

A study to assess the knowledge and attitude regarding health hazards of fast foods among adolescents in selected school of Greater Noida, UP.

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Abstract: Balance diet is very important for healthy living & food plays an very important part of a balanced diet. Everyone needs food everyday. Now a days healthy diet have been replaced by junk food. The food that is high in calories but low in nutritional content is called as Junk food. Excessive consumption of junk foods cause various health problems, cause teenagers and young adults to gain excessive weight risk of developing insulin resistance.

Aim: To assess the knowledge & attitude regarding health hazards of fast foods among adolescents.

Methodology: A descriptive cross sectional study was conducted at Navrang Public School, Kulesara, Greater Noida on 100 adolescents. Convenient sampling technique which is a non-probabilty sampling technique was used to select the sample. The total samples under the study were 100 adolescents. The data collection was made through semi structured knowledge questionnaire to assess the knowledge and 5 points Likerts attitude scale designed to assess the attitude.

Results: The findings of the study revealed that 75 percent (75) of adolescent were having inadequate ($\leq 50\%$ Score) knowledge regarding health hazards on fast food, 24 percent (24) of adolescent were having moderate (51-75% Score) and 1 percent (1) of adolescent were having adequate ($> 75\%$ Score) knowledge regarding health hazards on fast food. 59 percent (59) of adolescent were having moderately favourable attitude (50-70%) , 39 percent (39) of adolescent were having favourable attitude ($> 75\%$) and 2 percent (2) of adolescent were having unfavourable attitude ($< 50\%$) regarding health hazards on fast food.

Key Words: Knowledge, Health Hazards, Fast foods.

1. INTRODUCTION:

In every year at the rate of 40% India's fast food industry are expanding. In total annual spending India hold 10th rank in the fast food per capita spending figures with 2.1% of expenditure. In this age of urbanization popularity of fast foods stuffs has been attributed to quick preparation and convenience of finishing a meal within no time and it also save the time. People are attracting towards the fast foods due to their good taste, attractive appearance⁴. The advertisement of the food is also plays an important role in attracting the people towards the junk food. Foods which commonly considered as fast foods are Salted snack, candy, noodles, wafers, sweet disserts etc. These are the few examples of different types of fast foods which are available in the market. Due to the poor knowledge about the health hazards of fast food children are at more risk to become addicted to fast foods without knowing its health hazards.

2. LITERATURE REVIEW:

T.yaazhini, etal (2020) conducted study in Kanchipuram, Tamil Naidu to assess the knowledge on fast food eating among adolescents. A quantitative descriptive approach was used for the study. The present study was conducted to assess the knowledge and attitude regarding health hazard of fast food among adolescent. Non experimental descriptive research design was used. The population of the study to assess the knowledge on fast food eating among adults. 25-50 year of age residing in selected community area ,Kanchipuram district Tamil Nadu. The sample size used was 50 adults residing at karapakkam. Non randomized purposive sampling technique was used for the present study. The result shows 1(2%) of sample had inadequate knowledge, 18(36%) of sample has moderately adequate knowledge 31(62%) of sample had adequate knowledge regarding fast food eating.¹

Fareha Hamd Younis, et.al (2019) conducted a descriptive cross-sectional study to find out about the fast food consumption of adolescent in age between 13-25 years old in Derna city and their effect on health. The sample of this research included 100 adolescents from both sexes. The questionnaire was divided into two part: first part related to socio-demographic information and part two related to junk food pattern and influencing factors of junk food consumption and their effect on health. Data were analyzed using SPSS version 24. The findings revealed that more girls (67.0%) consumed fast food than boys and approximately half (49.0%) of Participants were consumed fast food

as an alternative to main meal and more than half of participants (63.0%) were consume soft drink every day, furthermore greater proportion of participants (42.0%) had urinary tract infection and that may related to chips and soft drink were the most attractive food items among Participants. The study conducted adolescent consumed a greater amount of junk food which led to a majority of ill effects later on. It is recommended that the schools and community conduct and implement awareness programmers on fast food consumption and its ill effects.²

Nitin Joseph, et.al (May 2015) conducted a cross-sectional study among boys of 3 private schools in Mangalore city in March 2012 to assess the awareness of health hazards, consumption pattern of fast foods and to find out its association with overweight among high school students . Data was collected using a semi-structured self-administered questionnaire. Mean age of boys was 13.5±0.9 years. Out of 300 participants, 41(13.7%) were overweight and 8 (2.7%) were obese. 292(97.3%) were fast food users of which 42(14.4%) consumed it every day. Majority of participants were introduced to fast foods through television commercials 193(64.3%). 73(57%) developed this habit as they were bored with home food. Awareness of harmful effects of fast food consumption was known to 186(62%) students and this was found to be associated with the perceived need to control its usage (p<0.001). Parental consumption of fast foods was found to influence fast food consumption among children (p=0.024). As many as 68(22.7%) and 206(68.7%) children were not eating vegetables and fruits respectively every day. Increased frequency of fast food consumption in a week was found to be associated with overweight or obesity among children after adjusting the effects of confounders (p=0.003).³

3. MATERIALS: Demographic variables were used to know about their bio data, knowledge and attitude of adolescents were digging out through knowledge questionnaire and likert scale respectively.

4. METHOD: the study adopted descriptive cross sectional method at Navrang Public School, Kulesara, Greater Noida on 100 adolescents, for selecting the adolescents a Convenient sampling technique which is a non-probability sampling technique was used.

5. DISCUSSION: Maximum (56%) adolescents were from 17-19 yrs and more are male (57%), rural habitat (60%) were more participated in the research, many of their father (23%) were self-employee and mother (58%) were unemployed, maximum of the adolescents were belongs to nuclear family (54%) with family income above Rs. 20,000/- and above (39%), many of adolescents has a pocket money Rs. 500-999 per month (66%). Maximum of them acquired their weight 66-75 kg (40%) with height of 171-180 cm (59%). Many of Adolescents have inadequate knowledge (75%) , moderate knowledge (24%) and adequate knowledge (!%) about health hazard of the fast food.

6. ANALYSIS:

Section-A: Description of baseline characteristics of adolescents.

TABLE 1: Frequency and percentage distribution of sample characteristics

N=100

S.No	Demographic Variables		Respondents	
			f	%
1	Age	11-13yrs	13	13%
		14-16yrs	31	31%
		17-19yrs	56	56%
2	Gender	Male	57	57%
		Female	43	43%
3	Habitat	Rural	60	60%
		Urban	40	40%
4	Religion	Hindu	96	96%
		Muslim	3	3%
		Christian	1	1%
		Sikh	0	0%
		Others	0	0%

5	Education of father	No formal education	8	8%
		Primary school level	23	23%
		Secondary level	24	24%
		Diploma	14	14%
		graduate and above	31	31%
6	Education of mother	No formal education	20	20%
		Primary school level	33	33%
		Secondary level	15	15%
		Diploma	8	8%
		Graduate and above	24	24%
7	Occupation of father	Govt. employee	12	12%
		Private employee	34	34%
		Self employee	45	45%
		Unemployed	9	9%
8	Occupation of mother	Govt. employee	11	11%
		private employee	10	10%
		self-employee	20	20%
		Unemployed	59	59%
9	Type of family	Nuclear	54	54%
		Joint	43	43%
		Extended	3	3%
10	Dietary habits	Vegetarian	65	65%
		Non-vegetarian	34	34%
		Vegan	1	1%
11	Family income per month	Rs.5000-9,999	14	14%
		Rs.10,000-14,999	28	28%
		Rs.15,000-19,999	19	19%
		Rs.20,000 and above	39	39%
12	Weight (KG)	30-45	12	12%
		46-55	27	27%
		56-65	21	21%
		66-75	40	40%
13	Height (CM)	140-150	11	11%
		151-160	10	10%
		161-170	20	20%
		171-180	59	59%
14	Pocket money per month	Rs.500-999	66	66%
		Rs.1000-1499	8	8%
		Rs.1500-1999	7	7%
		Rs.2000 and above	19	19%

Hence, the above tables shows the frequency distribution and its percentage on their base line data of the adolescents who were participated in the study.

Section-B: Analysis of knowledge of adolescent regarding fast food.

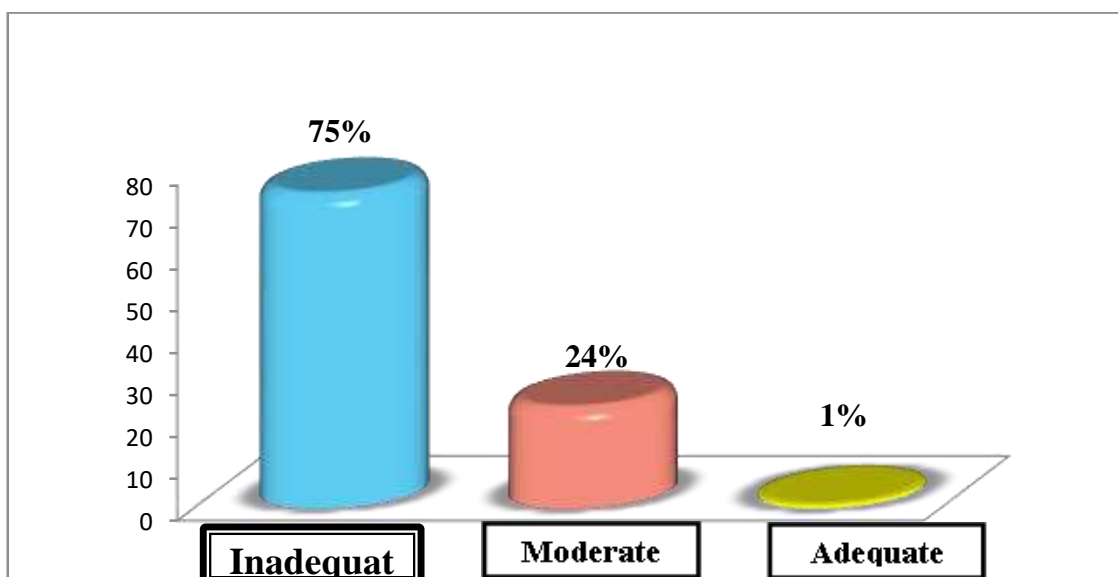


Figure 1: Distribution of Adolescents knowledge regarding health hazards of fast foods

The above figure shows that many (75%) adolescents has an inadequate knowledge, about (24%) have a moderate knowledge and only (1%) have adequate knowledge about health hazards of fast foods

Section-C: Analysis of attitude of adolescent regarding fast food.

TABLE 2: Assessment of attitude of adolescents regarding health hazards of fast foods

N=100

Attitude level	Category	Range of score	Respondents attitude		Total Attitude score
			f	%	
Unfavourable attitude	<50%	1-20	2	2%	Min=39 Max=75 Mean=56.4 SD= 9.4 Median =56
Moderately Favourable attitude	50-70%	21-45	59	59%	
Favourable attitude	>75%	46-80	39	39%	
Total			100	100%	

The above table shows that attitude regarding health hazards on fast food were 59 adolescent (59%) of were having moderately favourable attitude (50-70%) regarding health hazards on fast food, 39 adolescent (39%) of adolescent were having favourable attitude (>75%) and 2 adolescent (2%) of adolescent were having unfavourable attitude (<50 %) regarding health hazards on fast food.

7. FINDINGS: The finding shows that the majority of adolescents had inadequate knowledge regarding health hazards of fast food.

8. RESULT:

The findings of the study revealed that 75 percent (75) of adolescent were having inadequate ($\leq 50\%$ Score) knowledge regarding health hazards on fast food, 24 percent (24) of adolescent were having moderate (51-75% Score) and 1 percent (1) of adolescent were having adequate ($> 75\%$ Score) knowledge regarding health hazards on fast food. 59 percent (59) of adolescent were having moderately favourable attitude (50-70%) , 39 percent (39) of adolescent were having favourable attitude (>75%) and 2 percent (2) of adolescent were having unfavourable attitude (<50 %) regarding health hazards on fast food.

8. RECOMMENDATIONS:

- Similar study can be conducted with large sample to generalize the findings.
- Study can be replicated with different population in different setting.
- Experimental studies can be conducted to evaluate the effectiveness of either SIM or PTP on knowledge on fast food.
- A study can be conducted to assess the attitude of parents of the child on their fast food consumption.

9. CONCLUSION:

The present study was undertaken to assess the knowledge regarding health hazards of fast food among adolescents and to assess the attitude regarding of health hazards of fast food among adolescent. After finding and analysis it is concluded that the majority of adolescents had inadequate knowledge regarding health hazards of fast food.

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