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A study on breakfast consumption pattern and eating habits of youth of Sultanpur City

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Abstract

Breakfast is considered to play a crucial role in maintaining the physical health and intellectual capabilities of a person. Breakfast is the central component of one's daily nutritional requirement. A study was carried out with the objective nutritional status of breakfast pattern and dietary habits of youth of Sultanpur city. For the research survey method was used for the collection of data. The Sample sizes of 100 respondent's youth were randomly selected. The survey schedule consisted of question on general profile anthropometric measurement in which height (m²) weight (kg) where BMI was. Dietary assessment was done using 24 hrs dietary recall method. It was found that breakfast consumption pattern and eating habits of youth was good. Mostly 65% of youth skip the breakfast because of lack of timing and some dislike it. Similarly fruits and vegetables consumption was not good and the consumption of germinated grains was 69% in the youth. Milk and milk related products consumption 53% was higher in the youth. It was found at the last that youth are not too good consumption pattern of breakfast but maintain the good nutritional status.

Keywords: Physical health, nutritional requirement, anthropometric measurement, and nutritional status

1. Introduction

Breakfast which literally means breaking-the-fast of the night, refers to the first meal taken in the morning and is usually consumed before the start of the day. It is unarguably considered the meal of utmost importance. It is considered to play a crucial role in maintaining the physical health and intellectual capabilities of a person. Breakfast is the central component of one's daily nutritional requirement. Individuals who consume a cereal breakfast each day are less depressed, less emotionally distressed and have lower levels of perceived stress. Breakfast skipping has been contended to have deleterious effects upon various physical and mental aspects. Breakfast skippers have relatively worse intake of various vitamins and minerals and nutrients that are lost as a result of skipping breakfast cannot be compensated by any meal of the day. Breakfast, despite making noteworthy nutritional contribution to dietary quality and overall health, unfortunately is, more commonly missed than any other meal.

The word adolescence comes from the Latin verb *adolescere* which means "to grow up" or "to grow to maturity". The period of adolescence is very crucial, involving a variety of physiological and psychological changes that usually affect eating habits. Eating habits are generally formed right from childhood through to the adolescent years. Adolescents have the reputation of having the worst eating habits they usually skip a meal particularly breakfast. There are more skippers among girls than boys, and those who take breakfast may consume foods which are nutritionally inadequate. Missing breakfast may be due to eating disorders, peer pressure, lack of time and no nutritional awareness. Girls are affected more by the media, they read fashion magazines that influence their decision to restrict calories or to take diet. Girls have more unhealthy eating habits than boys and they spend more time dieting than boys. The most frequent method adopted by boys to change their body is exercise rather than changing eating pattern as girls do. These factors represent great challenges for the public health and it is therefore important to focus on dietary habits in adolescence.

Adolescence skips breakfast in an effort to lose weight, but that's not a good idea. It can backfire. Skipping meals, especially breakfast, can actually make weight control more difficult. Breakfast skippers tend to eat more food than usual at the next meal, or nibble on high-calorie snacks to stave off hunger. The word breakfast is really two words, 'break' and 'fast'.

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'Fast' is when we don't eat food, and all during the night we have been sleeping and not eating - unless we went on a midnight raid of the fridge! So, breakfast is when we break our fast by eating. If we don't eat when we first get up, then our store of energy is low, we can't think or work as well and our stomach keeps letting us know that it is waiting for food! By the time morning break comes along we are 'starving' "Some kids just cannot eat before they get to school. There can be lots of reasons, so some schools have a breakfast program where we can get something from the Canteen before school or at morning break. Some schools have started a 'Brain food' program where each class takes a couple of minutes break about an hour after starting school. During this break kids have a small snack of healthy stuff like nuts, fruit, vegetables or yoghurt to boost energy levels and help them make it through the morning without thinking about food all the time because they are so hungry. It makes sense to check every morning that our body has the fuel to keep it working well all through the day. Remember that sugary foods do give me an energy boost but it doesn't last very long. We need to eat foods like cereal, bread, eggs, milk and dairy foods which will release energy for a longer time and keeps going until lunch."

Some kids are allergic to cow's milk but there are some other kinds of milk now (soy milk, rice milk). Some kids have problems with cereals and bread but gluten free products can be bought in most supermarkets nowadays. Youth who eat poor breakfasts are more likely to develop metabolic syndrome — a group of health problems that can increase the risk of heart attack, stroke, and diabetes — in adulthood. Metabolic syndrome is a collective term for factors that are linked to an increased risk of suffering from cardiovascular disorders. Metabolic syndrome encompasses abdominal obesity, high levels of harmful triglycerides, low levels of protective HDL (High Density Lipoprotein), high blood pressure and high fasting blood glucose levels.

The young people who neglected to eat breakfast or ate a poor breakfast had a 68 per cent higher incidence of metabolic syndrome as adults, compared with those who had eaten more substantial breakfasts in their youth. There may be some things happening in young person's life that affect what and how they eat. Young people may start eating a lot as they have a growth spurt. The amount both boys and girls eat may amaze you. It's healthy and fairly cheap to 'fill up' on sandwiches, cereals and fruit. They may want to eat at non-meal times too because they 'are starving'. When they have finished growing they may eat less. This is also normal and may not mean they are trying to lose weight. Those involved in sport or dancing may want to change what they eat to improve their fitness or how they look. This is all right but if they become too worried or cut down on food too much, it may become a problem. Some young people may change what they eat to try to reduce or prevent acne. Peers can be cruel about pimples, so this is quite common. Some foods seem to trigger pimples in some people but there is no 'pimple free' diet. Noting what is eaten about the time pimples appear may give an idea about foods that could be triggers but not eating those foods often does not stop the acne. We can't escape the media (TV, movies, radio, print, internet) with its messages telling young people they will be happy, successful and have a better life if they are slim and beautiful for girls and lean with a 'six-pack' for boys. This makes many young people who are going through the changes of puberty feel self-conscious, 'different' and that they don't measure up.

They can be helped to learn how media images are used to

market products. Young people like to go out with their friends and it is common for them to eat fast foods. Doing this once or twice a week is fine. Encourage them to choose the healthier fast food options. Young people can see other activities or being with friends as more important than having a meal at home. This can be disappointing or annoying if you have prepared a meal and your daughter says she's 'off out' or doesn't want to eat. It is important that your child considers and respects others in the house. Having clear rules can help – for example, say you need to know an hour before meal times that she won't be eating? Young people may also miss meals when there is stress in the family such as a parent's illness. When the stress has passed their eating most often returns to normal. Some young people skip meals to lose weight. Skipping meals does not help weight control. Skipping breakfast is not a good idea. Breakfast helps to 'kick start' your metabolism, has important nutrients and helps people concentrate at school or work in the morning. The key to healthy weight is to combine regular exercise with a healthy, balanced diet. Nutrition is a basic human need and a prerequisite to a healthy life. A proper diet is essential from the very early stages of life for proper growth, development and to remain active.

Food consumption, which largely depends on production and distribution, determines health and nutrition of the population. The recommended dietary allowances (RDA) are nutrient-centered and technical in nature. Apart from supplying nutrients, foods provide a host of other components (non-nutrient phytochemicals) which have a positive impact on health. Since people consume food, it is essential to advocate nutrition in terms of foods, rather than nutrients. Emphasis has, therefore, been shifted from a nutrient orientation to the food based approach for attaining optimal nutrition. Dietary guidelines are a translation of scientific knowledge on nutrients into specific dietary advice. They represent the recommended dietary allowances of nutrients in terms of diets that should be consumed by the population. The guidelines promote the concept of nutritionally adequate diets and healthy lifestyles from the time of conception to old age.

Objective

- To assess the nutritional status of youth.
- To determine the breakfast habits of youth.

Research Design

The study entitled "A study on breakfast consumption pattern and eating habits of youth of Sultanpur city." was conducted by using the following method.

Selection of area-

The present study was conducted in Sultanpur city (U.P) the site of data collection was Shastri Nagar, Vivek Nagar and Girls hostel of Sultanpur randomly selected for the study purpose.

Sample size

For the selection of sample, a few visits were made to the areas of Sultanpur. The research involved respondents representing the whole district. A total of 100 respondents of aged 14 – 20 and 21 - 28 years were randomly selected for this study. 100 sample of both sex were taken from the Sultanpur city.

Questionnaire prepare

A self-prepared was used for collecting the relevant information regarding the study and random sampling will be used.

Statistical analysis- The collected data were analyzed with the help of the following way-
 Percentage % = $n/N \times 100$
 n = number of respondents
 N = Total number of observation

Methods of Enquiry and Collection of Data

Survey method was adopted in order to collect of data from the selected respondents with the help of the developed questionnaire schedule. The schedule included aspects which led to the fulfillment of the objectives of this study.

The schedule included the following information;

1. General information
2. Dietary information
3. Anthropometric measurements.
4. Clinical sign and symptoms.

1. General profile

Data regarding general profile of respondents were collected using the first part of the schedule. This section covered the aspects including respondents name, age and sex, status, type of family, income, educational status, and all these are important for knowing the respondents socio-economic status. The age of each respondent was ascertained with the help of their date of birth.

2. Dietary survey

A dietary survey was conducted as described by The food consumption frequency was recorded in terms of cereals, pulses, milk, green leafy vegetables roots and tubers, fruits meat and poultry fats, oils and sugar. Diet surveys constitute an essential part of any complete study of nutritional status of individuals or groups providing essential information on nutrient intake levels, sources of nutrient, food habits and attitudes. The nutrient intake of the subjects was calculated on the basis of 24 hours dietary recall method. The diet was calculated for calories, protein, fat, fiber, calcium, iron vitamin A, food composition tables by and compared with the ICMR standard values, Eating habits and dietary pattern of the respondents were also recorded.

3. Anthropometric Measurement

Anthropometric Measurement is variations of physical dimensions. Hence, anthropometric measurements are useful criteria for assessing nutritional status. The anthropometric measurement included height (cm.) and weight (kg) which were recorded using the procedure prescribed by Body Mass Index(BMI) Calculated.

(a) Height measurement

Height (m²) of the subject will be taken with the help of a measuring tape by sticking it on the wall. The subjects were made to stand erect, looking straight buttocks shoulders and head touching the wall, heels together toes apart and hand hanging loosely by the sides, height (cm) was recorded in centimeters.

(b) Weight

The personal weighting machine of maximum capacity of 120kg and the minimum division of 0.5kg was used to weight all the subjects and the scale was set to zero. The respondents were made to stand erect on the weighing scale. Without foot wear, not leaning against or holding anything and the weight was recorded in kg. The scale was adjusted zero after each measurement.

Clinical signs and symptoms

The nails tongue, gums, teeth, and general appearance of each subjected were examined, in order to find out sign of nutritional deficiencies were present.

The data collection of the different aspect per plan was tabulated and analyzed statistically. The result from the analysis are presented and discussed in the following sequence.

Result and Discussion

Table 1: Distribution of respondents on the basis of food habits.

Food habits	Frequency(N=100)	Percent (%)
Vegetarian	55	55
Non vegetarian	45	45

Table shows that maximum 55% of respondents were vegetarian, while 45% of respondents were non vegetarian.

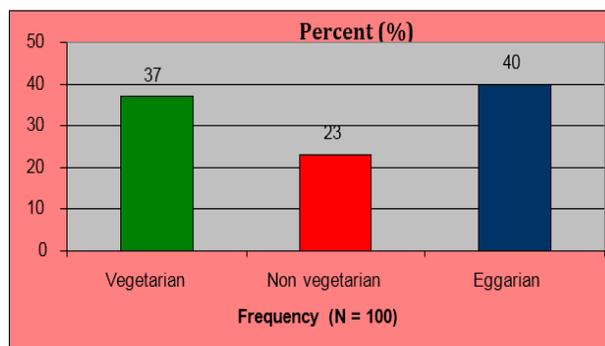


Fig 1: Distribution of respondents on the basis of food habits.

Table 2: Distribution of respondents on the basis of daily breakfast intake.

Breakfast consumption/day	Frequency(N=100)	Percent (%)
Yes	37	37
No	63	63

Table shows that maximum 63% of respondents were consumed daily breakfast while minimum 37% of respondents were not consumed daily breakfast.

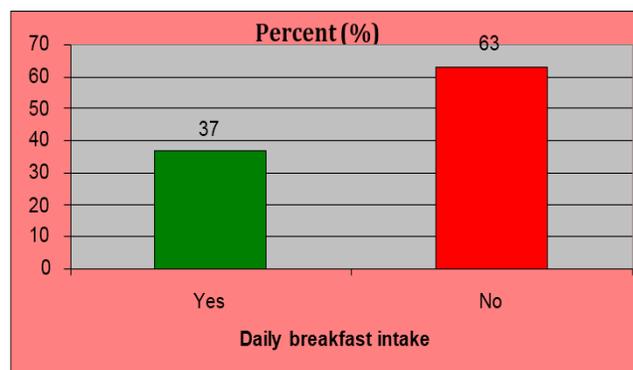


Fig 2: Distribution of respondents on the basis of daily breakfast intake.

Table 3: Distribution of respondents on the basis of breakfast timing

Breakfast timing	Frequency(n=100)	Percent (%)
8:00am- 10:00am	76	76
10:00am-12:00am	24	24

Table shows that maximum 76% of respondents were consumed breakfast in early morning, while minimum 24% of respondents were consumed breakfast in mid-morning.

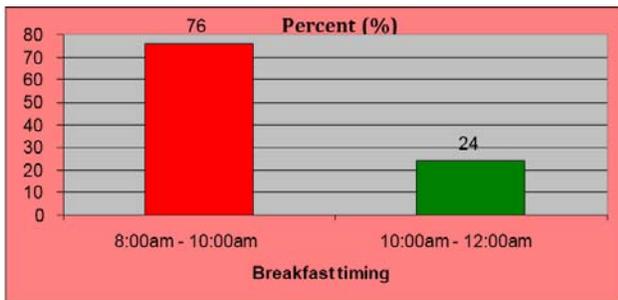


Fig 3: Distribution of respondents on the basis of timing of breakfast

Table 4: Distribution of respondents on the basis of breakfast skipping habit

Skipped breakfast	Frequency(N=100)	Percent (%)
Yes	65	65
No	35	35

Table shows that maximum 65% of respondents were skipped breakfast, while 35% of respondents were not skipped breakfast.

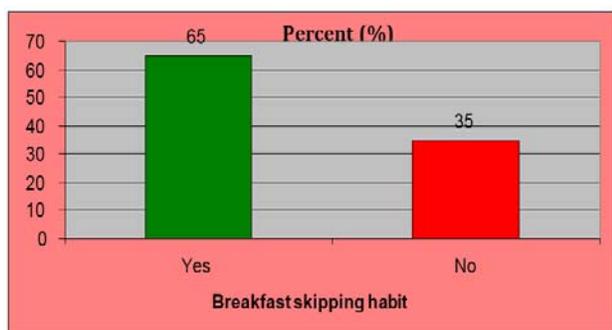


Fig 4: Distribution of respondents on the basis of breakfast skipping habit

Table 5: Distribution of respondents on the basis of daily milk intake.

Milk	Frequency(N=100)	Percent (%)
Yes	53	53
No	47	47

Table shows that 53% of respondent were consumed milk per day while 47% of respondents were not consumed milk per day.

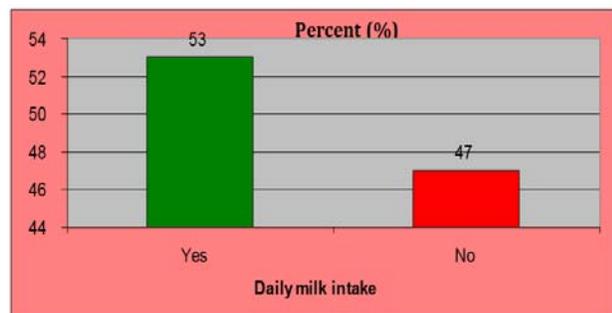


Fig 5: Distribution of respondents on the basis of daily milk intake

Table 6: Distribution of respondents on the basis of consumption of one type of breakfast daily.

Same breakfast/day	Frequency (N=100)	Percent (%)
Yes	30	30
No	70	70

Table shows that maximum 70% of respondents were not consumed same breakfast per day, while minimum 30% of respondents were consumed same breakfast per day.

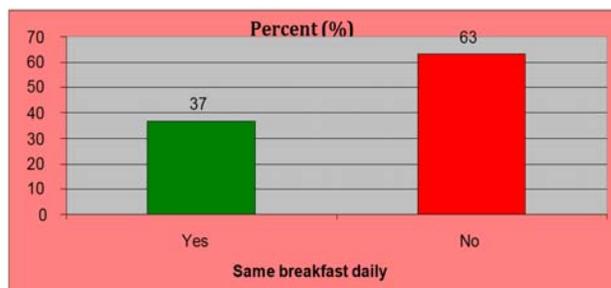


Fig 6: Distribution of respondents on the basis of consumption one type of breakfast daily.

Table 7: Distribution of respondents on the basis of consumption of greenleafy vegetables/day.

Greenleafy vegetables	Frequency(N=100)	Percent (%)
Yes	65	65
No	35	35

Table shows that 65% of respondents were consumed greenleafy vegetables per day while 35% of respondents were not consumed greenleafy vegetables per day.

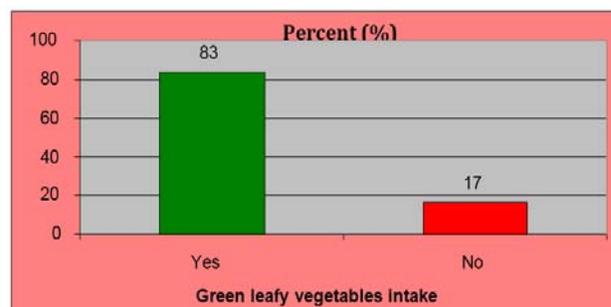


Fig 7: Distribution of respondents on the basis of consumption of green leafy vegetables per day.

Table 8: Distribution of respondents on the basis of consumption of flesh food in breakfast

Flesh food	Frequency(N=100)	Percent (%)
Yes	24	24
No	76	76

Table shows that maximum 24% of respondents were consumed flesh food in breakfast while minimum 76% of respondents were not consumed flesh food in breakfast.

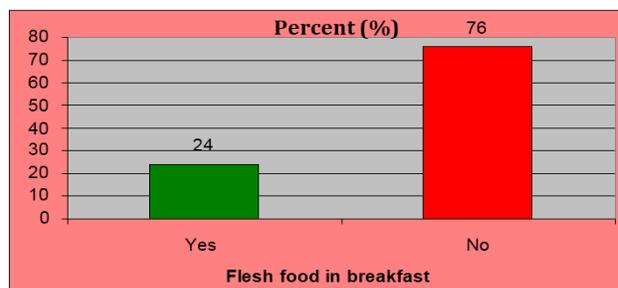


Fig 8: Distribution of respondents on the basis of consumption of flesh food in breakfast

Table 9: Distribution of respondents on the basis of consumption of dry fruits in breakfast daily

Dry fruits	Frequency(n=100)	Percent (%)
Yes	36	36
No	64	64

Table shows that maximum 64% of respondents were not consumed dry fruits in breakfast daily, while minimum 36% of respondents were consumed dry fruits in breakfast daily.

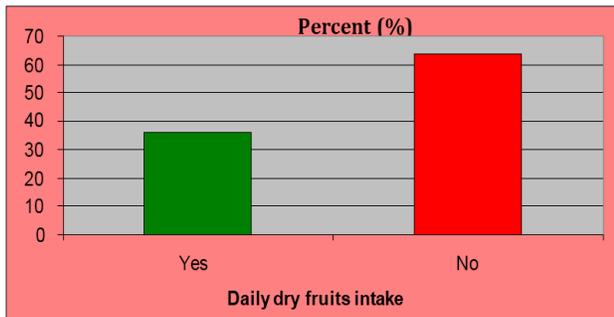


Fig 9: Distribution of respondents on the basis of consumption of dry fruits in breakfast daily

Table 10: Distribution of respondents on the basis of consumption of fast food in breakfast.

Fast food	Frequency(n=100)	Percent (%)
Yes	67	67
No	33	33

Table shows that maximum 67% of respondent were consumed fast food in breakfast while minimum 33% were not consumed fast food in breakfast.

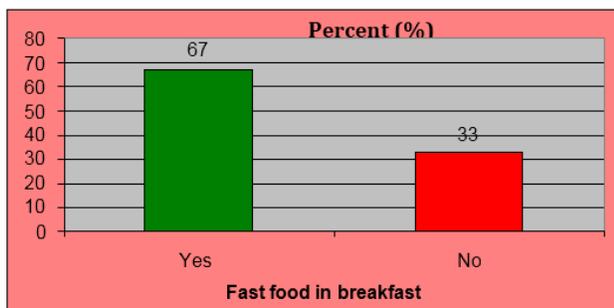


Fig 10: Distribution of respondents on the basis of consumption of fast food in breakfast

Table 11: Distribution of respondents on the basis of consumption of germinated grains and pulses in breakfast.

Germinated grains/pulses	Frequency(n=100)	Percent (%)
Yes	69	69
No	31	31

Table shows that maximum 69% of respondents were consumed germinated grains and pulses while minimum 31% of respondents were not consumed germinated grains and pulses.

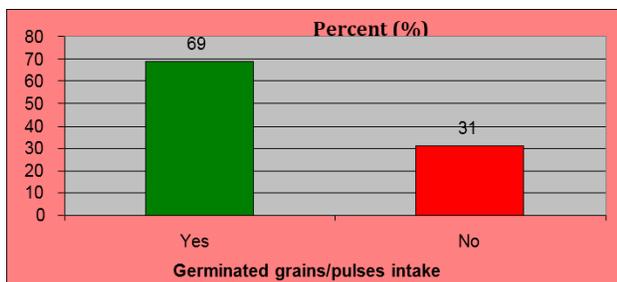


Fig 11: Distribution of respondents on the basis of consumption of germinated grains and pulses in breakfast

Table 12: Distribution of respondents on the basis of Health problems.

Health problems	Frequency(n=100)	Percent (%)
Yes	30	30
No	70	70

Table shows that maximum 70% of respondents were not health problems while minimum 30% of respondents were health problems.

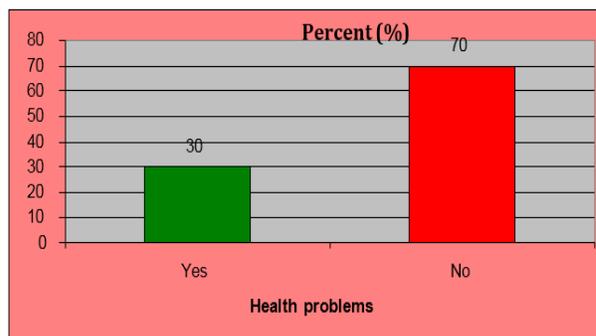


Fig 12: Distribution of respondents on the basis of Health problems.

Conclusion

After the study we concluded that the youth have the reputation of having the worst eating habits they usually skip a meal particularly breakfast. Missing breakfast may be due to eating disorders, peer pressure, lack of time and no nutritional awareness. The media affects girls more; they read fashion magazines that influence their decision to restrict calories or to take diet. Girls have more unhealthy eating habits than boys and they spend more time dieting than boys. It was found at the last that youth are not too good consumption pattern of breakfast but maintain the good nutritional status.

Reference

1. Alam N, Roy SK, Ahemad T, Ahmed S. Nutritional status, dietary intake, and relevant knowledge of adolescents girls in rural Bangladesh. *Journal of health population & nutrition*. 2010; 28(1):86-94.
2. Chin YS, Nasir MT. "Eating behaviours among female adolescents in Kuantan District, Pahang, Malaysia. *Pakistan Journal of nutrition*. 2009; 3(3):425-432.
3. Choudhry S, Mishra CP, Shukla KP. Indian dietary pattern and nutrition related knowledge of rural adolescent girls. *Journal of preventive social medicine*. 2010; 41(3):65-75.
4. De Onis M, Onyango AW, Borghi E, Siyam A, Nishida C, Siekman J. Development of a WHO Growth reference for school-aged children and adolescents. *Bulletin of the World Health Organization*, 2007.
5. Fox MK, Gepinsek MK, Connor P, Battaglia M. School nutrition dietary assessment study-11, final report, Alexandria (VA): US Department of agriculture food and nutrition service, offer of analysis, nutrition and evaluation, 2009.
6. Gail C, Rampersaud. Breakfast habits, nutritional status, bodyweight, and academic performance in adolescents *Journal of nutrition and health sciences*. 2007; 1(3). ISSN: 239
7. L Tee, Aubscher RL, Botha C, Erling JJ. The intake and quality of breakfast consumption in adolescents attending public secondary schools in the North West province, South Africa. *South African Journal of clinical Nutrition*. 2015; 28 Issn 003-8-2469
8. Lattimore PJ, Halford JC. Adolescents and the dieting disparity; healthy food choice or risky health behaviour? *British journal of health psychology*. 2003; 8:451-63.
9. Mahnaj Nasir Khan. Effect of breakfast skipping on cognitive performance of girls of age. *European international journal of science and technology*. 2014; 3:7 ISSN: 2304-9693.
10. Maureen T, Timlin. Breakfast eating and weight change

- in 5 respective analysis adolescents American Academy of Pediatrics 2008; 121(3).
11. Musaiger AO, Bader Z, Roomi KA, Sauzo DR. Dietary and lifestyle habits amongst adolescents in Bahrain. *Journal of food & nutrition Research*. 2011; 55(10):3403.
 12. Natalie Pearson, Andrew J, Atkins Stuart, Trish Gorely, Charlotte Edwordson. Patterns of adolescents physical activity and dietary behaviours *International Journal of behavioural Nutrition and physicalactivity*. 2009, 6
 13. Pearson, Natalie Biddle, Stuuart JH, Gorely Trish. Family correlates of breakfast consumption among children and adolescents *Appetite* 2009; 52(1):1-7.
 14. Story M, Neumark-Sztainer D, Frenches. Individual and environmental influences on adolescent eating behaviours, *Journal of the American Dietetic Association*. 2002; 102:S40-S1
 15. Stang. Early sexual maturation, central adiposity and subsequent overweight in late adolescence, 2005.
 16. Siega Mahajan N, Grover K, Batra I. Acomparison of food consumption pattern of urban and rural adolescent boys in Ludhiana district of Punjab *Journal of dairying foods and home sciences*. 2001; 31(1):34-41
 17. Theresa A Nicklas, Christina Reger, Leann Myers, Carol O, Noil. Breakfast consumption with and without vitamin-mineral supplement use favourably impacts daily nutrient intake of ninth-grade students" *Journal of Adolscent Health*. 2005; 27(5):314-321.
 18. Ursoniu S, Vernic C, Vlaicu B, Petrescu C, Fira-Mladinescu C, Putnoky S *et al*. Eating habits in an adolescents population from Timiscountry. *Europian Journal of clinical nutrition*. 2010; 114(4):1155-61.