

Practice of Junk Food Consumption among Educated People: A Sociological Study of Governmental Job Holders

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Abstract

As sociology of health, Bruce and Phelan (1995) state that health is a resource for everyday life, not the objective of living. This study concentrates on the practice of food consumption as a source of long life; and also believes that educated people generally consume hygienic food. Therefore, hypothesis of this study is developed as "higher the education, lower the junk food consumption practices."

Junk food is a term for the food that is of little nutritional value and often high in fat, sugar, salt, and calories. Common junk food consists noodles, pizza, burger, chips, mo:mo, candy, gum, sweet desserts, corn flakes, sugary carbonated beverages as well as alcoholic beverages. These junk foods have poor nutritional values and considered as unhealthy by the educated people. Exploratory research design was carried out to assess the practices regarding junk food consumption that remains highly a qualitative data based explanation. Total 50 respondents including both husband and wife were enrolled in the study. Data were collected using telephone and informal discussions by self-administered method that convenient sampling technique became non-optimal because of covid-19 pandemic. This study reveals that around half of the educated people (especially governmental job holders) have poor knowledge about the effects of

junk food; and almost all of the governmental job holders consume junk food. There is also a significant association of junk food with their jobs because what they learn from their offices, implement in their family and family members adapt it as their daily food practice. Only hand-countable households supervise their family members on the use of junk food. But, they also occasionally let their family members use junk food without restriction. Surprisingly it is found that except diseased people, all feel free to use junk food and even diseased ones take a bit in their plates to accept the offers of 'givers.'

Most of them are originally from outside the valley, especially remote zones of the nation; therefore, they easily welcome all city foods thinking that all those available foods would be known to them for their better prestige. In the long run, taste and habit both have reached the households and it has become a part of life. Thus, higher the education could not lower the trend and practice of junk food; this study disseminates on the basis of its fact.

Keywords: Health, Junk Food, Nutritional Value, Food Consumption, Junk Food Effects

1.1 Introduction

Junk food is defined as “those commercial products including pizza, burger, noodles, candy, bakery goods, ice cream, salty snacks, packaged flakes, cheese-balls, soft drinks and alcoholic and carbonated beverage, which have little or no nutritional value; but do have plenty of calories, salt, and fats. While not all fast foods are junk foods, most are. Fast foods are ready to eat foods served promptly after ordering. Some

fast foods are high in calories and low in nutritional value, while other fast foods, such as salads, may be low in calories and high in nutritional values. Michael Jacobson, director of the Center for Science in the Public Interest, invented this term and used it first in 1972. Although we eat unhealthy food for centuries, most types of junk food appeared in 20th century as a result of mechanization, electricity and labor-saving devices that were used for preparing food. It was a time when a processed food appeared and manufacturers started making food with cheaper ingredients with less nutritional value and using fast preparation methods further lessened healthiness of food. Snack food, gum, candy, and sweet desserts are even older and none healthier. But the term “junk food” is not strictly defined; and depends on personal tastes and social status. Junk food affects the brain in the similar matter as addictive drugs do (Kenny and Johnson, 2008).

Excess consumption of junk food leads rise to wide variety of physical disorders. School canteen, various restaurants and fast food centers are offering food high in fat and sugar which are actually contributing in the youth weight gain along with other problem like infection, food poisoning and dental diseases. Consuming junk food might stop the children from taking healthy meals either in school or at home. In spite of causing health problems, many people in this modern age consume junk food as their daily habitual diet. Now, some countries try to curb down consumption of junk food by increasing junk food taxes but it is too late.

In 1893 at the World's Fair in Chicago, when two brothers Frederick and Louis Rueckheim made a concoction of popcorn, peanuts, and molasses that was wildly popular. Their sweet invention went on a big sale commercially as Cracker Jack a few years later. In 1896, Cracker Jack became the best-selling sweet in the world twenty years after it was created. Now the junk food is popular around the world. It seems almost impossible to stop it but can be controlled. As cultural anthropologists argue that culture is changeable, food habits can be changed applying various remedies.

1.2 Statement

Rapid population growth in underdeveloped society and urbanization are challenging to maintain food security. As Julian Steward stated, "environment determines the culture", the environment of office and seminar, where the junk foods are common, has determined the food consumption practices of people. Busy life and imitation of life practices are the factors that are attracting people towards industrial packaged food. In this context, large multinational companies are coming forward to supply food to the whole world. They are supplying junk food items that have a good taste with attractive packaging. They are getting popular due to time factor, taste factor and appealing advertisements. Specially, school aged children are getting addicted to these foods which is hampering their growth and development. But people who are not educated but good in income easily permit their children to consume junk foods; and they themselves feel proud to have those types of tasty foods. But in spite of being educated, many people permit their family members to consume such types of food. A

survey of government of Nepal has shown that gazette officials hardly live more than ten years after their retirement. Thus, this study has tried to explore the food habits and practice of food consumptions among the educated people especially governmental job holders. To find out the situation of consumption of junk food among those people and their households, under-given questions are raised:

1. What is the situation of junk food consumption among educated people especially within the households of governmental job holders?
2. How do educated people perceive and practise junk food within their households?

1.3 Methods

Exploratory research design is applied for this study whereas the data are collected through informal group discussion and telephone conversation because the time of data collection was affected by corona virus pandemic. Mainly qualitative data are collected from twenty five households of governmental job holders in Kathmandu. Convenient sampling method is applied to select the households and its respondents. Respondents are considered as educated on the basis of their position of job not on the basis of their qualification/education they have acquired from the college or universities.

1.4 Conceptualization

How we produce and consume food is the biggest threat to nature today. It is a major driver of the emergence of infectious diseases. Unhealthy diets are the biggest cause of non-communicable diseases and 1.9 billion people are obese or overweight

(WWF, 2020). At the same time, we waste one third of all the food produced, and all the natural resources that went into its production, but nearly 700 million people go hungry every day. The problems are clear. All people need to eat but our current food systems are putting an impossible strain on the planet as well as in society. It is needed to make radical changes in the practice of food consumption. By changing consumption patterns and providing access to nutritious food for all, the world can tackle all forms of malnutrition fatal diseases. By tackling food loss and waste, all people of the world can ensure that every calorie counts, making a real difference to damaging and protecting life on the earth.

As Jamuna Prakash describes practice of food in South Asian Countries is traditional and ethnic communities, many people in multi-communities of Nepal practise their traditional food as their daily food in their households. But the *khaja* (foods which are generally taken in between two scheduled meals) is the most important daily food, and is almost all junk food in the households of Kathmandu valley. Instead of decreasing the trend of this food consumption, people are extending its items and areas within and outside the households of valley people such as foods in birthday party, foods in short and long family trip, foods in official meeting, foods in other get-togethers etc.

Therefore, data has been collected from the people of different castes, religion, previous residential backgrounds, educational backgrounds, gender and many other social aspects, which show frequencies, and are different but the tendencies are more or

less same in the practice of junk food consumption among the educated people's households and their family members. It also comprises some facts about their normal diseases by which, they feel, they have been affecting.

Caste based interpretation on the practice of junk food consumption is allocated as follows:

Table no. 1

Ethnicity of the Respondents

Particulars	No of Couples	Percentage (%)
Brahman	14	56
Chhetri	5	20
Janjati	3	12
Dalit	1	4
Madheshi and Muslim	2	8
Total	25	100

Source: Field survey, 2020

Table 1 reveals ethnicity of the respondents, who are educated but practice junk food within and outside their households. Data shows more than half (56) of them are Brahman and they usually practise junk food in their meals. Other rest people who are from different ethnicity holding government jobs also usually practise junk food although they have knowledge that junk food is harmful for their health. Therefore, this data shows that food consumption practice is beyond the limitation of traditional

ethnic/caste perimeter due to the impact of modern consumption pattern of packaged food. As Luhmann argues, what unites us in modern society is common acceptance of schematized contingency, junk food consumption is a common practice among the educated people in Kathmandu which has united diversified cultural groups in single consumption practice. There are not any boundaries for the consumption of junk food among various caste/ethnic people although there are still food taboos in the consumption pattern of local native foods.

Table no. 2

Religion based interpretation on the practice of junk food consumption is allocated as follows:

Particulars	No of couples	Percentage (%)
Hindu	20	80
Christian	1	4
Buddhist	3	12
Muslim	1	4
Total	25	100

Source: Field Survey, 2020

Table 2 shows religion of the respondents where majority (80%) are Hindu. Likewise, Buddhists are found as second largest in religion as like as the data shown in Census of 2058 within governmental job holders in Kathmandu. Christians and Muslims are found same but very low in number. Like the numbers of religion, junk

food consumption patterns of governmental job holders and their family members are not fluctuated. In spite of having distinct religious beliefs, they are found same in many aspects and more integrated in the patterns of industrial and fast food consumption. As Durkheim argues that religion as a practice contributes to the harmony and stability of society (CSJ, 2004), many distinctly different religious people are being harmonized and gathered together via junk food consumption practice. Almost they do not let each other share their home made foods but they easily share fast and junk food in banquet, restaurant, canteen and other fast food centers. Although there are food taboos with the concept of purity and pollution in the consumption and sharing of foods among those distinctly different religious groups of people from one household to another even in the case of living in the same community; they consume fast and junk food sharing each other's plate without hesitation in their comfortable zones. Most of their children also follow this practice but it is merely in canteen, banquet and restaurants. As innovation is described as a factor of social change, industrial packaged foods have played a vital role to transform the food consumption practice within and outside diversified religious groups. Muslims are found a bit more rigid than other religious group of people because they do not eat non-vegetarian items in restaurants and canteen except at their own communities'. But just opposite to the explanation of religion as a means of social control, educated people from different religious beliefs are making themselves free to consume junk and fast food in many ways and areas.

A healthy varied diet is essential for health, growth and development. Many religions include guidance on what is appropriate to eat in order to demonstrate faith. Data from the 2011 census shows that the five most common religious affiliations are Hindu (81.34%), Buddha (9.04), Muslim (4.38%), Kirant (3.04) and Christian (1.42%). Due to the diversity in religions, cultures and individual beliefs vary from one to another, but one good thing found always to know is very low restriction on the consumption practice of junk and fast food.

Hinduism is a diverse religion, with no central authority and with multiple scriptures and holy texts. Hindus believe that all living things have a soul, and believe in the concept of reincarnation, making Hindus reluctant to kill any living creature in some context. The majority of Hindu Brahmins are lacto-vegetarian (avoiding meat and eggs) among Hindus, although many of them may eat chicken, mutton, buff and fish. Beef is always avoided because the cow is considered a holy animal, but dairy products are eaten and considered as holy foods. Animal-derived fats such as lard and dripping are not permitted.

Some Hindus from high caste do not eat onions, eggs, lentils, garlic, chicken, pork etc. Alcohol is generally avoided. There is still a system of touchability and untouchability among the members of Hindu on the basis of caste.

Generally there are no dietary restrictions in Christianity. Individuals may choose to forgo alcohol and may choose whether or not to eat meat. During Lent Christians may stop eating certain foods.

Muslims eat *halal* (lawful) foods, which include fruit, vegetables and eggs. Any meat and meat products they consume must be from a *halal* slaughtered animal. Milk and dairy foods are *halal*, cheese may be *halal* depending on ingredients. There are concerns that not all meat sold as *halal* actually is, so careful sourcing is important. Prohibited foods include pork, crustaceans, blood, *non-halal* animal-derived additives such as gelatin or suet, alcohol and any foods containing alcohol as an ingredient.

Fasting is required during Ramadan, the ninth month of the Islamic calendar, when Muslims must refrain from consuming food, liquids and medication between sunrise and sunset. Some individuals are exempt from fasting, including pregnant, breastfeeding or menstruating women, children under 12 years, older people and chronically or acutely ill people.

Michael Marmot argues that the world is better than it was ever been in health sectors. Extreme poverty rates have been cut in half in the past 25 years. People are living longer and healthier life, child and maternal mortality rates plunging, and life expectancy at birth has substantially increased; it is just because of the improvement in the social determinants of health all over the world. But just opposite to his argument, almost all people, even educated, are neglecting their consumption pattern today. Many people from different religions, caste, creed and lineage are freely consuming fast and junk food in the same manner. Many people in Hindu religion do not eat meat and eggs but consume packaged noodles and other refined foods which consist eggs and meat as its ingredients. Muslim people, who do not consume meat items from the other

community, easily consume those packaged foods. Buddhists, who are considered more reluctant in the consumption of food varieties and are almost always against animal sacrifice, consume those packaged and fast food in restaurants and in their own programs. These evidences show that the consumption pattern, which is one of the social determinants of health, is declining people's health day by day that may threat the community health in near future.

Table: 3

Allocation of people on the basis of level of knowledge regarding Junk and fast food

Particulars	No of respondents	Percentage (%)
Adequate Knowledge	21	42.0
Average Knowledge	17	34.0
Poor knowledge	12	24.0
Total	50	100

Source: Field Survey, 2020

Above table shows the number of respondents not the number of couples as described in previous table because level of knowledge regarding junk and fast food varies between husband and wife.

This table (Table 3) reveals that 42% of respondents had adequate level of knowledge about the harmfulness of junk and fast food consumption. Only 24% of respondents had poor knowledge about it, where average data follows by 34%. This data points out that around half of the educated people are consuming junk and fast food

in spite of having adequate knowledge regarding harmful effects of junk food consumption. Average knowledge gaining people have heard about its harmfulness but do not know exactly how it affects health. People with poor knowledge just consume them because of their easy availability and instant service for satisfying the hunger.

As Bruce and Phelan describe both individual and social risk factors of ill health, fast and junk food consumption is individual risk factor for individual's health. It has not more nutrients as required by our body, it has only taste, cholesterol, saturated fat with full of spices.

1.5. Conclusion

The world is better than it had ever been. Extreme poverty rates have been cut in half in the past 25 years as stated by Marmot. People are living longer and healthier life, child and maternal mortality rates plunging, and life expectancy at birth has substantially increased but educated people are still practicing junk food consumption as per their need and availability without hesitation.

Many volumes of research have identified social factors at the root of much of health inequalities on the basis of their social determinants such as education and others. Likewise, betterment in all of those social determinants are the causes for changes of health status and education is one of those social determinants of the health but it found oppositely that educated people could not get benefit from their education for their health promotion. It also found that the situation of junk and fast food consumption is devastatingly increasing from their work place to the households among the

governmental job holders in Kathmandu valley. Most but not all of them perceive fast and junk food consumption as fascinating aspect of urban life and practice it as a prestigious behavior. As opposite to the hypothesis of this study, 'higher the education, lower the junk food consumption'; this study found unexpectedly that many educated people practise junk and fast food consumption in many ways that may hamper their health status in the coming days.

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