

A Comparative Study to Assess the Knowledge Regarding Health effects of Junk Food among Women Selected Rural & Urban Areas of Bagalkot

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Abstract

Original Research Article

Background: Women play a crucial role in the health and nutrition of the family, as they are often responsible for food selection, preparation, and feeding practices. Their knowledge and awareness regarding healthy and unhealthy food choices directly influence the dietary habits of their families, especially children. Therefore, assessing women's knowledge about the health effects of junk food is essential for promoting healthier eating behaviours and preventing lifestyle-related diseases. Hence, this comparative study is undertaken to assess and compare the level of knowledge regarding the health effects of junk food among rural women and urban women, with the aim of promoting informed dietary choices and improving overall community health. **Purpose:** The aim of this study is to assess the level of knowledge regarding health effects of junk food among rural women and urban women of studying in selected areas of Gaddankeri and Shirur at Bagalkot. **Methods:** A comparative study with a sample 120 respondents of rural women and urban women age between 20-60 years. Was selected by disproportionate stratified random sampling technique. Centre for Epidemiologic Studies structured questionnaire was used statistical analysis. The data was entered in MS excel sheet and transferred to SPSS 25 for analysis. **Results:** Result of this study related to rural women and their level of knowledge shows that (81.6%) of rural women had Good level of knowledge (18.3%) rural women very Good level of knowledge. Urban women according to the level of knowledge shows that (20%) of women were having Good level of knowledge, (80%) of women were having Very good level of knowledge. **Conclusions:** The study found there is a significant difference between rural women and urban women their level of knowledge regarding health effects of junk food $P < 0.05$.

Keywords: Asses, Knowledge, Health, Effect, Junk Food, Women, Urban Areas.

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INTRODUCTION

The term "junk food" refers to low-cost foods that are heavy in calories from fat or sugar but Low in fibre, protein, vitamins, and minerals. High-protein meals that are regarded to be junk food include restaurants serving hamburgers, fried chicken, and other dishes like this. Other examples of these types of eateries are fast food restaurants. The popularity of junk food among the general public has significantly increased in recent decades as a result of the introduction of products such as Hostess Twinkies, Fritos corn chips, McDonald's, and KFC. Many people believe that these things often do not have immediate negative consequences when combined with a diet that is well-balanced, despite the fact that experts have shown that

eating junk food can have a negative impact on your health. This is despite the fact that experts have shown that eating junk food can have a negative impact on your health [1].

Increased intakes of junk foods among children have emerged as a major threat to children and the general society through the ways in which they affect their health. As the number of people moving into urban areas, globalization and new trends to high speed, most food marketers promote high energy density but low nutrient density foods Research shows that a large percentage of school going kids have adopted junk foods as their daily basis food and this has various nasty effects [2].

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Junk food refers to fast food, which are easy to make and easy to consume. They are low in nutritional value and have only lying fat in it causing ill effect on the health of consumer. The term 'Junk food' was coined by Michael Jacobson, director of Centres for Science in the public interest who wanted to raise public attention about the issue of foods with a high caloric value and a low nutritional value. Junk food contains high level of refined sugar, white flour, Trans fat, polyunsaturated fat salt and numerous food additives such as monosodium glutamate (MSG) and tartrazine, and lacking in protein, vitamin and fiber. Junk food is popular because of their simplicity of manufacture, consumes, their taste and has a long shelf life which may not require refrigeration [3].

Food is primer necessity for creatures especially for human because it supplies energy for body, maintain tissues, repair them and prevent from diseases. Today, in our diet the fast food is very common. Fast food is such type of food that is prepared and served very quickly but fast food is less nutritious as compared to traditionally foods and other dishes. Traditional food is made by herbal plants which have many nutrients, original taste and more delicious. These foods do not have preservative, artificial flavour and colouring. Fast food is usually referred to burgers, pizza or French fries or any kind of food that can be prepared and saved quickly at low price. According to the National Institutes of Health (NIH) fast food are high in saturated fat, salt and calories. Now a day the traditional foods are replaced by the fast food [4].

Objectives

1. To assess the knowledge regarding health effect of junk food among Urban women
2. To assess the knowledge regarding health effect of junk food among Rural women
3. To compare the health effect of junk food among women at rural and urban
4. To find out the association between the health effect of junk food among Urban women and their socio demographic variable
5. To find out the association between the health effect of junk food among Rural women and their socio demographic variable

MATERIALS AND METHODS

Methods

It was descriptive & comparative study with an intended to assess the level of knowledge among rural women and urban women among age between 20-60 years as perceived from the women at selected areas of Bagalkot was selected for the study research design and participants.

Study Participants:

This study is a randomized controlled trial conducted in September 2025. A simple sample of 120 rural women and urban women in between the age group

of 20-60 years attending in Gaddankeri and Shirur in Bagalkot were selected for the study. Rural women and urban women were willing to participate in this study, and women who were present at the time of data collection were also included in this study. Women who were not healthy at the time of data collection were excluded from the study.

Research Approach

This study aims to collect information about the women and level of knowledge regarding the health effects of the junk food therefore, Followed proportionate stratified random sampling method was considered appropriate for the research.

Research Design

The term research design refers to the research plan research design is the type of statistical analysis that helps researchers select subjects, identify variables, control variables, make observation and interpret data. A proportionate stratified random sampling method will be used to select the sample from selected areas in Bagalkot.

Variables to Examine

A variable is something that can be measured and change something. The change is the mental, physical, Quality of life, Hope, Characteristics and their personality. This study identified the changes.

Research Variable 1: Level of knowledge regarding the health effects of the junk food of women.

Socio-Demographic Variables

Socio-demographic characteristics of women such as age, religion, educational status, marital status, occupation, family monthly income, area of residence, fast food, family member consume fast food, junk food is addictive, junk food has negative impact on your health, often do you consume fast food, junk food effects overall health, junk food do you enjoy, where do you usually consume junk food, money spend on buying fast food, when do you consume fast food.

Setting of the Study

The setting is where the population or the portion of it is located and where the study is carried out. The present study was conducted in areas of Gaddankeri and Shirur at Bagalkot.

Sample and Sample Size

This sample consists of subjects in the units that constitute the population of this study. The current sample consist of 120 rural women and urban women age group between 20 to 60 years, attending in Gaddankeri and Shirur at Bagalkot.

Sampling Technique

The sampling technique is selecting a portion of the population to obtain information about a problem. A

stratified proportional random sampling technique was used in this study.

Statistical Analysis

The data was analysed using SPSS version 25. The obtained data was entered in MS excel sheet. The obtained data were statistically examined in terms of the objectives of the study using inductive statistics. Frequencies and percentage was used for the analysis of demographic data. The mean and standard deviation, median and range were used as inferential statistics. The chi square test was used to determine association between level of knowledge scores and selected socio-demographic variables of rural women and urban women. The chi-square (X²) test will be used to find out the association between the demographic variables with rural women and urban women.

INSTRUMENT

Epidemiologic Studies Structured questionnaire tool is used to measure the level of knowledge regarding the health effects of junk food of Rural women and Urban women knowledge were scored with a total of 20 items as follows: 1-poor(<26), 2-good(26-52), 3-very good(>52) level of knowledge.

Data Collection Process

Prior permission is obtained from the relevant organization before the data collection process begins. At the time the research was conducted, the women were selected from Gaddankeri and Shirur at Bagalkot. Data collection was conducted from all women who met the inclusion criteria. Consent is obtained at women. Before administering the survey, the purpose of the study was explained to the participants.

Data Analysis

The obtained data were analyzed according to the research purposes using comparative and objective analysis. The main data was prepared based on the participants' responses. Demographic profile analysis with frequency and percentage. Mean and standard deviation of responses to questions Chisquare test was used to determine the relationship between level of knowledge in words and numbers and selected demographic variables.

RESULTS

PART I: Description of socio-demographic variables of Gaddanakeri N=60

Sl.no	Age	Frequency	Percentage (%)
1	20-25yeaes	10	16.66
2	26-30 years	8	13.33
3	31-35years	21	35
4	36 & above years	21	35
	Total	60	100
Sl.no	Religion	Frequency	Percentage (%)
1	Hindu	42	70
2	Muslim	13	21.6
3	Christian	02	3.33
4	Others	03	5
	Total	60	100
Sl.no	Education	Frequency	Percentage (%)
1	No formal education	09	15
2	Primary education	19	31.6
3	Secondary education	23	38.3
4	Graduation & above	09	15
	Total	60	100
Sl.no	Marital status	Frequency	Percentage (%)
1	Single	8	13.3
2	Married	52	86.6
3	Divorce/Separated	00	00
	Total	60	100
Sl.no	Occupational status	Frequency	Percentage (%)
1	House wife	33	55
2	Agree culture	07	11.6
3	Employed	15	25
4	Self-employed	05	8.33
	Total	60	100
Sl.no	Family monthly income	Frequency	Percentage (%)
1	Below Rs 10,000	29	48.3

2	Rs10,001-Rs20,000	21	35
3	Rs 20,001-Rs30,000	04	6.6
4	Rs 30,001&above	06	10
	Total	60	100
Sl.no	Area of Residence	Frequency	Percentage (%)
1	Rural	60	100
2	Urban	0	0
	Total	60	100
Sl.no	Do you consume fast food	Frequency	Percentage (%)
1	Yes	38	63.3
2	No	22	36.6
	Total	60	100
Sl.no	Family member consume fast food	Frequency	Percentage (%)
1	Yes	58	96.6
2	No	2	3.3
	Total	60	100
Sl.no	Junk food is Addictive	Frequency	Percentage (%)
1	Yes	26	43.3
2	No	34	56.66
	Total	60	100
Sl.no	Junk food has negative impact on health	Frequency	Percentage (%)
1	Yes	60	100
2	No	00	00
	Total	60	100
Sl.no	How often do you consume junk food	Frequency	Percentage (%)
1	Rarely	42	70
2	Once a week	16	26.6
3	2-3 times a week	02	3.3
4	Daily	00	00
	Total	60	100
Sl.no	Type of Junk food	Frequency	Percentage (%)
1	Vegetarian	38	63.3
2	Non vegetarian	3	5
3	Mixed	19	31.6
	Total	60	100
Sl.no	Rural women usually consume junk food at	Frequency	Percentage (%)
1	Home	33	55
2	In Restaurant	24	40
3	parties	1	1.66
	Work place	2	3.33
	Total	60	100
Sl.no	when the rural women consume fast food	Frequency	Percentage (%)
1	Morning	00	00
2	Afternoon	00	00
3	Evening	56	93.3
4	Night	4	6.6
	Total	60	100
Sl.No	Age	Frequency	Percentage (%)
1	20-25yeaes	10	16.6
2	26-30 years	14	23.3
3	31-35years	16	26.6
4	36 & above year	20	33.3
	Total	60	100
Sl.no	Religion	Frequency	Percentage (%)
1	Hindu	42	70
2	Muslim	10	16.6
3	Christian	4	6.6

4	Others	4	6.6
	Total	60	100
Sl.no	Education	Frequency	Percentage (%)
1	No formal education	14	23.3
2	Primary education	16	26.6
3	Secondary education	21	35
4	Graduation &above	9	15
	Total	60	100
Sl.no	Marital status	Frequency	Percentage (%)
1	Single	12	20
2	Married	46	76.6
3	Divorce/Separated	2	3.3
	Total	60	100
Sl.no	Occupational status	Frequency	Percentage (%)
1	House wife	25	41.6
2	Agree culture	15	25
3	Employed	12	20
4	Self-employed	08	13.3
	Total	60	100
Sl.no	Family monthly income	Frequency	Percentage (%)
1	Below Rs 10,000	20	33.3
2	Rs10,001-Rs20,000	25	41.6
3	Rs 20,001-Rs30,000	9	15
4	Rs 30,001&above	6	10
	Total	60	100
Sl.no	Area of Residence	Frequency	Percentage (%)
1	Rural	00	00
2	Urban	60	100
	Total	60	100
Sl.no	Do you consume fast food	Frequency	Percentage (%)
1	Yes	47	78.3
2	No	13	21.6
Sl.no	Total	60	100
	Family member consume fast food	Frequency	Percentage (%)
1	Yes	57	95
2	No	3	5
	Total	60	100
Sl.no	Junk food is Addictive	Frequency	Percentage (%)
1	Yes	21	35
2	No	39	65
	Total	60	100
Sl.no	Junk food has negative impact on health	Frequency	Percentage (%)
1	Yes	57	95
2	No	3	5
	Total	60	100
Sl.no	How often do you consume junk food	Frequency	Percentage (%)
1	Rarely	28	46.6
2	Once a week	24	40
3	2-3 times a week	7	11.6
4	Daily	1	1.6
	Total	60	100
Sl.no	Junk effect overall health	Frequency	Percentage (%)
1	Yes	31	61.6
2	No	16	26.6
3	Not sure	07	11.6
	Total	60	100

Sl.no	Type of Junk food	Frequency	Percentage (%)
1	Vegetarian	23	38.13
2	Non vegetarian	6	10
3	Mixed	31	51.6
	Total	60	100
Sl.no	Urban women usually consume junk food at	Frequency	Percentage (%)
1	Home	32	53.3
2	In restaurant	21	35
3	parties	4	6.6
4	Work place	3	5
	Total	60	100
Sl.no	How much money spending on buying a fast food	Frequency	Percentage (%)
1	Rs 10- Rs 100	4	6.6
2	Rs 101-Rs 200	19	31.6
3	Rs 201- Rs 300	20	33.3
4	Rs 301 & above	17	28.3
	Total	60	100
Sl.no	when the rural women consume fast food	Frequency	Percentage (%)
1	Morning	02	3.33
2	Afternoon	08	13.3
3	Evening	44	73.3
4	Night	06	10
	Total	60	100

Part III: Assessment of knowledge regarding junk food effect on health of rural women by using structured questionnaire

	Level of knowledge	Response	Percentage
Poor	<26	00	00
Good	26-52	49	81.66
Very good	>52	11	18.33

Assessment of knowledge among rural women reveals that the majority of rural women (81.66%) had a

good level of knowledge, the remaining (18.33%) of them had very good level of knowledge.

Part IV: Assessment of knowledge regarding junk food effect on health of urban women by using structured questionnaire

	Level of knowledge	Response	Percentage
Poor	<26	00	00
Good	26-52	12	20
Very good	>52	48	80

Assessment of knowledge among urban women reveals that the majority of rural women (80%) had a

very good level of knowledge, the remaining (20%) of them had good level of knowledge.

Mean, SD And mean percentage of level of knowledge among rural women

Maximum Score	Minimum Score	Mean	SD	Mean%
80	20	45.4	1.08	56.75

The mean, SD and mean percentage of level of knowledge among rural women reveals that the mean

percentage was 56.75%, with the mean 45.4 and SD was 1.08.

Mean, SD And mean percentage of level of knowledge among urban women

Maximum Score	Minimum Score	Mean	SD	Mean%
80	20	53.9	1.1	67.4

The mean, SD and mean percentage of level of knowledge among rural women reveals that the mean

percentage was 67.4%, with the mean 53.9 and SD was 1.1

Part V : Assessment of knowledge regarding junk food effect on health of rural women by using structured questionnaire

Si.no	Socio-demographic variables of rural women.	Chai square	Difference	P value	Significance
1	Age	3.74	6	0.71	Nothing significant
2	Religion	2.59	6	0.86	Nothing significant
3	Education status	6.1	6	0.41	Nothing significant
4	Marital status	0.25	4	0.99	Nothing significant
5	Occupational status	3.6	6	0.72	Nothing significant
6	Monthly income	0.95	6	0.98	Nothing significant
7	Area of residence	0	2	1	Nothing significant
8	Fast food	7.54	2	0.02	Significant
9	Family member Consume food	9.22	2	0.01	Significant
10	Junk food is addictive	2.26	2	0.32	Nothing significant
11	Junk food has Negative impact on health	0	2	1	Nothing significant
12	Often do you consume fast food	5.7	6	0.44	Nothing significant
13	Junk effect overall health	5.1	4	0.27	Nothing significant
14	Junk food do you enjoy	0.77	4	0.94	Nothing significant
15	Where do usually Consume junk food	9.8	6	0.12	Nothing significant
16	Money spend on buying fast food	1.16	6	0.97	Nothing significant
17	When do consume food	0.47	6	0.99	Nothing significant

The findings regarding assessment of knowledge of rural women and with their selected socio demographic variables shows that, significant association was found between level of knowledge

among rural women; fast food ($\chi^2 = 0.02$) and family member consume fast food ($\chi^2 = 0.01$). The significance relationship was found between level of knowledge and socio demographic variables in rural women.

Part VI: Assessment of knowledge regarding junk food effect on health of urban women by using structured questionnaire

Si.no	Socio-Demographic variables of Urban women	Chai square	Difference	P value	Significance
1	Age	1.41	6	0.96	Nothing significant
2	Religion	0.63	6	0.99	Nothing significant
3	Education status	2.62	6	0.85	Nothing significant
4	Marital status	1.31	4	0.85	Nothing significant
5	Occupational status	1.91	6	0.92	Nothing significant
6	Monthly income	2.19	6	0.90	Nothing significant
7	Area of residence	0	2	1	Nothing significant
8	Fast food	0.22	2	0.89	Nothing significant
9	Family member Consume fast food	0.25	2	0.88	Nothing significant
10	Junk food is addictive	2.81	2	0.24	Nothing significant
11	Junk food have Negative impact on health	0.87	2	0.64	Nothing significant
12	Often do you consume fast food	2.17	6	0.90	Nothing significant
13	Junk food Effect overall health	3.9	4	0.41	Nothing significant
14	Junk food do you enjoy	0.58	4	0.96	Nothing significant
15	Where do you usually Consume junk food	1.64	6	0.94	Nothing significant
16	Money spend on buying fast food	1.64	6	0.94	Nothing significant
17	When do you consume fast food	0.62	6	0.99	Nothing significant

No significant association was found between levels of knowledge among urban women with their any of the socio demographic variables.

Part VII: Comparison between the rural women and urban women of their knowledge regarding junk food effect on health.

Mean _a -Mean _b	t	df	P
-0.95	-1.25	117.6	0.10762

For independent samples, these results pertain to the “usual” t test, which assumes that the two samples have equal variance.

Applicable only to independent samples.

$P > .05$ indicates no significant difference detected between the variance of the two sample.

t-Test Assuming Unequal Sample Variance.

[Applicable only to independent sample]

For purpose of significance tests and calculation of confidence intervals, values of df associated with the unequal variance condition are rounded to the nearest integer.

DISCUSSION

In the present study was related to rural women and their level of knowledge shows that (81.6%) of rural women had Good level of knowledge (18.3%) rural women very Good level of knowledge. Urban women according to the level of knowledge shows that (20%) of women were having Good level of knowledge, (80%) of women were having Very good level of knowledge.

The comparative study was used to a similar study conducted by Marita Dsouza, and Priya Prabhu at Udipi taluk at Dec 2018 described that 51 (31.87%) of participants had inadequate knowledge, 67 (41.88%) of the participants had moderate knowledge and 42(26.25%) of the participants had adequate knowledge about the effects of fast food consumption .The difference of knowledge between males and females was statistically significant ($P < 0.01$). Out of 83 males, 39 (47%) had inadequate knowledge, 27 (32.5%) had moderate knowledge and 17 (20.5%) had adequate knowledge. Out of 77 females, 12(15.6%) had inadequate knowledge, 40(51.9%) had moderate knowledge and 25 (32.5%) had adequate knowledge [5].

This study was conducted by Miss Shweta & Rohina Rebecca at Punjab at May 2025 A descriptive study to assess the knowledge regarding ill effects of junk food on health among students of Senior Secondary Schools of Sonipat, Haryana. The methodology of the present study was a Non-Experimental research design. Sample size of the study was 200 School Students (8th to 12th) selected with random sampling technique. Self-structured questionnaire was used for data collection. Data Analysis was done with the help of descriptive and inferential statistics. The study findings reveals that the level of knowledge of the samples regarding ill effects of junk food on health show majority 108 (54%) had poor knowledge and those who had adequate knowledge 88 (44%) Good knowledge was present among 4 (2%) of the samples [6].

In the present study the mean of junk food knowledge value of urban women (53.9) is greater than that of rural women (45.4). this may be due to the fact

that urban women are aware about the health hazards caused due to junk food consumption.

This study was conducted by Dr. M Mariya & E Michael Jayapriya at Tirunelveli at 2017. The study the mean of junk food awareness scale value of urban student (27.27) is greater than that of rural student (26.16). This may be due to the fact that urban students are aware about the health hazards caused due to junk food consumption [7]

The above mentioned studies are similar to our present study.

CONCLUSION AND RECOMMENDATION

Result of this study related to Rural women and their level of knowledge shows that (**81.6%**) of rural women had Good level of knowledge (**18.3%**) rural women very Good level of knowledge.

Urban women according to the level of knowledge shows that (20%) of women were having Good level of knowledge, (80%) of women were having Very good level of knowledge, A similar study can be repeated in different regions of the states or nation so has to compare the results the same study can be replicated on a large sample to generalize the findings the study can be conducted by including additional demographic variables. More educational campaigns also should be conducted in their field.

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Suggestion: Health professionals can provide health education to young people everywhere.

Conflicts: None.

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