for alternative ways to grow, procure, and consume foods.

Recommendations for practice. The practice related recommendations of this research are as follows:

- The government of Nepal should strictly standardize and regulate advertising policies and extravagant health claims advertised by junk food manufacturers. An appropriate intervention incorporated with national nutrition policies targeted to adolescents for improved food behaviors is recommended.
- Local government agencies should organize workshops, seminars, movement programme of Nutritional and Awareness for their better life.

Recommendation for the policy level. Nepal has no strict policies or advertising standards to regulate outlandish health claims made by manufacturers of packaged foods, fizzy drinks and franchised fast-food outlets. The recommendations for policy are mentioned as follows:

- Public awareness of the health impact of sugar consumption is growing in the West with books like Case Against Sugar, but there are no such campaign in Nepal.
- Regardless of knowledge on harmful effects of junk food consumption, students are consuming it, because of time constraint, easy availability of junk food, advertisement etc. So along with awareness program more effective program and policies should be implemented to stop the practice of junk food consumption, and visual program regarding harmful effect of junk food consumption should also be encouraged through television or internet.
- To provide essential free Nutritional services for this community. Formal and not-formal education, nutrition and health programmers should be implemented for the Women from the government level. Active participation of government, its NGO, INGO and the international agencies.

Recommendation for further research. The recommendations for policy are mentioned as follows :

- This type of study can be carried out in other part of Nepal.
- This study can be done at national level.
- Various cross-sectional studies have been conducted regarding knowledge and practice of junk food consumption as shown in this study, but comparative studies can be done on this topic to assess the health and nutritional status among students who consume and do not consume junk food.

- Also, longitudinal studies can be done to assess the growth and development of children and adults who has the history of regular junk food consumption.

References

- Antony, M. & Bhatti, R.K. (2015). Junk food consumption and knowledge about its III effects among teenagers: A descriptive study. *International Journal of Science and Research*,4(6),1133-1136.retrieved from <http://www.ijsr.net>.
- Archer, F. et al., (2018). *Adherence to the Mediterranean diet among school children and adolescent living in Northern Italy and unhealthy food behaviors associated to overweight*. *Nutrients*, 10(9), doi:10.3390/n410091322.
- Arya, G. et al.,(2013). Effect of junk food and beverages on adolescent's health: a review article. *Journal of Nursing and Health Science*,1(6),26-32. Retrieved from <http://www.iosrjournals.org>.
- Bandura, A. 1986. *Social foundations of thought and action: a social cognitive theory*. Englewood Cliffs, N.J.: Prentice-Hall.
- Bandura, A. 1995. *Self-efficacy: The exercise of control*. New York: Freeman.
- Benton, D. (2004). *Role of parents in the determination of the food preferences of child and development of obesity*, 28(7),858-69.doi: 10.1038/sj.ijo.0802532.
- Bhaskar, R. (2012). Junk food : Impact on health. *Journal of Drug Delivery and Therapeutics*, 2(3), doi : org/10.22270/jddt.v2i3.132.
- Botvin, G.J., Baker, E., Botvin, E.M., Dusenbury, L., Cardwell, J., & Diaz, T. – (1993). Factors promoting cigarette smoking among black youth: A causal modeling approach. *Addiction and Behavior*, 18(4):397–405.
- Chalise, B.(2018). *Junk food prevention education package intervention and its effect on behavioural intension among students of Kageswori Monohara municipality*. (unpublished master's degree thesis). Tribhuwan University, Kathmandu, Nepal.

- Chong, H.K. et. al., (2016). Eating habit of Malaysian children: findings of the South East Asia nutrition surveys. *Asia- Pacific Journal of Public Health*,28(5 suppl).doi:10.1177/1010539516654260.
- DiCamila, F. G., & Anton, M. (2004). Private speech: A study of language for thought in the collaborative interaction of language learners. *International Journal of Applied Linguistics*, 14(1), 36–69. <https://doi.org/10.1111/j.1473-4192.2004.00053.x>
- Eisenberg, E.M. et al.,(2016). *Snacking on television: A contest analysis of adolescents' favorite shows, preventing chronic disease*,13(5).doi: 10.5888/pcd13.160014.
- Glynn, T.J., Boyd, G.M., & Gruman, J.C. (1990). Essential elements of self-help/minimal intervention strategies for smoking cessation. *Health Education Quarterly*, 17:329–345.
- Government of Nepal, (2006). *National School Health and Nutrition Strategy Nepal* .Kathmandu: Ministry of Health and Ministry of Education.
- Hansen, W.B., & Graham, J.W. (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norms. *Preventive Medicine*, 20:414–430.
- Junk food, (2019). In *Merriam Webster's Dictionary 11th ed.* Springfield, MA: Merriam-Webster.
- Kaur, R.(2017). 2 days international conference humanities and management. *Effect of fast food on human health (pp. 491-493)*. Retrieved from <https://www.conferenceworld.in-ISBN:978-93-86171-33-7>.
- Kohlberg, L. (1977). Moral development: A review of the theory. *Theory into Practice*, 16(2): 53–59.
- Kohlberg, L., Levine, C. & Hwer, A. (1983). Moral stages: A current formulation and a response to critics. *Contributions to Human Development* 10:174.

- Magee, E. (2007). Junk-Food Facts. WebMD.
- Maibach E., & Murphy, D.A. (1995). Self-efficacy in health promotion research and practice: Conceptualization and measurement. *Health Education Research*, 10(1):37-50.
- Maibach, E., & Murphy, D.A. (1995). Self-efficacy in health promotion research and practice: Conceptualization and measurement. *Health Education Research*, 10(1):37-50.
- Martin, J.(2019). *Let's untangle the murky politics around kids and food (and ditch the guilt)* . <https://theconversation.com/lets-untangle-the-murky-politics-around-kids-and-food-and-ditch-the-guilt-108328>.
- McCafferty, S. G. (2004). Space for cognition: Gesture and second language learning. *International Journal of Applied Linguistics*, 14(1), 1–6. <https://doi.org/10.1111/j.1473-4192.2004.0057m.x>.
- Paudel R, & Shrestha S. (2021). Awareness and Practice of Junk Foods among Adolescents in Secondary Level Students. *MJSBH*. 20(2):104-9.
- Piernas, C. & Popkin, B.M. (2010). *Trends in snacking among U.S. children*. *Child Obesity*, 29(3), 398-404. doi: 10.1377/hlthaff.2009.0666.
- Remi, A. V. C., & Lawrence, W. (2012). Promoting sociolinguistic competence in the classroom proximal development. *Language Teaching Research*, 16(1), 36–90.
- Rosenstock, I. (1988). Social learning theory and the Health Belief Model. *Health Education Quarterly* , 15:175–183.
- Russell, J. (1997). How executive disorders can bring about an inadequate “theory of mind. In J. Russell (Ed.), *Autism as an executive disorder* (pp. 256–304). Oxford: Oxford University Press.
- Sapkota, S.D.(2018). Junk food consumption among secondary level students, Chitwan. *Journal of Nepal paediatric society*,37(2).doi: 10.3126/jnps.v37i2.17081.

- Subedi, S., Nayaju, S., Subedi, S. Acharya, A. and Pandey, A. (2020). Knowledge and Practice on Junk Food Consumption Among Higher Level Students at selected Educational Institutions of Kathmandu, Nepal. *International Journal of Research* , 8(12), 306-314. <https://doi.org/10.29121/granthaalayah.v8.i12.2020.287>.
- Swain, M. (2000). The output hypothesis and beyond: Mediating acquisition through collaborative dialogue. In J. Lantolf (Ed.), *Socio cultural approaches to second language research* (pp. 97–115). Oxford University Press.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.
- Wiles, N.J. et al., (2007). 'Junk food' diet and childhood behavioural problem: result from the *ALSPAC cohort 65*(6.).doi: 10.1038/ejcn.2011.27.

Appendix I : Questionnaires

Name:

School Name:

Class :

Age:

Sex:

Cast:

Parents Occupation:

Permanent address

Temporary Address:

Religion:

Family structure:

No. of Family Members:

Objectives I

Junk Food Practices among School level Students from Class 4 to 10

- 1) Do you have Knowledge about Junk food?
 - a) Yes
 - b) No
- 2) What kind of food do you consider junk food?
 - a) *Packed food*
 - b) *Fast food*
 - c) *Homemade food*
 - d) *Machine food*
 - e) *Others*
- 3) *About how often do you eat junk food?*
 - a) *Every day*
 - b) *A few times a week*
 - c) *A few times a months*
 - d) *Less than a few times a months*
 - e) *Never*
- 4) *Is there certain times of the day or night you crave junk food?*
 - a) *Day*
 - b) *Night*
 - c) *While watching TV*
 - d) *While at school*
 - e) *Others*
- 5) During times of stress or certain emotions (such as sadness or depression), do you:
 - a) *eat more junk food*
 - b) *eat less junk food*
 - c) *stop eating*
 - d) *others*
- 6) *Do you feel you are addicted to junk food?*
 - a) Yes
 - b) No
 - c) I don't know
- 7) *Do you feel junk food contributes to obesity?*
 - a) Yes

- b) No
- 8) What is the Reason behind the Selecting Junk food
- a) Easily available in the market
 - b) I like the taste very much
 - c) Seeing the colorful shells
 - d) Being cheap
 - e) Interesting in other friends Tiffin
- 9) What Types of Food Used in Tiffin?
- a) Home cooked
 - b) Bought from market
 - c) Parent bring food from home during lunch
 - d) Buy from School Canteen
- 10) Please tell me about your favorite food
- a) Home cooked
 - b) Bought from market
 - c) Parent bring food from home during lunch
 - d) Buy from School Canteen
- 11) What Types of food is available in your canteen
- a) Pulses, rice and vegetables
 - b) Noodles, biscuits (Junk food)
 - c) Samosa, Gram, Vegetables etc.
 - d) Mo:Mo:

- e) Others
- 12) How many times drink water per Day?
- a) Once
 - b) Twice
 - c) Three times
 - d) More than 3 times

Objective II

Sources of Tiffin of Students

1. *Do you believe junk food is bad for you?*
 - a) Yes
 - b) No
- 2) Do you check the junk food quality?
 - a) Yes
 - b) No
 - c) Sometimes
- 3) Do you check the nutrient fact label in the junk food?
 - a) Don't know
 - b) Yes I would check
 - c) No I don't check
 - d) Sometimes I do check
- 4) Are you aware about the chemicals present in the junk food and its safety level?
 - a) Yes I know
 - b) I don't know about the chemicals present and its safety level
 - c) I know only about 50% of chemicals present and its safety level
- 5) Do you really know the harmful effects of chemical present in junk food?
 - a) Yes
 - b) No
 - c) Others
- 6) What are the factors influencing the choice of junk food?
 - a) Time
 - b) Taste
 - c) Changing lifestyles
 - d) Influence of advertisements

- 9) Do you know having junk food on a daily basis makes you eat more?
- a) Agree
 - b) Disagree
- 10) Do you take junk food as an alternative to breakfast?
- a) Yes
 - b) No
 - c) Sometimes

END