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A study to assess knowledge of adolescents regarding health hazards of fast food consumption in selected schools, with view to develop information booklet

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Abstract

In today's world scenario, fast foods become a prominent feature of diet for adolescents due to economic growth and new life style choice. Fast food is rich in calories, salts and fats and lack in vitamin and minerals. Excess consumption of fast food would lead wide variety of health disorder including obesity, hypertension, diabetes, high cholesterol, liver disease, asthma etc.

A study: was conducted to assess the knowledge of adolescents regarding health hazards of fast food consumption by using descriptive research design. A sample comprising 100 adolescent students from 9th to 12th class were selected by using simple random sampling technique. Structured questionnaire was used to collect the data. Data analysis was done by using descriptive and inferential statistics.

Result: of study shows that majority of adolescents were from age group of 18 year & above [30%], 60 % were male, majority of student's {60%} family having monthly income of Rs. 5000/- to Rs. 15000/- and 65 % adolescent are from nuclear family, 40% were Hindu, 45 % were vegetarian and 55 % adolescents were from urban area.

Finding of study: also revealed that majority of adolescents (55 %) have poor knowledge about health hazard of fast food consumption and only 30 % student have average knowledge and only 15% had a good knowledge.

These finding indicate that there is a need of motivational, educational programme for adolescents focusing on health hazards of fast food consumption.

Keywords: Fast food, health hazards, educational programme

1. Introduction

In 2009, there were estimated 1.2 billion adolescents in the world, forming around 18 per cent of the global population. An adolescent is defined as an individual aged 10-19 by the UN. The vast majority of the world's adolescents-88 percent- live in developing countries. 243 million estimate number of adolescents in India. About one- quarter of India's population is adolescents. The onset of adolescence is marked by puberty, which is primarily a physical, maturational, hormonal and growth process ^[1]

Adolescence is second to infancy in the nutritional requirements necessary for growth and development. Because of adolescent's growing and developing bodies they need more energy, vitamins, minerals and protein. To supply those additional nutrients diet of adolescent should be nutritionally dense and balanced ^[2].

Consumption of fast food has increased rapidly since the 1970 among adolescent from all socioeconomic and racial/ethnic groups. An estimated 75 % of adolescents eat fast food one or more times per week ^[3].

Indian is one in top 10 most frequent consumers of fast food across the globe. The leading international market research firm, over 70 per cent of urban Indians consumes food from take-away restaurants once a month or more frequently. This makes India one of the top 10 countries amongst the 28 surveyed, in terms of frequency of fast food consumption ^[4].

In the united states, consumer spent \$160 billion on fast food in 2012 (up from \$6 billion in 1970) ^[5, 6] In total the US restaurant industry had projected sales of \$660.5 billion in 2013 ^[7]. In 2006, the global fast food market grew by 4.8% and reached a value of 102.4 billion and a volume of 80.3 billion transactions.⁸ Global fast food sales are projected to reach \$239.7 billion in 2014.⁹ In India alone the fast food industry is growing by 41% in a year ^[10].

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Eating frequent fast food causes teens and young adults to gain more weight and they face an increased risk of developing obesity. The incidence of child obesity has more than tripled in the past 30 years. The prevalence of obesity among adolescents age between 12 to 19 year has been increased from 5.0 % to 18.1 %. Obesity is the result of caloric imbalance. Childhood obesity has both immediate and long-term health impacts [11].

Globally fast food market grew by 4.8 % and reached a value of 102.4 billion and a volume of 80.3 billion transactions. In America adolescents aged between 11-18 years visit fast food outlets average of twice a week and by 14 years of age, 32% of adolescent girls, 52% of boys consume three or more servings of sweetened soft drinks daily. In India fast food industry is growing by 41% in a year [12].

The consumer spending rate on processed food had increased at an average rate of 7.6 % annually during the years 2008 to 2010 and this was expected to continue as the consumer expense would rise with an average of around 8.6 % till the year 2012. 30 % of children aged 2-19 years are considered overweight or obese and has been estimated that 1 in 3 children born in the year 2000 will develop diabetes in their lifetime over the past 3 decades the childhood obesity rate has more doubled for pre-school children aged 2-5 years and adolescents aged 12-19 years and it has more tripled for children aged 6-11 years [13].

In India nearly 250 million adolescents are obese and experts blame the marketing muscle of fast food chains and quick-serve restaurants for it. The number of overweight and obese children in Delhi has increased from 16% in 2002 to 24 % in 2007. A study was conducted to find the reason for consumption of junk food on 15,872 students from New Delhi, Mumbai, Agra, Jaipur and Allahabad reveals that 73 % children eat junk food because of taste, 68 % are tempted by the advertisement, and 63 % children eat snacks while watching television. There is a substantial link between being overweight and obese in childhood and body weight in later life. Fast food is a primary reason for obesity in India, especially among adolescents [14].

As an investigator witnessed many children having more choice or taste towards fast food when compared to healthy food being unaware of the harmful effect of these yummy items they choose. Being an investigator would like to assess the knowledge of high school students regarding health hazards of fast food consumption and update their level of knowledge by providing information booklet.

2. Objectives of the Study

The study was conducted to

1. To assess the knowledge of student regarding health hazard of fast food consumption.
2. To find out the association between knowledge with selected demographic variables of the study.
3. To develop and distribute information booklet.

Assumption

- Adolescents may have some knowledge about health hazards of fast food consumption.
- Information booklet may enhance the knowledge of adolescents regarding health hazards of fast food consumption.

Hypothesis

H₁:- there will be significant association between knowledge with selected demographic variables of the study.

Delimitation

The study is limited to 9th to 12th Class, 100 adolescent students.

3. Materials and Methods

Non-experimental descriptive research design was used and descriptive survey approach was adopted to study the knowledge of adolescence. The study comprised of Total sample of 100 adolescent students from 9th to 12th Class. Samples were selected by Simple random sampling technique. According to the nature of problem and to accomplish the purpose of the study structured questionnaire were prepared focusing on knowledge of health hazard of fast food consumption. Validity was ensured by test- retest method. Suggestions from the experts were incorporated in the tools used for collecting the data. Both descriptive and inferential statistics were used to analyze the data.

4. Results

Table 1: Distribution of demographic characteristics according to frequency and percentage:-N= 100

Demographic variable	Frequency	Percentage (%)
Age in year		
12-13	25	25
14-15	20	20
16-17	25	25
18 & above	30	30
Gender:-		
Male	60	60
Female	40	40
Class:-		
9 th	15	15
10 th	25	25
11 th	20	20
12 th	40	40
Family income (per month)		
Below 5000	25	25
5001-10000	30	30
10001-15000	30	30
Above 15000	15	15
Type of family:-		
Nuclear family	65	65
Joint family	35	35
Religion:-		
Hindu	40	40
Muslim	25	25
Christian	15	15
Sikh	10	10
Food habit:-		
Vegetarian	45	45
Non-vegetarian	25	25
Mixed	30	30
Residential Area:-		
Urban	55	55
Rural	45	45

Table No. 1 shows that majority of adolescents belong from age group of 18 year [30%] and 60 % belong to a family having monthly income of Rs. 5000/- to Rs. 15000/- and 65 % adolescent are from nuclear family, 40% are Hindu, 45 % are vegetarian and 55 % adolescents are from urban area.

Table 2: Knowledge of adolescents regarding health hazards of fast food consumption.

Knowledge level	Frequency	Percentage
Poor	55	55
Average	30	30
Good	15	15
Total	100	100

Table No.2 shows majority of student (55 %) had poor knowledge. And only 15% of students were having good knowledge.

Table 3: Mean, median, mean percentage and standard Deviation of knowledge Score.

Knowledge score	Mean	Median	Mean percentage	Standard deviation
Knowledge score of adolescents	14.75	50.5	14.75	6.54

5. Discussion

In this study the majority of adolescents (30%) belong from the age group of 18 % and 60 % were male, and 40% adolescents are of 12th Class 65 % belong from unclear family and majority (40 %) were Hindu. 45 % are vegetarian and 55 % from urban area. Majority of student (55%) have low knowledge about health hazards of fast food consumption.

6. Conclusion

Based on the result of the present study we conclude that the most of adolescent 55 % have low knowledge about the health hazards of fast food consumption and there is significant association among knowledge with age sex, educational status, monthly income of family, family type, religion, food habit and residential area etc.

7. Recommendation

- The study can be replicated on a larger sample to validate the finding and make generalization.
- A comparative study can be conducted between urban and rural adolescents.
- A similar study can be done by using other Research approach and design.

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