

Consumption vs Cognition: A Study of Junk Food and Sugary Beverage Awareness Among Indian Teens" Bridging the Gap Between Knowledge and Behavior in Adolescent Nutrition"

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Abstract

The growing consumption of junk food and sugary beverages among teenagers in India poses a significant threat to public health. Despite increasing awareness efforts, many adolescents continue to make poor dietary choices that contribute to obesity, diabetes, and other non-communicable diseases. This study explores the extent of health knowledge among Indian teenagers regarding junk food and sugary drinks, evaluates their sources of information, and identifies the barriers that prevent healthy eating behaviors. Based on a literature review and survey findings, this article discusses knowledge gaps, sociocultural influences, and policy implications for improving adolescent nutrition in India.

Keywords: Junk food, sugary drinks, teenagers, India, health knowledge, dietary behavior, nutrition, obesity, NCDs.

1. Introduction

India's rapid urbanization and globalization have led to a surge in the consumption of ultra-processed foods and sugary drinks, especially among its youth population. The modern teenager, often exposed to fast food culture, aggressive marketing, and peer influence, is vulnerable to adopting unhealthy dietary habits. Junk food—defined as high in calories but low in nutritional value—and sugar-sweetened beverages (SSBs) are common dietary staples among Indian adolescents today (Gopalan et al., 2019). While there has been a growing emphasis on promoting nutritional literacy, questions remain about how much young people actually know and how this knowledge translates into behavior.

2. Objectives of the Study

1. To assess the level of health knowledge regarding junk food and sugary drinks among Indian teenagers.
2. To identify the sources from which they gain this information.
3. To explore the discrepancy between knowledge and actual dietary practices.
4. To discuss implications for public health policy and school-based interventions.

3. Methodology

This article is based on a mixed-methods review, incorporating secondary data from peer-reviewed literature and national health surveys (NFHS-5, CNNS) and informal interviews conducted with 50 teenagers aged 13–19 from urban and semi-urban areas of India.

4. Understanding the Problem: Junk Food and Sugary Drink Consumption

Junk food includes items such as chips, instant noodles, pastries, burgers, and fried snacks. Sugary beverages include sodas, packaged fruit juices, energy drinks, and sweetened dairy products. These foods are high in sugar, sodium, trans fats, and preservatives (Misra et al., 2020). According to the National Family Health Survey-5 (2021), consumption of SSBs is significantly high among youth aged 15–19, with 24% of urban adolescents consuming them at least once a week.

5. Health Consequences of Junk Food and Sugary Beverages

Multiple studies link excessive consumption of these items to obesity, early-onset type 2 diabetes, high blood pressure, poor oral health, and even cognitive issues (Shrivastava et al., 2014; WHO, 2015). The World Obesity Federation reports that India will see over 27 million obese adolescents by 2030 if current trends persist.

6. How Much Do Teenagers Know?

Despite high levels of exposure to media campaigns, most Indian teenagers have only a basic understanding of the health impacts of junk food and sugary drinks. Key findings from the literature and interviews:

- 68% knew that excessive junk food could cause obesity.
- Only 34% linked sugary beverages to diabetes.
- 70% believed homemade snacks were healthier but preferred store-bought options due to taste and convenience.
- 45% thought fruit juices (including packaged) were healthy, unaware of their high sugar content.

(Chakraborty et al., 2021; Interview data)

7. Sources of Health Knowledge

Teenagers in India acquire health knowledge from multiple sources, each with varying degrees of credibility:

- **School Curriculum:** Often outdated or lacking interactive nutrition education (Das & Bose, 2022).
- **Parents:** Especially mothers, remain influential, but often carry traditional or inconsistent beliefs about health.
- **Social Media:** A double-edged sword—while it provides health content, it also popularizes junk food trends through influencers.
- **Government Campaigns:** Initiatives like Eat Right India and the FSSAI’s “Aaj Se Thoda Kam” have made some inroads but lack teen-friendly formats.

8. Barriers to Healthy Eating Despite Awareness

There exists a stark gap between knowledge and behavior. Key reasons for this include:

- **Peer Pressure:** Fast food outings are seen as social rituals.

- **Marketing Influence:** Celebrities endorse junk foods that resonate with youth identity (Kaur & Singh, 2020).
- **Availability and Affordability:** Junk food is cheap, widely available, and requires no preparation.
- **Lack of School Canteen Regulations:** Many schools continue to serve or permit unhealthy food despite guidelines.

9. Urban vs Rural Knowledge and Access

Urban adolescents generally have more access to health information but also greater exposure to junk food marketing and fast-food chains. Rural teenagers, while sometimes healthier in practice, lack structured health education.

A comparative finding from CNNS (2019) shows:

- Urban adolescents consumed SSBs 1.7 times more than rural counterparts.
- Health knowledge scores (measured through survey questions) were only marginally better in urban youth.

10. Gender Differences in Knowledge and Consumption

Girls generally reported slightly higher awareness levels, particularly around weight gain and skin health. However, boys had higher consumption rates of energy drinks and fast food. Sociocultural factors such as body image, athletic aspirations, and peer dynamics influenced these trends (Verma & Sinha, 2023).

11. Role of Policy and Education

Several Indian policies attempt to regulate unhealthy foods for children and adolescents:

- **FSSAI Guidelines (2020):** Banned junk food sales in school canteens and within 50 meters of school premises.
- **POSHAN Abhiyaan:** Focuses on adolescent girls but lacks specific interventions targeting junk food knowledge.
- **National Adolescent Health Programme (RKSK):** Offers peer educator models, though implementation remains inconsistent.

Despite these efforts, enforcement and adolescent engagement remain weak points.

12. Recommendations

1. **Revise School Curriculum:** Integrate interactive nutrition education with real-life examples and food literacy.
2. **Train Peer Educators:** Teen-led workshops and clubs can make healthy eating “cool.”
3. **Regulate Digital Marketing:** Limit junk food advertising to teenagers on streaming and social platforms.
4. **Improve School Canteen Policies:** Include healthy, affordable snacks, and monitor vendors.
5. **Gamify Learning:** Use apps and online games to make nutritional knowledge engaging.
6. **Public-Private Partnerships:** Engage food companies in promoting healthier alternatives.

13. Conclusion

Teenagers in India today face a food environment that tempts more than it educates. While some knowle

dge exists about the harms of junk food and sugary drinks, it is often incomplete, shallow, or overridden by social and commercial influences. Bridging the knowledge-behavior gap will require targeted, teen-friendly interventions that combine education, regulation, and empowerment. A healthy adolescence is not just about knowing what's good—it's about making it accessible, acceptable, and aspirational.

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