



A PSYCHO-SOCIAL STUDY OF THE EFFECT OF FOOD HAZARD IN ADOLESCENCES

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Abstract: We study the effect of food hazard in adolescences in the age of high school and colleges of boys and girls. Due to their living and feeding activities in modern culture of different areas of India and other countries, different types of health hazard such as headache, nausea, weakness, sneezing, edema, change in heart rate, burning sensation and difficulty in breathing are seen in them. This study will help in future prevention of these types of food hazards in adolescents.

Index Terms: Competence, Adolescence, Food hazard, Creativity

I. INTRODUCTION

Nutrition during childhood and adolescence is essential for growth and development, health and well-being^[1, 2]. Eating behaviors in adulthood contribute to long term health and chronic disease risk^[3, 4]. Many studies have consistently documented that dietary intake patterns of American children and adolescents are poor and do not meet the national dietary goals^[5-8]. Children and adolescents are eating more food away from home, drinking more soft drinks and snacking more frequently^[9-11]. American children now obtain over 50% of their calories from fat and added sugar are 32% and 20% respectively^[12]. In adolescence both boys and girls undergo several physical and psychological changes which make them to become partly responsible for their own health and welfare. Junk foods have less nutritional value and irrespective of the way they are marketed, they are not healthy to consume. Psychological progress in adolescents like independence and acceptance by peers may affect adolescents' food choices and nutrient intake, which places them to adopt unhealthy eating behaviors like addiction to junk foods. Coming to Indian junk foods generally called "chat" these mostly include the fried breads, aloo tikki and golgappa which are fried items with various fillings within an outer layer made of refined flour. In India food sold in roadside stalls is junk food because they contain high amount of Monosodium Glutamate (MSG) which is a flavor enhancer and this MSG is recognized as a health hazard if taken in larger quantities because it causes headache, nausea, weakness, sneezing, edema, change in heart rate, burning sensation and difficulty in breathing.

II. MATERIAL AND METHODOLOGY

The present study was undertaken to examine the effect of food hazard in adolescences. Collection of data was carried out by perceiving the views and ideas from the girls and boys through filling up of structured questionnaire and interview.

III. RESULTS AND DISSCUSSION

The study shows that all of the respondents in the age group of 17-20 years eat fast foods. They seem to be very health conscious and possessed adequate knowledge with regard to the health hazards of fast foods.

As shown in table 1, indicates that majority of the samples (35.62%) belongs to age group 18 years, in terms of gender 68 (60%) subjects were females.

Table 1

Sl. No.		Freq.	Percentage
1.	Age (in year) a) 17 b) 18 c) 19 d) 20	30 41 27 17	26.05% 35.62% 23.44% 14.75%
2.	Gender a) Male b) Female	46 68	40% 60%
3.	Religion a) Hindu b) Muslim c) Christian	99 11 1	86.03% 13.02% 0.84%
4.	Educational Status of Father a) No formal education b) Primary/Secondary c) Graduate d) Post Graduate	5 47 45 13	4.32% 42.60% 41.72% 11.30%
5.	Educational Status of Mother a) No formal education b) Primary/Secondary c) Graduate d) Post Graduate	7 65 31 8	6.08% 60% 26.93% 6.93%
6.	Occupation of Father a) Farmer b) Service c) Business d) Self Employee	42 41 22 8	38.24% 35.62% 19.12% 6.94%
7.	Occupation of Mother a) Housewife b) Service	101 14	87.61% 12.15%
8.	Family Monthly income a) Below Rs. 5000 b) Rs. 5001-10,000 c) Rs. 10,001-15,000 d) Rs. 15,001 and above	25 35 21 32	21.71% 31.30% 18.24% 28.65%
9.	Height of the candidate in centimeter a) 140-150 b) 151-160 c) 161-170 d) 171-180	25 45 35 4	21.71% 39.11% 31.30% 3.43%
10.	Weight of the candidate in kg. a) 30-45 b) 46-55 c) 56-65 d) 66-75	50 32 33 8	43.45% 28.64% 20.82% 6.93%
11.	Type of Family a) Nuclear b) Joint	60 54	51.15% 45.81%
12.	Type of Food a) Vegetarian b) Mixed	51 62	44.33% 55.63%
13.	Source of Information a) Television b) Friends c) Newspaper d) Others	55 24 26 5	47.56% 20.86% 23.34% 5.21%

Majority 99(83.03%) of the subjects belong to Hindu religion, Educational status of fathers of the subjects 45(41.72%) are from graduate, Educational status of the mothers of the subjects 65(60%) are from secondary education. Majority of Occupation of Fathers of the subjects 42(38.24%), in case of mother's majority are housewife 101(87.61%). Majority families of subjects have monthly income from Rs. 5001-10,000 that is 35(31.30%). Majority height of the subject is from 151-160 cm that is 45(39.11%). Majority weight of the subjects is 30-45 kg that is 50(43.45%). Majority type of family is nuclear 60(51.15%). Majority of subjects taking mixed food that is 62(55.63%). Majority of subjects got information from television 55(47.56%).

IV. CONCLUSION

Findings of the study would help planning of psychological intervention for the redressal of poor creative ability, lower self-esteem and poor social competence of the adolescent children of food affected area. It would have creative as well as therapeutic importance from the psychology and social point of view.

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