

# **CHAPTER I**

## **INTRODUCTION**

### **1.1 Background**

Food has been a basic part of our existence. Through the centuries we have acquired a wealth of information about the use of the food as a part of our community, social, national and religious life. It has been used as expression of love, friendship and social acceptance. It has also been used as a symbol of happiness at certain events in life. Food is that which nourishes the body. Food also been defined as anything eaten or drunk, which can be absorbed by the body to be used as energy source, building, regulating or protective material. Nutrition has been defined as food at work in the body. Nutrition includes everything that happens to food from time it is eaten until it is used for various functions in our body. Nutrients are components of food that are needed by the body in adequate amounts in order to grow, reproduce and lead a normal healthy life. Nutrients include water, proteins, fats, carbohydrates, minerals and vitamins. There are several nutrients in each of the group proteins, fats, carbohydrates, minerals and minerals. Thus there are ever 40 essential nutrients supplied by food, which are used to produce literally thousands of substance necessary for life and physical fitness. The study of science of nutrition deals with what nutrients we need, how much we need, why we need these and where we can get them. Nutrition is the result of the kinds of food supplied to the body and how the body uses the food supplied. Malnutrition means an undesirable kind of nutrition leading to ill-health. It results from a lack, excess or imbalance of nutrients in the diet. It includes under nutrition and over nutrition. Under nutrition is the state of an insufficient supply of essential nutrients. Over nutrition refers to an excessive intake of one or more nutrient which creates a stress in the body function. Nutritional care is the use of nutritional knowledge in planning meals and the preparation of these meals in an acceptable and attractive manner to feed people (Mudambi & Rajgopal, 1987).

In 1978, Alma Ata conference was held with the joint effort of WHO and UNICEF. This conference gave the concept of primary health care. It has propounded eight components for primary health care. Out of these components, one balanced diet

related component is promotion of food supply and proper nutrition (Mudawari, 2010).

Junk food is a pejorative term for cheap food containing high levels of calories from sugar or fat with little fiber, protein, vitamins, or minerals. Junk food can also refer to high protein food like meat prepared with saturated fat – which some believe unhealthy, although some study shown no correlation between saturated fat and cardiovascular diseases. Many hamburger outlets, fried chicken outlets and the like supply food considered as junk food. Despite being labeled as "junk", such foods usually do not pose any immediate health concerns and are generally safe when integrated into a well-balanced diet. However, concerns about negative health effects resulting from the consumption of a "junk food" heavy diet, especially obesity, have resulted in public health awareness campaigns and restrictions on advertising and sale in several countries.

(F.Smith, 2000), in his book, 'Encyclopedia of junk food and fast food' defined junk food as "those commercial product, including candy, bakery food, ice cream, salty snacks, and soft drinks, which has little or no nutritional value but do have plenty of calories, salt, and fats. While not all fast foods are junk food, most are. Fast foods are ready to eat foods served promptly after ordering. Some fast food are high in calories and low in nutritional value, while other fast food, such as salads, may be low in calories and high in nutritional value.

Junk food have empty calories as the energetic content is not complemented with proteins and lipids required for the nutritious alimentation. Megandie (1816) showed in his experiment that dogs died when fed only sugar. It has been noted that the metabolic cost of processing empty calories drains a body of resources and is debilitating.

Junk food is food that calorie dense and nutrient poor. In recent decades, junk food, fast food, convenience food and readymade foods are overwhelmingly spreading. Junk food might not be the healthiest choice one could be making, but it sure is tasty, affordable and easily reachable.

## **1.2 Statement of the Problem**

Junk food is usually high in calories and low in nutritional value. Eating junk food for long periods of time can lead to obesity, vitamins deficiencies, heart diseases, tooth decay, diabetes and other health problems. A large part of the problems stem from the excessive amount of fat and sodium typically found in this type of food. Balanced diet is defined as one which contains different types of food in such quantities and the proportion that need for energy, amino acid, vitamins, minerals, fat, carbohydrates and other nutrients is adequately met for maintaining health, vitality and general well-being and also makes a small provision for extra nutrients to withstand short duration if leanness. Food is broadly divided into three categories, which is energy yielding food, body building food and third one is protective food.

Shrestha(2006) in his unpublished thesis "A study of food habits among lower secondary level students studying in public school" concluded that about 74 percentages respondents knew that junk food and other readymade food are not good for health, while 2 percentages opined it was good, 24 percent gave view it was sometimes good . Eight out of ten respondents used tiffin regularly, 11.3 percentages never took it and 8.7 percentages used to take sometimes whereas 76 percentages were carried heavenly influencing of mass media for shaping their food habit and main influencing factors so that family members should be oriented and trained how to maintain good food habits among their children.

Adhikari (2001) in his thesis "Food adulteration practice and consumer awareness in Pokhara Sub-metropolitan City" concluded that that 63.5 percentages educated people were unknown about food act and regulation and 76.5 percentages respondents were unknown about manufactured date, expiry date, batch number and maximum retail price. It is also related to balanced diet.

Nepal is constituted of rural areas. Although there are too many rural and remote parts in this country, due to the process of modernization and globalization the availability of readymade food and manufactured food is simple. Rural area is the best place for easily available nutritious and healthy food. Researcher wants to know the reasons of taking junk food such as biscuits, noodles, chocolates, cold drink which are

unhygienic and can cause various health problems. The study area is very familiar local area for researcher. The information about needed topic come out with factual details and can get their knowledge and explain the practice on food practice of school level students in rural area. Although the research topic may be seen as simple and minor, there are not too many sociological researches in the field of junk food and child health. The main questions related to the study are as follows:

- a) What is the common food behavior of students?
- b) What is the pattern of junk food use among the students?
- c) What are the causes of taking junk food instead of taking home made food?

### **1.3 Objective of the Study**

The general objective of the study is to study the food habits of students and link between socio-economic, status of the family whereas the specific objective of the study are as follows;

- a) To analyze the socio-economic status of family.
- b) To describe the food behavior practice of students.
- c) To find the causes of taking food by the students.

### **1.4 Importance of the Study**

Foods are very important in the lives of the children. The food nature of the Nepalese children is changing day by day due to the different factors. The foods we daily include, rice, wheat, lentils (dal), vegetables, fruits, milk, eggs, fish, meat, sugar, butter, oils etc. These different foods are made up of number chemical components called nutrients like carbohydrates, protein, fats, minerals etc. Each nutrient class has its own functions to perform, but the different nutrients that perform the same function must act in unison for effective action. The study was seen minor and simple but it aimed to find the socio-economic status as well as food behavior in the daily lives of school children. The study tried to find out the causes of taking junk food.

## **1.5 Limitations of the Study**

Every study had its own limitations. This study also has many limitations. First, it was conducted under the circumstances of limited money and time. The study would not be able to cover all the children of the school level. This study covered only the students of three schools, Modi-4.kyang of Parbat district only. It might be not possible to generalize for all the students of all the Nepal. In addition, the study was limited to some specific subjects only. Also, there were possibilities of hiding some information. The respondents may feel uncomfortable to tell all the problems they are facing. Another limitation was that this study was only for the fulfillment of Masters' degree purpose.

## **1.6 Organization of the Study**

This thesis is divided into seven chapters excluding preliminary section and Appendix. The preliminary section includes title page, acknowledgement table of content, list of tables, figure and case study acronyms and abstract. Chapter I includes introduction, statement of the problem, objective of the study, significance of the study, used in the study limitation of the study and organization of the study. Chapter II is about review of related literature. It includes introductions, general Concept of Having Food, The Function of Food, and Change in Village Community, Theoretical Review, Socialization and Child Development, Globalization, Review of Related Studies. Chapter III is about research methodology, it includes Study site and Rationale of the Study Site Selection, Research Design, Universe and Sampling, Nature and Sources of Data, Data Collection Technique, Data Analysis Process and Conceptual Framework. Chapter IV is about Socio-Economic Patterns of Respondents. Chapter V deals with food behavior of respondents. Chapter VI is about the consumption of junk food. Chapter VII is the last chapter of the study. It has wrapped up the study with summary of findings, conclusion.

## **CHAPTER II**

### **LITERATURE REVIEW**

Literature review gives knowledge and information about the related topic. Literature review is very important part of thesis.

#### **2.1 Conceptual/Theoretical Overview**

This section reviews existing literature and research related to the study for the purpose of finding out what has the present research add to the topics. It mainly deals with conceptual/Theoretical aspect of food behaviour.

##### **2.1.1 The Function of Food**

Food has always a central part of our social existence. Specific foods are distributed as a benediction ( or Prasad) in religious functions in homes, temples, and churches .Feasts are given at specific stages of life such as birth, naming ceremony , birthdays, marriages etc. Most of the religious festivals also call for feast and feeding of specific segment of the population.

The foods we eat become a part of us. Thus one of the most important function of food is that of the building the body. A new born baby weighing 2.7-3.2 kg can grow its adult size of 55-70kg, if the right kinds and amount of foods are eaten from birth to adulthood. In the adult life, the food eaten each day helps to maintain the structure of the adult body. The second function of the food is to provide energy. The third function of the food is regulating the activities of the body. In addition to satisfy physical and social needs food must satisfy certain emotional needs. These include sense of security, love and attention .Thus familiar food makes us feel secure. Anticipating needs and fulfilling these are expressive of love and attention. These are the basis of the normal attachment to mothers cooking (Mudambi & Rajgopal, 1987).

##### **2.1.2 Change in Village Community**

Change is the law of nature. It is the need of life .Change is but natural in human communities. The village community is less susceptible to change than the urban community; but it does not imply that village community undergoes no change. It is also undergoing change though the speed of change as compared to urban community

is slow. The change in village community may be seen indifferent spheres (Bhushan&Acheva, 2000).

The difference in climate between the mountains, hills, and the Terai also marks the difference costumes, usages and values. The people in the north and valley wear warm woolen dresses like *Bhoto*, *Coats* etc. and Terai people wear light, cool and loose dresses, *Dhoti*, *Kurta*, etc. Meat and alcohol are very common in the mountains and hill areas, and vegetables and cereals, especially maize, are plentiful in the hills. Differences also be seen in the house types, ornaments, hair style and other sociocultural phenomena. (Regmi, 1999).

### **2.1.3 Theoretical Review**

There are too many sociological theories that cover the study, which this study is going to conduct. But the researcher applied mainly two of them (socialization and globalization) which are described as below:

Man eats what his forefathers ate, if possible, and what his environment offers. A young child does not form the fixed food habit, but it's patterned by adults, who eat who eat certain foods not others. The foods which his father does not like and which his mother therefore does not serve do not become familiar to the child and would not be eaten by him. The environment- the physical, psychological and social setting, which relates to the culture of a group- also determines the food patterns. Some of our knowledge of what early man ate comes from archeological studies of cave drawing of forgetting and preparation activities. Other evidence of what primitive people ate includes the study of remnants of the discarded food found by archeologist in mounds, pits, bogs, lake beds and tombs. The remnants of human faeces (coprolite) also tell the story of the early human food. From such remains of prehistoric man a picture of the food eaten by him has been reconstituted with some degree of certitude from the study of anthropologists and other scientist. Primitive men lived as hunters and gathers. They collected their food from wild animals and plants. They depended on fruits, nuts, and the others plants of foods, meat from animals and fish catch in seas, lakes and rivers. They were forced to spend their days and nights in search of food. They are roamed from place to place to correspond to the changing season, the

coming and going of various fruits and leaves or the migration and movement of game animals. They lived this way till about 10,000 years ago in a few place and 5000 years ago in most of the world. Many changes took place patterns prior to Middle Ages. As man moved from one place to another, he found new foods growing in his new settlement. Since he usually carried the seeds of foods grown where he lived to his new place of residence, there was a migration of foods. Thus, sugar went from India to others parts of the world. Sweet orange from China and sour ones from India went to Europe with early overland traders. The dispersion of foods indigenous to one country into another has always increased the variety of man's diet from ancient times. Today, with the rapid means of communication, the differences in the diets of different countries are becoming less marked. (N.Shakuntala Manay & M.Shadaksharaswamy, 2001)

#### **2.1.4 Socialization and Child Development**

Socialization is the process of learning group norms, habits and ideals. There are four factors of this process of learning. These are imitation, suggestion, identification and language. These are the influential factors in the lives of the children also which includes food habit too. In his early age, the child can't make his own decisions but his decisions and choices are mostly affected by the environment surrounding him (Bhusan&Sachdeva, 2000). Man is the social animal and he shares his common culture to others to be in society. Life of a man is instinctive and he learns from every aspect of his life from other's life as well. The child grows up in the society through a variety of experiences. Every man tries to be adjusted to the conditions of his social environment. Individuals must learn to conform the norms of the group. The children are also aware of their group and influenced heavily by the activity of group. They cope, adjust and learn from the group and environment around them (Rao, 2001). So, the children in the sense of taking junk food as their snacks or common food are heavily influenced by the group of friends and the environment.

In the field of child development this has the following practical implication; first, the concept of a "healthy" child, and child rearing practices and attitudes towards a child's health and illness differ in different societies. The socio-cultural context, therefore, has direct implications for health practitioners. For example, nutritional advice for a



child can only be given after knowing the family's dietary practices. It is often seen that steps such as prescribing a list of nutritious food and standardized "diet chart" do not have much practical value. Secondly, while there is an inherent biological basis for development, many other factors influence the "norms" of child development which are seen to vary across cultures. Having norms that are representative of population under study is therefore important for the professional and scientist working in this field. Our own studies have reflected these differences between various populations (Saraswati, 1999).

Personalities do not come ready-made. They are moulded or shaped through the process of socialization. The process of socialization is operative not only in childhood but throughout life. It is a process which begins at birth and continues till the death of the individual. It is an endless process. From the societal point of view, the child is valued more for '*what he will be*' than for '*what he is*'. Socialization helps the child to become a useful member of the society. It gives him social maturity. Hence it is quite natural that the child's socialization has not been left to mere accident. Rather it has been given an institutional framework and controlled through institutional channels. The following are the agencies that have been established by culture which socialize the new born child.

- i) Family and parents
- ii) peers or Age mates
- iii) Teachers
- iv) Literature and Mass Media of communication

The family fulfill the economic needs of the member. This has been traditional function of family. Previously, the family was an economic unit. Goods were produced in the family. Men used to work in the family or in farms for the production of the family. Family members used to work together for this purpose. It was to a great extent self-sufficient. A clear cut division of labor between the sexes, that is, between men and women was evident. But today the situation has changed. The family members do not work together at home. They are engaged in different economic activities outside the home. They are no longer held together by division of labor. (RAO, 2012)

### **2.1.5 Globalization**

Globalization is free flow of ideas, goods and services. Its core elements – information, economy, technology and ideas are beyond the control of the national government. The free movements of these elements as well as well- knitted production networks help create bigger markets which in turn, are accepted to generate opportunities for product specialization. Globalization also holds the potential to offer some opportunities. Participation in global economy, for example, provides an access to ideas, information, technologies and a number of critical resources that are important for the nation development. In these sense, globalization bears the scope for raising the living standard (Dahal, 1998).

Although the globalization is often association with changes within the big systems, such as the world financial markets, production and trade, and telecommunication, the effects of globalization are felt equally strongly in the private realm. Globalization is not something that is simply 'out there' operating on distant plane and not interesting with individual affairs. Globalization is 'in here' phenomenon that is affecting our intimate and personal lives in many diverse ways. Inevitably, our personal life have been altered as globalizing forces enter into our local contexts, our homes and our communities through impersonal sources-such as the media, the internet and popular culture- as well as through the personal contact with individuals from other countries and cultures(Giddens, 2001).

Globalization is a multifaceted process in which the world is becoming more and more connected by different processes like culture, education, communication, information, production exchange etc. In this process, the communication and information is becoming instantaneous. In this process the world is experiencing new phase of social and economic changes around the world (Jary&Jary, 2000).

Globalization is fundamentally changing the nature of our everyday experiences. As the societies in which we live undergo profound transformation, the established institutions which used to underpin them have become the out of the place. This is the forcing a redefinition of intimate and personal aspects of our lives, such as the family, gender roles, sexuality, personal identity, our interactions with others and our

relationships to work. The way we think of ourselves and our connection with other people is being profoundly altered through the globalization. The cultural impacts of globalization have received much attention. Images, ideas, goods and styles are now disseminated around the world more rapidly than ever before. Trade, new information, technologies, the international media and global migration have all contributed to the free movement of culture across national borders. Many people believe that we now live in a single informative order- a massive global network where information is shared quickly and in great volume. There are many examples of manufactured risk that are linked to food. Modern farming and food production techniques have been heavily influenced by advances in science and technology. For example, chemicals pesticides and herbicides are widely used in commercial agriculture and many animals (such as chickens, pigs) are pumped full of the hormones and antibiotics. Some people suggested that farming techniques such as these compromise food safety and could have adverse effect on humans. In recent years, two particular controversies have raised wide spread public concern over food safety and manufactured risk (Giddens, 2001).

Drastic redistribution of paid work by introducing shorter working hours with no cut pay, so that everyone can benefit from rising productivity instead of only a small minority as is now the case, so that everyone who can and wants to work can have a job . Drastic redistribution of unpaid work as well through socialization of household tasks and through a shorter work week that gives everyone more time and caretaking tasks. Drastic redistribution of income and wealth from the small group of the most highly paid and rich people to those without assets and the lower paid, and establishment of a maximum income for everyone. Good, free, basic public services – education, health care, public transport, housing and culture- belong in this same frame work. (Went, 2000)

### **2.1.6 Medical Ecological Theory**

This approach rests upon the acceptance of the concept of adaptation, defined as the behavioral or biological changes at either the individual or group level that support survival in a given environment, as the core concept in the field. Indeed, from this perspective health is seen as a measure of environmental adaptation. In other words a

central premise of the medical ecological orientation is that a social group's level of health reflects the nature and quality of the relationship "within the group, with neighboring groups, and with the plants and animals [as well as non-biotic features] of the habitat"(McElory and Townsend 1996;12).For example Alexander Alland(1970), formulator of the medical ecological perspective, pointed out that although the Mano people of Liberia Lack a cultural conception or folk disease category for malaria, this disease nonetheless significantly affect Mano wellbeing and their ability to function and reproduce in their local environment.(Hans A.Baer, 2003)

Health and disease are condition that people in a society encounter, depending upon their access to basic as well as prestige resources. Diseases varies from society to society, in some part because of the climatic or geographical conditions but in large part because of the ways productive activities, resources and reproduction are organized and carried out. Following in the analytical tradition begun by Friedrich Engelsand Rudolf Virchow, it is evident that discussion of specific health problems apart from their social contexts only serves to downplay social relationships underlying environmental, occupational, nutritional, residential and experimental conditions. Disease is not just the straight forward result of pathogen or psychological disturbance. Instead, a variety of social problems such as the malnutrition, economic insecurity, occupational risks, industrial and motor vehicle pollution, bad housing and political powerlessness contribute to susceptibility to disease.(Hans A.Baer, 2003)

### **2.1.7 Links between Society and Health**

The differing approaches to health and illness issues can be seen in some of the earliest sociological research and writing. In 1897, French Sociologist Emile Durkheim (1858-1917) conducted the study of suicide. While it may be assumed that suicide is an intensively individual act, Durkheim argued that suicide can be understood better by understanding it socially. He found important predictive factors relating to how strongly individuals are integrated into their own society findings that resonate with contemporary ideas about suicide. From these ideas, a branch of sociology developed theory focusing on how social order and consensus were integral to the smooth function of society. Called functionalism, this theoretical approach looked at the board structures of society to develop ideas about social functioning.

At about the same time, and informed by changes in society brought about by the Industrial Revolution. Karl Marx (1818-1830) and Frederick Engels (1820-95) developed a different approach to understanding society. They viewed society as characterized by conflict not consensus. Engels (1945) charted the poor health conditions of the working classes that had moved into the large cities to work in factories and who suffered from the effects of poor sanitation and overcrowding, combined with unhealthy and unsafe working condition .Both Marx and Engels focused attention on the ways that society is fundamentally unequal and on how this inequality is evident in patterns of health and illness. The work of Marx and subsequent theorists was further developed in exploration of inequalities in health and illness, and this remains an integral focus in health sociology. Writers from this perspective argue that better health outcomes can only be achieved when the material condition of disadvantaged groups are improved.

By exploring the links between profit and health care, conflict theorist argue that those in the power have little interest in changing social relation to improve health for all. While the focus for many of these theorist is on inequality due to the social class ,feminist writers have drawn attention to gender inequality .The institution of medicine was also been as an important contributor to an unequal society. Feminist exposed and critiqued the way that medicine plays an important 'social control' function thus contributing to the perpetuation of inequality between men and women.

The work of Marx Weber (1864-1920) developed the ideas of Marx by broadening our understanding of inequality .He argued that inequality was not just about economics, but about beliefs , ideals, and values. Weber pointed to the importance of understanding 'life chances', an integral component of which is status. He also pointed to the importance of group membership (called 'party'). Thus Weber argued that we needed to understand social inequality by focusing on class, status and party.(Elmer, 2007).

## **2. 1.8 Sociology of Health**

According the dictionary of sociology (1998), Health, or lack of health, was once merely attributed to biological or natural conditions. Sociologists have demonstrated

that the spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other culture where medical research might gather statistics on a disease, a sociological perspective on an illness would provide insight on what external factors caused the demographics who contracted the disease to become ill.

There are obvious differences in patterns of health and illness across societies, over time, and within particular society types. There has historically been a long-term decline in mortality within industrialized societies, and on average, life-expectancies are considerably higher in developed, rather than developing or undeveloped, societies. (Porter, 1999). Patterns of global change in health care systems make it more imperative than ever to research and comprehend the sociology of health and illness. Continuous changes in economy, therapy, technology and insurance can affect the way individual communities view and respond to the medical care available. These rapid fluctuations cause the issue of health and illness within social life to be very dynamic in definition (D.Simandan, 2018).

## **2.2 Review of Previous Study**

### **2.2.1 Changing of Food Pattern**

Competitive foods are sold through a la carte lines, vending machines, school canteen and fundraisers and in contrast to federal nutritional standards. AS a result, competitive foods account for much of the variation in the food environment across schools. Competitive foods are available in a large share of schools, although the availability of these foods varies significantly across elementary, middle and high schools. For example, as many as 97% of high schools and 82% middle school have vending machines compared to only 17 % elementary schools. However, a la carte lines, which are the predominated source of competitive food sales, operate not only in most high (93%) and middle (92%) schools but also in a large proportion of elementary school (71%) (Gordon et al, 2007).

The shift from hunting and gathering to agricultural stage increases communicable diseases. But in course of time of the history, due to the development in many sectors like education, health, rising income, industrialization, urbanization and technology in public health decrease the effect of diseases. Although the pattern of communicable

diseases, the pattern of diseases in the human especially in the children due to the food pattern is changing and it is vigorous. It seems that diet and nutrition throughout the life cycle affect the later health outcomes. There was a shift towards high fat, refined carbohydrate and low-fiber diet. It is becoming more common nowadays to eat outside the home. Eating away from home is not only related to economic development, but also to the urbanization: the mobile carts of street vendors have become the fast-food restaurants of the urban poor (WHO, 2012)

According to the Food Agriculture Organization (FAO) (1986) "lack of the knowledge of the simplest of the nutrition is at the root of a high proportion of the affluent societies of so called development nation. Many suffer from malnutrition in the midst of abundance, ignorance, indifferences and superstition which seem to be greater enemies of nutrition than poverty."

In their research article, "Changing food pattern in adolescents and impact on health" Joshi, Jethva and Patel (2014) concluded that:

‘Lifestyles changes have compelled us so much that one has very little time to really think what we are eating. ‘Eat healthy and live healthy’, one of the essential requirement for long life is now being overlooked as today we have adopted to a system of consumption of food which has many side effects – like junk food, the profound rise in the incidence of diabetes mellitus and coronary artery disease in the developing countries can be attributed to consumption often unhealthy food. Study result shows that 23.5% adolescents consumed junk food twice or more per week and from which middle aged adolescent was in higher percentage. The prevalence of risk of overweight and over weight (obese) was highest 50% in high socioeconomic adolescents. The habit of eating junk food more than two times / week resulted in to risk of overweight and obesity were 27.4% and 1.9% respectively. Adolescent also suffered anemia and prevalence in female was 80% and in male 73.5%. The anemia had strong relationship with junk food consumption by adolescent, having two times per week junk food 81.5% suffered from anemia. By reduction in junk food and unhealthy food eating we may decrease mellitus and coronary artery diseases, regular intake of

nutritive and healthy food in breakfast, the serious condition like anemia can be countered and that's key to healthy life (p. 1442).'

A large number of diet and nutrition surveys have been carried out by different workers on the nutritional status of school students and adolescents in the developing countries .The results have shown that a majority of school children and adolescents consume inadequate diets and are malnourished. The main contributory causes are; inadequate food production, poverty and lack of nutrition education (Swaminathan, 1985, p. 557)

Ideally speaking, a "good development model" should include the strong points of each of the following three models of eco-friendly health, hygiene and sanitation system,

- Minimization of the damaging effects on human health, nature, and environment( environmental expect)
  - Maximum economic growth( economic aspect); and
  - Fair distribution of existing and potential resources and costs( social aspects)
- (Poudel, 2005)

Sociologists are paying increasing professional attentation to food, eating, and nutrition. Students interest in this topics is high, and incorporating the subject into the classroom is a useful means of helping students understand the sociology. The sociology of food and nutrition can be taught in several settings,including in sciology departments as an entire course, in lectures and other courses, or in continuining and occasional examples. Sociologist also teach in nutrition and food science departments and other applied settings. Three apporaches to teaching in this area are described; 1)sociology of food and nutrition , 2) food and society, and 3) nutritional sociology. Practical instructional issues in teaching the sociology of food and nutrition include combining the fields of sociology and nutrition, the diversity of students, experiential learning, and learn teaching. Teaching resources include reading materials, audiovisuals, syllabi, organization and publications. Incorporating food, eating and nutrition topic into the classroom can make a significant contribution to sociological teaching. Food and society is a perspective that challenges students to think critically



about the issues and dilemmas involving food production, food consumption behaviors, and nutritional outcomes as controversies in contemporary society. The major orientation is towards issues that can be addressed by using sociological analysis as well as interdisciplinary perspectives. This orientation involves the critical perspective that takes an activist and holistic view of the diverse consequences of food and nutrition decision and practices. Sensitization and social analysis are important in addition to theory. Less emphasis is placed on facts. (Jeffery Sobal, 1993)

In the past 10 to 15 years, several factors have influenced the food supply of each country. The food system characterizing most urban and an increasing proportion of rural areas across low- and middle-income countries has changed drastically with globalized distribution of technology related to food production, transportation and marketing, mass media, and the flow of capital and services. Access to many new empty calorie foods and beverages relates to current economic and social development. Modern food technology has provided enormous benefits in reducing food waste, enhancing sanitation, and reducing many adverse effects of seasonality, among the myriad benefits. Similarly the same is true for the modern supermarket. Here we highlight some of the potential adverse effects of these important changes while acknowledging critical benefits to producers and consumers. Families faced with an inability to grow food or inadequate income to purchase food will likely opt for the cheapest cost per calorie from the available choices. When food prices for basic grains double or triple, the pressures to adjust food purchases increase. Among the most salient issues are the vulnerability of poor female-headed households and the combination of price increases and volatility in global food markets (linked also with climate change issues). It is also important to note that the relative price changes matter most. If prices of fatty foods, oils, sugar, and animal-source foods go down relative to legumes, fruits, and other vegetables, the latter items become less attractive. Decades ago discussion of an impending global pandemic of obesity was thought of as heresy. Diets in the 1970's began to shift toward increased reliance upon processed foods, increased away from home intake and greater use of edible oils and sugar-sweetened beverages. Reduced physical activity and increased sedentary time was seen also. These changes began in the early 1990-'s in the low and middle income world but did not become clearly recognized until diabetes, hypertension and

obesity began to dominate the globe. Urban and rural areas from sub-Saharan Africa and South Asia's poorest countries to the higher income ones are shown to have experienced rapid increases in overweight and obesity status. Concurrent rapid shifts in diet and activity are documented. An array of large-scale programmatic and policy shifts are being explored in a few countries; however despite the major health challenges faced, few countries are serious in addressing prevention of the dietary challenges faced (Popkin et al, 2013).

## **CHAPTER III**

### **RESEARCH METHODOLOGY**

This chapter discusses about the research methodology that is used in the study. It discusses further on site selection, research design, nature and sources of data, sampling procedure, techniques of data collection, analysis, presentation etc.

#### **3.1 Study Site and Rationale of the Site Selection**

Shree Shalija Secondary school residing in Modi- 4, Kyang of Parbat district. Kyang ward is 2300 meter above from sea level and it is located at 23 km far from headquarter of Parbat District, Kushma. It was established on 2031 BS as a primary school and on 2052 BS, it was fully started as a governmental secondary school which provided the quality education to the people of ward numbers 1, 2, 3 and 4 of KyangVDC. Shree Halhale Lower Secondary School also lies in Parbat District at the distance of 10km from Kushma. It was established in 2018 BS. Another school name is Shree Bajung Lower secondary School which also belongs to Parbat district. It lies in eastern part of Parbat district. This school is about 22km from the sea level. Because of geographical difficulties and distance of these schools from the main city, only few students are studying. They are fully run by government of Nepal. Although they are in remote and geographically far from the city area, the students are using junk food as their snacks. As the researcher herself is a teacher and it seems to be the beneficial to study the causes of the usage of junk food, this topic and location is selected.

#### **3.2 Research Design**

The research design is the complete framework for the research. It serves not only as a framework for research but also it guides for the collection and analysis of the data; it gives instructions which research instruments to be utilized, and the sampling plans to be followed (Wolff & Pant, 2008). There are many types of research designs. Since this is an academic research, this study is descriptive and explanatory research.

Descriptive design is the research which studies the systematic collection and presentation of data to give a clear picture of a particular situation. This study attempts to obtain a complete and accurate description of situation (Wolf & Pant, 2008).

This study tried to find the causes of having adequate junkfood by school students, food behavior as well as socio-economic condition of their family. That's why it was based on descriptive research. It also described the situation of the respondent. So it was based on explanatory e research design too.

### **3.3 Universe and Sampling**

In total three schools name Shree Shalija Secondary, Shree Bajung Lower Secondary and Shree Halhale Lower Secondary of Kyangof Parbat District were my Universe. In those three schools total no of students was 295. The total number of students in Shalija Secondary school was 138 where the number of boys and girls were 70 and 68 respectively. Likewise in the Shree Bajung Lower Secondary School total no of students was 71 out of these 30 were girls and 41 were boys and another school in Shree Halhale Lower Secondary, the total no of students was 86 out of this the number of girls and boys were 39 and 47 respectively. For the reliability and sound result, the sample was taken. The grand total or population was 295 in these three school is my universe. I took 169 students ( morgon) as sample. In those three school 75 students were from Shalija Secondary School, 45 from Shree Bajung Lower Secondary School and 49 from Shree Halhale Lower secondary School which was taken as proportion of universe.

### **3.4 Nature and Sources of Data**

The data were collected mainly from the primary source of data. But some of the data in this study were collected through secondary data. The main source of secondary data were collected from the school administration while the primary data were collected through direct observation and interview. Also the secondary information were collected from different secondary literatures. The analysis of the study was based on the primary data collected through interview and observation. The nature of data is qualitative as well as quantitative.

### 3.5 Data Collection Technique

Social research is systematic and scientific .It is not just guesswork and imaginative work. Guesswork, intuition, and common sense all have an important part to play in sociological research, but they can't produce reliable evidence on their own.

The heart of the research process constitute the actual producers that sociologists used to collect their facts .Sociologist use a variety of research methods, systematic techniques for gathering and analyzing facts about theories or new phenomena. The following section gives us an overview and example of the most common research methods used in sociology today:

i) Interview Schedule

This method of the data collection very much like collection of data through questionnaire, with the little difference which lies in fact that schedules are being filled in by the enumerators who are specialty appointed for the purpose. These enumerators along with schedules go to respondents, put to them questions from the pro-forma in the order the questions are listed and the replies in the space meant for the same in the pro-forma. The schedule is nothing more than a set of questions which are asked and filled by an enumerators or interviewers in face to face situation with another person. In certain situations, Schedules may be handed over the respondent and enumerator may help them in recording their answers to various questions in the said schedules. *Good and Hattt schedule* is the name usually applied to a set of questions which are asked and filled in by an interviewer in a face to face situation with another person. (Gajurel, 2014)

ii) Observation

Observation is one of the principal techniques of research in social science. Some of the difficulties arising out of the use of interviewing in sociology data-collection can be overcome by combining observation with interviewing, or perhaps by using observation alone. In fact, observation is essential for any scientific study or research. Science begins with observation and must ultimately return to observation for its final

validation. Observation may take many forms and is at once the most primitive and the most modern of research techniques. It includes the most casual uncontrolled experiences as well as the most exact firm records of laboratory experimentation. (Rao, 2001).

iii) Case study

A case study is defined as "an investigation of an individual or group in which the variables which are measured and whose empirical relations explored are characteristics of the individuals or group and not a sub-unit of it." It is the form of qualitative analysis involving the very careful and complete observation of a person, a situation or an institution. In the words of Yang, "The case study method may be defined as an all-inclusive and intensive study of an individual, in the investigator brings to bear all his skill and methods, or as a systematic gathering of enough information about a person to understand how he or she functions as a unit of society." The case study method is employed in studying an individual case or that of a group, a community or an institution. (Sachdeva, 2003)

Observation and interview were the main tools to collect the information required for this study. The researcher also tried to collect information from key informant interview with the key persons related to this study. Head sir of the school, class teachers and parents of some students were selected as the key informants. The data was collected by the direct involvement of the researcher. The interview schedule for the study were tested by selecting some students in the school. Few of the students were selected to prepare the case study. Necessary data also collected from concern group of people. Information provided by them who related to the research topic.

### **3.6 Data Analysis Process**

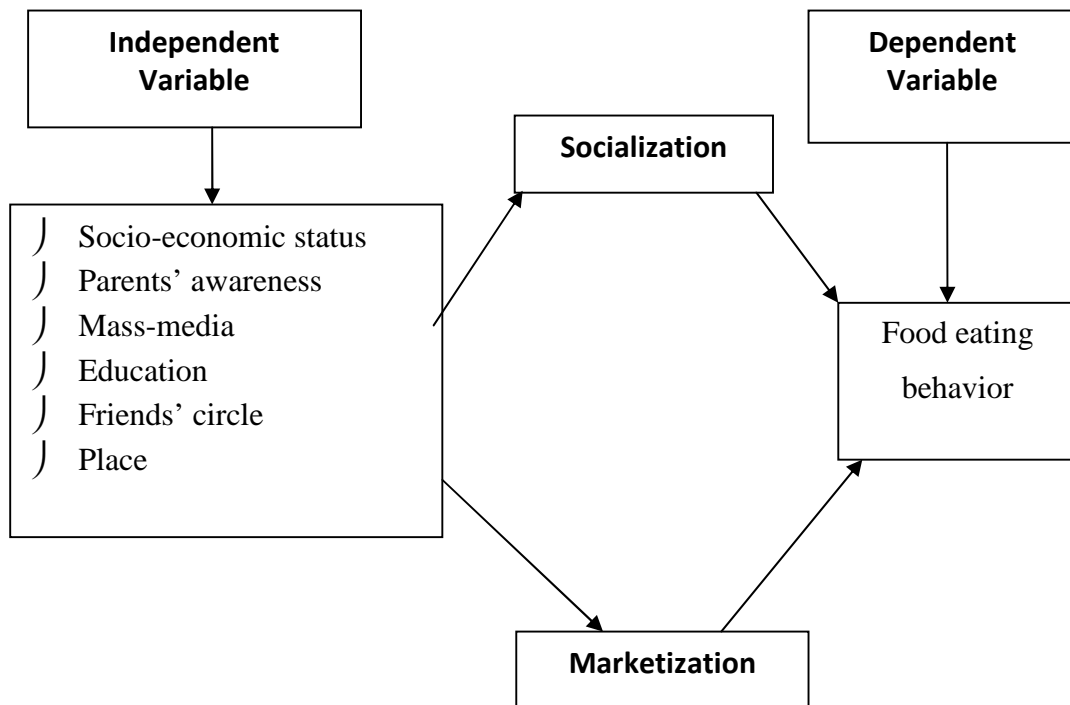
After data collection, the collected information were analyzed on the basis of the content of the data. The cases are carefully rewritten and studied for the purpose of the topic. Then, it was edited in the computer and after that it was carefully analyzed. The analysis of the data was done by using SPSS. For the purpose of the study, different diagrams, charts, tables etc. were prepared and presented as the required.

Similarly, descriptive statistics such as mean, median, and other statistics were calculated and analyzed according to the nature and characteristics of the data.

### 3.7 Conceptual Framework

On the basis of above literature review and research methodology, the following conceptual had been derived to analyze the taking of junk food practice in school students:

**Fig 3.1: Conceptual Framework of the Study**



From the above conceptual framework, it can be said that the food eating behavior of students is influenced by different factors such as socio-economic status, parents' awareness, mass media, education, friend's circle, surrounding place etc. which are independent variables. These independent variables might be affected by impacts of socialization of students and globalization.

## CHAPTER IV

### SOCIO-ECONOMIC BACKGROUNDS OF RESPONDENTS

Supporting the theory of socialization, globalization and through food consumption pattern as study was carried out in the three schools students of Modi Rural municipality, Kyang- 4 Parbat district to determine the influence of socio-economic factors of family and income source on food consumption pattern in the rural area. Food consumption is a dynamic process and is greatly influenced by size and composition of household, number of earning hands, prices of food items, educational level, geographical, cultural and climatic condition in the region etc.

#### 4.1 Distribution of Respondents by Grade

The School education covers two phases on the Nepalese standard classification of education scale. They are basic level from elementary child development to class Eight and secondary level from class 9 to 12. A class in education has variety of related meaning. It can be the group of students which attends a specific course or lesson at school. Respondent grade or class is categorized in the table.

**Table 4.1: Distribution of Respondents by Grade**

Grade	Frequency	Percent
3	4	2.4
4	14	8.3
5	23	13.6
6	31	18.3
7	33	19.5
8	25	14.8
9	21	12.4
10	18	10.7
Total	169	100.0

*Source: Field Survey, 2017*



In table 4.1, the grade varies from 3 to 10. Among the respondents 10.7% from class ten, 24% from class three, 8.3% from class four, 13.6% from class five, 18.3% from class six, 19.5% from class seven, 14.8% from class eight and 12.4% from class nine. Above table shows the grade of respondents in different proportion at research field (at school). The number of students from grade V to VIII is more because this study was conducted at three schools only one of them is secondary school and another two schools were basic level (0-VIII).

## 4.2 Distribution of Respondents by Sex

Biologically sex is distinction between males and female, whereas sex is based on physical differences, gender is based on social factors such as value, perceptions, beliefs and attitudes. The respondents' sex in the study are given below.

**Table 4.2: Distribution of Respondents by Sex**

Gender	Frequency	Percent
Male	68	40.2
Female	101	59.8
Total	169	100.0

*Source: Field Survey, 2017*

In table 4.2, 40.2% respondents are male 59.8% respondents are female. This study shows that female respondent is more than male respondents. Female population is also more than male population in the context of our country Nepal.

## 4.3 Distribution of Respondent by Age

As we age, our lives change while changing the society too. In fact, society organizes our lives in patterned way that correspond to being a child, an adolescent and adult and an older person. The research study area is school. The school ages in from four years to sixteen years. The ages of respondents in the study area are given below in the table.

**Table 4.3 Distribution of Respondents by Age**

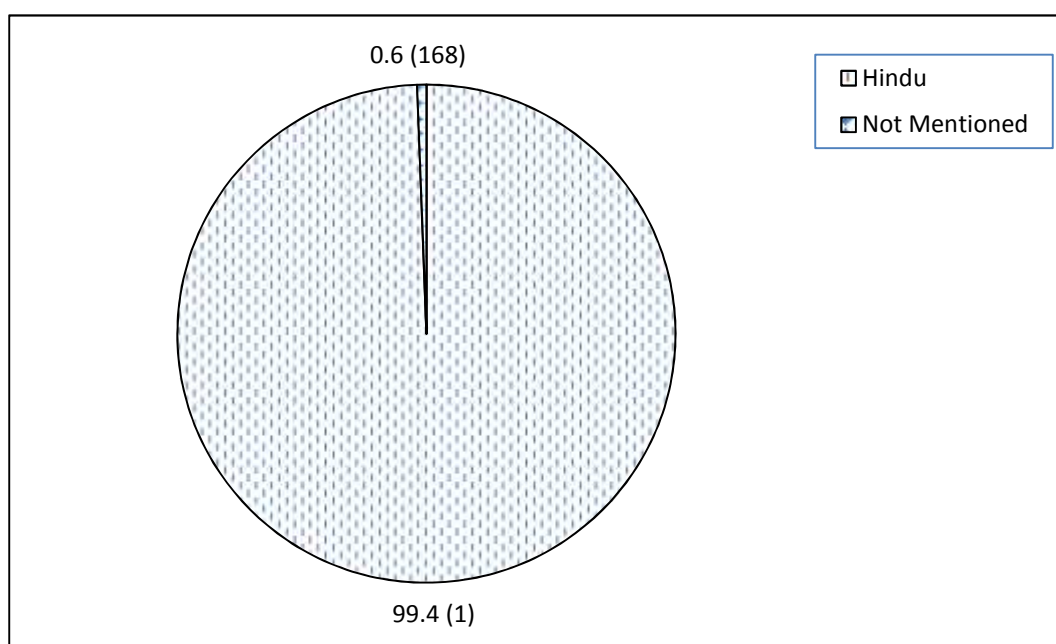
Age Group(in years)	Frequency	Percent
5-10	17	10.05
10- 15	110	65.09
15-20	42	24.86
Total	169	100

*Source: Field Survey, 2017*

Table 4.3 shows that the highest number of respondents (65.09%) are aged from ten to fourteen years which is school aged too. Although some of the respondents (24.86%) are over school aged from fifteen to twenty years, it can be happened due to various reasons such as remote area, geographical condition, repetition of classes, lately admission in school and others socio-economic conditions.

#### 4.4 Religion of Respondents

Religion plays one of the major role on consensus, stability, order and unity in our society. Religion regulate the activities of people in own way, which may include beliefs, practices and organizational forms of religion. The study shows virtually all the respondents are followed Hindu religion.

**Table 4.1: Religion of Respondents**

*Source: Field Survey, 2017*

From the above pie chart, it shows that the majority of respondents (99.4%) belongs to Hindu religion and only 0.6% respondents were not responded toward religion. From this study it can be said that most of the respondents follow Hindu religion which is also one of the religion followed by majority of Nepalese people in the context of Nepal.

#### **4.5 Family Size of Respondents**

Family has been a very resilient social unit. The family is an intimate domestic group of people related to one another by bonds of blood, sexual mating or legal ties. Family size indicates number of family members which may determines socio-economic status of the family.

**Table 4.4: Family Size of Respondents**

<b>Family Size</b>	<b>Frequency</b>	<b>Percent</b>
upto 4	69	40.8
5-7	91	53.8
8 and above	8	4.7
Not Mentioned	1	0.6
Total	169	100.0

*Source: Field Survey, 2017*

In the table 4.4, 40.8% has up to four member in their family, 53.8% has five to seven members and 4.7% has eight or above. From this study it is cleared that family members of a family is five to seven members, which is very common in our society. Joint family is gradually decreased in present days.

#### **4.6 Types of Family**

Family is a basic unit of social structure. There are mainly two types of family in our society; they are Nuclear of family and joint family. But changes occur in the structure of family with time change respondent's family structure is shown in the table.

**Table 4.5: Types of Family**

Types of Family	Frequency	Percent
Nuclear	123	72.8
Joint	37	21.9
Not Mentioned	9	5.3
Total	169	100.0

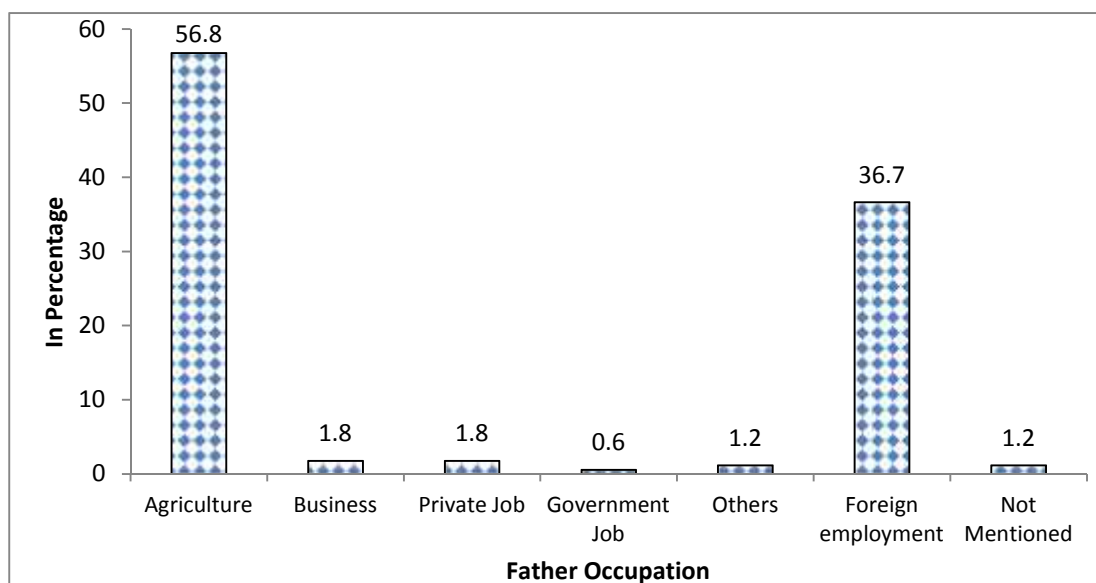
*Source: Field Survey, 2017*

In the table 4.5, 72% respondents belong to Nuclear family and 21.9% respondents belong to joint family. It indicates that nuclear family is in more practice than joint family.

#### **4.7 Distribution of Respondents by their Father Occupation**

Fathers' occupation plays vital role in family in our society. Occupation implies the income generating activity of the people.

**Table 4.2: Distribution of Respondents by their Father Occupation**



*Source: Field Survey, 2017*

In the above bar graph, 56.8% of them are involving in agriculture, 36.7% of them are involving in foreign employment, 1.8% at business. This study shows that the main

occupation is agriculture. Foreign employment is another main occupation of respondents' family.

#### **4.8 Distribution of Respondents by their Mother Occupation**

Mothers' occupation plays assistive role in family in our society. Most of the rural women engaged in agriculture as well as in household works rather than in job and business.

**Table 4.6: Distribution of Respondents by their Mother Occupation**

<b>Mother Occupation</b>	<b>Frequency</b>	<b>Percent</b>
Agriculture	158	93.5
Business	5	3.0
Private Job	1	0.6
Government Job	4	2.4
Others	1	0.6
Total	169	100.0

*Source: Field Survey, 2017*

In table 4.6, 93.5% of the respondents' mothers are involving in agriculture, 3% are involving in business, 0.6% are in private job, 2.4% are in government and 0.6% are in other. It indicates that the highest numbers of mothers are engaged in agriculture.

#### **4.9 Main Source of Income in Family**

Nepal centers on an agrarian economy. The main source of income in family is agriculture. Nowadays the foreign employment is another main income source of family.

**Table 4.7: Main Source of Income in Family**

<b>Income Source</b>	<b>Frequency</b>	<b>Percent</b>
Agriculture	92	54.4
Foreign employment	68	40.2
Wage labor	7	4.1
Other	2	1.2
Total	169	100.0

*Source: Field Survey, 2017*

In table 4.7, the main income source of family is agriculture 54.4% which is highest, 40.2% of respondents main income source is foreign employment and 4.1% of respondents' main income source is wage labor, 1.2% is others. This study shows that the main income source of their family is agriculture. Now days most of the active people are engaged in different economic activities outside the home.

#### **4.10 Market Foods in Village**

We can't survive without foods. Most of the rural people are engaged in agro activities for foods. Some foods which are available in village are not grown in the village, food production from their land is insufficient for their family.

In other study, it shows that respondents' parents manage the insufficient goods by buying from market. Market foods can easily get in study area. Market foods are available their through transportation of vehicles.

#### **4.11 Buying Foods from Markets**

All foods that we eat can't produce ourselves. People develop exchange system from the ancient time. Now, buying the foods from market is more common to fulfill insufficient things.

**Table 4.8: Buying Foods from Markets**

<b>Particular</b>	<b>Frequency</b>	<b>Percent</b>
Almost one third	27	16.0
More than half	63	37.3
Only partial	79	46.7
Total	169	100.0

*Source: Field Survey, 2017*

In table 4.8, 16% of respondents' family buy almost one third food, 37.3% of respondents' family buy more than half and 46.7% of their family buy only partial markets food from markets. From the table it is cleared that they buy foods from the market.

#### 4.12 Managing of Money for Market Foods

Due of facilitation of transportation market foods can get easily in the rural area. Money should be managed for buying market food.

**Table 4.9: Managing of Money for Market Foods**

Particular	Frequency	Percent
From foreign employment	72	42.6
From agriculture	82	48.6
From business	4	2.4
From wage laboring	9	5.3
From private/government job	2	1.2
Total	169	100.0

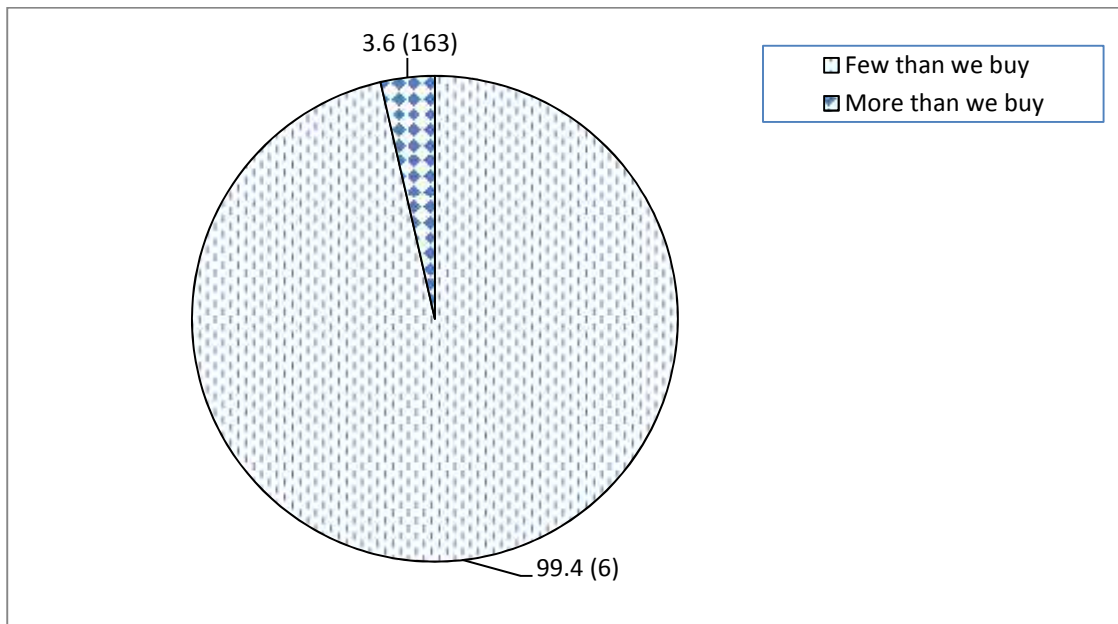
*Source: Field Survey, 2017*

From the above table 4.9, it is clear that each family of respondent could afford for market food products, 42.6% of respondents family managed money from foreign employment, 48.5% from agriculture 2.4% from wage labor and 1.2% from private and government job.

#### 4.13 Selling of Local Foods Product

There is less production in village and also the lots of the productive lands are barren covered by grass and bashes (researcher herself observed). So, they have to manage money for affording market foods products. Even if they have lack of the money they borrow or loan the money through different medium such as Sahakaari(Cooperative) and the person who have money in the condition of returns principal with interest.

**Figure 4.3: Selling of Local Foods Product**



*Source: Field Survey, 2017*

In the above pie chart, 96.4% of respondents parents cell food products few than they buy and 3.6% respondents sell more food products than they buy. From the study it is also known that the respondents' parents also sell food products which are produced at their village which is also main source of money in village. I.e. agriculture products such as vegetables, grains, animal products (meat, ghee, milk, curd), children etc. It shows that economic activity is being changed in village area due to availability of different facilitation.



### **Case Study-1**

Asmita pun is a student who study in class class VIII. She lives in Lespar Parbat. Her school name is Shree Shalija Secondary School. She says about her and her food habits:

I am 15 years. My weight is 42 kg. My parents are involving in agriculture. Both of them are farmer. My father also works as labor while there is less work in the farming field to earn money. I eat three times per day. I eat green vegetables, beans, rice in the morning and evening meal. I take markets foods once at school during tiffin time like noodles, biscuits, chips, kurkure, cold drinks. My father provide money for schools tiffin. I like packet food more than homemade food. I prefer to take fast food like Chatpate, Panipuri more than three times in a week.

### **Case Study-2**

SukriyaBK is a student who study in class class VII. She lives in Lespar Parbat. Her school name is Shree Shalija Secondary School. She says about her and her food habits

I am 13 years. My weight is 40kg. My mother is involving in agriculture. My father works in foreign country I eat three times per day. I eat green vegetables, beans, rice in the morning and evening meal. I take markets foods once at school during tiffin time like noodles, biscuits, chips, kurkure, cold drinks. My father provide money for schools tiffin. I like packet food more than homemade food. I prefer to take fast food like Chatpate, Panipuri more than three times in a week.

## CHAPTER V

### FOOD BEHAVIOR OF STUDENTS

This chapter deals about food behavior of students in term of different aspects such as daily taking foods, types of taking foods, frequency of taking junk food, health problems, nutrition education .

#### 5.1 Times and Types of Food Taking Per Day

Humans need food to get energy and to be healthy in order to survive. The requirements of energy and nutrients are different due to differences in race, age, sex and physical activity level. All the nutrients that are required for human are obtained from various food that we take daily.

**Table 5.1 (a) Times of Food Taking Per Day**

We eat foods many times in the certain interval of time within in twenty four hours or per day. The following table shows respondents food taking times per day.

<b>Times</b>	<b>Frequency</b>	<b>Percent</b>
Three times	163	96.4
Four times	6	3.6
Total	169	100.0

*Source: Field Survey, 2017*

According to study, 96.4% of respondents eat food three times per day and only 3.6% of them eat four times per day. From this study it is clear that the highest number of the respondents take food three time per day.

**Table 5.1 (b) Types of Food Taking Per Day**

We eat different types of food every day to regulate life process which indicates living beings .Foods that we eat daily should contain all essential nutrients to our body. The following table shows types of food that respondents take per day.

<b>Types of Food</b>	<b>Frequency</b>	<b>Percent</b>
dal, bhat, noodles, chatpat, biscuits	27	16.0
dal, bhat, chatpat	15	8.9
bhat, tarkari, dhido, dal, saag-sabji, noodles, biscuits	33	19.5
dal, tarkari, bhat, noodles	24	14.2
dal, bhat, meat	6	3.6
dal, bhat, gedagudi, saag-sabji	61	36.1
dal, bhat, saag-sabji, meat, egg, pulses, chatpat	3	1.8
Total	169	100.0

*Source: Field Survey, 2017*

In table 5.1 (b), 16% of respondents eat dal, bhat, noodles, chatpat (spicy fastfood), biscuits, 8.9% of students eat dal, bhat, chatpat, 19.5% of respondents eat bhat, tarkari, dhido, da, saag-sabji, noodles, biscuits, 14.2% of respondents dal, tarkari, bhat, noodles, 3.6% of respondents eat dal, bhat and meat, 36.1% of students eat dhal, bhat, saag-sabji, meat, egg pulses, chatpat.

From the survey it is clear that the most of the respondents (36.1%) have eaten dal, bhat, gedagudi and saag-sabji, least of them have eaten meat in their daily food schedule.

## **5.2 Food Preparation**

In our society, women play an important role in food production, selection, purchase and processing. It is usually women's responsibility to cook, some women are responsible for milking, breeding poultry and livestock and also sowing and harvesting. As a wife and mother, she is family food provides.

**Table 5.2: Food Preparation**

<b>Particular</b>	<b>Frequency</b>	<b>Percent</b>
Self	39	24.2
Parent (/mother)	113	64.8
Sisters	8	4.9
Others	4	2.7
All of above	5	3.3
Total	169	100.0

*Source: Field Survey, 2017*

From the table 5.2, it is reported that 64.8% of respondents mother prepare food for their family, 24.2% of them prepare food themselves for their family. The respondents who prepare food themselves for their family are mainly girls. 4.9% of respondents' sister prepare food for their family and 3.3% of the respondents' food prepare by others from this study, women play main role in preparation of food for their family.

### **5.3 Lunch and Dinner**

The time of lunch and dinner for Nepalese people is generally at morning and evening respectively. Most of them have eaten their lunch and dinner at home. The following table shows the foods that taken by respondents at lunch and dinner.

**Table 5.3: Lunch and Dinner**

<b>Particular</b>	<b>Frequency</b>	<b>Percent</b>
dal, bhat and tarkari	166	98.2
bhat, bhat, meat and fruits	3	1.8
Total	169	100.0

*Source: Field Survey, 2017*

In the table 5.3, 98.2% of respondents have taken dal, bhat and tarkari as lunch or dinner. 1.8% of respondents have taken dal, bhat, meat and fruits. It shows that, they have often eaten dal, bhat and tarkari, mean and fruits are not included frequently but they have taken sometimes.

### **5.4 Snacks or Khaja**

Students take snacks or khaja at tiffin time and school. Snacks are supplement as minor food. The amount of snacks or khaja is less than lunch and dinner in the context of rural area.

**Table 5.4 Snacks or Khaja**

	Frequency	Percent
Roti and tarkari	3	1.8
Bread and biscuit	12	7.1
Noodles	118	69.8
Others	24	14.2
All of above	12	7.1
Total	169	100.0

*Source: Field Survey, 2017*

In table 5.4, 69.8% of the students have taken noodles as snacks, 1.8% have taken roti and tarkaki, 7.1% have taken bread and biscuit, 14.2% have taken others.

From the above table it is clear that 69.8%, which is the highest in number have taken noodles as snacks which is readymade packed food. So, this indicates that they have taken less homemade food for snacks.

## **5.5 Foods for Snacks or Khaja**

In the village area, before the availability of packed food, readymade food, most of the people had taken homemade food as snacks because there were no other option to choose and take. Now, most people take packed food, readymade food and fast food for snacks.

**Table 5.5: Foods for Snacks or Khaja**

<b>Foods for Snacks</b>	<b>Frequency</b>	<b>Percent</b>
Noodles	67	39.6
Fast food	96	56.8
Homemade food	3	1.8
All of above	3	1.8
Total	169	100.0

*Source: Field Survey, 2017*

In table 5.5, 39.6% respondents has taken noodles for snacks or khaja, 56.8% have taken fast food (chatpat, panipuri, momo, chowmin), 18% of them have taken all of above mentioned.

This study shows that they are more interested on fast food and readymade food which are usually commercially prepared.

### **5.6 Frequency of Taking Junk Food**

Junk food can be appealing for a variety reasons including convenience, price and taste. For children, who don't always understand the health consequences of their eating habits, junk food may appear especially appealing.

**Table 5.6: Frequency of Taking Junk Food**

<b>Particular</b>	<b>Frequency</b>	<b>Percent</b>
One to three times during the past 7 days	12	7.1
Four to six times during the past 7 days	94	55.6
One to two times per day	63	37.3
Total	169	100.0

*Source: Field Survey, 2017*

In table 5.6, 71% of respondent eat or drink junk food on to three times during the past 7 days, 55.6% of them have taken four to six times during the past 7 days, 37.3% of them have taken one or two times per days.

It shows that, 55.6% of respondents which is the highest in number took junk food four to six times in a week. Mostly they intake junk food at school during tiffin time to because their parents provide them money for them instead of homemade food.

### **5.7 Expenditure on Snacks per Day**

Money is the circulating medium of exchange. Money is needed to buy necessary goods in our daily life.

**Table 5.7 Expenditure on Snacks per Day**

<b>Particular</b>	<b>Frequency</b>	<b>Percent</b>
Less than Rs. 20	2	1.2
Rs. 20	56	33.1
Rs. 30	93	55.0
Rs. 50	6	3.6
More than Rs. 50	12	7.1
Total	169	100.0

*Source: Field Survey, 2017*

In the above table 5.7, 1.2% of respondents get less than Rs. 20, 33.1% of respondents get Rs. 20 per day, 55.0% of respondent get Rs. 30 to buy snacks per day, 36% of respondents get Rs. 50 for snacks and 7.1% of respondents get more than Rs. 50.

As children wants parents provide money for their tiffin. According to parents opinion their children also wanted to take money rather than homemade tiffin which is also easier and faster for them.

### **5.8 Source of Money for Snacks (Junk Food)**

Every parents has to manage money for buying junk food. Parents provide money to by junk food or snack every day. The following table shows the source of money for their children.

**Table 5.8 Source of Money for Snacks (Junk Food)**

<b>Particular</b>	<b>Frequency</b>	<b>Percent</b>
Job (Private/Government)	8	4.7
Wage labor	15	8.9
Remittance	64	37.9
Business	8	4.7
Agriculture	74	43.8
Total	169	100.0

*Source: Field Survey, 2017*

From the table (5.8), 43.8% of respondents' source of money is agriculture, 37.9% of respondent's source of money for snacks is remittance, 4.7% of respondent's source of money is job and 4.7% of respondent's source of money is business for their snacks. From this study it can be concluded that the main source of money is agriculture.

### 5.9 Health Problems of Respondents

It is necessary to have a healthy food habits to be healthy. Food are also needed for physical and mental development of body. Unhealthy foods habits may cause various kinds of health problems.

**Table 5.9: Health Problems of Respondents**

	Frequency	Percent
Yes	123	72.8
No	46	27.2
Total	169	100.0

*Source: Field Survey, 2017*

In table 5.9, it shows that 72.8% of respondents have health problems and 27.2% of respondents don't have any health problems. This study shows that maximum number of the respondents have health problems.

### 5.10 Diseases or Imparities of Respondents

Health and disease are condition that people in a society encounter, depending upon their access to basic as well as prestige resources. Diseases varies from society to society, in some part because of the climatic or geographical conditions but in large part because of the ways productive activities, resources and reproduction are organized and carried out. (Hans A.Baer, 2003).

The following tables shows health problems or imparities of respondents;



**Table 5.10: Diseases or Imparities of Respondents**

Health problems	Frequency	Percent
Stomach	57	33.7
Toothache	48	28.4
Other	18	10.7
Total	123	100.0

*Source: Field Survey, 2017*

In table 5.10, it shows that 72.8% of respondents have health problems and 27.2% of respondents don't have any health problems. The respondents who have health problems, 33.7% of them have suffered from toothache, 28.4% have suffered from stomach and 10.7% of them have suffered from others problems.

From this study it is clear that the highest number of students suffered from toothache and stomach in compares' with other health problems. It can be caused due to their unsafe eating habits. They eat sweet chocolate, candy, biscuits regularly which may bring toothache problem.

### **5.11 School Education and Hygienic Foods**

There is significant relationship between education and food consumption. Students are also taught about health and nutrition in school i.e. included in course of study. Education might influence food choice by facilitating, or constraining one's ability to understand the information communicated in nutrition education.

**Table 5.11: Knowledge of Respondents about Hygienic Foods**

	Frequency	Percent
Healthy and fresh	63	37.3
Our food should have contained all the food nutrients	37	21.9
Balanced diet	69	10.8
Total	169	100.0

*Source: Field Survey, 2017*

In the table 5.11, 37.3% of students are in opinion to have healthy and fresh foods, 21.9% of respondents are in opinion to have foods which contained of all nutrients

and 40.8% of respondents are in opinion to have balanced diets. This study shows that respondents have knowledge about the kinds of food that we should eat.

Despite students are well known about to intake fresh, balanced, nutritious and healthy food in proper amount, they are consuming the foods which have low nutritional values. From this study, it is cleared that the association between food choices were stronger in relation to socio-economic influences and surrounding environments. It also shows that nutrition education in school level is not seen effective and practical.

### **Case Study -3**

Prabin Pun is a student who study in class VI. He lives in Lespar , Parbat. His school name is Shree Shalija Secondary School. He says about him and his food behavior

I am 11 years olds. My weight is 45 kg. My parents are involving in business, agriculture and farming. I eat foods five times per day. My mom provides home made food twice a day in the morning and evening. Most of the time at early morning, I eat bread, biscuits and tea. During day time at school, I eat foods which are mostly found in shop like bread, noodles, biscuits, chips, cold drinks etc. I take this food from my own shop in permission of my parents. After school I also take snacks which are available in my shop. I eat Dal, Bhat, Tarkari, pickle, meat fruits in morning and evening meal. I love to eat market foods which are available in my shop but when I see more attractive and new types of market foods in others shop I asked money to my parents to buy them. Sometimes I prefer to take fast food like Chatpate, Panipuri. At tiffin time at school, I and my friends share our foods. Sometimes I take home made food like Corn, Beaten rice, maize and Roti for tiffin. I also take seasonal fruits which are found in my like peach, palm, orange etc. I mostly choose snacks and tiffin myself. Sometimes I do as my friends do.

Above case study shows that, his family background seems economically strong. He eats foods five times per day which is uncommon than other students may be due to this reason, he has got overweight (45kg in 11 years). He eats homemade foods twice a day in the morning and in the evening. He mostly takes readymade foods, junk foods and packaged food for snacks, tiffin and breakfasts.

## CHAPTER VI

### CONSUMPTION OF JUNK FOODS

This chapter interprets about attitude towards consumption of junk foods by students and also explains about impacts of mass media to choose foods.

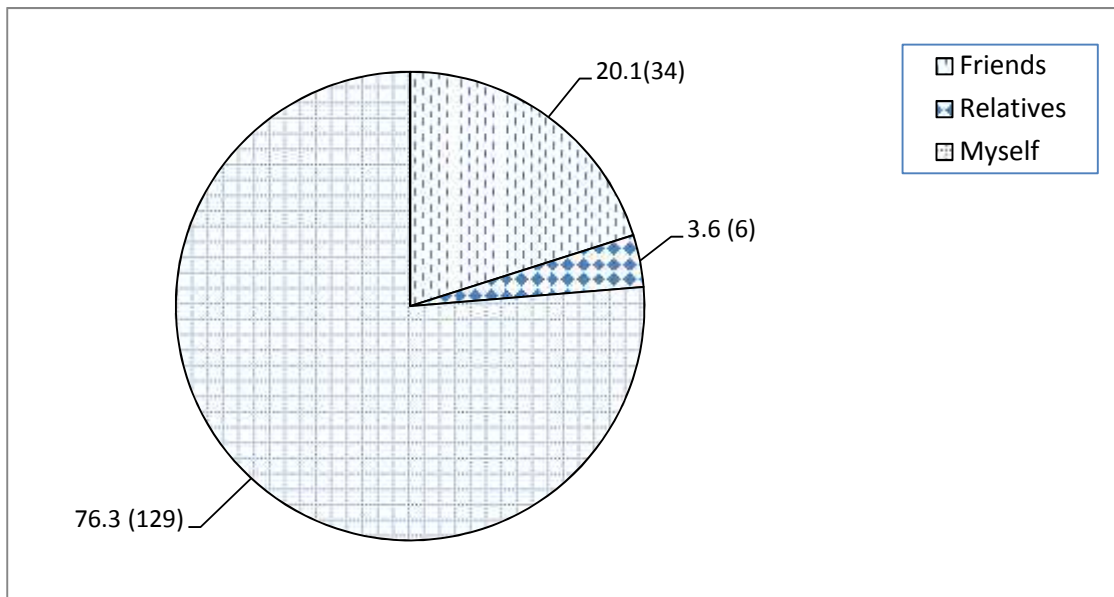
#### 6.1 Taking of Junk Foods

"Junk food" has gone global in 21<sup>st</sup> century for better or for worse junk food is now available all over the world. We see it must everywhere we go. In this study, total numbers of respondents eat junk food frequently most of them intake more junk food as snacks or khaja at school.

#### 6.2 Person Suggesting to Take Junk Food

Taking junk food may be influenced by others behavior i.e. family, friends, peers i.e. an important factors of socialization and recreation is also largely influenced by others (family, friends and peers). Children want to take food what the offers people take.

**Figure 6.1: Person suggesting to take Junk Food**



*Source: Field Survey, 2017*

In the above pie chart, 20.1% of respondent take junk food in the suggestion of their friends 3.6% of them take in the suggestion of relatives and 76.3% of them choose

themselves. From this study that the highest number of respondents choose junk food by themselves. If even their parents also wanted to fulfill their children offering.

### 6.3 Causes of Taking Junk Foods

Junk foods are widely available. Eating junk food regularly is linked to basify and chronic health condition such as high blood pressure but many people still choose junk food. Junk food is typically cheap, processed and prepackaged, making it easily available, but there are several prepackaged, making it easily available, but there are several psychological motivators that predispose people to choosing if as meal or snacks.

**Table 6.1 Causes of Taking Junk Foods**

Particular	Frequency	Percent
It tastes better	156	92.3
It is faster	13	7.4
Total	169	100.0

*Source: Field Survey, 2017*

In table 6.1, the highest number of respondent take junk foods due to its taste which is 92.3% and 7.7% of respondent take junk foods because of getting faster than offers homemade food. This study shows that respondents take junk foods due to its taste and convince.

### 6.4 Hardshipness of Giving up Unhealthy Eating Habits

Unhealthy habits are too hard to change. Healthy foods may not satisfy their appetite. In this study whole respondent are well known that junk foods are not good for health. The following table 6.4shows that how hard to give up the unhealthy eating habits.

**Table 6.2: Hardshipness of Giving up Unhealthy Eating Habits**

<b>Particular</b>	<b>Frequency</b>	<b>Percent</b>
Easy	39	23.1
Somewhat easy	44	26.0
Somewhat hard	18	10.7
Hard	50	29.6
Impossible	18	10.7
Total	169	100.0

*Source: Field Survey, 2017*

In the above table 23.1% of the respondent are in the opinion that it's easy to give up their unhealthy eating habits, 26% of them are in the opinion that its somewhat easy 10.7% of them its somewhat hard, 29.6% of them are in opinion that it is hard and 10.7% of respondents are in opinion that it is impossible to give up such a eating habits.

Eating healthy foods may be expensive and consuming time to prepare some of the respondents responded that it's also hard to find healthy options when eating out. They also enjoy the foods what they eat. The highest number of respondents felt that it hard to give up due to become habitual and also influenced by social setting (environmental adaptation).

### **6.5 Mass Media and Food Behaviour**

Today's time is based on information and communication. Eating habit have changed drastically and rapidly over the years. People regularly eat out, bring home ready to eat meals. This trend is mainly influenced by the media which promotes such behaviour through commercials and popular program and movies. The media is major source of information and misinformation on nutritional sources. The media through advertising promotes unhealthy foods rich in sugar, fat salt as the ideal food.

## 6.6 Communication Medium at Home

Communication media become one of the important means of delivering and receiving data or information in our society. The following table shows that the meaning of communication media at respondent's home.

**Table 6.3: Communication Medium at Home**

Particular	Frequency	Percent
Radio	35	21.4
TV	60	35.7
Telephone/mobile	64	38.4
Computer	15	3.7
All of the above	3	0.7
Total	169	100.0

*Source: Field Survey, 2017*

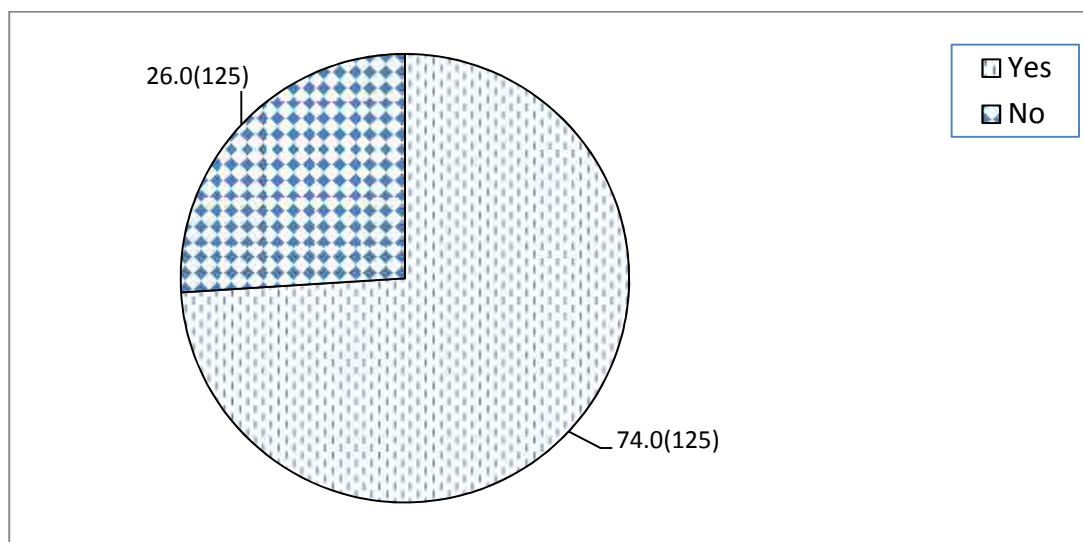
In the above table 6.6, 87.3% of respondents have television of their home which is highest, 52.4% of respondents have radio at their home, 94.0% respondents have mobile, 9.0% of the respondents have computer.

From this research work, it is clear that television is particularly responsible for majority of unhealthy eating habits today. Media influence on children of all ages.

## 6.7 Advertising Foods on Media

The food items usually marketed to young audiences include sweetened cereals, fast food, snacks and candy which are all foods high in sugar, fat and salt. The advertisement messages are not based on nutrition but on emotional and psychological appeal. The following table shows the opinion of respondents about advertising foods on media.

**Table 6.2 Advertising Foods on Media**



*Source: Field Survey, 2017*

In above figure, 74% of respondents are in opinion that it is more stylish to eat or drink foods which are advertise in media, 26.0% of the respondents are in opinion that they are not agree that it is more stylish.

From this study, it is clear that the highest numbers of students are attracted to advertising foods which may change their lifestyle. However, the media can also influences food choices positively particularly if the information being provided is accurate and is promoting healthy food choices.

### **6.8 Attitude of Respondents toward Local Food Product**

Rural people mainly engaged in agriculture to grow and produce food required for them. Even if there is less products in village, respondents also prefer foods which are produced of village.

**Table 6.4: Attitude of Respondents toward Local Food Product**

Particular	Frequency	Percent
They are healthy	66	39.1
They are full of nutrients	63	37.3
I like that	28	16.6
They are fresh	12	7.1
Total	169	100.0

*Source: Field Survey, 2017*

In table 6.4, 39.1% of respondent like local food because local food products are healthy, 37.3% respondent like because local foods are full of nutrients, 16.6% like most to eat local foods and 7.1% thought that local foods are fresh so they like.

From this study, it is clear that the respondents also know the value of local foods but they like local foods due to its beneficial properties.

## 6.9 Attitude of Respondents on Packaged or Junk Foods

The rapid movement of goods, people, resources, ideal and technology are the characteristics of globalization which have influenced and shaped on food behavior. Globalization has also changed on food consumption pattern. So, markets foods products are easily and widely available in village area too due to various ways. Respondent prefer food product available in the market.

**Table 6.5: Attitude of Respondents on Packaged or Junk Food**

Particular	Frequency	Percent
They are tasty	93	55.0
They are more attractive	34	21.1
I like most	18	10.7
I know it from advertisement	24	14.2
Total	169	100.0

*Source: Field Survey, 2017*

In above table 6.5, 55% of respondents prefer market food products due to its taste 20.1% of respondents prefer because market foods products are more attractive, 10.7% like most the market foods and 14.2% know the market foods from advertisement.

From this study it is dear that the respondents prefer market foods more due to its taste and its attraction towards them. Sometimes it is also seen that there is no other healthy food option around them.



## **CHAPTER VII**

### **SUMMARY AND CONCLUSION**

#### **7.1 Summary**

This study on food eating behavior in Rural Area in the three schools located at ward no 4 of Modi rural municipality has been carried out by using primary data collected from the students of schools. The main objectives of this research are to analyze cause of socio-economic status as well as peer pressure on food consumption pattern and to find the causes of taking junk food.

Foods promotes the health and well-being of human being if consumed appropriately and in a hygiene manner. Socio-economic status of society also shape students foods behavior.

Literature review is the most effective key for the sound completion of any research. It helps in development of objectives, methodology tools etc. The interview schedule, observation, group discussion, key informant interview are implemented to collect the necessary information. Some case study also have been done on food habits and practice related information on food behavior of the respondent.

This study is descriptive in nature which accompanies the primary source of data as interview schedule and secondary sources of data as journals, reports, and magazine, online. The research field has been selected by using purposivesampling method. The sample size of the study is 169. It have been selected by using purposive sampling method. The research inquired the response of respondents by using interview schedule to enable the entire research a successful completion. After data collection, the data verified, manipulated and tabulated according to SPSS then mathematical analysis and interpretations were adopted into percentage logistic term and conclusion was withdrawn and proved. Among the 169 respondent, cent percent respondent has assured the food is determinant of our healthy life. The study revealed that socio-economic and cultural effects on consumption of market food product, fast food, readymade food, packed food which consumed at peak level. Even though the knowledge related information was adequate among respondents the food practice

behavior need to be corrected through learning group's norms habits and ideal because of their decisions and choices and mostly affected by the environment surrounding them.

## **7.2 Major Findings**

The study is based on primary data. Interview schedule was used to collect the data. In this process of the analyzing and interpreting the data, tables, percentage, tabulating, graphs and charts have been used. After analyzing the following results have been found.

- ❖ The female students were 59.8 percent and male students were 40 percent.
- ❖ The main occupation of majority of the father of family was agriculture (56.8%), followed by foreign employment (36.7%), business (1.8%), private job (1.8%), government job (0.6%) and other wage labor (1.2%).
- ❖ The occupation of majority of the mother of family is also agriculture (93.3%), business (3.0%), private job (0.6%), government job (2.4%) and other (0.6%).
- ❖ The majority of respondents' main source of income was agriculture (54.4%), followed by foreign employment (40.2%), wage labor (4.1%) and others (1.2%).
- ❖ Cent percent students' family had insufficient food production in their land so their parents managed it by buying foods from shop. 46.7% of respondent bought market foods partially, 38.3% of respondent's family bought more than half and 16.0% of respondents family bought almost one third.
- ❖ The total respondents responded that their parents sold food products produced at village. The majority of respondents replied that they sold few local food products than they bought (96.4%) and only 3.6% sold more local product than they bought.
- ❖ The majority of respondents (96.4%) would take food three times per day and 3.6% would take four times per day.
- ❖ The majority of respondent 98.2 percent consumed rice, dal and curry as lunch and dinner.

- ❖ The majority of respondents 69.8% took mostly noodles as khaja (tiffin), 7.1% respondents' responded as to have been bread and biscuit, 1.8% took roti and tarkari, and 14.2% took homemade foods.
- ❖ Most of the respondents (55.6%) would take junk food four to six times during the past seven days, 37.3% would take one to two times per day, 7.1% would take one to three times during the past seven days.
- ❖ The majority of respondent (76.3%) were choose junk food themselves, 20.1% of them were choose junk food in the suggestion in the suggestion of relatives.
- ❖ In total respondents (169), 92.3% respondents likes to take junk foods due to its tastes and 7.7% due to its convenience (faster).
- ❖ Out of 169 respondents, 29.6% were responded that its hard to give up unhealthy eating habits (taking junk food), 23.1% were responded easy, 26.0% responded somewhat easy, 10.7% responded somewhat hard and 10.7% responded it's impossible to give up such habits.
- ❖ Total respondents had positive knowledge about the fact that food determines health and life and what kind of food should to eat. 37.3 percent responded reacted that they should have healthy and fresh food, 21.9% should have foods contained all the nutrients and 40.8% should have balanced diet.
- ❖ Out of the 169 respondents, 74.0% were found having influenced by mass media for shaping their food habit, 26.0% were not believe that mass media influenced in their food behaviour.
- ❖ Most of the respondent (55.0%) preferred market foods by its taste, 20.0% preferred due to its attractiveness, 10.7% lived must and 14.2% know from advertisement.
- ❖ Total 169 students preferred food products which are produced at village due to its nutritional value.
- ❖ 39.1% of respondents liked local foods because of healthiness, 37.3% preferred due to its nutritious value, 16.6% liked most, 7.1% preferred due to its freshness.

- ❖ Most of the respondents preferred improper food habit causes of the improper food practiced by easy availability, attractiveness copying of others and peer influences.

### 7.3 Conclusion

Food has always a central part of our social existence. The consumption of foods shaped by socio-economic and cultural context as well as surrounding environment. The study has done in rural area. The maximum numbers of respondents' family are involved in agro-based activities which was also main income source and then followed by foreign employment. Despite all the family had insufficient food production in their land they sold food products produced at village to the market which help in participation of global activity. It's also seen that most of the respondents are engaged in homogeneous socio-cultural activities.

The study deals about food behavior of students in the rural area .The 96.4%of the respondents took meal for three times a day. Dal, bhat and tarkari were the main dishes for lunch and dinners. During School break most students took packed, readymade and junk food for Khaja (tiffin). Mostly times respondents parents provide money for school tiffin instead of homemade cooked food. Key informant parents viewed that, easily availability of money and markets food , less production in the rural area, easier, faster and affordable price are some reasons to choose readymade food, fast food, packed food and junk food for their children as Khaja.

(92.3%) liked junk food due to its taste. Even if they had good knowledge about healthy food they choose junk food due to easily available, attractiveness, convenience price, copying of others, peer influences. Taking into account all the information given by students in the questioner, the most striking fact is that they believe that the local food products are healthier. Besides the bad habits and unhealthy behavior, students also have the information about healthy nutrition at their age. This study also reveals causes of taking junk food by students.

The study also shows that students were directly influenced by means of mass media to shop their foods. 74%of respondents were in the opinion that it was more stylish to eat or drink foods which were advertised in media (TV & Radio). However, meat, fish, milk, fruits and other nutritious foods were taken by the respondents from time to time. It was satisfactory.

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**APPENDIX 1**  
**STUDENTS' FOOD EATING BEHAVIOR IN RURAL AREA**  
**(A sociological study of school students of Modi-4, Lespar in Parbat district)**

**Interview Schedule**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Religion: \_\_\_\_\_

School's name: \_\_\_\_\_

Address: \_\_\_\_\_

1. How many times do you eat foods per day?
  - a) Two times
  - b) Three times
  - c) Four times
  - d) More
2. Who prepares food for you in your home?
  - a) Self
  - b) Parents
  - b) Sisters
  - d) Others
3. What kind of food should you eat?
  - a) Any food which you have in your home
  - b) Any food you get from the market.
  - c) Only balanced diet
  - d) Others.....
4. What type food do you include in your daily schedule?
  - a) Only Dal, Bhat and Tarkari
  - b) Dal, Bhat , Tarkari ,Green leafy vegetables, milk, meat and fish
  - c) Dal, Bhat, Tarkari,Seasonal fruits
  - d) All of the above
5. .What do you often eat as lunch or dinner?
  - a) Only Dal and Bhat
  - b) Dal, Bhat and Tarkari
  - c) Dal, Bhat, meat and fruits
  - d) Any others (specify)



8. What do you take as snacks mostly?
  - a) Roti and Tarkari
  - b) Bread and biscuit
  - c) Noodles
  - d) Beaten corn and Mohi
  - e) Others.....
7. How do you choose your snacks?
  - a) Yourself
  - b) As your parents said
  - c) As your friends choice
  - d) As your senior choice
8. What food do you eat for snacks or Khaja?
  - a) Noodles
  - b) Fast food
  - c) Biscuit
  - d) Homemade food
9. Do you eat junk food like noodles, biscuits, candy, chocolate, kurkure, chips, and cold drinks frequently?
  - a) Yes
  - b) No
10. If yes, how many times did you eat/drink junk food?
  - a) I did not eat / drink junk food during the past 7 days.
  - b) 1to 3 times during the past 7 days.
  - c) 4 to 6 times during the past 7 days.
  - d) 1 to 2 times per day
  - e) 3 or more times per day
11. Who suggests you to take junk food?
  - a) Parents
  - b) Friends
  - c) sisters/brothers
  - d) relatives
12. Why do you eat /drink junk food?
  - a) It tastes better
  - b) It is cheaper
  - c) It is faster
  - d) Nothing else available at home

13. Do you know junk foods are not good for health?
  - a) Yes
  - b) No
14. If yes, how hard do you think to give up your unhealthy eating habits during junk food?
  - a) Easy
  - b) Somewhat easy
  - c) Somewhat hard
  - d) Hard
  - e) Impossible
15. Why do you take junk food?
  - a) My parents provide money to buy junk food.
  - b) My friends also take junk food
  - c) I like to eat /drink junk food
  - d) All the above
  - e) Any others.....
16. How much money do your parents or guardians provide to buy junk food per day?
  - a) Rs 20
  - b) Rs. 30
  - c) Rs. 50
  - d) More than Rs. 50
17. Do you know what the source of money is?
  - a) Job ( private/government)
  - b) Wage labor
  - c) Remittance
  - d) Business
  - e) If others.....
18. Where do you eat the healthiest food?
  - a) School
  - b) Home
  - c) Out
  - d) Others
19. Where do you eat unhealthiest food?



c) Private Job

d) Government job

e) Others.....

30. Do you think all homemade foods what you eat are grow in your village?  
a) Yes                      b) No
31. Is there sufficient food production from your land for your family?  
a)        Yes                      b)        No
32. If not how your parents manage for it?  
.....
33. Do your family buy foods from market?  
a) Yes                      b) No
34. If, yes how much foods do they buy?  
a) All food what we eat  
b) Almost one third  
c) more than half  
d) Only partial
35. Is it easy to get market food products in your village?  
a) Yes                      b) No
36. What is the transportation means to get market food products?  
a) Manpower  
b) By animals like mules  
c) Vehicles  
d) Others.....
37. Do you think, your family can afford for market food products  
a) Yes                      b) No
38. What is the main income source in your family?  
a) Agricultural                      b) foreign employment  
b) Wage labor                      c) others.....
39. Do you have communication medium at home?  
a) Yes                      b) No
40. Which Communication medium is at your home?  
a) Radio                      b) TV  
c) Telephone/Mobile)        computer  
e) Others.....
41. Do you think it is more stylish to eat/drink foods which are advertise in media?

- a) Yes                      b) No
42. Do your parents sell food products which are produced at your village?  
a) Yes                      b) No
43. If yes, how much do they?  
a) few than we buy  
b) a few than we buy  
c) some than we buy  
d) more than we buy
44. Do you prefer to eat food products which are produced at your village?  
a) Yes                      b) No
45. If yes, why do you like?  
a) It is fresh and healthy  
b) My parents suggest to eat  
c) My friends also like to eat  
d) I like to eat
46. Do you prefer to eat foods products which are available in market?  
a) Yes                      b) No
47. If yes, why do you like?  
a) They are testy  
b) they are more attractive  
c) I like most  
d) I know it from advertisement

## **APPENDIX 2**

### **CHECK LIST FOR GROUP DISCUSSION AND KEY INFORMANT INTERVIEW**

1. What is the most common food practice of school students?
2. What are the main causes that effect on food behavior of school students?
3. How is socialized students in rural area in terms of food eating?
4. What are the major income source for managing foods for family?
5. Available of food products in the rural area?
6. Awareness level of students and parents about healthy food habit?

### APPENDIX 3

#### KEY INFORMANTS AND GROUP DISCUSSION LIST

<b>Name</b>	<b>Address</b>	<b>Age</b>	<b>Post</b>
Yas Bahadur Pun	Modi-4 Halhale, Parbat	61	School Management Commission Member
Kamal Pun	Modi-4, Lespar, Parbat	27	Basic Level Teacher
Om Purja	Modi-4, Kyang, Parbat	30	Head Teacher
Dilmaya Pun	Modi-4, Lespar, Parbat	36	Basic Level Teacher
Dambar Bahadur Pun	Modi-4, Lespar, Parbat	55	Guardians
Tilkumari Pun	Modi-4, Lespar, Parbat	37	Housewife
Pratima Pun	Baglung	22	Nurse
Soniya Pun	Modi-4, Lespar, Parbat	17	Students
Bikash Pun	Modi-4, Lespar, Parbat	18	Students
Sagar B.K.	Modi-4, Lespar, Parbat	17	Students



Unika Pun	Modi-4, Lespar, Parbat	17	Students
Amit Pun	Modi-4, Lespar, Parbat	14	Students