

Knowledge and Behavior Related to Junk Food among Adolescent Students in a Private School: A Cross-sectional Study

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ABSTRACT

INTRODUCTION: Adolescents are a vulnerable group for developing unhealthy eating habits, especially with the increasing availability of junk food in the market. Private schools, which often provide a comfortable environment and higher income families, may also have an impact on the eating behavior of adolescents. Therefore, this cross-sectional study aimed to investigate the knowledge and behavior related to junk food among adolescent students in a private school. **MATERIALS AND METHODS:** A cross-sectional descriptive study was conducted among adolescent students in Shree Phuleshwar Public Secondary English school Kalyanpur, Saptari with the sample drawn from those present during data collection. Following their consent, the respondents were given a self-administered structured questionnaire. Knowledge was graded; mean, standard deviation, frequency, percentage and the chi-square test were used to analyze the data using SPSS 16.0 **RESULTS:** The participants' mean knowledge score was 5.80, with a standard deviation of 1.26. Similarly, the participants' average practice score was 7.07, with a standard deviation of 1.20. A total of 60 people took part in the study. The findings revealed that 31.7% of the participants possessed good knowledge, 31.7% possessed average knowledge, and 36.7% possessed poor knowledge. In terms of practice, 35.0% of participants did well, while 65.0% did poorly. **CONCLUSIONS:** The level of knowledge among adolescent students in Kalyanpur school was generally low, with only a small proportion having good knowledge. Similarly, the level of practice was poor, with the majority of participants having poor practice.

Keywords: Adolescent, Behavior, Junk Food, Knowledge, Private Schools



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INTRODUCTION

Junk food consumption is a major public health concern worldwide, particularly among adolescents. In recent years, adolescent junk food consumption has increased, contributing to a variety of health problems such as obesity, diabetes, and cardiovascular disease [1]. Private schools are not immune to this problem, and many of their students consume junk food on a regular basis. As a result, understanding junk food knowledge and behavior among adolescent students in private schools is crucial. Junk food consumption has been linked to obesity, type 2 diabetes, cardiovascular disease, and poor academic performance. These foods are high in calories, fat, sugar, and salt but low in nutrients, which can lead to weight gain, high blood sugar levels, high blood pressure, and other health issues [2]. Adolescent junk food consumption is

influenced by peer pressure, advertising, availability, affordability, and taste preferences. Adolescents may eat junk food in social situations due to peer pressure. Advertising can also influence their food choices by promoting unhealthy foods. Because junk food is readily available and inexpensive, adolescents may find it easier and less expensive to consume it. Finally, their food preferences can influence their food choices, favoring junk food over healthy food [3-5]. According to several studies, adolescents in Nepal have more unhealthy eating habits, with junk food being a significant contributor to poor diet quality [6, 7]. Furthermore, studies have shown that adolescents are unaware of the negative effects of junk food consumption [8]. As a result, assessing adolescents' knowledge and practice of junk food consumption is

critical in order to develop effective strategies to promote healthy eating habits. Adolescents are especially vulnerable to developing unhealthy eating habits, especially with junk food becoming more readily available in the market. Adolescent eating behavior may be influenced by private schools, which frequently provide a comfortable environment and are attended by higher-income families. As a result, the objective of this study was to investigate adolescent students' knowledge and behavior regarding junk food in a private school.

MATERIALS AND METHODS

Study design and setting

Descriptive cross sectional study was carried out among the students of Shree Phuleshwar Public Secondary English Boarding School, Kalyanpur, Saptari. Shree Phuleshwar Public Secondary English Boarding School is located in Kalyanpur, Saptari. It is a public school that provides quality education to students and prepare them for higher education and the workforce. It offers a range of academic programs and extracurricular activities to help students develop holistically.

Participants, sample size and sampling technique

The participants of the study were students currently enrolled in Shree Phuleshwar Public Secondary English Boarding School in Kalyanpur, Saptari. Purposive sampling was used to create the sampling frame, and complete enumeration was used to collect information from all eligible participants. Students between the ages of 12 and 18 were eligible to participate in the study. The study's sample size was set at 60. Based on the research objectives, available resources, and the characteristics of the population being studied, this sample size was determined to be appropriate.

Data collection procedure and study variables

Semi structured questionnaire was developed to obtain information from the respondents. The questionnaire had socio demographic information in a part, and knowledge regarding junk food and practice in next part. The validity of the study tools were maintained by consulting the research supervisor, concerned teacher, and literature review. The questionnaire were prepared in English and given to the research guide for checking. Reliability was maintained by pre-testing the instrument in 10% of the study population and necessary modifications in the instrument was done accordingly. Junk foods are foods that are easily accessible, usually inexpensive, and have low

nutritional value. These foods have more calories, more salt, more saturated fat, and far less minerals, vitamins, and dietary fiber. Common junk foods include fast food, instant noodles, biscuits, cookies, chip lays, chocolates, cake, ice cream, chow mien, Mo: Mo, samosa, soft drinks such as Coke, Pepsi, Fanta, burgers, pizza, canned foods, fried potatoes, and others [9].

In this study, two sets of items were used to assess knowledge and behavior related to junk food consumption. The junk food score from the structured knowledge questionnaire was used as the study's criterion measure. The knowledge assessment consisted of eight items, whereas the behavior assessment consisted of ten. Each correct answer was worth one point, while each incorrect answer was worth zero. The highest possible knowledge score was eight, and the lowest possible score was zero. The highest possible behavior score was ten, and the lowest possible score was zero. Based on their score, participants' knowledge was graded as poor, average, or good, and their behavior was graded as good or poor [10].

Statistical analysis and data management

The information gathered was checked for accuracy and completeness. After entering the data into Excel, it was double-checked, coded, and then imported into IBM SPSS version 23 for analysis. The descriptive statistics mean, median, mode, frequency, and standard deviation were used to summarize the data. The Chi square test was used to investigate the relationship between students' levels of knowledge and practice about junk food and their demographic variables. Statistical significance was defined as a p-value of 0.05.

Ethical considerations

The approval for the study was taken from Sinha Health Foundation Pvt. Ltd. Janakpurdham. A letter of written permission was also obtained from Shree Phuleshwar Public Secondary English Boarding School Kalyanpur before the commencement of the study. The objectives of the study were explained clearly to the respondents. Informed written consent was taken from the participants, and participation in the study was voluntary.

RESULTS

Table 1 shows the distribution of respondents' socio-demographic variables, which show that the majority of 60 respondents (80%) were between the ages of 12 and 15, while the minority were older than 16. The

majority of respondents, 41 (68.3%), were male, while the minority, 19 (31.7%), were female. The majority of respondents (13 (21.7%) were in Grade 7, while the minority of students 14 (23.3%) were in Grade 8. Furthermore, the majority of respondents (20; 33.3%) were in Grade 9, while the minority of students (13; 21.7%) were in Grade 10. The respondents were all Hindus. The majority of respondents (28.7%) were from Nuclear families, while the minority (5.3%) were from Extended families. Furthermore, the few of respondents' fathers (6; 10%) had a primary education, while the minority (13; 21.7%) had a secondary education. The majority of respondents' mothers (15 (25.0%) had a primary education, while the minority (8; 13.3%) had a secondary education. Furthermore, the majority of respondents (19; 28.3%) worked for the government, while the minority (3; 5.0%) were self-employed. The majority of respondents were homemakers, with 42 (70.0%), and private employees, with 1 (1.7%).

Table 2 shows that of the 60 respondents, 19 (31.7%) had excellent knowledge of junk food, 19 (31.7%) had average knowledge, and 22 (36.7%) had poor knowledge. Additionally, 21 (35.0%) had good behaviour, while 39 (65.0%) had poor behaviour. The level of practice score had a mean SD of 7.07 1.20, while the level of knowledge score had a mean of 5.80 with SD of 1.26.

Table 3 shows the relationship between respondents' age, gender, education level, and the types of families they were raised in, as well as their level of knowledge. The analysis found no significant relationship between respondents' knowledge of junk food and their age, gender, educational attainment, or that of their parents or mothers.

Characteristics	Frequency (N)	Percentage (%)	Total Score [Mean ± SD]
Level of knowledge			
Good	19	31.7	5.80±1.26
Average	19	31.7	
Poor	22	36.7	
Level of practice			
Good practice	21	35.0	7.07±1.20
Poor practice	39	65.0	
Total	60	100.0	

Table 4 shows the relationship between level of behaviour and selected socio-demographic variables

Table 1 | Socio demographic information of participants

Variables	Frequency (N)	Percentage (%)
Age (in Year)		
12-15	48	80.0
>16	12	20.0
Gender		
Male	41	68.3
Female	19	31.7
Level of education		
Grade 7	13	21.7
Grade 8	14	23.3
Grade 9	20	33.3
Grade 10	13	21.7
Religion		
Hindu	58	96.7
Others	2	3.3
Types of family		
Nuclear	28	46.7
Joint	26	43.3
Extended	5	10.0
Educational status of father		
Primary education	6	10.0
Secondary education	15	25.0
Higher secondary	24	40.0
Graduate	13	21.7
Illiterate	2	3.3
Educational status of mother		
Primary education	15	25.0
Secondary education	18	30.0
Higher secondary	15	25.0
Graduate	8	13.3
Illiterate	4	6.7
Occupational status of father		
Government employee	17	28.3
Private employee	19	31.7
Self employed	21	35.0
Unemployed	3	5.0
Occupational status of mother		
Home maker	42	70.0
Government employee	11	18.3
Private employee	6	10.0
Self Employed	1	1.7

such as age, gender, level of education, family type, and father and mother's occupational status. The analysis revealed that respondents' consumption of junk food was not significantly related to their age, gender, level of education, father's level of education,

mother's level of education, father's occupational status, or mother's occupational status.

Table 5 shows that out of 60 respondents, 8 (13.3%) knew what their favorite food was, 56 (93.3%) knew about junk food, 15 (25.0%) knew whether they had a basic need for fast food, 25 (41.7%) knew how often they ate it, 54 (90.0%) knew whether they enjoyed trying new foods, 56 (93.3%) knew what they thought the nutrient content of junk food. to be healthy foods, and 30 (50.0%) knew how to check

Table 6 shows that 34 (56.7%) of 60 respondents knew how many times per week they ate junk food on

average. 19 (31.7%) people knew whether they ate junk food for breakfast.

41 (68.3%) were conscious of their food intake and always aimed to be healthy, 29 (48.5%) were aware of the average cost of a food meal, 51 (85.0%) of those polled expressed an opinion on whether junk food was healthy or not. 33 (55.0%) were aware of whether their fast food consumption was increasing day by day. 19 (31.7%) knew whether they checked the nutritional value of the food they bought, and 25 (41.7%) knew what factors influenced their junk food choice, 29 (48.3%) knew why they ate fast food, and 35 (58.3%) knew whether they ate junk food or not.

Table 3 | Association between level of knowledge with selected socio-demographic variables (n=60)

Variables	Level of Knowledge						Total N=60	p- value for x ²
	Good n=19(31.7%)		Average n=19(31.7%)		Poor n=22 (36.7%)			
	n	%	n	%	n	%		
Age								
12-16	15	31.2	16	33.3	17	35.4	48	0.850
>16	4	33.3	2	25.0	5	41.7	12	
Gender								
Male	12	29.3	12	29.3	17	41.5	41	0.527
Female	7	36.8	7	36.8	5	26.3	19	
Level of education								
Grade 7	2	15.4	3	23.1	8	61.5	13	0.242
Grade 8	3	21.4	5	35.1	6	42.9	14	
Grade 9	8	40.0	8	40.0	4	20.0	20	
Grade 10	6	46.2	3	23.1	4	30.8	13	
Types of family								
Nuclear	11	39.3	10	35.7	7	25.0	28	0.058
Joint/ Extended	8	25.0	9	28.1	15	46.9	32	
Educational status of father								
Primary education & less	3	37.5	1	12.5	4	50.0	8	0.043
Secondary education	1	13.3	2	26.7	9	60.0	15	
Higher secondary education	7	29.2	13	50.0	5	20.8	24	
Graduate education	8	61.5	2	15.4	3	23.1	13	
Education status of mother								
Primary education & less	2	10.5	4	21.0	13	68.5	19	0.089
Secondary education	8	44.4	3	16.7	7	38.9	18	
Higher secondary education	3	26.7	8	53.3	3	20.0	15	
Graduate education	4	50.0	1	12.5	3	37.5	8	
Occupational status of father								
Government employee	8	47.1	6	35.3	3	17.6	17	0.594
Private employee	5	26.3	5	26.3	9	47.4	19	
Self employed	5	23.8	7	26.5	9	42.9	21	
Unemployed	1	31.7	1	33.3	1	33.3	3	
Occupational status of mother								
Home maker	12	37.5	6	18.8	14	43.8	32	0.260
Government employee	3	30.0	4	40.0	3	30.0	10	
Private employee	1	16.7	2	33.3	3	50.0	6	
Self employed	32	5.0	75	8.3	21	6.7	12	

Variable	Level of Behaviour				Total N=60	P-value for χ^2
	Good n=21 (35.0%)		Poor n=39 (65.0%)			
	n	%	n	%		
Age						
12-15	18	37.5	30	62.5	48	0.137
>16	2	16.7	10	83.3	12	
Gender						
Male	13	31.7	28	68.3	41	0.432
Female	7	36.8	12	63.2	19	
Level of education						
Grade-7	4	30.8	9	69.2	13	1.010
Grade-8	9	64.3	5	35.7	14	
Grade-9	5	25.0	15	75.0	20	
Grade-10	2	15.4	11	84.6	13	
Types of family						
Nuclear	9	32.1	19	67.9	28	0.316
Joint	8	30.8	18	69.2	26	
Extended	3	60.0	2	40.0	5	
Educational status of father						
Primary education & less	4	50.0	4	50.0	8	0.147
Secondary education	7	46.7	8	53.3	15	
Higher secondary education	5	20.8	19	79.2	24	
Graduate	5	38.5	8	61.5	13	
Educational status of mother						
Primary education & less	6	26.7	13	66.7	19	0.997
Secondary education	7	38.9	11	61.1	18	
Higher secondary education	5	33.3	10	66.7	15	
Graduate	3	37.3	5	62.5	8	
Occupational status of Father						
Government employee	7	41.2	10	58.8	17	0.440
Private employee	8	42.1	11	57.9	19	
Self employed	6	28.6	15	71.9	21	
Unemployed	0	0.0	3	10.0	3	
Occupational status of mother						
Home maker	13	40.6	19	59.4	32	0.692
Government employee	2	20.0	8	80.0	10	
Private employee	4	33.3	8	66.7	6	
Self employed	0	0.0	6	100.0	10	

Item	Correct Response	Frequency (N=60)	Percentage (%)
What is your favourite food	Fast food	8	13.3
Do know about Junk food	Yes	56	93.3
Has fast food become a basic need for you	Yes	15	25.0
How often do you eat fast food	Once a week	25	41.7
Do you like trying new foods	Yes	54	90.0
What are some foods that you know are healthy for you	Milk	56	93.3
What are some foods that you consider unhealthy	fatty food	56	93.3
Do you check the nutrient food fact level in junk food	Yes	30	50.0

Table 6 | Practice towards junk food among participants (n=60)

Item	Correct Response	Frequency (N=60)	Percentage (%)
How many times do you eat junk food on an average per week?	Once	34	56.7
Do you take junk food as an alternative to breakfast?	Yes	19	31.7
I watch my food intake carefully and strive to be healthy at all times	Yes	41	68.3
On average how much would you expect to pay for a food meal	200	29	48.3
In your opinion do you consider junk food is healthy or not	no	51	85.0
Do you feel your fast food habit is increasing day by day	Yes	33	55.0
When Purchasing food, do you check the nutritional value of the food	On certain product	19	31.7
What are the factors influencing the choice of junk food	Test	25	41.7
Reasons for choosing to eat fast food	Enjoy test	29	48.3
Where do you eat the junk food	Out	35	58.3

DISCUSSION

The research article explored respondents' knowledge and practice regarding junk food consumption. The study included 60 people, and the results showed that 31.7% had average knowledge, 31.7% had good knowledge, and 36.7% had poor knowledge. In terms of practice, 35.0% performed well, while 65.0% performed poorly. The average knowledge level and practice score were 5.80 1.260 and 7.07 1.187, respectively. These findings are consistent with those of a previous study by Ranabhat K and Rana. S (2020), which found that 31.87% of participants had insufficient knowledge, 41.88% had moderate knowledge, and 26.25% had adequate knowledge about the effects of junk food consumption. Furthermore, the study discovered that the majority of respondents (72.5%) consumed fast food for the delicious taste [11]. The study investigated the association between junk food knowledge and various socio-demographic factors such as age, gender, level of education, religion, education status of father, education status of mother, occupation status of father, and occupation status of mother. The study discovered no statistically significant relationship between junk food knowledge and these socio-demographic variables. These findings are consistent with those of a previous study by Piryani S, Piryani RM (2016), which found no statistically significant association between junk food knowledge and socio-demographic variables at a level of significance of $p=0.05$. Furthermore, the study examined the association between junk food consumption and the same socio-demographic factors. There was no statistically significant relationship between junk food consumption and age, gender, level of education, religion, education status of father,

education status of mother, occupation status of father, or occupation status of mother [12]. Overall, these findings suggest that socio-demographic factors may not have a significant influence on junk food knowledge and practice. However, more research is needed to investigate other potential factors that may influence people's knowledge and behavior regarding junk food consumption. The above finding was supported by study conducted by Sultan Aalhamiet all in 2016 on practice towards junk food high school student in Makkah, Saudi Arabia, showed that there was no any statistically significance association between levels of practice with their socio-demographic variables [13]. The study also consistent with a study's in India. The majority of adolescents lacked knowledge about junk food, but posttest results revealed a significant improvement in knowledge scores following computer-assisted teaching [14]. In line with our study, Vandana Sharma's study in Jalandhar, Punjab, discovered that the mean percentage of knowledge score of posttest was significantly higher than pretest, indicating that education plays an important role in improving adolescent children's knowledge of the effects of junk food on health [15]. Similarly, Mandeep Karur's quasi-experimental study in Delhi found that a planned teaching program was effective in increasing adolescents' knowledge of the health risks of junk food. The mean posttest score was significantly higher than the pretest score, indicating that the program was effective in increasing knowledge [16].

According to the study, there was no correlation between posttest knowledge level and background characteristics among adolescent children in Kongu

Kalvi Nilayam. This conclusion was supported by a cross-sectional study carried out by Massimo Santinello et al. (2009) on youths between the ages of 11 and 16 in Belgium, Flanders, and the Veneto region of Italy. Despite some subgroup variations, the study found that several lifestyle behaviors and family norms were determinants of soft drink consumption [17].

These findings demonstrate the importance of raising public awareness of the potential harm that eating junk food may cause to one's health. However, it is significant to note that the results might not be generalizable to other contexts because of time restrictions and a small sample size.

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CONCLUSIONS

The respondents were only slightly aware of the harmful effects of junk food on one's health. Additionally, research on the practices and attitudes that influence junk food consumption should be done, and an interventional health education program that targets adolescents can be put into place. To improve the health outcomes of individuals and populations, interventions aimed at promoting healthy eating behaviours and reducing the consumption of junk food may be required. Future studies with larger populations from different institutions, schools, and universities with longer time periods are advised in order to generalize the findings.

performed the statistical analysis, and wrote the draft paper. P.S., S.S and SSG also supported data collection. V.K provided advices for improvement. P.S., S.S, SSG and V.K worked on the final manuscript. All the authors had a full discussion and commented on the final draft of paper.

Data Availability: Data will be available upon request to corresponding authors after valid reason.

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