

Assess the Knowledge Regarding ILL Effects of Junk Foods among Adolescents

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Abstract

Background: Nutrition transition is an important factor which can affect dietary intake, particularly in developing countries. Children and adolescents taking more calories in fast food and other restaurants than at the home. Outside ingestion of food additionally adds approximately 160 and 310 extra calories per day. When fast food frequently replaces nutritious foods in the diet, it can lead to poor health and nutrition. The World Health Organization has described obesity as one of today's most neglected public health problems, affecting every region of the globe. The prevalence of obesity and overweight was estimated among adolescent to be 61% for women and 39% for men. Hence, the investigators planned to assess the knowledge regarding ill effects of junk foods among adolescents.

Aim: The aim of the study was to assess the knowledge regarding ill effects of junk foods among adolescents in selected colleges.

Methods: Research design selected for the present study was non experimental descriptive design. The population of the present study includes adolescents aged about 18 to 20 years who fulfill Sampling Criteria. The sample size was 50 selected by Simple Random Sampling Technique.

Results: The study results revealed that majority i.e 74% of the samples age between 19-20 years, 66% of them living in urban, only 66% of the adolescent having BMI below 24.9 and remaining 36% of them were having BMI above 25. The study result also shows that only 6% of the adolescents were having adequate knowledge on ill effects of Junk food. 52% of them having moderately adequate knowledge and 42% having inadequate knowledge. So, a pamphlet regarding ill effects of junk food and the information regarding healthy food practice issued to all the participants.

Keywords: Knowledge, Adolescents, Junk Food

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I. INTRODUCTION

Food is any substance ingested to provide nutritional support for the body. It is usually of plant or animal origin and it contains essential nutrients such as carbohydrates, fats, proteins, vitamins or minerals. Junk food refers to generally the heavy and unhealthy diet that is considered to be having poor nutritional value according to Food Standards Agency. The food that has no or very less nutritional value comes under the category of junk food. Most nutritionists consider junk foods as unhealthy and harmful. Some of the popular junk food that adolescent may show an addiction were burgers, sausages, puffs, candies, sodas, pizzas etc. The continuous dependency on nutrient-poor foods can leave you with poor appetite for more nutritious foods, increasing your risk of nutritional deficiencies. Highly processed foods contain little fibre, a substance your body needs for a healthy gastrointestinal tract and for control of cholesterol and blood sugar levels.

Adolescents represent around 20% of the world population and around 84% of them are found in developing countries. Adolescence is a period, which forms the base of future health and social life. The health problems and habits acquired during this phase prove a lifelong hindrance in well-being. Adolescents miss an increasing number of meals at home as they get older. Adolescents identify time as the biggest barrier to eating properly. The ill effect of junk foods is not an unknown fact. Several research studies have shown that fast foods and processed foods have increased childhood obesity, heart disease and diabetes and chronic diseases. People need to apply some knowledge and decide for themselves what is right for them and what's not. And it has been

proven that high fat/Carbohydrate foods leads to obesity, increase in cholesterol, high blood pressure and cardiac problems. So everybody must keep certain amount of awareness about food& nutrition,thereby the healthy choices can be made.So, the investigator interested to identify the knowledge regarding ill effects of junk food among adolescent.

II. METHODS AND MATERIALS

A descriptive approach was considered appropriate for the study. Research design selected for the present study was non experimental descriptive design. The population of the present study includes adolescents aged about 18 to 20 years who fulfill Sampling Criteria. The sample size was 50 selected by Simple Random Sampling Technique. The tool consists of structured questionnaire .The researchers obtained ethical clearance from IHEC and permission from concern authority. The investigators introduced themselves to subject. The investigators explained the purpose of the study to subject. Informed written consent was obtained from the each participant. By using Structured Questionnaire schedule collected data from students from selected Colleges in and around Chennai. In the present study, Research tool were two sections (A&B) in which Section A includes selected demographic variables and BMI& Section B includes the Structured Questionnaire to assess the knowledge regarding ill effects of junk food among adolescents. Data was done, tabulated and analyzed in terms of objective of the study by using descriptive and inferential statistics.

III. RESULTS

The study result revealed that majority (74%) age was between 19-20 years, mainly (66%) living in urban, the majority of adolescents 20(40%) had family monthly income >20,000 and availability of Junk food in colleges was 100%. The study result also reveals that 66% of adolescents having the BMI of < 25 and 34% were in the category of obesity. The study result also shows that majority 60% of adolescents buy the junk food such as candy, ice cream, cookies, puffs and cakes. Among 60% of adolescents 32 % of them buy 1 or 2 times/week, 8% buy 3 or 4 times in last week, 14% buy 1 time/day, 2 % buy 3 times/day and 4 % buy more than 4 times per day.

The study result shows that 36% of them buy the junk food such as potato chips, puffs, pop corn and chat items. Among 36% of adolescents 18% buy 1 or 2 times/week, 2% buy 3 or 4 times in last week, 12% buy 1 time/day, 2% buy 2 times/day and 4 % buy more than 2 times per day.The study shows that the 40% of adolescents buy junk food such as soda pop, sports drinks and Carbonated drinks. Among the 40 % of adolescents 20% buy 1 or 2 times, 10% buy 3 or 4 times in last week, 6% buy 1 time, 4% buy 2 times per day.The study result shows that 74% of adolescents eat fast food. Among 74% of adolescents 62% of them eat 1 or 3 times/week, 6% eats 2 times per day, 4% eat 1 time per day, 2% eat 3 times per day. The study result also shown that 50% drink milk and homemade drinks and 30% of adolescent eat homemade healthy Snacks.

According to another study the majority of adolescents 30 (50%) were in age group 15-16 years. The maximum adolescent (93.33%) belongs to rural area. The majority of adolescents 28 (46.67%) had family monthly income < 5000 and availability of Junk food in schools was 100%.Also 4.4% of adolescents having the BMI of > 25 and majorly 27(54%) of adolescents are buying junk food in their locality.The study shows that only 32% of adolescents buy the junk food such as candy, ice cream, cookies, puffs and cakes. Among this 36% of adolescents 14% of them buying candy, 13% of them buying bakery foods, 5% of them are buying ice cream. The study reveals that only 25% of school children buy the junk food potato chips and other chaat item. Among the 25% of children 14% buy potato chips and items 1 times/week, 5% buy two to three times/week and 6% buy more than 2 times per day. Another study shows that only 13% of adolescents buy the junk food such the soda pop, soft drink and other sweetened drinks. It also shows that 71.8% of adolescents eat fast food. Among 71.8% of adolescents 15.1% of them eat regularly, 51% of them eat once a time and 5.7% eat fast food sometimes.The study results shows that majority 44% of adolescents eat vegetables and 85% drink milk and other homemade drinks.

The study also shows that only 6% of the adolescents were having adequate knowledge and 52% having moderately adequate knowledge and 42% having inadequate knowledge. The finding of the present study reveals shows that only 6% of adolescents having knowledge regarding ill effects of junk food and also the consumption of junk food practice very high among adolescent.

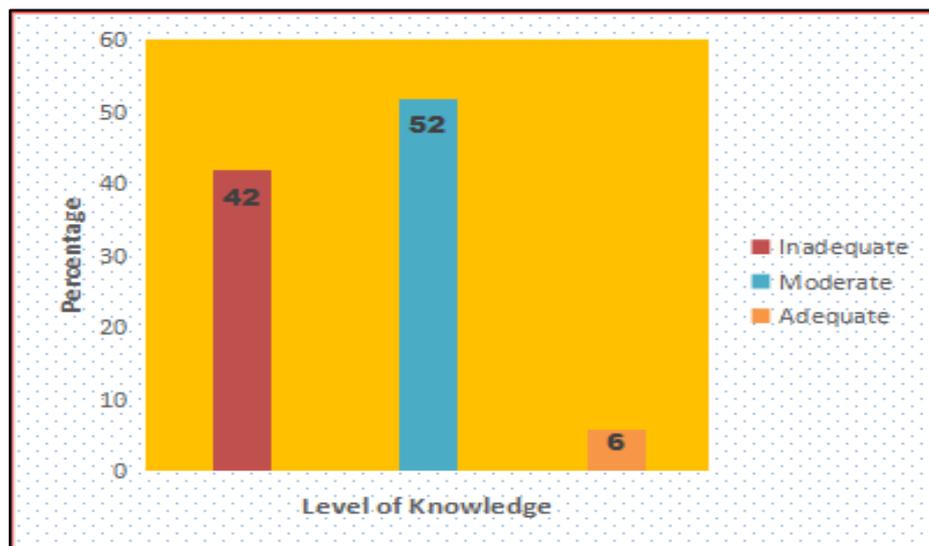


Fig 1: Percentage distribution of samples with reference to Knowledge regarding Ill effects of Junk food.

IV. DISCUSSION

Global scenario: There is a strong relationship between childhood obesity and the development of insulin resistance in early adulthood (Steinberger et al., 2001). In Australia, 5% of children are currently obese and an additional 16% overweight (BMI 85th to 95th percentile). This prevalence doubled over the past decade after being nearly stable around 10% from 1969 to 1985 (Booth et al., 2003). It is noteworthy that BMI may underestimate the prevalence of overweight and obesity in young people. Current trend in research analysis in British youth suggests that waist circumference has increased more rapidly than BMI over the past two decades, with 14 and 17% of boys and girls, respectively (McCarthy et al., 2003). These considerations suggest that the phenomenon of increasing type 2 diabetes among children and adolescents may be a result of increasing overweight and obesity and, particularly, increasing central obesity (Steinberger and Daniels, 2003). In a cross-sectional survey of children 9–12 years old in Hong Kong, 38% of girls, but 57% of boys, were overweight, with overweight children of both sexes showing higher systolic blood pressure, triglyceride, and insulin and lower HDL cholesterol than the normal-weight group (Sung et al., 2003).

Indian scenario: The difference between the rich and the poor is fairly evident in recently conducted urban studies. In a study, children from six schools, two each from high, middle and lower income groups in Chennai, the prevalence of overweight (including obese) adolescents ranged from 22% in better off schools to 4.5% in lower income group schools. (Ramachandran et al., 2002). In a Delhi school with tuition fees more than Rs. 2,500 per month, the prevalence of overweight was 31%, of which 7.5% were frankly obese. In a similar study in Pune showed prevalence of overweight children in well off school is 24% and 6% in a “corporation” school (unpublished data). The 28% of adult males and 47% of adult females in urban Delhi were overweight by WHO standards. National Foundation of India undertook a study found that as against obesity 1% males and 4% females in slums, the corresponding figures in the middle class were 32.3% and 50%. More females than males have been found to be overweight (BMI > 25) in all age groups, 44.5% in female’s vs. 19.6% in males. Incidence of obesity was higher in people above 40 years. The prevalence of obesity (BMI >30) was about 3% in males and about 14% in females above 40 years of age

Distribution of frequency and percentage of knowledge regarding ill effects of Junk food

The study results show that majority 26 (52%) having moderate knowledge, 21(42%) having inadequate knowledge, only 3(6%) of them having adequate knowledge regarding ill effects of junk food. Similar kind of another study result shows that 26(52%) having moderate knowledge, 21(42%) having inadequate knowledge and only 3(6%) having adequate knowledge regarding ill effects of junk food. Both the study results indicates majority adolescent doesn't have adequate knowledge regarding ill effects of junk food.

The study result shows that there was no significant association between the selected demographic variables with level of Knowledge regarding ill effects of junk food.

The mean score for knowledge on ill effects of junk food was 10.8 and the mean percentage was 21.6% and standard deviation was 2.21. As the study result was there is no significant association between selected demographic variables and the level of knowledge of adolescents regarding ill effects of junk food, the research hypothesis H1 is strongly

rejected at $p < 0.05$. Junk food is the main cause of childhood obesity and other major ill effects and it is majorly consuming by adolescents.

In conclusion the discussion of the study findings obtained by the nurse researcher shows that the adolescent having inadequate knowledge regarding ill effects of junk food and frequent consumption of junk food, so it is important to improve the knowledge regarding ill effects of junk food among adolescents to prevent ill effects like Obesity, Cardio vascular disorders etc.

V. CONCLUSION

The finding of the present study reveals shows that only 6% of adolescents having adequate knowledge regarding ill effects of junk food and also the consumption of junk food practice very high among adolescent. Adolescents represent around 20% of the global world population and around 84% of them are found in developing countries. The health problems and habits acquired during this phase prove a lifelong hindrance in well-being. The study results which really gives us the alarm to focus on adolescent health to prevent ill effects due to consumption of junk foods.

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