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An empirical study on fast foods and their impact on health with reference to Erode

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ABSTRACT

Eat healthy and live healthy' is one of the essential requirements for long life. Unfortunately, today's world has been adapted to a system of consumption of foods which has several adverse effects on health. Lifestyle changes has compelled us so much that one has so little time to really think what we are eating is right! Globalisation and urbanisation have greatly affected ones eating habits and forced many people to consume fancy and high calorie fast foods, popularly known as ' Junk foods' . Research into the possible health hazards on consumption of such high calorie foods has given an insight to avoid them, but unfortunately measures taken are not as effective as they need to be. Diseases like coronary artery disease and diabetes mellitus have seen a profound rise in developing countries and such unhealthy junk food consumption is one of the notable factors to its contribution. This global problem of consuming junk food on a large scale and its impact on health needs emphasis and health education which can greatly contribute to its limited consumption and switching over to healthy eating habits for the better living. Knowledge highlighting about the eating habits, nutritional aspects, quality of unhealthy foods, their health impact and preventive measures should be given to create awareness and render health education for a change towards good eating practices. Junk food and its impact on health have been reviewed from various resources and have been systematically presented, so as to emphasize its ill effects and measures to be adapted towards healthy living. Key Words: Diseases, Health, Junk food, Lifestyle

INTRODUCTION

Concepts, relationships, lifestyles are metamorphosed to accommodate the new jet age and eating habits too is no exception [1]. Healthy nutritious foods have been replaced by the new food mantra - JUNK FOOD! In the context of world economy, junk food is a global phenomenon [2]. The availability of junk food and snacks at low prices and marketing strategies

adapted by manufacturers of such foods has triggered an evolution wherein, consumption of foods that require neither the structure nor the preparation of a formal meal. It seems to have engulfed every age; every race and the newest entrants on stage are children, school going in particular. Hence, a systematic presentation has been made in this review from the articles from various sources highlighting eating habits, nutritional aspects and quality of unhealthy food, their health impact on consumption and preventive measures to be undertaken. Through health education, a change towards good eating practices and adaption of healthy living is ISSN 2231-4261 Ó Journal of Krishna Institute of Medical Sciences University JKIMSU, Vol. 1, No. 2, July-Dec. 2012 possible. Obesity accounts for 300,000 deaths in the U.S. alone. Research into junk food and fast food restaurants have found that there is a direct relationship between the number of fast food restaurants located within the local area and obesity rates [3]. According to a survey by the Institute of Food Technologists, 75% of Americans are eating their dinners at home, nearly half those meals are fast foods, delivered, or taken out from restaurants or grocery delis. The way in which we eat, and what we eat, is of vital importance to our state of health. With the global spread of food uniformity, its rapid growth is occurring in the developing world. It has radically changed the way people eat all over the world. India is no exception to this changing fast-food trend. India' s fast-food industry is growing by 40 percent a year. Statistics place India in 10th place in fast food per capita spending figures with 2.1% of expenditure of annual total spending. According to the National Sample Survey Organization (NSSO) survey in the year 2005 released by the Delhi government, people living in Delhi spend Rs. 371, on an average, on processed food and beverages per month. They spend Rs. 290 on vegetables and around one-third of it on fruits. The total value of junk food consumed in India in 2003 was about Rs. 41,000 crore; of which, rural areas accounted for a little over Rs. 22,000 crore, as published in an article in newspaper by Sudhanshu Ranade in ' Business Line' on July 13th 2005. ' Nature' in 2007 states that preventable diseases

caused mainly due to smoking, poor diet as junk food consumption and lack of exercise could kill millions in developing world in the next 10 years.

OBJECTIVE

1.To study the impact of fast food on human health

SCOPE OF THE STUDY

1.This study helps to find out the habits and preference of fast food

2.This study identify the factors that influencing to taking fast food

3.This study helps to identify the awareness level of the health hazards of fast food consumption and their impact on human health

LIMITATION OF THE STUDY

1.The received data may be unbiased because of the privacy (confidentiality) of the respondents.

2.The gathered data completely based on at present mind set of the respondents.

REVIEW OF LITERATURE

Chou, Shin-Yi, InasRashad, & Michael Grossman, 2008“ Fast food restaurant advertising in television, and influence on obesity.” Journal of Law and Economics, 51(4): 618

Dunn, Richard A, 2008, “Consumer Behavior and Availability of fast food, an instrumental variables approach.

Labison, David. 2001,“A cue theory of consumption.” Quarterly Journal of Economics, 116(1):81-119

Anand (2011), explored the impact of demographics and psychographics on young consumers food choice towards fast food in Delhi, India. The key determinants impacting consumers food choices were found out to be passion for eating out, socialize, ambience and taste of fast food.

Rezende and Avelar (2012), attempted to describe the eating habit of consumers in Brazil. The study revealed that a ‘search for variety’ was a motivator for eating

outside home. The desire for convenience was an important element on many occasions of consumption.

Kara et al., (1997), examined how the perceptions of customers towards fast food restaurants differed across two countries USA and Canada. The results revealed significant difference in perception between the frequent fast food buyers in USA and Canada and also differences between consumers’ preferences for fast food restaurants in relation to age groups.

RESEARCH METHODOLOGY

RESEARCH DESIGN

- A Master plan that specifies the method and procedures for collecting and analysing needed information.
- A research design is a framework or blueprint for conducting the marketing research project.

DATA COLLECTION METHOD

PRIMARY DATA

These are data which are collected for the first time directly by the Researcher for the Specific study undertaken by him. In this research primary data are collected directly from the Respondent by using Questionnaire.

SECONDARY DATA

These are data which are already collected and used by someone preciously. In this research review of Literature, Details of the industry are collected from the Internet.

SAMPLING SIZE AND TECHNIQUE

SIZE OF THE SAMPLE

The Sample size is **100**.

SAMPLE DESIGN

Sampling is the process of selecting a sufficient number of element from the population. A Sample Design is a definite plan for obtaining a sample from the sampling frame. It refers to the technique or the procedure the researcher would adopt in selecting some sampling units from which inferences about the population is drawn

CONVENIENCE SAMPLING

Convenience sampling (also known as Availability Sampling) is a specific type of non-

probability sampling method that relies on data collection from population members who are conveniently available to participate in study.

STATISTICAL TOOLS USED

To analyze and interpret collected data the following statistical tools were used.

FORMULA

$$\text{Percentage analysis} = \frac{\text{Number of respondent}}{\text{Total number of respondents}} \times 100$$

	Student	40	40
	Home maker	15	15
	Total	100	100
Annual Income	<1lakh	17	17
	1 lakhs -2 lakhs	31	31
	2-3 lakhs	31	31
	Above 3 lakhs	21	21
	Total	100	100

HENRY GARRETT RANKING

Garrett’s ranking technique to find out the most significant factor which influences the respondent, Garrett’s ranking technique was used. As per this method, respondents have been asked to assign the rank for all factors and the outcomes of such ranking have been converted into score value with the help of the following formula:

$$\text{Percent position} = 100 (R_{ij} - 0.5) / N_j$$

Where R_{ij} = Rank given for the i th variable by j th respondents

N_j = Number of variable ranked by j th respondents.

TABLE 1: PROFILE OF THE RESPONDENTS

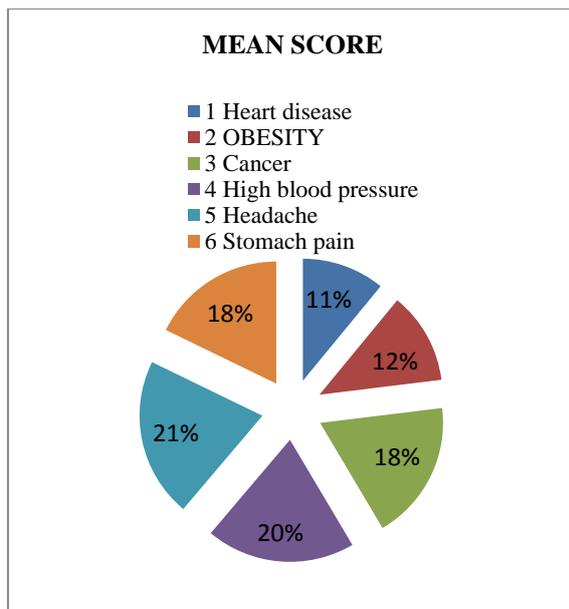
Details of the Policy Holders		No. of Respondents	Percentage
Gender	Male	41	41
	Female	59	59
	Total	100	100
Age Group	Below 20	27	27
	20-30	39	39
	20-40	18	18
	Above 40	16	16
	Total	100	100
Profession	Business	15	15
	Employee	30	30

INTERPRETATION

The participants of respondent in the survey male (41) percentage female (59) percentage and the age group of respondent from below 20 (27) percentage 20to30(39)percentage above 40(16) percentage the profession of the respondent is business (15) percentage employee(30) percentage student (40) percentage home maker (15) Percentage the annual income of the respondent is <1 lakh (17) percentage 1 lakhs to 2 lakhs(31) percentage 2 to3Lakhs(31) percentage above 3 lakhs(21)

TABLE 2: RANK THE PROBLEMS BY THE RESPONDENTS IN TAKING FAST FOOD

S.NO	PROBLEM	MEAN SCORE	TOTAL	RANK
1	Heart disease	229	1374	5
2	Obesity	255	1275	4
3	Cancer	388	1164	3
4	High blood pressure	412	824	2
5	Headache	443	443	1
6	Stomach pain	373	1492	6



INTERPRETATION

From the above table it is evident that “Headache” ranked as no.1 with a total score of 443,” High blood pressure” is ranked as no.2 with a total score of 824 , “Cancer” is ranked as no.3 with a total score of 1164, “Obesity” is ranked as no.4 with a total score of 1275, “Heart disease” is ranked also no.5 with a total score of 1374, “Stomach pain” is ranked as no.6 with a total score of 1492.

FINIDINGS

1. 59% of the respondent had falls under “**Female**”
2. 39% of the respondent had fall under “**20 to 30 Years**”
3. 40% of the respondent are “**student**”
4. 31% of the respondent belong to the annual income of “**2 to 3 lakhs**”
5. From the Rank analysis it is to identify that “**Headache**” has been the no 1 problem with total score of 443
6. From the Rank analysis it is to identify that “**High blood pressure**” has been the no 1 problem with total score of 824
7. From the Rank analysis it is to identify that “**Cancer**” has been the no 1 problem with total score of 1164

SUGGESTIONS

- To maintain their delivery and service. Also to maintain a stability in their services and quality of food
- To aware about balance diet and then prefer to eat organic foods
- Hygienic foods could make consumers satisfied with ensure safety, leads make them stick with business for a long time To print and make the consumers aware of the nutritional facts
- In addition to the fast food few healthy friendly food products can be added in the menu

CONCLUSION

Junk foods have certainly carved up the .Third World. due to globalisation [31]. It is an integral part of life in the developed and also the developing world, and coming with it is amassive increase in obesity and associated problems. The key to eating these junk foods is moderation, occasional consumption and preferably in small portions. It is not impossible to win war with junk foods against healthy foods [32]. However, one must beware; entice is so strong that you will be addicted. It must be remembered that the addiction to. Junk. is great for business. It is all in our handsto choose junk food or health. Avoid Junk, Accept Health! No Junk, Know Health!

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