JUNK FOOD CONSUMPTION AMONG PUPILS OF MABINAY DISTRICT II ELEMENTARY SCHOOLS IN NEGROS ORIENTAL, PHILIPPINES: ITS CAUSE AND EFFECT ON ACADEMIC ACHIEVEMENT

Karen Luz Y. Teves* and Anabel M. Aseñas2

*Asst. Prof., Visayas State University, Philippines, kartevs@yahoo.ca
2Teacher III, Dept. of Education-DCCTMES, Philippines, anabel.asenas@deped.gov.ph

Abstract

The study determined the extent of junk food consumption among 227 Grade Six pupils in Department of Education (DepEd) Mabinay District II, Negros Oriental, Philippines and its cause and effect on academic achievement. Majority of the pupil-respondents aged 10-11 years old, male and whose parents were mostly farmers earning meager income. Findings further revealed that pupils liked eating healthy foods like fruits and vegetables but said food were not available because their parents cannot prepare due to lack of time and resources, thus, pupils resort to eating unhealthy or junk foods. Perceived barrier for eating healthy foods were time, food taste, lack of money and the influence of the advertised junk foods. In terms of academic achievement, majority of the respondents were average in the class and in good nutritional status. Furthermore, the insignificant relationship was found between respondents’ socio-demographic profile and perceived determinants to unhealthy snack consumption except gender. Junk food consumption is higher in male pupils but has no significant effect on their nutritional status. Soft drink consumption was also found to be insignificantly related to academic performance of the respondents. In conclusion, junk food consumption has no direct link of evidence to affect academic performance of pupils. Despite results of the study, the DepEd of the Philippines is encouraged to continue safeguarding the health of the pupils and impose rules and regulations to minimize selling of junk foods in the school community and promote healthier foods sold in DepEd school canteens.

Keywords: Junk foods, consumption, nutritional status, academic performance

1 INTRODUCTION

Relevant changes in nutrition patterns in both developed and developing countries is increasing popularity of so called “junk food”, which has low nutrient content but is high in salt, sugar and fats, food additives and preservatives. Junk food is widely available around the world, as it is rather inexpensive and easy to preserve (Shariff, et al., 2000). In the Philippines, junk food consumption problems among school children and lack of weak nutrition education campaign, along with the diet and junk food consumption-related
problems and chronic diseases associated with it are not strongly addressed by the country. Based on the Department of Education (DepEd) research findings, teachers observed that most children who are at wasted and severely wasted nutritional status are low performing and are most likely to skip attending classes (Shariff, et al., 2000). Teachers’ focus are then diverted from concentrating into the pupils’ performance progress in the class to seeking remedies on how to address emergent complaint of children with health problems in the class and to reaching out to pupils who skip classes even sacrificing and giving time for parent-teacher conferences and home visitation. To lessen the number of malnourished children especially in all public schools of the Philippines, DepEd issued DepEd Order No. 8 Series of 2007 which states that "the sale of carbonated drinks, sugar-based synthetic or artificially flavored juices, junk foods and any food product that may be detrimental to a child's health is prohibited” but with the caveat—except for food that have the Sangkap Pinoy brand and the approval of the Food and Drugs Administration (FDA), according to the order. This study was conducted to explore the perceived causes of junk food consumption and its effect on the academic achievement of 227 Grade Six pupils in DepEd Mabinay District II, Negros Oriental, Philippines. Specifically, the study sought to determine the socio-demographic profile of pupil-respondents, their perceived determinants to unhealthy snack consumption, soft drink consumption and perceived barriers to healthy food eating. Additionally, the interrelationship of these factors towards academic achievement of the pupils and nutritional status was determined.

2 METHODOLOGY

Pupil respondents were randomly selected from among all grade 6 pupils of the 12 schools of Mbinay District II, Mabinay, Negros Oriental, Philippines. Average grade and nutritional status in terms of Body Mass Index (BMI) were taken from the DepEd District office. A validated instrument was used to measuring pupils’ responses on the perceived determinants to unhealthy snack consumption, soft drink consumption and perceived barriers to healthy food eating.

3 FINDINGS

3.1 Socio –Demographic Profile of the Pupil-Respondents

Majority (77.5%) of the pupil-respondents belonged to ages 11-12 years old, few (18.9%) aged 13-14 years old, and very few aged 15-16 (3.5%). In terms of gender, majority were male (63%) and as to their parents' profession and income, most respondents (56.4%) have parents who were farmers having meager monthly income of PhP 500.00 – PhP 1,000.00.

3.2 Perceived Determinants to Unhealthy Snack Consumption

Pupil respondents perceived that it was the influence of friends in school and unavailability of healthy foods at their reach that led them to resort to unhealthy snacks. Most of the respondents answered ‘they like healthy food because of its pleasant taste’ (WM= 3.48) which means that unpleasant taste of healthy foods is one of the major predictors of all kinds of junk food for snack consumption preference; followed by ‘they wanted home prepared vegetables mostly boiled or stewed’ (WM=3.26) which means that home prepared food in healthier methods can boost children’s preference to healthy foods than junk snacks; the third is ‘they used to hear from their family, friends and colleagues about the importance of healthy nutrition (WM=3.22) which connotes that families, friends, and colleagues have great influence on the choice of food that school children prefer to eat. On the other hand, the least of all the determinants is on ‘instances of skipping breakfast’ (WM=2.12) which means that among the respondents surveyed; only few of them skip breakfast. This is a very challenging fact on the part of the families to really ensure that children can eat home prepared healthy delicious foods in the morning for breakfast.

Majority of the respondents lived at home with their parents (88.5%), few of them were living in a rented house (7.9%) and very few lived with others (3.5%). The result is a manifestation that Filipino culture of keeping the children at home with the parents is still strongly practiced. While very few are living with others other than their family which could be a reason why these children cannot be guided in terms of food preference to healthy snack consumption or even suffer from having unhealthy food to eat. Overeating happens on holidays or special occasions’ (55.5%) which tend to consume more carbonated or sweetened drinks and junk snacks, followed by 'overeating is typical with their family (23.3%) of which they used to consume more junk food or drinks; and lastly, 'overeating is not traditional in their family' (21.1%) which means that those respondents who belong to these families are less likely to consume unhealthy food or
drinks. It is another challenging fact that only 21.1% of the total survey population families are disciplined in terms of healthy diets or on the other hand, could be because of limited capacity to provide more due to scarcity in terms of income.

As to soft drink consumption, results showed that majority of the respondents answered ‘they wanted fruits and vegetable juices because of its pleasant taste (WM=3.15) which means that if there are available fruit juices and vegetable juices at home and in school canteen and the pupils have enough money, they would be more likely to choose healthy drinks. Secondly, it is followed by ‘they give much attention to drinking healthy drinks’ (WM=3.00) which means that the respondents are really aware of the importance of healthy drinks. Thirdly, the respondents prefer to buy soft drink because of lack of money for healthy drink (WM=2.92). Respondents are more likely to buy unhealthy drinks because it is available on their way to school and are at low cost that pupils can afford it.

3.3 Perceived Barriers to Healthy food Eating

Money, time and skipping a meal are the barriers of eating healthy food (WM=3.2). Convenience which relates to the actual time, physical ability and the mental or physical involvement it takes for a person to acquire, prepare, consume and clean up after eating or drinking. Since convenience is also a personal judgment about the opportunity, then cost of expending time and effort to get a particular healthy food or drink would mean more taxing. The second is money scarcity to buy nutritious food (WM=2.58). People cook at home less and eat out more, and junk foods and drinks are cheaper and more readily available in public places and schools than healthy snack foods. Unhealthy foods are easy to access because it is available anywhere while healthy food must be time consuming to prepare. Lack of access is another reason why many children are not eating fruits, vegetables and other healthy food which poses challenge to parents in food preparation.

3.4 Academic Performance of Pupil-Respondents in Relation to Unhealthy Snack Consumption

Majority of the respondents’ grades ranges from 80%-84% average (51.5%), which implies that most of them were average. Table 1 showed that academic performances of the respondents are not significantly different when classified by the determinants to unhealthy snacks consumptions. The data provided no direct evidence that link academic performances of respondents to unhealthy snacks consumptions contrary to what Bloom (2009) claimed that unhealthy eating has an adverse effect on the cognitive skills of children.

<table>
<thead>
<tr>
<th>Areas</th>
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<th>Decision Rule</th>
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<tr>
<td>Average Grade</td>
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<td>.149 ns</td>
<td>Accept Ho</td>
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</table>

Table 1. Respondents’ Academic Achievement and determinants to Unhealthy Snack Consumption

3.5 Socio-demographic Profile of Pupil-Respondents in Relation to Unhealthy Snack Consumption

Results shown on Table 2 revealed that among the socio-demographic profile, only the pupils’ gender influenced significantly unhealthy snack consumption. This implied that eating unhealthy snacks does not depend on the age, occupation and income. Females (37%) and males (63%) combined responses made significant difference to unhealthy snacks consumption while results could vary from time to time since females consume higher than males for they constitute most of the respondents in the study of which both gender preferences may influence results.

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<tr>
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<tr>
<td>Parents’ Income</td>
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3.6 Academic Achievement of Pupil-Respondents in Relation to their Nutritional Status

Academic performance of the respondents has no significant relationship to their nutritional status (Table 3), implying that healthy or not, students achieve the same. It is therefore inferred that academic performance cannot be directly linked to nutritional status of the children.

Table 3. Relationship Between Respondents’ Academic Achievement and Nutritional Status

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<tr>
<td>Average Grade &amp; Nutritional Status</td>
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<td>Accept Ho</td>
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4 CONCLUSIONS AND RECOMMENDATIONS

Based on the findings of this study which tries to establish significant difference on the extent of junk food consumption among elementary pupils against its possible effect on the academic achievement, it is concluded that only gender has established significant difference as determined by unhealthy snack consumption. Other factors being investigated in this study failed to establish significant difference from among perceived determinants to junk food consumptions against the academic achievement of the pupils. Thus, it is concluded that junk food consumption of pupils has no direct link of evidence to affect academic performance of pupils. It is recommended that parallel study be conducted to investigate junk food consumption and its potential health hazards on pupils resulting to academic problems like absenteeism, low memory due to ongoing medications, low interest to study due to physical unfitness, among others. Moreover, health education must be strengthened within the classrooms especially on consumption of healthy foods and healthy eating habits.

REFERENCE LIST


