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To find out the factors affecting the dietary habits of adolescent children of a private school in Jaipur city

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Abstract

Obesity is a serious, chronic disease that can inflict substantial harm to a person's health. Obesity can now be most commonly seen among adolescents. It is one of the most serious public health challenges of the 21st century. Many studies conducted in 16 of the 28 states in India were noted and they showed that adolescent obesity was higher in north compared to south. The problem however global is steadily affecting many low and middle areas of the city.

The present study deals with the different factors that affects the dietary habits of adolescent children. Information for the study was collected from 100 school children of a private school. The data was collected using a structured questionnaire with multiple answers, open ended questions consisting of questions related to general profile, anthropometric measurements and lifestyle patterns.

The collected data reported that there are many influential factors responsible for bringing a change in the eating pattern of the children under study. Some of the factors are: increase in their portion size, availability of junk food in schools, economic status, the child's most preferred or most rejected meal, his/her social involvement with peers and most importantly which parents and care-givers forget to provide the children is the knowledge about living a healthy life and how obesity can lead to linked problems.

Overweight and obese adolescents are likely to stay obese into adulthood which can lead to problems like depression, humiliation and of course non-communicable diseases. They are very likely to develop diabetes, cardiovascular disorders, breathing difficulties etc. at younger age. Prevention of childhood obesity therefore needs high priority.

Keywords: Overweight, adolescents, dietary habits, lifestyle

1. Introduction

Obesity is a common eating disorder which is associated with having body weight outside the healthy weight trajectory. It is being seen most commonly in adolescents having body weight above normal which further causes many weight related problems. Rates of obesity among adolescents in the country have increased at a dramatic rate. At present the potential public health issue that is emerging is the increasing incidence of childhood obesity. It is estimated that 31% of the adolescents are overweight and another 16% are obese. The prevalence is higher in the urban than in the rural areas. Prevalence also varies within the country because of the differences in lifestyles, mainly in the dietary patterns and family's socioeconomic status. Urbanization and industrialization could be the two sides of a coin to be held as a culprit for the increasing prevalence.

To measure obesity BMI as a tool can be used. BMI (Body Mass Index) is a measurement of person's weight with respect to his or her height. When the person is off the range, their weight gain is disproportionate to their change in height, meaning the gain of body fat that can negatively impact his or her healthy development and health overall. If a child or adult stores too much fat they can be classified as overweight or obese. By monitoring children's growth more effectively we can identify children who are at risk for poor health related to childhood obesity. Children who are obese have a greater risk of High blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD), increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes, breathing problems, such as sleep apnea, and asthma, joint problems and musculoskeletal discomfort, fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn), psychological stress such as depression,

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behavioral problems, and issues in school, low self-esteem and low self-reported quality of life, impaired social, physical, and emotional functioning.

2. Methodology

This study was conducted in a private school of Jaipur city. A written consent for the study was taken from the school. 100 adolescent children both male and female in the age group of 10-17 yrs. were selected. The students were explained the purpose of the study. A list of children was prepared with the help of school data and then, through random sampling method subjects were selected. The data of the selected individuals was collected using a structural questionnaire consisting of questions related to general profile, anthropometry, dietary & lifestyle pattern. The weight, height, waist circumference and hip circumference was measured using standard tools and techniques. For measuring the weight weighing instrument was used and it was calibrated to assure that they are measuring correctly and accurately. For measuring the height measuring tape was used. The Body Mass Index of each subject was calculated afterwards using height and weight measurements. Further, based on their BMI, they were categorized under different classes of overweight/obesity. The BMI classification, given by WHO year 2000 was used for the present study. BMI was calculated using the formula, $BMI = \text{weight} / (\text{height})^2$. Dietary survey of the selected subjects was carried out using a self-structured questionnaire to find out their dietary pattern, food habits and dietary intake. The data on dietary pattern included information about various meals consumed in a day, menu structure of each meal, details of missed meals and number of times food consumed outside home. The data on factors affecting lifestyle pattern of the subjects, sleeping and resting hours, recreational hours, socialization of the subjects was collected and questions related to this were asked. The information about food habits of the subject was taken using Food Frequency Questionnaire which helped in finding the food consumption frequency (Daily, weekly, monthly, rarely, occasionally), consumption frequency of high calorie food, vegetarian and non-vegetarian food habits, fasting habits and types of fasting foods.

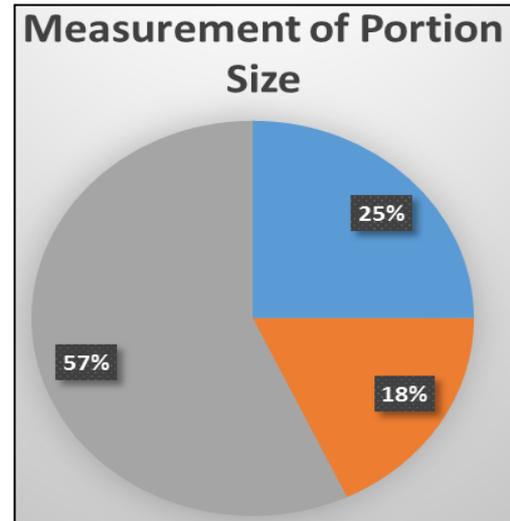
3. Results & Discussion

Childhood obesity is a complex health issue. The main causes of excess weight in youth are similar to those in adults, including individual causes such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. Data was gathered using questionnaires which had questions on general profile, eating and lifestyle patterns. The sample was selected from a school. A total of 100 adolescent students were selected, including both girls and boys in equal ratios.

A. Portion Size of the meals taken

Portion size is the recommended serving size of each food/meal that one is supposed to eat. A portion is the amount of food that is actually eaten by us. If we eat more or less than the recommended serving size we'll get either too much or too little of the nutrients needed. For measuring the portion sizes there are some standard measuring instruments. It was found that 18% of the children had a normal portion size, 25% had below normal whereas 57% had above normal portion

size. The increasing portion size could be the result of consuming more either at the child's end or very end of the mother or care-givers.



B. Availability of junk food in schools

The easy availability of junk food in schools has created a havoc among parents and nutritionists. Products like patties, burger, pizza etc. which are not only easy to put a hand on but also likable by the taste buds of our little ones. In this study it was found that 42 per cent of students said they'd consumed something from their school's canteen in the previous day. The odds of consuming such food were 1.15 times higher in schools that carried them, compared to those that didn't. Students had a greater chance of being obese (1.50 times) in schools that carried such food and were 1.66 times more likely to be obese if they also consumed more than one such food the previous day.

C. Preference of food

When it comes to preference, children become quite choosy and fussy with their eating habits. So it becomes important to know what kind of food they actually want to have. Asking them questions about their food preferences through questionnaire we found out that 38% of the children were having tiffin and other home made products almost daily. The children were found to be fond of junk food as most of them chose more than one option when asked to choose between the kinds of food they relish the most, and most of them consume it more than twice in a week. Ready to eat food products are also liked by kids these days. As such foods are ready to prepare and easy to make, for parents and for adolescents it becomes easy to depend on them. 48% of the total subjects ticked the option for fruits.

D. Socioeconomic status

By using household income as the measure of socioeconomic status in adolescent children showed that the prevalence of overweight and obesity among boys and girls was highest in the highest level of the household income and the odds ratio of overweight or obese boys with respect to overweight girls is much higher than expected when compared with the lowest income group family children. Families with higher incomes went to weekly or even to twice a week parties and so do their children which was not the case with economically restrained families. They either went monthly or occasionally to parties and neither did they allow their children to spend money on outside food.

E. Knowledge on the subject

When the children were asked that whether they considered themselves as obese, normal or malnourished some of them were aware about it, whereas others didn't know if they are just healthy or they falls into the category of being overweight. Their knowledge was assessed by making them choose between a series of options that which dietary factors needs to be controlled so as to avoid excess fat deposition in our body. Surprisingly, more than 62% of the children were not aware of what kind of food they must eat and when they must avoid eating certain food items. Though girls were more aware about their diet as compared to boys, their knowledge on the subject was very little.

4. Conclusion

This study broadly focused on the factors affecting childhood obesity; its prevalence across the city and around India. Specific attention was given to studies presenting data on current diagnosis, management and treatment strategies. Many of the studies identified unique factors which may be linked to the dietary pattern of children's weight and associated co-morbidities.

Based on the results of the study it can be concluded that social involvement is an important factor affecting dietary intake. Another factor responsible for this is children's knowledge on the subject of obesity. Most of the children didn't know the factors affecting weight gain and its consequences. Little knowledge or no knowledge could be a reason for increasing weight gain. Liking for a particular food or meal is necessary to know more than half of the children had weight above normal; it showed that children nowadays are moving towards the category of being obese which result in other medical conditions, like heart diseases, hypertension etc. Physical activity is important in reducing overweight and obesity cases. But in the present study it was observed that involvement of children in any vigorous physical activity or any activity at all was thus necessary to know. One of the reasons influencing a person's dietary habit is based on his/her liking or preference for a particular food. The adolescent children these days like to have ready to eat food or junk food, some of them had their favorites as vegetable rolls, wraps, patties etc. The amount of research in this field have made it evident that dietary habits and lifestyle patterns of an individual effects the weight in a significant way.

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