Parents' Influence on Junk Food Consumption among School Children in Puncak Alam

Nurin Najmina Khairuddin¹, Ahmad Fahim Zulkifli²*

¹,²Faculty of Education, Universiti Teknologi MARA,UiTM Puncak Alam Campus, 42300 Puncak Alam, Selangor, Malaysia

²Centre of Risk Management, Aras 2, Kompleks Antarabangsa Universiti Teknologi MARA, 40450 Shah Alam Selangor, Malaysia

*Corresponding Author

ABSTRACT

The rising consumption of junk food among Malaysian children poses a serious public health challenge, contributing to obesity, nutritional deficiencies, and heightened risks of chronic diseases. This study examined parental influence on children's eating habits in Puncak Alam, guided by three objectives: (1) to determine the frequency of junk food consumption, (2) to assess parental and children's awareness of its health impacts, and (3) to analyse factors influencing parental decisions regarding junk food. Using purposive sampling, in-depth semi-structured interviews were conducted with five parents, and the data were analysed thematically. Findings revealed that children consumed junk food two to four times weekly, especially after school and on weekends. While parents acknowledged risks such as obesity, diabetes, and reduced academic performance, they often allowed consumption due to time constraints, children's preferences, easy availability, peer pressure, and the use of junk food as a reward. Limited nutritional knowledge further reinforced permissive practices. Parents also identified weight gain, dental caries, and decreased appetite for home-cooked meals as noticeable outcomes. Nevertheless, reliance on social media and informal sources for health information created gaps in understanding. The study concludes that parents are central to shaping children's dietary environments, yet their decisions are influenced by emotional, social, and economic pressures. Addressing this issue requires culturally sensitive educational initiatives, practical guidance on affordable healthy meals, and school-based interventions to reduce junk food accessibility. Policy measures targeting child-focused marketing are also critical. By empowering parents and fostering supportive community and school environments, healthier eating patterns among children can be achieved.

Keywords: children, eating habits, health awareness, parental influence, junk food

INTRODUCTION

Junk food, a term broadly characterising food products prized for their convenience but notoriously lacking in essential nutritional value, is typically distinguished by its excessively high content of unhealthy fats, refined sugars, and sodium. The World Health Organisation (WHO) has consistently highlighted that the regular consumption of such energy-dense, nutrient-poor foods can precipitate a host of adverse health effects, including but not limited to childhood obesity, kidney dysfunction, insulin resistance, and the early onset of type 2 diabetes. Within the Malaysian context, the consumption of fast food and highly processed food items has reached pervasive levels, with recent statistics indicating that a staggering 87% of the national population consumes fast food at least once per week, a trend that underscores the deep entrenchment of these dietary habits within the local culture (Raman et al., 2023).

Compounding this issue is the projected significant expansion of fast-food outlets across the country, which promises to further increase the availability and convenience of these unhealthy options. Concurrently, reports from the Ministry of Health Malaysia (2023) paint an alarming picture of a steady and worrying increase in the prevalence of overweight and obesity among children and adolescents. Current projections suggest that if

existing trends continue unabated, over 1.65 million Malaysian children could be classified as overweight or obese by the year 2025, thereby drastically elevating their lifetime risk of developing serious comorbid conditions such as non-alcoholic fatty liver disease, hypertension, and metabolic syndrome. Within this complex public health landscape, parents invariably serve as the primary role models and most influential figures in a child's early life, playing an indispensable role in shaping a wide array of behaviours, with dietary habits being among the most critical. The family unit functions as the fundamental social environment where children first learn about food, portion sizes, and eating patterns, with parents acting as the chief health promoters, behavioural role models, and nutritional educators (Yee et al., 2017).

Background of the Study

Childhood obesity has been unequivocally identified as one of the most critical and challenging public health issues facing the global community in the 21st century (WHO, 2020). A child's dietary choices are influenced by a vast and interacting network of factors, encompassing family practices, peer relationships, and relentless media and digital advertising. This study deliberately narrows its focus to isolate and examine the specific role of parental influence, positing that the home environment and parental decisions are among the most powerful determinants of a child's nutritional intake. Modern parents increasingly navigate demanding professional and personal lives, leading to severe time constraints that often result in a reliance on convenient, pre-packaged, and often unhealthy food options to feed their families. This trend is particularly concerning in light of emerging research, which suggests that high consumption of ultra-processed foods during early childhood is correlated with poorer development of locomotor skills, potentially affecting a child's physical confidence and activity levels (Joy, 2022).

As the primary agents of socialisation, parents bear a significant responsibility for mediating their children's food intake, which includes the preparation of balanced meals, the making of informed and wise purchasing decisions at grocery stores, and, perhaps most importantly, the consistent setting of a positive example through their own eating behaviours (Lindsay et al., 2006). The negative physiological and psychological impacts of a junk food-heavy diet are profound and well-documented. Regular consumption contributes significantly to the development of cardiovascular risk factors, type 2 diabetes, sleep disorders such as insomnia, and a general state of poor metabolic health (Powell-Wiley et al., 2021). Furthermore, the consequences extend into the academic realm; children who consume junk food four to six times per week have been shown to demonstrate notably poorer performance in mathematics and reading assessments compared to their peers with healthier diets. This is largely attributed to the negative effects of poor nutrition on cognitive functions such as memory consolidation, concentration, and executive functioning (Thomas, 2018; Reichelt & Rank, 2017).

This research study was fundamentally motivated by the observed and statistically supported increase in junk food consumption patterns among children, a trend powerfully driven by sophisticated advertising campaigns and the rapid spread of food trends on digital platforms like YouTube, TikTok, and television. Marketing strategies are deliberately designed to appeal to young minds, frequently utilising colourful cartoon character packaging and celebrity endorsements, which in turn heavily influence children's pester power and requests for these products. The physiological outcome of this regular consumption is a direct pathway to childhood obesity, where children exceed healthy Body Mass Index (BMI) ranges for their age and gender, subsequently experiencing reduced physical fitness and a diminished capacity to engage in physical activity. The influence of parental dietary habits cannot be overstated, as children's food preferences are significantly moulded by observing and mimicking the eating behaviours of their parents and family members; a household where parents frequently consume junk food effectively normalises and encourages this behaviour in their children.

The constraints of modern, busy schedules often push parents towards choosing instant, packaged foods for the sake of convenience and time-saving, despite potential health consequences. This problem is further exacerbated by a palpable lack of awareness and understanding regarding basic nutritional science and the longterm health harms associated with persistent junk food consumption. Economic factors also play a decisive role, as unhealthy food options are often perceived as being more affordable and budget-friendly than fresh, healthy alternatives, a perception supported by research indicating that unhealthy food can be roughly $1.50 (i.e. ±MYR 6.30) cheaper per day than a healthy diet (See, 2020). Finally, the ubiquitous availability, powerful marketing, and hyper-palatable taste of junk food collectively make it the default and often easiest choice for many families struggling to balance health, time, and financial pressures.

Therefore, this study is guided by three primary research objectives. The first objective is to empirically determine the frequency of junk food consumption among school children in Puncak Alam over a typical one week period. The second objective aims to explore and assess the level of awareness among parents and their children regarding the multifaceted impact of junk foods on both physical and cognitive health. Finally, the third objective is to critically analyse the key factors that influence parents' decision-making processes when purchasing junk foods for their children.

The theoretical framework of this study is strategically anchored upon two complementary theories that provide a robust lens through which to analyse the research problem. The first is the "Permissive Parenting Theory", as elucidated by Sanvictores and Mendez (2023). This theory posits that permissive or indulgent parents are characterised by their tendency to place very few demands or expectations on their children, often avoiding the establishment of firm rules, boundaries, or consistent discipline (Sanvictores & Mendez, 2023). Within the specific context of dietary habits, permissive parents are likely to fail in establishing clear and consistent guidelines regarding food intake, nutritional quality, and meal timing. This lack of structure can inadvertently create an environment of unlimited and unsupervised access to junk food, as children's requests are rarely denied. Over time, this permissive approach is theorised to correlate with a higher probability of the child developing obesity and other related health complications, as the child learns to self-regulate based on desire rather than nutritional need.

The second theory providing a foundational structure for this research is "Bronfenbrenner's Ecological Systems Theory" (Guy-Evans, 2023). This theory offers a comprehensive framework for understanding human development as being shaped by a complex, nested system of environmental influences, ranging from the most immediate settings to the broader societal landscape. This model is particularly apt for this study as it allows for an examination of a child's junk food consumption not merely as an individual choice, but as a behaviour influenced by multiple interconnected systems. The microsystem, which includes the immediate family and school environment, directly impacts the child through parental feeding practices and canteen availability. The mesosystem, involving the interactions between these microsystems (e.g., parent-teacher communication about nutrition), plays a role. The exosystem encompasses broader social structures that indirectly affect the child, such as parental workplace policies that limit time for cooking. The macrosystem includes overarching cultural values, societal norms around food, and national advertising laws that glorify convenience foods. Finally, the chronosystem accounts for the dimension of time, such as the recent proliferation of food delivery apps. By employing this ecological model, the study can move beyond a simplistic blame-oriented view of parents and instead understand how their decisions are themselves influenced by a wider set of constraints and opportunities, thereby providing a more holistic and empathetic understanding of the factors driving junk food consumption in families.

Parents' Influence on Junk Food Consumption

The contemporary landscape of modern parenting is fraught with challenges that significantly impact children's dietary patterns. Research consistently identifies a triad of primary reasons leading parents to opt for convenient junk food: time limitation, financial constraints, and a fundamental lack of culinary skills or confidence in the kitchen (Boneh, 2022). The demanding nature of modern work schedules often leaves parents with diminished energy and time to dedicate to meal planning, grocery shopping for fresh ingredients, and the actual preparation of home-cooked meals. For families operating on tight budgets, the perceived low cost and high caloric density of junk food make it an economically rational, though nutritionally poor, choice. Furthermore, parents who lack cooking skills or confidence may experience anxiety around meal preparation, leading to a default dependency on processed and pre-packaged foods that require minimal culinary effort. However, research by Olfert et al. (2019) suggests a promising pathway for intervention. Their findings indicated that actively involving children in family meal preparation and equipping them with basic food preparation techniques can significantly improve overall diet quality and positively transform the home food environment, thereby serving as a protective factor against childhood obesity. This highlights the potential for practical, handson nutritional education within the family unit as a countermeasure to the allure of convenience foods.

Frequency of Junk Food Consumption

The frequency with which children consume junk food is not a random occurrence but is deeply influenced by

established family habits and, crucially, the socioeconomic status of the household. A growing body of sociological research provides compelling evidence that low-income parents are statistically more likely to purchase junk food for their children. Scholars like Priya Fielding-Singh (2018) argue that for families facing economic hardship, saying "yes" to a request for a cheap snack can be a powerful and tangible way to express love and provide a moment of joy in a context where saying "yes" to more expensive items (like toys, electronics, or vacations) is often impossible. Additionally, she observed that wealthier parents could comfortably deny junk food requests and substitute them with other coveted non-food items, such as the latest smartphone or branded clothing. In contrast, for low-income parents, junk food represented one of the few affordable indulgences they could reliably provide their children. This finding is corroborated by Jackson (2022), who reported that low income families often use treats like fast food and cheap snacks to compensate for their inability to afford other recreational experiences, embedding junk food into the family's emotional economy. This socioeconomic dimension is critical for understanding that parental decisions are not merely a matter of knowledge or willpower but are deeply constrained by economic realities.

Awareness of Health Impacts

The level of parental awareness regarding the detrimental health impacts of junk food is a cornerstone of this study, as knowledge is a prerequisite for behavioural change. A crucial aspect of this awareness involves understanding the caloric density and nutritional poverty of these foods, namely their high levels of sugar, salt, saturated fats, and artificial additives and how excessive intake directly contributes to weight gain and affects a child's Body Mass Index (BMI). Research by Almuhanna et al. (2014) demonstrated a clear correlation, finding that a high frequency of fast food consumption (four or more times a week) was linked to a greater BMI in school children. However, the relationship between knowledge and behaviour is not always straightforward. Counterintuitively, a study analysed by Sims (2015) suggested that for the majority of the population who are not severely underweight or overweight, the occasional consumption of fast food, sweets, and fizzy drinks did not significantly impact BMI, positing that total daily caloric intake is the more critical factor. This seemingly conflicting evidence underscores the complexity of nutritional science and the potential for confusion among parents, highlighting the need for clear, consistent, and accessible public health messaging that emphasises overall dietary patterns rather than isolated foods.

METHOD

Research Design

This study adopted a qualitative research design as its overarching strategic framework. This approach was selected because it is uniquely suited to exploring complex, real-world phenomena that require a deep, nuanced understanding of human experiences, perceptions, motivations, and lived realities. The research problem, centred on understanding the "why" and "how" behind parental decision-making, aligns perfectly with the strengths of qualitative inquiry, which prioritises depth over breadth and context over generalisation. Within this design, the study utilised a phenomenological approach, as it sought to understand the essence of the participants' lived experiences regarding junk food and parenting styles. The primary method of data collection was through semi-structured interviews. This method was chosen over fully structured surveys because it allows for guided yet flexible conversations. It ensures that all key research topics are covered consistently across all participants (using an interview protocol) while simultaneously providing the freedom to probe interesting responses, explore unexpected avenues that emerge during the conversation, and clarify ambiguities in real-time.

This flexibility is essential for uncovering the rich, detailed, and often complex reasons behind human behaviour that a rigid questionnaire might miss. The advantages of this design are its ability to provide intricate details about the issue and its adaptability to explore emergent themes. However, the design also carries inherent limitations, including the potential for researcher subjectivity in interpreting data, the time-intensive nature of data collection (conducting and transcribing interviews) and analysis, and the fact that the findings are not intended to be statistically generalisable to a larger population but are instead transferable to similar contexts.

Population and Sampling

The target population for this study was explicitly defined as parents or primary caregivers residing in Puncak Alam who have at least one child between the ages of 5 and 12 years old and who have observed that their child regularly consumes junk food. This specific criterion was essential to ensure that all participants could provide relevant and experience-based insights directly related to the research questions. Given the qualitative nature of the study and its aim for depth rather than breadth, a non-probability sampling technique was employed. Specifically, purposive sampling was the chosen strategy. This technique involves the deliberate selection of individuals based on their specific characteristics and their unique ability to provide information-rich cases pertinent to the phenomenon of interest. In this case, researchers used their judgment to identify and recruit parents who were known to fit the criteria, for instance, through local community networks or schools. The sample size was initially projected to be between 5 to 10 participants. This range is considered adequate and appropriate for a qualitative phenomenological study, as it allows for the in-depth engagement with each participant's story while reaching a point of data saturation, the point where new interviews cease to yield new thematic information. The final sample consisted of 5 parents, which provided a sufficient depth of perspective for the scope of this study.

Instruments

The primary research instrument was the main researcher herself, acting as the facilitator of the semistructured interviews. The secondary instrument was the interview protocol, a carefully designed guide that ensured systematic and comprehensive data collection across all interviews. The development of this protocol was an iterative process. It began with a review of the research objectives and questions, followed by the drafting of open-ended questions designed to elicit detailed, narrative responses. This protocol was organized into three distinct sections (1) section A: demographic information collected basic descriptive data about the participant, including their gender, age, marital status, and the number of children they have, (2) section B: anthropometric data gathered specific information about the participant's child, including the child's age, self-reported body weight, and height. This data was used to calculate the child's Body Mass Index (BMI) using the Adolphe Quetelet formula (weight in kg/height in m²), providing an objective health indicator to contextualise the qualitative findings. Meanwhile, 3) section C: core research questions contained the main open-ended questions directly aligned with the three research objectives. Questions were designed to explore the types and frequency of junk food consumed, the parents' awareness of health impacts and their sources of information, and the multifaceted factors influencing their purchasing decisions. Probes and prompts such as (e.g., "Can you tell me more about that?" or "Why do you think that is?") were included to encourage elaboration.

To ensure content validity, that the instrument adequately covers the construct being measured, the interview protocol was subjected to a thorough review by the members of the researchers and other academic experts in qualitative methods and nutrition. Their feedback was used to refine the questions for clarity, relevance, and comprehensiveness. Furthermore, a pilot test of the interview protocol was conducted. This involved administering the interview to one individual who matched the participant criteria but was not part of the main study. The pilot test was crucial for identifying any ambiguous questions, assessing the flow of the interview, and estimating the time required, allowing for necessary adjustments before commencing the actual data collection.

Procedures

The data collection process followed a strict, multi-stage procedure to ensure consistency and ethical integrity. First, potential respondents were identified and recruited through purposive sampling. Once identified, they were contacted and provided with a detailed explanation of the study's purpose, procedures, potential risks, and benefits. Secondly, before any data was collected, informed consent was obtained. This involved giving participants a consent form to read and sign, which explicitly guaranteed their anonymity, the confidentiality of their data, and their right to withdraw from the study at any time without penalty.

Third, the interview sessions were scheduled at a time and location convenient for the participant, often in their own home in the evening or via Google Meet, to ensure a comfortable and private environment. At the beginning of each interview, the researcher restated the purpose and ethical assurances. Fourth, the interviews were conducted using the semi-structured protocol. The researcher guided the conversation while allowing the

participant to speak freely. With permission, all interviews were audio-recorded to capture every detail accurately and to free the researcher from note-taking, allowing for better engagement. Each interview lasted approximately 30 to 40 minutes. Finally, immediately after each interview, the researcher wrote brief field notes to capture initial impressions, contextual observations, and non-verbal cues that the recorder might not catch. The audio recordings were then transcribed verbatim to create a complete textual dataset for analysis.

Data Analysis

The collected data were analysed using thematic analysis, a widely used method for identifying, analysing, and reporting patterns (themes) within qualitative data. The process followed the six-phase approach outlined by Braun and Clarke (2006): (1) familiarising with the data: The researcher immersed herself in the data by reading and re-reading the interview transcripts multiple times to gain a deep understanding of the content, (2) generating initial codes: systematic coding was performed on the transcripts. This involved labelling interesting features of the data with short phrases or codes (e.g., "using food as reward," "guilt," "time constraint," "Facebook health info"). Next, (3) searching for themes: The various codes were then collated and sorted into potential overarching themes that captured significant patterns across the dataset (e.g., "emotional feeding," "the role of digital media").

Subsequently, (4) reviewing themes involved checking if the themes worked in relation to both the coded extracts and the entire dataset. Themes were refined, split, or combined to ensure they formed a coherent pattern, (5) defining and naming themes: Each theme was clearly defined and given a concise and informative name that captured its essence. Lastly, (6) producing the report: The final step involved weaving the thematic analysis into a narrative, selecting vivid and compelling extract examples from the transcripts to illustrate each theme, and linking the analysis back to the research questions and existing literature. This rigorous process ensured that the findings were firmly grounded in the participants' own words and experiences.

Ethical Considerations

Ethical conduct was maintained throughout the research process in adherence to established guidelines. The study received formal ethics approval from the university's Research Ethics Committee prior to commencement. Anonymity was ensured by using pseudonyms (e.g., R1, R2) instead of real names in the transcripts and the final report. Confidentiality was maintained by securely storing all digital audio files and transcripts on a password-protected computer, with the intention of destroying them after a stipulated period. Participants were reminded of their right to withdraw at any stage. The researcher also practiced reflexivity by continuously reflecting on her own potential biases and preconceptions about the topic and how they might influence the interaction and interpretation, striving to represent the participants' perspectives as authentically as possible.

FINDINGS AND DISCUSSION

Demographic Background

The study engaged five parents, comprising three mothers and two fathers, whose ages ranged from 28 to 42 years. The participants had between one and five children, though the interview focused specifically on one child per family within the target age range of 5 to 12 years. The children discussed were between 6 and 11 years old. Notably, the collected anthropometric data indicated that the children's weights ranged from 30kg to 45kg. Without specific height data for each child provided in the transcript, precise BMI categorisation is not possible for this summary, but the weights themselves suggest a variety of body sizes within the group, providing a relevant context for discussions about health impacts.

Frequency and Types of Junk Food Consumed

The analysis revealed that children's junk food consumption occurred with a variable frequency, ranging from daily intake to approximately three to four times per week. This frequency was often tied to routines, such as the post-school period or weekend activities. A particularly significant theme was the role of children's pocket money. One parent (R4) explicitly noted, "Setahu saya jika dia ada duit lebih dia akan makan" ("As far as I know, if he has extra money, he will eat"). This observation is powerfully supported by regional data. A report

by Totally Awesome (2017) indicated that over 50% of Malaysian children receive daily pocket money, a significant portion of which is spent on snacks, sweets, and sugary beverages at school or nearby convenience stores. This finding aligns with the research of Wahab et al. (2016), who found a positive correlation between the amount of pocket money given to Malaysian schoolchildren and their likelihood of purchasing unhealthy snacks. This demonstrates that while pocket money can teach financial autonomy, without guidance, it can directly facilitate unsupervised and potentially excessive consumption of low-nutrition foods, creating a major point of intervention for parents and schools.

The types of junk food consumed were categorised into three main themes: (1) snacks. This was the most frequently mentioned category. Participants listed items like crackers (e.g., Mister Potato, Super Ring), biscuits (especially chocolate-filled varieties), and chocolates (e.g., Cadbury) as staples. As R5 described, these were "mudah didapati di kedai berdekatan" ("easily available at nearby stores"). The appeal was attributed to their crunchy texture, strong flavours, and extreme convenience, requiring no preparation. This finding is consistent with that of Tay et al. (2023), who reported high consumption of processed snacks like chips and biscuits among Malaysian pupils. Furthermore, Cheong et al. (2022) found that crispy textures received high liking scores among children, confirming that sensory appeal is a primary driver of snack choice.

Secondly (2), frozen and ready-made foods. Foods like frozen nuggets and sausages were common solutions for busy parents. R4 stated, "Kadang tu anak saya ni dia kerap juga makan makanan frozen segera seperti nugget, sosej" ("Sometimes my child also frequently eats ready-made frozen food like nuggets, sausages"). These items represent the intersection of convenience and child preference. The research by Nasir et al. (2020) supports this, noting the troubling availability of such processed meat products in school canteens, which normalises their consumption and reinforces the habit. Thirdly (3), sugary drinks. The consumption of sugar-sweetened beverages was another prevalent theme. Carbonated drinks (e.g., Pepsi) and isotonic drinks (e.g., 100Plus) were consumed for their sweet and refreshing taste, particularly in hot weather. R1 noted this was part of their child's routine. Of particular concern was the mention of frozen sugary drinks like Slurpees from 7Eleven. The active promotion of these products, as noted by 7-Eleven Malaysia (2023), directly targets young consumers with appealing flavours, contributing to a dietary pattern high in empty calories, which is a known risk factor for obesity and dental caries (Nasir et al., 2020).

Awareness of Health Impacts

A central finding of this study is the paradox that parents demonstrated a general awareness of health risks yet continued to permit the behaviour. Their awareness was not derived from formal education but from everyday observations and informal sources. They reported witnessing firsthand consequences in their children, which aligns with the role of parents as first-line observers of their children's health (Chen et al., 2019). The specific health impacts they identified were multifaceted, which include weight gain and obesity. Multiple parents directly linked junk food to weight issues. R4 reported, "Berat badan dia juga sudah naik mendadak dan BMI dia juga sudah mencecah overweight" ("His weight has risen suddenly and his BMI has reached overweight"). R5 also explicitly mentioned "masalah obesiti" ("obesity problems"). This direct observation of the cause-and-effect relationship is a powerful motivator for concern and is well-supported by the WHO (2021) guidelines on the risks of unhealthy diets.

Next, dental caries. Parent R5 showed a clear understanding, stating, "Ia boleh menyebabkan gigi rosak dan berlubang" ("It can cause teeth to rot and become cavity-ridden"). This demonstrates an awareness of the specific impact of sugary foods on oral health, a connection firmly established in dental research (Moynihan & Kelly, 2014). Besides that, energy and appetite regulation are affected when parents noticed functional impairments among their children. R1 reported the most obvious effect was "kurang bertenaga" ("lack of energy"), while both R1 and R5 noted a "kurang selera makan" ("lack of appetite") for home-cooked meals. This suggests an understanding that junk food can displace nutritious foods, leading to poor nutrient intake and fatigue, a phenomenon described by Chen et al. (2019) where processed foods disrupt normal appetite signalling and reduce diet quality.

The sources of this awareness were almost exclusively digital and social platforms. Parents cited Facebook news feeds, TikTok videos (R1: "Lalu FYP TikTok saya"), YouTube advertisements, and Google searches (R1: "Saya Google sahaja") as their primary information channels. This highlights a significant shift in how health

information is disseminated and consumed. While this provides accessibility, it also presents risks. Dumas et al. (2020) note that online information can empower parents but also expose them to misinformation. Furthermore, as Chou et al. (2011) argue, online news can be influenced by commercial motives or sensationalism, potentially skewing or oversimplifying health messages. This reliance on unvetted digital sources underscores a critical need for healthcare and educational institutions to actively engage these same platforms to provide credible, evidence-based nutritional guidance.

Factors Influencing Parents to Buy Junk Food

The analysis uncovered a complex web of influences that override parental awareness, categorised into four key themes: (1) emotional and habitual influences. This was perhaps the most powerful theme where parents described being swayed by emotions like pity (kasihan). R3, a father, expressed, "Kadang rasa kasihan dekat anak-anak pulang dari sekolah... nak berikan semangat kepadanya" ("Sometimes I feel pity for the children coming home from school... I want to motivate him"). R1 admitted to a lack of strictness ("Tidak tegas") and being soft-hearted ("cepat kasihankan anak"). This practice of using food to comfort, reward, or express love is known as emotional feeding, a behaviour strongly linked to the development of unhealthy eating patterns and a reduced ability for children to self-regulate (Patrick et al., 2013; Ventura & Birch, 2008). Alongside emotions, a simple habit played a role. R5 stated that buying snacks had become a customary part of shopping ("dah jadi kebiasaan"), often triggered by in-store promotions, a finding supported by Harris et al. (2009) on the impact of marketing on parental purchases. Additionally, (2) the family's reward system. Junk food was consistently used as a positive reinforcement tool. Parents reported giving treats for good grades (R2), for completing chores (R5), or simply for obeying instructions (R1). This practice, termed instrumental feeding, is highly problematic. Research by Birch and Fisher (2000) indicates that using food as a reward increases children's preference for that food (especially high-fat, high-sugar options) and teaches them to eat for external reasons rather than internal hunger cues, potentially establishing a long-term pattern of emotional eating (Loth et al., 2013).

Besides family factors, (3) social and peer influence also played a role in shaping children's eating patterns. The social environment could exert substantial pressure on the children's decision-making processes. Parents reported that their children's requests were heavily influenced by friends at school (R1, R3) and by cousins or neighbours during playdates (R5). This aligns with the concept of peer-modelling, where children's food choices and preferences are significantly shaped by observing their peers (Salvy et al., 2012). Birch (1980) famously found that a child is more likely to eat a food they previously rejected if they see their peers enjoying it. This makes it exceptionally difficult for parents to control dietary intake outside the home. Lastly, (4) the power of marketing and digital media.

The influence of aggressive marketing was undeniable. Parents described children pestering them for "makanan-makanan yang viral" ("viral foods") seen on TikTok and YouTube (R1, R3, R4). Packaging with cartoons and bright colours (R3) and promotional strategies like "buy-one-get-one-free" offers or free toys inside packets (R3, R5) were highly effective. R5 admitted that a small gift in the packaging made her feel the purchase was "berbaloi" ("worth it"). This demonstrates the sophisticated effectiveness of child-targeted marketing. Studies by Folkvord and Hermans (2020) and Harris et al. (2010) confirm that exposure to such advertising, especially through integrated digital platforms, directly increases children's requests and influences family purchasing decisions, normalising junk food consumption within the family culture.

Implication Of Practices

The findings of this study carry significant practical implications that extend to families, educational institutions, and public health initiatives. The central revelation that parents are often aware of the risks yet feel compelled to permit junk food consumption suggests that mere information dissemination is an insufficient strategy. Interventions must be empathetic and designed to address the root causes of this behaviour. Firstly, there is a pressing need for enhanced parental nutritional literacy programs. These should move beyond simply listing the dangers of junk food to provide practical solutions. Initiatives could include workshops in schools or community clinics that focus on quick, affordable, and healthy meal preparation, effectively addressing the barriers of time, cost, and culinary skill. Secondly, the study highlights the necessity for parental support systems. Creating forums, either online (e.g., WhatsApp groups) or in-person, where parents can share

strategies, healthy recipes, and support each other in setting consistent boundaries, could help mitigate feelings of isolation and ineffectiveness. Thirdly, the role of schools must be expanded. Schools can act as crucial partners by enforcing stricter canteen policies that limit the availability of junk food, integrating hands-on nutritional education into the curriculum, and organising "healthy food" events that involve both parents and children. Finally, the findings call for regulatory scrutiny. The documented impact of child-targeted marketing, especially on digital platforms and through toy promotions, suggests a need for stronger regulations or public advocacy to reduce the predatory advertising of unhealthy foods to children. By creating a supportive ecosystem that empowers parents rather than blaming them, the journey toward healthier eating habits can become a shared community responsibility.

Limitations Of the Study

While this study provides valuable insights, its findings must be interpreted within the context of its limitations. The most significant limitation is the homogeneous sample. All five participants shared the same racial and cultural background and were from the same geographic location (Puncak Alam). Malaysia's multicultural society encompasses distinct dietary traditions, economic disparities, and parenting practices across Malay, Chinese, Indian, and other communities. The experiences captured here may not reflect the realities of parents from different cultural or socioeconomic backgrounds, thereby limiting the transferability of the findings. Secondly, the small sample size (n=5), while adequate for a qualitative deep dive, means that the range of experiences is limited. The study cannot capture the full spectrum of parenting challenges, such as those faced by single parents, very low-income families, or parents of children with specific health conditions. Finally, the reliance on self-reported data through interviews introduces the potential for social desirability bias, where participants might have downplayed their permissiveness or overstated their awareness to present themselves in a more favourable light.

Recommendations For Future Studies

To address the above limitations and build upon this research, future studies should consider the following directions: (1) expanded and diverse sampling. Future studies could conduct similar research with a larger, more demographically diverse sample that includes parents from various racial, cultural, and socioeconomic backgrounds across Malaysia. This would allow for comparative analysis and a more nationally representative understanding of the issue. (2) Multi-angle perspectives can be achieved by incorporating the voices of children themselves, as well as teachers and school canteen operators, to gain a holistic, multistakeholder perspective on the factors influencing food choices.

From methodologies perspectives, future research could also implement (3) a mixed-methods approach that combines qualitative interviews with quantitative surveys. This could involve a larger survey to establish generalisable patterns (e.g., correlation between pocket money amount and junk food consumption), followed by in-depth interviews to explore the "why" behind the patterns. Critically, future study should also consider conducting (4) intervention research. For example, designing and evaluating the effectiveness of a specific program (e.g., a series of parent-child cooking workshops or a school-based "healthy lunchbox" challenge) if it is able to positively modify the children's behaviours and consequently reduce junk food intake.

CONCLUSION

This study has delved into the complex dynamics of parental influence on junk food consumption among school children in Puncak Alam. This research successfully achieved its objectives by identifying a concerning frequency of consumption, revealing a state of aware-yet-constrained parental consciousness, and unpacking the intricate web of emotional, social, and commercial factors that drive parental decision-making. The core conclusion is that parents are indeed powerful influencers, but they are also themselves influenced by a myriad of pressures that make the choice for healthy eating a constant challenge. The pathway to improvement does not lie in blaming parents but in empowering them through practical support, evidence-based education, and a supportive community environment that makes the healthy choice the easier choice. By acknowledging the complexity of the issue and implementing the multi-level suggestions outlined, stakeholders can work collaboratively to foster healthier dietary environments for the children of Puncak Alam and beyond. This

study serves as a foundational step towards that goal, highlighting the need for continued research and concerted action.

ACKNOWLEDGEMENT

Declaration of generative AI in scientific writing

During the preparation of this work, the author used Grammarly to enhance the writing to support readability and language of the manuscript. After using this tool, the author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

REFERENCES

1. Almuhanna, M. A., Alsaif, M., Alsaadi, M., & Almajwal, A. (2014). Fast food intake and prevalence of obesity in school children in Riyadh City. Sudanese Journal of Paediatrics, 14(1), 71–80.
2. Birch, L. L. (1980). Effects of peer models' food choices and eating behaviors on preschoolers' food preferences. Child Development, 51(2), 489–496.
3. Birch, L. L., & Fisher, J. O. (2000). Mothers' child-feeding practices influence daughters' eating and weight. The American Journal of Clinical Nutrition, 71(5), 1054–1061.
4. Boneh, E. (2022, June 10). What Science Says About Junk Food and Kids Behaving Badly. LinkedIn. https://www.linkedin.com/pulse/what-science-says-junk-food-kids-behaving-badly-eyal-boneh
5. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.
6. Chen, S., Binns, C. W., & Maycock, B. (2019). The influence of parental eating habits on children's dietary intake. Journal of Health Education Research & Development, 37(1), 55–62.
7. Cheong, S. M., Mohd Taib, M. N., & Gan, W. Y. (2022). Parental perceptions and children's preferences for snack foods in Malaysian schoolchildren. Malaysian Journal of Nutrition, 28(1), 13–25.
8. Chou, W. Y. S., Hunt, Y. M., Beckjord, E. B., Moser, R. P., & Hesse, B. W. (2011). Social media use in the United States: Implications for health communication. Journal of Medical Internet Research, 13(4), e126.
9. Dumas, A. A., Lapointe, A., Desroches, S., & Provencher, V. (2020). The impact of online health information on parents' decision-making: A qualitative study. Journal of Medical Internet Research, 22(7), e16747.
10. Folkvord, F., & Hermans, R. C. J. (2020). Food marketing in digital media—A systematic review of effects on children's eating behavior. Appetite, 151, 104495.
11. Guy-Evans, O. (2023). Bronfenbrenner's ecological systems theory. Simply Psychology. https://www.simplypsychology.org/Bronfenbrenner.html
12. Harris, J. L., Schwartz, M. B., & Brownell, K. D. (2009). Marketing foods to children and adolescents: Licensed characters and other promotions on packaged foods in the supermarket. Public Health Nutrition, 13(3), 409–417.
13. Harris, J. L., Bargh, J. A., & Brownell, K. D. (2010). Priming effects of television food advertising on eating behavior. Health Psychology, 28(4), 404–413.
14. Jackson, S. (2022, August 23). Parents using junk food to make up for not being able to afford holidays and days out, research finds. Sky News. https://news.sky.com/story/parents-using-junk-food-to-make-upfor-not-being-able-to-afford-holidays-and-days-out-research-finds-12679704
15. Joy, H. (2022, June 15). Are Ultra Processed Foods Bad for Children? Medindia. https://www.medindia.net/news/healthwatch/are-ultra-processed-foods-bad-for-children-207583-1.htm

16. Lindsay, A. C., Sussner, K. M., Kim, J., & Gortmaker, S. L. (2006). The Role of Parents in Preventing Childhood Obesity. The Future of Children, 16(1), 169–186.

17. Loth, K. A., MacLehose, R. F., Fulkerson, J. A., Crow, S., & Neumark-Sztainer, D. (2013). Eat this, not that! Parental demographic correlates of food-related parenting practices. Appetite, 60, 140–147.

18. Ministry of Health Malaysia. (2023). Annual Report. [Specific report title needed].

19. Moynihan, P. J., & Kelly, S. A. M. (2014). Effect on caries of restricting sugars intake: Systematic review to inform WHO guidelines. Journal of Dental Research, 93(1), 8–18.

20. Nasir, M. T. M., Shahril, M. R., & Jalil, R. A. (2020). Availability and accessibility of healthy food options in Malaysian school canteens: A focus on processed foods. Malaysian Journal of Public Health Medicine, 20(2), 114–121.

21. Olfert, M. D., Hagedorn, R. L., Leary, M. P., Eck, K., Shelnutt, K. P., & Byrd-Bredbenner, C. (2019). Parent and School-Age Children's Food Preparation Cognitions and Behaviors Guide Recommendations for Future Interventions. Journal of Nutrition Education and Behavior, 51(6), 684–692.

22. Patrick, H., Nicklas, T. A., Hughes, S. O., & Morales, M. (2013). The role of parenting practices in shaping child eating behaviors. Appetite, 62, 104–113.

23. Powell-Wiley, T. M., Poirier, P., Burke, L. E., Després, J.-P., Gordon-Larsen, P., Lavie, C. J., Lear, S. A., Ndumele, C. E., Neeland, I. J., Sanders, P., & St-Onge, M.-P. (2021). Obesity and Cardiovascular disease: a Scientific Statement from the American Heart Association. Circulation, 143(21).

24. Priya Fielding-Singh. (2018, February 7). *Op-Ed: Why do poor Americans eat so unhealthfully? Because junk food is the only indulgence they can afford*. Los Angeles Times. https://www.latimes.com/opinion/op-ed/la-oe-singh-food-deserts-nutritional-disparities-20180207story.html

25. Raman, D., Sree, N., & Mariappan, L. (2023). Investigating the Factors Affecting Malaysian's Consuming Fast Food Frequently and Its Impacts. International Journal of Research Publication and Reviews, 4, 299– 307.

26. Reichelt, A. C., & Rank, M. M. (2017). The impact of junk foods on the adolescent brain. Birth Defects Research, 109(20), 1649–1658.

27. Salvy, S. J., de la Haye, K., Bowker, J. C., & Hermans, R. C. (2012). Influence of peers and friends on children's and adolescents' eating and activity behaviors. Physiology & Behavior, 106(3), 369–378.

28. Sanvictores, T., & Mendez, M. D. (2023). Types of Parenting Styles and Effects On Children. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK568743/

29. See, C. (2020, March 25). The Cost of Healthy Eating vs Unhealthy Eating. The Plutus Foundation. https://plutusfoundation.org/2020/healthy-eating-budget/

30. Sims, A. (2015, November 6). Eating junk food and fizzy drinks "is not why we're fat", says study. The Independent.https://www.independent.co.uk/life-style/health-and-families/health-news/fast-food-andsoda-do-not-make-us-fat-study-says-a6724401.html

31. Tay, Y. L., Gan, W. Y., Zaleha, M. I., & Norimah, A. K. (2023). Snacking and weight status in Malaysian Chinese primary school children. Human Nutrition & Metabolism, 31(4), 100199.

32. Thomas, L. (2018, August 23). How Fast Food Affects Children's Health. News-Medical.net. https://www.news-medical.net/health/How-Fast-Food-Affects-Childrens-Health.aspx

33. TotallyAwesome. (2017, June 29). Pocket money superpowers kids' spending across Asia-Pacific. https://totallyawesome.tv/2017/06/29/pocket-money-superpowers-kids-spending-across-asia-pacific/

34. Ventura, A. K., & Birch, L. L. (2008). Does parenting affect children's eating and weight status? International Journal of Behavioral Nutrition and Physical Activity, 5(1), 15.

35. Wahab, R., Sabri, M. F., & Ramli, N. N. (2016). Money literacy, shopping and purchasing patterns among primary school students in Malaysia. Journal of Education and Human Development, 5(1), 146-162.

36. World Health Organisation. (2020, October 19). *Noncommunicable diseases: Childhood overweight and obesity*. https://www.who.int/news-room/questions-and-answers/item/noncommunicable-diseaseschildhood-overweight-and-obesity

37. World Health Organization. (2021). Healthy diet. https://www.who.int/news-room/factsheets/detail/healthy-diet

38. Yee, A. Z. H., Lwin, M. O., & Ho, S. S. (2017). The influence of parental practices on child promotive and preventive food consumption behaviors: a systematic review and meta-analysis. International Journal of Behavioral Nutrition and Physical Activity, 14(1).