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KNOWLEDGE OF TEENAGERS ON FAST FOOD CONSUMPTION IN WEIGHT GAIN

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ABSTRACT

Adolescents nutritional knowledge is one factor that influences the diet behaviour of teenagers, since fast food consumption of the teenagers has become a serious issue which may lead toward obesity. Descriptive survey approach was adopted and the variables studied were study variables and demographic variables. The accessible population included was teenagers with the age group of 13 to 19 years from Shri Anand Vidhyalaya Higher Secondary School ,Tambaram, Kancheepuram who fulfilled the inclusion criteria. The sample size was 30. Non-Probability convenient sampling technique was adopted. Considering knowledge majority 43.7% of the teenagers had good knowledge. Regarding fast food consumption in weight gain 13.3% of the teenagers had moderately adequate knowledge and 0.4% had poor knowledge. This study implies that frequent orientation programmes to students improve knowledge among students and public regarding fast food consumption in weight gain.

KEY WORDS

Fast food consumption, Weight Gain, Teenagers.

INTRODUCTION

Adolescents comprises approximately one-fifth of the world's population and most of them (84%) live in the developing countries. Psychosocial changes, such as the adolescent's search for independence and identity, concern for appearance and active lifestyle can have a strong impact on nutrients intake and food choices.

The crucial mechanism through which peer effects in adolescence overweight may flow: eating habits like fast food consumption. Three reasons to justify our interest in eating habits in analyzing the impact of peer effects on teenage weight gain. First of all, there is important literature that points to eating habits as an important component in weight gain.[1,2,3]. One suspect that peer effects in eating habits are likely to be important in adolescence. Indeed, at this age, youngsters have increased independence in general and more freedom as far as their food choices are concerned. [4,5]. Therefore, unless we scientifically prove that obesity is a virus, it is counter intuitive to think that one can gain weight by simply interacting with an obese.

Junk food consumption and obesity in childhood has been described as a global epidemic not only in developed but also in developing countries. There are numerous psychological, physical and economic consequences of childhood obesity. Conditions such as Type II DM, hypertension and hypercholesterolemia, which were noted primarily in adults, are becoming more common among children with an increase in prevalence in obesity. For the past few years, obesity has been one of the major concerns of health policy makers in the U.S. It has also been one of the principal sources of increased health care costs. In fact, the increasing trend in children's and adolescents' obesity has raised the annual obesity-related hospital costs for this part of the population to $127 million per year. Obesity is also associated with increased risk of reduced life expectancy as well as with serious health problems such as type 2 diabetes,[6,7] heart disease [8,9]and certain cancers making obesity a real public health challenge.[10,11]

Recently, a growing body of the health economics literature has tried to look into the obesity problem from a new perspective using a social interaction framework. The evidence suggests the presence of strong peer effects in weight gain seems to be unanimously pointing at the social multiplier as an important element in the obesity epidemics.[12,13,14]

Unhealthy dietary behaviour learned in childhood and adolescence is also carried over into adulthood when they are more resistant to change.

Nutritional knowledge is one factor that influences the diet behaviour of teenagers, since fast food consumption of the teenagers has become a serious issue which may lead toward obesity in many countries including India. It may lead to chronic diseases like cardiac problems.

The school setting has several features that make it advantageous for offering educational and information programmes aimed at the teenagers and parents were found to be major source of nutritional information in this study.

OBJECTIVES:

- To assess level of knowledge of teenagers on fast food consumption in weight gain
- To associate level of knowledge of teenagers on fast food consumption in weight gain with their selected demographic variables

MATERIALS AND METHODS

Descriptive survey approach was adopted for the present study. The variables studied are study variables and demographic variables. The study variable was assessing the knowledge of teenagers on fast food consumption in weight gain, whereas the demographic variables includes Age, Sex, Educational Status Of Student, Father And Mother , Occupation Of Father And Mother, Type Of Family and Diet .The study was conducted in Shri Anand Vidhyalaya Higher Secondary School, Tambaram, Chennai. The setting was chosen on the basis of feasibility in terms of availability of adequate samples and co-operation extended by the school management. The accessible population includes the teenagers with the age group of 13 to 19 years who studied in Shri Anand Vidhyalaya Higher Secondary School, Tambaram, Chennai ,who fullfilled the inclusion criteria. The sample size for the present study was 30.Non-Probability convenient sampling technique was adopted to select the samples for the study. Inclusion criteria were (i) Students belonging to the age group of 13 -19 years. (ii) Students who were present at the time of data collection. (iii) Students who were willing to participate in the study. The exclusion criteria includes (i) Students aged below 13 and above 19 years,(ii) Students who were not willing to participate in the study.

The tool used for data collection was structured questionnaire and consisted of 2 sections:

Section A - Structured questionnaire to elicit demographic data of teenagers who were studying in Shri Anand Vidhyalaya Higher Secondary School, Tambaram, Chennai

Section B -Structured questionnaire consisted of 25 questions to assess the knowledge of teenagers on fast food consumption in weight gain

The content of the tools were established on the basis of opinion of one medical expert and three nursing experts. Suggestions were incorporated in the tool. The reliability of the tool was established by test retest method. The r value obtained was 0.8 which indicates the positive correlation. The proposed study was approved by the dissertation committee of SRM College of Nursing, SRM University, Kattankulathur, Kancheepuram District. Permission was obtained from the authorities of the selected School. Informed consent was obtained from each participant for the study before starting data collection. Assurance was given to the subjects that anonymity of each individual would be maintained are free to withdraw from the study at any time.

After obtaining formal approval from School. The investigator explained the objectives and methods of data collection to the participants. Data collection was done within the period of 4 weeks. The data collection was done during the day time. Self introduction about the researcher and details about the study was explained to the participants and their consent was obtained .The knowledge was assessed among the selected teenagers in the school by using the tool. The confidentiality about the data and finding were assured to the participants, the participants took 30 minutes to complete the tool and their co-operation was imperative. Descriptive statistics such as frequency and percentage distribution was used to analyze the data collected. Inferential statistics- chi square was used to find out the association.

RESULTS AND DISCUSSION

Table .1 Frequency and Percentage distribution of demographic data of the teenagers

Demographic data		Frequency	Percentage
Age			
a.	13-15	9	30.0
b.	15-17	10	36.7
c.	17-19	11	33.3
Sex			
a.	Female	16	53.3
b.	Male	14	46.7
Educational status of teenager			
a.	8^{th}	10	33.3
b.	9^{th}	10	33.3
c.	11^{th}	10	33.3
Educational status of Father			
a.	Non formal education	2	6.67
b.	Formal education	28	93.3
Educational status of Mother			
a.	Non formal education	4	13.3
b.	Formal education	26	86.7
Occupation of the Mother			
a.	Business	5	16.7
b.	Govt. Job	4	13.3
c.	Un employed	21	70
Occupation of the Father			
a.	Business	18	60
b.	Govt. Job	11	36.7
c.	Un employed	1	3.3
Type of Family			
a.	Single	5	16.7
b.	Nuclear	14	46.7
c.	Joint	11	36.7
Diet			
a.	Vegetarian	4	13.3
b.	Non vegetarian	26	86.7

Table 1 depicts the demographic profile of the teenagers. Considering age majority 36.7%of the teenagers were in the age group of 11 years. Considering gender 14 (46.7%) were boys and 16 (53.3%) were females. With regard to education 33.3% of the teenagers were from 8^{th}, 9^{th} and 11^{th} Standard. With regard to educational status of the Father 93.3% had formal education and 6.67% had No formal education with regard to educational status of the Mother 86.7% had formal education and 13.3% had Non formal education. 70% of the Mothers were unemployed, 13.3% of the Mothers were in Government Job and 16.7% of the Mothers were engaged in Business. 3.3% of the Fathers were unemployed, 36.7% of the Fathers were in Government Job and 60% of the fathers were engaged in Business. 46.7% of the family was of

nuclear type. Considering diet 86.7% of the teenagers were vegetarian and 13.3% were non vegetarian.

Table 2: Assessment of knowledge among the teenagers with respect to food consumption in weight gain

Level of knowledge	Frequency	Percentage
Poor	12	0.4
Moderately adequate	4	13.3
Good	14	43.7

Table 2 reveals that majority 43.7% of the teenagers had good knowledge on fast food consumption in weight gain, only 13.3% of the teenagers had moderately adequate knowledge and 0.4% had poor knowledge.

Association between knowledge among teenagers with respect to food consumption and weight gain with their demographic variables

In relation to association there is a significant association between knowledge among the teenagers and the demographic variables of age, educational status of the students and occupation of the father. There is no association with respect to other demographic variables.

DISCUSSION

Sharma V (2013) conducted a study in 3 selected schools at District Jalandhar among 60 students regarding knowledge of teenagers regarding harmful effects of junk food. The result revealed that 81.67% had below average knowledge regarding harmful effects of junk food followed by 18.33% adolescents who had average knowledge and no adolescent had good knowledge about the harmful effects of junk food.[15]

Lt Col Mercy Antony studied regarding Junk Food Consumption and Knowledge about its ill Effects among Teenagers**.** 208 students from four English medium schools in Pune District of Maharashtra (India) were selected by purposive random sampling and students from class VII to XI were selected by disproportionate random sampling for the study. Data was collected using structured questionnaire. Out of 66.8% who consumed junk food, 50% of teenagers consumed junk food 3-5 times and1-3 bottles of aerated drinks per week.46.15% teenagers had average knowledge about ill effects of junk food. Conclusion: The general awareness of teenagers regarding ill effects of junk food is relatively average or good, but the problem lies in the fact that they do not translate this knowledge in to good food behaviour. There are various factors which lure the young adult to consume junk food which invites attention from parents, school authorities and legislative bodies**.**[16,17]

Ujwala Ramchandra.et.al Studied to assess the existing knowledge of adolescents regarding the health hazards of junk foods in a selected college and to find out association between selected demographical variables and health hazards of junk foods. Descriptive approach with 115 engineering students, by using non probability convenience sampling technique was adopted with structured questionnaire. Majority of the samples (35.65%) belong to age group 18 years, in terms of gender 69(60%) subjects were females.. Majority of study subjects 69.56% samples had Average knowledge while 24.35% samples having Good knowledge, & 6.08 % samples having Poor knowledge regarding the health hazards of junk foods. There is a significant association between expense of junk food and knowledge regarding health hazards of junk food. Conclusion: From this study it could be concluded that the adolescents have average knowledge regarding junk food and its hazards. Most of the students had not undergone any teaching program regarding the hazards of junk food.[18]

A study was conducted to assess the prevalence of obesity and overweight among adolescents showed that there is no significant difference between boys and girls. A significantly greater number of boys (15%) as compared to girls (10.2%) were overweight. Out of the total obese children, significant percentages (82.3%) were non-vegetarian, where as only 8.8% of vegetarians and ova-vegetarians were obese. They concluded that the incidence of obesity/overweight was found to be significantly higher in those adolescents who ate meals outside home. [19]

A study was conducted to assess the socio-cultural and nutritional aspects of fast food among adolescents concluded that socio-cultural and nutritional aspects are having influence in the consumption of fast foods.[20]

Considering the demographic profile of the teenagers, in age majority 36.7% of the teenagers were in the age group of 11 years. Considering gender 14 (46.7%) were boys and 16 (53.3%) were females. With regard

to education 33.3% of the teenagers were from 8th, 9th and 11th Standard. With regard to educational status of the father 93.3% had formal education and 6.67% had Non formal education. With regard to educational status of the Mother 86.7% had formal education and 13.3% had non formal education. 70% of the Mothers were unemployed, 13.3% of the Mothers were in Government Job and 16.7% of the Mothers were engaged in Business. 3.3% of the Fathers were unemployed, 36.7% of the Fathers were in Government Job and 60% of the Fathers were engaged in Business. 46.7% of the family was of nuclear type. Considering diet 86.7 % of the teenagers were vegetarian and 13.3% were non vegetarian.

Considering knowledge majority 43.7% of the teenagers had good knowledge regarding fast food consumption in weight gain, only 13.3% of the teenagers had moderately adequate knowledge and 0.4% had poor knowledge.

In relation to association there is a significant association between knowledge of the teenagers in weight gain in the demographic variables of age, educational status of the students and occupation of the Father. There is no association with respect to other demographic variables.

CONCLUSION

The present study was conducted to assess the knowledge of teenagers on fast food consumption in weight gain in Shri Anand Vidhyalaya Higher Secondary School, Tambaram, Chennai. The majority 43.7% of the teenagers had good knowledge regarding fast food consumption in weight gain, only 13.3% of the teenagers had moderately adequate knowledge and 0.4% had poor knowledge. The findings of the study implies that frequent orientation programmes to students build up knowledge to the students and also to the public regarding fast food consumption in weight gain.

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