

(Open Access, Referred, Peer Reviewed, International Journal)

ISSN (0) - XXX-XXX <u>www.ijisre.com</u>
DOI: https://doi-ds.org/doilink/07.2024-21696526/IJISRE

## "A REVIEW OF RECENT EVIDENCE ON KNOWLEDGE REGARDING HEALTH HAZARDS"

**Author's Name:** Garuwa Ramkishor<sup>1</sup>, kumar Mahesh<sup>1</sup>, Junjadiya Sunil<sup>1</sup>, Singh Bhanu Pratap<sup>1</sup>, Bhadu Naman<sup>1</sup>, Githala Upasana<sup>1</sup>, Surendra Singh Gurjar<sup>2\*</sup>

**Affiliation:** General Medicine Students [Group; 3003a], Karaganda Medical University, Kazakhstan. <sup>2</sup>Associate Professor, Karaganda Medical University, Karaganda, Kazakhstan

Corresponding Author Name & Email: Surendra Singh Gurjar, gurjarsurendra87@gmail.com

#### **ABSTRACT**

Health hazards represent a diverse and evolving set of threats to human well-being in our modern world. These hazards encompass a wide range of environmental, occupational, lifestyle-related, and emerging risks that can significantly affect individual and public health. This comprehensive article provides an in-depth overview of major health hazards, their prevalence, and their effects on global health. We examine key categories of health hazards, including environmental pollutants, occupational risks, lifestyle factors, and emerging threats, supported by recent statistical data and research findings. Additionally, we explore the interconnected nature of these hazards and discuss strategies for mitigation and prevention. Understanding these complex health risks is crucial for developing effective public health policies, preventive measures, and intervention strategies to safeguard global health in the face of evolving challenges. Heart Disease: Fast foods have high level of fat and sugars that are not only unhealthy but also addictive and that creates a vicious cycle making it hard for children to choose healthy food. High content of Trans fat in commercially available fast foods predispose children to risk of future heart diseases. Energy Density of fast food is more than twice the recommended daily allowance for child taken measure to liberalize the international trade to reduce the cost of food grains. Fast food intake leads to higher proportion of calories derived from total and saturated fat. A part from this blood pressure and high cholesterol level are influence by blood pressure and high sodium level that clearly implicated as the causative factor for high blood pressure. Sodium known to affect renin-angiotensin system in kidneys, which produces effect of vasoconstriction on arterioles, leading to development of high blood pressure.

**Keywords:** Health hazards, Pollution, well-being. heart disease, fast food, etc.



(Open Access, Referred, Peer Reviewed, International Journal)

ISSN (0) - XXX-XXX <u>www.ijisre.com</u>
DOI: https://doi-ds.org/doilink/07.2024-21696526/IJISRE

#### INTRODUCTION

World Health Organization, Health is a state of complete physical, mental and social wellbeing not merely the absence of disease or illness. Health is more than absence of disease, which affects a wide range of spectrum of physical, mental, social, and political factors. Healthy lifestyle given longer and happier life with increasing prevalence of life-style diseases in India, one out of four Indians is at risk of dying from non-communicable diseases such as diabetes, cardio-vascular ailments, or cancer before the age of seventy. Adopting bad habits, such as poor diet, lack of exercise, irregular sleep pattern and resorting to excessive smoking or alcohol use might put you in with 38 million people, who are limited due to one or more chronic health conditions.<sup>1</sup>

The World Health Organization defines health hazards as any factor that can adversely affect health. This encompasses a wide range of issues, from chemical exposures and biological agents to physical hazards such as noise and radiation. These hazards can have immediate effects, like accidents and injuries, as well as long-term impacts, such as chronic diseases and mental health disorders. The prevalence and nature of health hazards can vary by geography, socioeconomic status, and demographic factors. Vulnerable populations, such as children, the elderly, and those with pre-existing health conditions, often face heightened risks. As our understanding of health hazards evolves the importance of research and policy development becomes increasingly evident, guiding interventions and public health initiatives aimed at reducing exposure and improving health outcomes.<sup>2</sup>

### **Need for the Study**

The responsibility to provide optimum conditions for the proper growth and development of children shared by the parent, other family members, health workers, teachers, community, and state. Centre for food policy and obesity (2022) conducted a study to analyse 277 individual cereal varieties across 115 brands and found that cereals marketed directly to children have 85% more sugar, 65% less fiber and 60% more sodium than cereals marketed for adult consumption. The report also found that cereal companies spend almost 150million dollars a year on advertising to children.

A newly published set of World health organization in 2023, Nutritional criteria aims to protect children from marketing that promotes unhealthy food and non-alcoholic beverages. The World health organization /Europe Nutrient Profile Model enables the classification of food products to determine whether they are healthy enough to advertised to children. It can used by decision-makers to develop policies to improve the overall nutritional quality of diets and to support monitoring initiatives, thereby reducing pressure on children and ensuring the promotion of healthier diets to lower the risks of Non communicable diseases (NCDs). Unhealthy diets are a leading cause of morbidity and mortality in the WHO European Region, and have a significant impact on obesity and overweight levels. In 46 of the 53 countries of the Region, more than 50% of the population and 1 in 3 children are living with overweight or obesity.<sup>3</sup>

Childhood obesity is likely to continue into adulthood, which puts children at risk of developing diabetes, cancer and other NCDs. In the European Region alone, unhealthy diets cause more than 1 million deaths each year.



(Open Access, Referred, Peer Reviewed, International Journal)

ISSN (0) - XXX-XXX www.ijisre.com
DOI: https://doi-ds.org/doilink/07.2024-21696526/IJISRE

Andleeb Yousuf (2023) the level of knowledge regarding effects of junk foods on health. The study was conducted in 2 selected schools The overall mean knowledge score 25.91 obtained by the subjects in post-test was higher than mean knowledge score 16.90 in the pre-test and with the improvement score as 9.01. There was significant difference between pre-test and post-test knowledge score at p<0.05. The results of the study revealed that the teaching program was significantly effective in improving the knowledge of adolescents.<sup>3</sup>

World Health Organization (2022) More and more countries are taxing tobacco, alcohol, and sugary drinks as a public health tool. By reducing consumption of unhealthy products, health taxes are one of the most cost-effective measures to prevent diseases such as cardiovascular diseases, cancer and diabetes. Countries are also looking at other measures to improve diets and thus address a rising disease burden. In the Americas, there is a growing movement for warning labels on unhealthy foods.<sup>4</sup>

Gaspar da Silva, 48, has not smoked since December 2022. The freelance artist from Dili, Timor-Leste, had noticed last year he was short of breath during singing performances and was not able to cycle for long distances. A recent hike in prices – a pack of 20 cigarettes of a popular brand has increased from \$2 to US\$3.50 – also provided the impetus to stop.<sup>5</sup>

#### MATERIALS AND METHODS

The methodology in the research study gathered in order to answer the research questions or analyze the research problem. The research methodology involves a systematic procedure by which the researcher had to start from the initial identification of the problem to its conclusion. This study deals with methodology adopted for the study including the description of research design, setting, and population of the study, sampling technique, data collection and data analysis. In this, study the objectives taken through literature review and experts' guidance. The data collection is divides into two sections, section one consists of demographic variable and section two consists structured questionnaire for assessment of knowledge regarding health hazards of junk foods.

The section-I consists of information about demographic variables such as age of children, gender of child, education status of mother, occupation of father, family Income per month and source of previous health information regarding health hazards of junk food. The Section – II deals with questionnaire for assessment of knowledge regarding health hazards of junk foods. It consists of 31 multiple-choice questions related to health hazards of junk food among schoolchildren. The total possible score will be 31.

The tool constructed by review the literatures extensively and by the suggestions and guidance given by the various experts. The data was analysed by using descriptive and inferential statistical methods. They used to find out the percentage, mean, standard deviation, paired t test and chi square. Descriptive analysis used to find out the frequency and percentage distribution of demographic variable of the study. Inferential analysis used to find out the association between the selected demographic variable and level of knowledge about health hazards of junk foods among schoolchildren.<sup>6</sup>



(Open Access, Referred, Peer Reviewed, International Journal)

ISSN (0) - XXX-XXX <u>www.ijisre.com</u>
DOI: https://doi-ds.org/doilink/07.2024-21696526/IJISRE

#### DATA ANALYSIS AND INTERPRETATION

In analysis and interpretation of data collected from school children in order to assess the knowledge about health hazards. Data collected was organized, tabulated in master sheet and analysed by using descriptive statistics. The major findings of the study were summarized as follows, Gender of child majority 36(60.0%) of the sample are Gender of child group of male, and 24(40.0%) of them are belong to female group. Out of 60 children 9(23%) were in the age group of 14-15 years, 20(34%) children were 15-16 years. 16-17 years children were 17(23%) and children were 17-18 years 14(20%). Among 60 children 13 (22%) mothers have no formal education, 20(33%) were primary school level, 15(27%) were secondary school level, 12(18%) were graduate education. Out of 60 children 16(27%) father were government employed, eight(13.0%) father were private employee, 8(13.0%) father were business employee, 28(47%) father were other. Among 60 children 18(30%) family income were earning Rs 10000/- 20000/- as their family income and 14(23.0%) were having be Rs 20001/30000- as family income, 24(4%) were having family income between Rs 30001/ - 40000/ and 4(7%) were earning above Rs 40000/ as family income.17 (28%) children source of information through mass media, 26(43.%) adults were frieds and amp relative, 12(20%) of adults were health personnel and 5(9%) adults were family member.

### **CONCLUSION:**

The main objective of the study was to assess the knowledge health hazards of junk foods. Knowledge assessed through semi-structured questionnaires, which includes introduction, meaning and definition of junk foods, harmful ingredients in junk foods, hazards of beverages and chocolates and ice creams and hazards of fatty junk foods, fried foods, oily foods, crispy foods and burgers. The following conclusion were drawn on the basis of the findings of the study: The pre-test knowledge scores among children were poor and average and The study proved the path to find a variety of other information regarding health hazards of junk food.

#### **REFRENCES:**

- 1. A.B Harrins and G.V.Robbins,"Nutrition in catering"; William hinmanpublishers, London, page no; 173-175
- 2. Aggarwal T "prevalence of obesity and over weight in adolescents" from Ludhiana Punjab July 18 2007 journal of Indian peadiatrics; 45:500-502
- 3. Asgary S, Nazari B, Sarrafzadegan N, Parkhideh S,Saberi S, Esmaillzadeh A, et al. Evaluation of fattyacid content of some Iranian fast foods with emphasison trans fatty acids. Asia Pac J Clin Nutr. 2009;18:187-92. [4].
- 4. Bandini LG, Vu D, Must A, Cyr H,Goldberg A, Dietz WH. Comparison of high-calorie, low-nutrient-dense food consumption among obese and no obese adolescents. Obese Res 1999;7:438-43.
- 5. Baronowski T. Families and health action. Handbook of health behaviourresearch, personal and social determinants. Plenum press, New York 1997; 179-205.

# IJISRE

## International Journal of Innovative Scientific Research and Education

(Open Access, Referred, Peer Reviewed, International Journal)

ISSN (0) - XXX-XXX www.ijisre.com
DOI: https://doi-ds.org/doilink/07.2024-21696526/IJISRE

- 6. Bayol SA, Macharia R, Farrington SJ,Simbi BH, Stickland NC. Evidence that a maternal .junk food. diet during pregnancy and lactation can reduce muscle force in offspring. Eur J Nutr 2009; 48: 62-.5
- 7. Brendan O.Neill. Is this what you call junk food? [Internet] 2006 [Last Updated:Thursday, 30 November 2006,18:48 GMT] Available from: ://news.bbc.co.uk/2/hi/uk\_news/magazine/6187234.stm\
- 8. Charles's "Adolescents over eat fast food ,but lean adolescents overconsumption eating less "Journal of American medical association 2004 ,20:47
- 9. Children and junk food http://www.indiaparenting,com/food-and-Nutrition/56 1186/children and junk food html
- 10. Dorothy Jaganathan1, Meera Mary Mathew2\* 1Professor; Department of Food Service Management and Dietetics Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore 641 043, 2Ph.D Research Scholar, Department of Food Service Management and Dietetics Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore \*
- 11. Gomathy R and John S (2008) Measuring psychosocial, environmental and behavioural factors that influence the fruit and vegetable intake of adolescent girls. J Ind Dietet Assoc 33(2):26-37
- 12. Goyal RK, Shah VN, Saboo BD, Phatak SR, Shah NN, Gohel MC, RavalPB, Patel SS. Prevalence of overweight and obesity in Indian adolescent schoolgoing children: its relationship with socioeconomic status and associated lifestyle factors. J Assoc Physicians India. 2010;58:151-8
- 13. Hovenkamp E, Demonty I, Plat J,Lütjohann D, Mensink RP, TrautweinEA. Biological effects of oxidized phytosterols: a review of the current knowledge. Prog Lipid Res 2008; 47:37-49.
- 14. Jelliffe D B (1966) The Assessment of Nutrition of the Community. World health Organisation Monograph series No. 53, Geneva:50-84.
- 15. John Bingham, "Teenagers who watch the most television 'eat more junk food than adults" published: 30 Jan 2009.
- 16. Journal of Food and Nutrition, "Poor Eating Habits article on Children and Junk Food", 2008.
- 17. Kathrine.W.Bauer, "socio environmental personal and behavioral predictors of fast food in take among adolescents"
- 18. Khadilkar VV,Khadilkar AV.Prevalence of obesity in affluent school boys inpune.Indian Pediatr 2004;41:857-8.
- 19. Laxmaiah A, Nagalla B, Vijayaraghavan K, Nair M. Factors affecting prevalence of overweight among 12- to 17-year-old urban adolescents in Hyderabad, India. Obesity (Silver Spring). 2007;15(6):1384-90.
- 20. Monga S, Sachdeva R and Chawla P (2008) Nutritional and Health status of urban working women as influenced by nutrition counseling. J Ind Dietet Assoc 33(2):13-20.
- 21. Nakayama K, Nakayama M, Terawaki H, Murata Y, Sato T, Kohno M, Ito SJ. Carbonated soft drinks and carbonylstress burden. Toxicol Sci 2009; 34:699-702.

# UISRE .

## International Journal of Innovative Scientific Research and Education

(Open Access, Referred, Peer Reviewed, International Journal)

ISSN (0) - XXX-XXX www.ijisre.com
DOI: https://doi-ds.org/doilink/07.2024-21696526/IJISRE

- 22. Neumark-Sztainer D, Hannan PJ, Story M, Croll J & Perry C. Family meal patterns: associations with sociodemographic characteristics and improved dietary intake among adolescents. J Am Diet Assoc2003; 103: 317–22.
- 23. Anita Prakasam, Virendra Singh Choudhary. To Assess the Effectiveness of Planned Teaching Programme on Knowledge and Attitude regarding Prophylactic Vaccination for preventing Cervical Cancer among nursing students in the College of Nursing, Bathinda, Punjab. Int. J. of Advances in Nur. Management. 2019; 7(2):143-147. doi: 10.5958/2454-2652.2019.00035.0
- 24. Pathak S (2010) To Assess the incidence of overweight and obesity in school going children (13- 15 years) and its relationship with mothers nutritional knowledge, attitude and practice. M.Sc. Thesis. Government Home Science College, Chandigarh, India.
- 25. Printice AM, Jebb SA. Fast foods, energy density and obesity: a possible mechanistic link. Obesity Rev.2003;4:187-94
- 26. Sanjeev, N.E., and Sobal. E., Thedore. C., Predictors of weight gain in the Pound of Prevention study, Int J Obes, 2009; 24: 395-403
- 27. Schmidt M, Affenito SG, Streigl-Moore R, Khoury PR, Barton B, Crawford P, et al. Fast food intake and diet
- 28. Shubhangini.A.Joshy, "Nutrition and diabetes" first edition published by Tata Mchraw-Hill publishing company limited page 183 55.
- 29. Virendra Singh Choudhary, Geeta Chaudhary. A Descriptive Study to Assess the Knowledge Regarding Diabetes Mellitus, Its Risk Factors and Complication among the Rural Community Sadiq, Faridkot (Punjab). Asian J. Nur. Edu. and Research 5(2): April-June 2015; Page 251-253. doi: 10.5958/2349-2996.2015.00049.X