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Consumption of fast foods: A leading contributor of Obesity

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Abstract

Fast foods or RTE (Ready to eat food) are gaining popularity with time. These fast foods are easy to prepare and serve. These are also available at reduced costs at the vending mobile vans or vendors selling on roadsides. Mechanized life have further contributed to sedentary lifestyle of both high and low income groups. The reduced levels of physical activity coupled with increased intake of fast foods made from refined wheat flour, sugars and potato starch contribute to both overweight and obesity. The fast food thus should be eaten at reduced frequency together with eating out at hygienic restaurants. This is as the foods served and sold alongside roadside stalls are at cheap prices and also use the same re- heated oil several times which inturn increase the trans fatty acid content and hydrogenated fats as prepared in cheap vanaspati oil.

Keywords: RTE (Ready- to- eat), vanaspati, mechanized, sedentary

Introduction

Middle-Income and Food Insecure People are Vulnerable to obesity due, to lack of awareness. This is attributed to increased consumption of easily accessible street foods that are cheap in cost and potentially hazardous to health.

The reasons of fast food consumption of are associated with a diet high in calories, low in nutrients, and frequent consumption that may lead to weight gain. When available, healthy food is often more expensive when cumulatively observed from the perspective of preparation. In comparison refined grains, added sugars, and trans-fats are generally inexpensive and readily available in RTE (Ready to eat) forms in low-income communities. The infants and children have a greater exposure to marketing of products that promote obesity-via media by stalwarts.

Cycles of food deprivation and overeating-Those who are eating less or skipping meals to stretch food budgets may overeat when food does become available, resulting in chronic ups and downs in food intake that can contribute to weight gain. Cycles of food restriction or deprivation also can lead to an unhealthy preoccupation with food and metabolic changes that promote fat storage - all the worse when in combination with overeating. Unfortunately, overconsumption is even easier given the availability of cheap, energy-dense foods in low-income communities. These foods are also well known to stimulate the taste buds more than, the healthy food counterfeiters by stimulating the release of Dopamine.

The "feast or famine" situation is especially a problem for low-income parents, particularly mothers, who often restrict their food intake and sacrifice their own nutrition in order to protect their children from hunger. Such a coping mechanism puts them at risk for obesity. In low income families the males often eat out as the cheap food tastes more luscious. Two probable reasons to eat out more besides, low cost of food may be, and the peer group as males save money to satisfy their hunger by intake of liquor.

Sometimes, it an easy way to save money for education of growing children, to feed large family sizes, or to cut upon the food intake so, as to save for an expectant mother in the family.

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They may also face high levels of stress due to the financial and emotional pressures of food insecurity. Stress, particularly chronic stress, also may trigger anxiety and depression, which are both associated with child and adult obesity derived from energy dense, RTE, low- cost snacks. Obesity is a major public health problem in most developing countries. Aranceta *et al.*, 2007 paper provided an overview of current population data available in Spain and the approach to develop preventive strategies in the country. Review of population data was based on measured weight and height and the determinants of obesity. On this basis, the approach used in the country to develop preventive strategies is discussed.

Obesity rates were reported to be higher amongst females aged 45 years and older, belonging to low income group of semi-urban places. Population estimates for the prevalence of obesity in Spanish children and young people were 13.9% for the whole group. Overweight and obesity were related to absence of breastfeeding, low consumption of fruit and vegetables, high consumption of cakes, buns, softdrinks and butchery products, low physical activity levels and a positive association with time spent watching TV.

Calle *et al.*, 1999 [1] reported that obesity is correlated to mortality amongst adults of U.S.A. in a prospective cohort study.

The present study was undertaken with the objective to conduct a survey on consumption of different types and frequency of low- cost street foods of Pantnagar (i.e. 50 Middle Income Group families).

Methodology

1. All males from about fifty low income families were randomly selected for the survey from Chakpheri community of Pantnagar on 30-11-2014 at 12 noon on Sunday.
2. They were questioned on the basis of the interview schedule prepared on the types, cost, frequency and pattern of consumption of specific low cost ready to eat snacks / whole meals available.
3. The responses were then recorded to draw the inference of the same and reasons for consumption of the food items.
4. Depending on the ingredients that compose the snacks /whole meals consumed, the calories, nutrients and trans fat content were estimated depending on the method, medium and ingredients used for preparation, for drawing a relevant inference.

Results

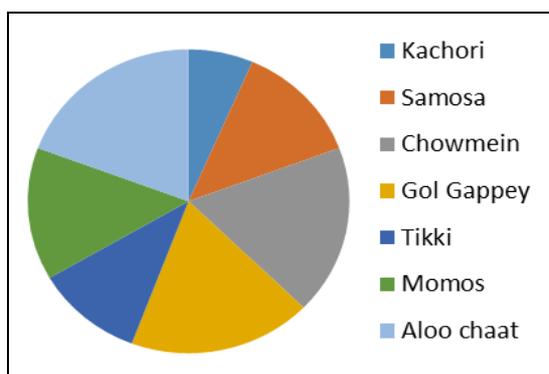


Fig 1: Food Preferences

The foods preferred by gol gappey, aloo chat and chowmein over others. However all foods consumed are mostly prepared by deep frying except momos prepared by steaming. Also this trend indicated an increased consumption of refined wheat flour that in turn contributes to cases of overweight and obesity.

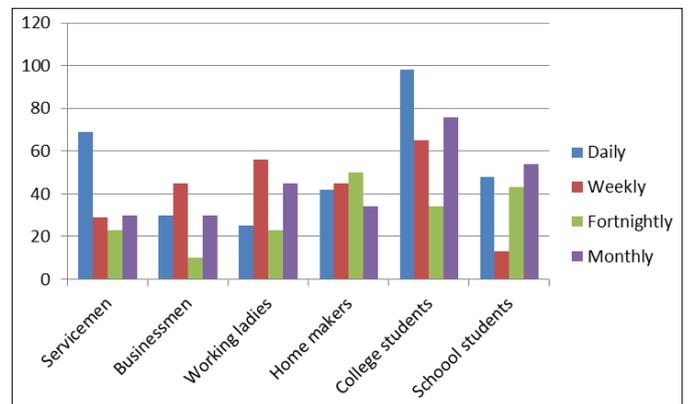


Fig 2: Consumption Pattern across different work profiles

It was analysed that 93% of the college students eat out on a daily basis followed by 64% of the business men who eat out daily. The consumption of snacks is recorded to be least for business men.

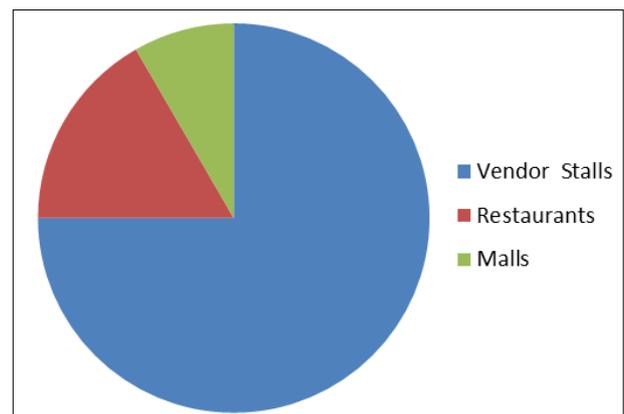


Fig 3: Preference of Eating Destination

It was found that 90% of the people prefer eating out on vendor stalls for convenience, easy access and cost- effective availability of snacks. On the other hand the cost of eating at malls is the minimum.

Conclusion

It has been inferred from the survey carried out that the foods consumed are mostly fried. (Samosas, chowmaein etc.). These foods are low in vitamins, minerals, proteins, and fiber and highly dense in refined sugars i.e. refined wheat flour, potatoes, and empty calories from sugars. No fruits, milk, pulses etc. are used in preparation of these unhealthy snacks. These foods are also high in trans- fats are most of the foods consumed are fried and as, they are within the cost of 10-15 Rs for every 5 pcs the quality of oil is poor as, it is saturated fat that predisposes to, different degenerative diseases in the long run. The frequency of consumption of low cost snacks is high among working or wage less males, school-going children of all age groups and the youth. This in turn, predisposes the youth of our country at a high- risk of degenerative diseases.

References

1. Eugenia E, Calle PhD, Michael J Thun MD, Jennifer M, Petrelli MPH, Carmen Rodriguez MD MPH, Clark W Heath Jr MD. Body-Mass Index and Mortality in a Prospective Cohort of U.S. Adults. *The New England Journal of Medicine*. 1999; 341:1097-1105.
2. Must A, Spadano J, Coakley EH, Field AE, Colditz G, Dietz WH *et al*. The disease burden associated with overweight and obesity. *Journal of the American Medical Association*, 1999; 282:1523-1529.
3. Romero-Corral A, Montori VM, Somers VK, Korinek J, Thomas RJ, Allison TG *et al*. Association of bodyweight with total mortality and with cardiovascular events in coronary artery disease: a systematic review of cohort studies. *Lancet*, 2006; 368:666-678.
4. Winburn BA, Caterson I, Seidell JC, James WPT. Diet, nutrition and the prevention of excess weight gain and obesity. *Public Health Nutrition*. 2004; 7(1A):123-146.
5. World Health Organization WHO. Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation. Technical Report Series 894. Geneva: WHO, 2000.