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How Food Choices Impact College Going Students' Health in Urban Settings

Nikita Yadav[1], Ms. Rhitika Sharma[2], Ms. Divyanshi Kapoor[3], Dr. Payal Mahajan[4]
Student[1], Assistant Professor[2], Teaching Assistant[3], HOD, Department of Nutrition & Health[4]
Address for Correspondence : Dr. Payal Mahajan, Head, Department of Nutrition & Health, GD Goenka University, Gurugram, India

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ABSTRACT

The food choices we make have an impact on our health. The quality and quantity of food we choose and the type of nutrients present in food all directly impact our health in a good, bad, or sustainable way. The food choices we make throughout the day for breakfast, lunch, snacks, and dinner decides our health in long term. Consumers' daily food choices have great potential in transforming towards healthier and more sustainable food systems (1,11) food choices have been proposed to further depict how different factors essentially affect healthier and sustainable food choices. Body mass Index ranges from underweight, normal, overweight to obese, and studies results show that people with a higher BMI that is obese and overweight pay more for health care costs. Preservatives are a part of packaged foods to increase their shelf time although their safe intake in safe limit doesn't harm health immediately excess intake can affect health in the long term and certain chemicals present in food preservatives act as slow poison.

Keywords : Food Choices, Health, BMI, Food Preservatives

I. INTRODUCTION

Food Choice and its Impact on Health

Food choices are complex and very different even in the short term as they are influenced by many psychological, social, and cultural factors as well as biological and commercial factors. Due to the large number and variety of available foods, it becomes difficult for consumers to choose, and this also affects the environment of the person. Individual food choices are incorporated into dietary patterns that evolve in response to changes in the natural environment, health, physical needs, lifestyle, and technological development. In today's society, people are consuming more protein and processed food due to the progress of the country and urbanization. At the same time, consumption of whole or minimal foods such as rice, beans and other sources of fiber is reduced.

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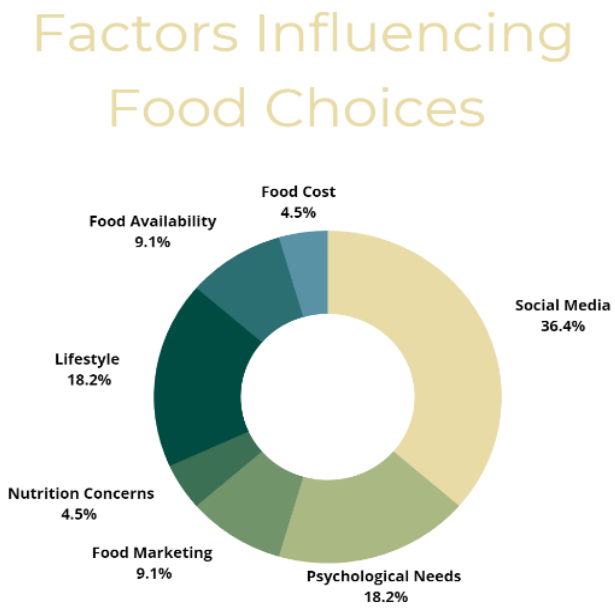

Many studies have said that with the change in the world of food and nutrition, eating patterns and food choices also change, leading to unhealthy eating habits. and increased due to the convenience of business ideas. (3,4,5) Since eating processed foods has been shown to be associated with a higher BMI and more likely to be obese, a vicious circle has been created between food choices and the consequences of food choices. (3,4,6) Overweight and obese people, on the other hand, tend to prefer and choose more energy-dense foods (7,8,9) 11) Complementary food choices Explain how different factors fundamentally affect health and well-being.

For food products, the nutritional value and health of the food are particularly important for selection (15, 16). The health value (23) is an important indicator, including the absence of infection (24). Nutritional information, safety labels and organic labels for external foods are included in the model as key factors (10,11,12, 13,18,19,20) Also traditional, ethical, herbal for some and food products, packaging and Local, physical environment and organic food (10,12, 17), healthy food or health and a healthy environment, accessibility to supermarkets or local stores are important (12,19, 23, 24).

As individual factors, psychological factors such as behavior (12) and emotions (14,26) affect health and nutrition. Many studies show that motivation and purpose determine ultimate food choices (12,27,28,29,30) food choices (10,11,12),13,14,15,16,17,18,19, 20,22) Additionally, cultural history and cultural knowledge can influence food choices (16, 17). Income and economic status are important determinants (16,18). Food prices strongly influence whether consumers choose healthier and more nutritious foods (16,17,23,24,25,30). Policies for clean and more food and nutrition, as well as policies for food products, in particular how food is produced. and environmental sustainability (35,21).

Body Mass Index and Physical Activity & its impact on Health

A 2018 study on the relationship between physical activity, exercise, and body weight and quality of life in young adults found that cardiorespiratory fitness and body mass index (BMI) are health markers that predict quality of life (QoL) (31); People with higher cardiorespiratory fitness & physical activity have a good life (32), while people who are overweight or obese often have a poorer life (33) Cardiorespiratory fitness and BMI have also been associated with additional38 health-related parameters that can also influence QoL, namely, mental well-being and physical activity. Ward. J et al, 2021 conducted a study in which they estimated total medical costs for

obese people using data from the 2021, 2011-2016 Medical Expenditure Panel Survey (MEPS), which included 175,726 participants. The results showed that higher medical costs were associated with obesity at different ages and BMI levels, especially in obese people.

Table [36] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8090462/table/t1-enm-2021-105/?report=objectonly [I have added this link for reference]

Studies on Food Preferences, Taste Responsiveness, and Personality Traits Affecting Eating Behaviours in Obesity (Only Studies with >40 Obese Subjects Are Reported). References, Study Design, Number of Subjects, Gender, Age, BMI, Main Outcomes and the Presence of Sensory Tests (Which Included a Tasting of Solutions, Foods or Beverages) Are Reported for Each Study.

Study	Study design	No. of subjects	Age, yr	Gender	BMI, kg/m²	Outcome: food preferences and/or intake	Outcome: taste responsiveness	Outcome: personality traits and eating behaviours	Including sensory tests
Mendoza et al. (2007) [7]	General population	1,454 Obese	>20	825 Women (16.9% of women) 629 Men (13.1% of men)	≥30	Dietary energy density was associated with a higher BMI in women and trended toward a significant association in men.	-	-	
		8,233 Non-obese	-	-	-				
Dressler et al. (2013) [8]		54 Overweight/obese		83 Women (100%)	>25	Liking for spreadable fats, several types of breads, and other products was higher in overweight/obese individuals.	-	-	
		29 Lean/normal			<25				
Lampure et al. (2014) [9]	General population	37,181 (*n* obese not reported)	44.4 Mean age women	28,504 Women (*n* obese not reported)	-	Obese women and men were found to have a strong liking for the fat-and-sweet sensations.	-	-	
			51.9 Mean						

Study	Study design	No. of subjects	Age, yr	Gender	BMI, kg/m²	Outcome: food preferences and/or intake	Outcome: taste responsiveness	Outcome: personality traits and eating behaviours	Including sensory tests
			age men						
Lampure et al. (2016) [10]	General population	664 Obese	-	Women (75.8%)	-	Liking for fat and for salt was higher in obese than in non-obese individuals.	-	-	
		24,112 Non-obese	-	Women (75.1%)	-				
Bartoshuk et al. (2006) [11]	Attendees at lectures	305 Obese 144 Underweight	-	-	30 (mean) <18.5 (mean)	Sweet foods and fat food liking increased with BMI and was higher in obese than underweight individuals.	-	-	
	Attendees at lectures	,740 (*n* obese not reported)	-	-	<50	-	The higher the BMI, the lower the perceived sweetness.		Yes
Proserpio et al. (2017) [18]	Obese vs. control group	46 Obese	47.86 (mean)	26 Women (56.5%)	37.53 (mean)	Liking of samples with the strongest butter aroma was higher in obese individuals.	Sweetness and vanilla flavour of the samples with the strongest butter aroma were perceived as more intense by obese (particularly women).		Yes
		45 Non-obese	41.64 (mean)	21 Women (46.6%)	22.03 (mean)			-	
Drewnowski et al. (1992) [22]	Obese patients	475 Obese	-	386 Women (81.2%)	32.9	Obese men listed mainly protein/fat	-	-	

Study	Study design	No. of subjects	Age, yr	Gender	BMI, kg/m²	Outcome: food preferences and/or intake	Outcome: taste responsiveness	Outcome: personality traits and eating behaviours	Including sensory tests
				89 Men	36.4	sources among their favourite foods, while obese women listed mainly carbohydrate/fat sources.			
Drewnowski et al. (1991) [28]	Community-based sample	61 Obese	20–45	29 Women (47.5%)	-	Obese subjects characterized by large weight fluctuations showed elevated preferences for sugar and fat mixtures compared with the stable subgroup, while early age at onset of obesity (<10 years) had no significant effects on taste preferences. No differences in preferences for sugar solutions were reported.	No differences in perceptions for sugar solutions were reported.	-	Yes
		21 Lean		16 Women (76.2%)					
Spinelli et al. (2021) [50]	General population	166 Obese	43.88	86 Women (51.8%)	33.55	No association between PROP and BMI in obese and non-obese individuals.	-	Sensitivity to disgust predicted BMI only indirectly (mediated by restrained eating) in non-obese individuals. No association in obese individuals was reported.	Yes
		2,141 Non-obese	37.21	1,270 Women (59.3%)	23.05				
Proserpio et	Obese vs.	51 Obese	42.00	28	34.08	Liking for high-	Obese subjects	No	Yes

Study	Study design	No. of subjects	Age, yr	Gender	BMI, kg/m²	Outcome: food preferences and/or intake	Outcome: taste responsiveness	Outcome: personality traits and eating behaviours	Including sensory tests
al. (2016) [56]	control group		(mean)	Women (54.9%)		energy dense products was higher in obese than in normal-weight subjects.	showed higher threshold values (=reduced sensitivity) for basic tastes and fat and a reduced number of fungiform papillae compared with non-obese individuals.	difference in neophobia was reported between obese and non-obese individuals.	
		52 Non-obese	38.38 (mean)	27 Women (51.9%)	21.57				
Davis et al. (2004) [72]	Obese vs. control group	40 Obese	33.3	148 Women (100%)	>30	-	-	Overweight women were significantly more sensitive to reward than those of normal weight, but more anhedonic than the overweight women.	
		108 Non-obese			<30				
Proserpio et al. (2018) [92]	Obese vs. control group	45 Obese	43.46 Mean age for women 52.4 Mean age for men	25 Women (55.5%)	37.57 (mean)	-	PROP responsiveness and fungiform papille number were lower in obese men (vs. obese women and non-obese).	Obese individuals were more neophobic than non-obese individuals.	Yes
		40 Non-obese	40.38 Mean age for women 41.84 Mean age for men	21 Women (52.5%)	22.67 (mean)				

Study	Study design	No. of subjects	Age, yr	Gender	BMI, kg/m²	Outcome: food preferences and/or intake	Outcome: taste responsiveness	Outcome: personality traits and eating behaviours	Including sensory tests
Elfhag et al. (2006) [94]	Obese patients	60 Obese	43.5 Mean age 20–65	44 Women (73.3%)	40.1	-	-	Strong sweet taste was associated with a neurotic personality and strong fat preference with lower levels of restrained eating.	
Interventions									
Altun et al. (2016) [61]	Patients undergoing laparoscopic sleeve gastrectomy (LSG)	52 Obese	19–60	30 Women (57.7%)	32.5–63.0 before surgery	-	Significant improvement in taste acuity to sweet, sour, salty, and bitter tastants in morbidly obese patients after LSG during a follow-up period of 3 months.	-	Yes
Holinski et al. (2015) [62]	Patients undergoing laparoscopic Roux-en-Y gastric bypass, sleeve gastrectomy, or adjustable gastric banding	44 Obese	47.1 (obese)	29 Women (65.9 %)	BMI >40 or >35 with relevant co-morbidities	About 22.7% of morbidly obese patients were shown to have limited in gustatory and olfactory function; six months after surgery, olfactory and gustatory function was not different when compared to healthy controls.			Yes
		23 Lean (control)	39.5 (lean)	15 Women (65.2 %)					

Study	Study design	No. of subjects	Age, yr	Gender	BMI, kg/m²	Outcome: food preferences and/or intake	Outcome: taste responsiveness	Outcome: personality traits and eating behaviours	Including sensory tests
Andriessen et al. (2018) [64]	Intervention (low calorie diet)	123 Overweight and obese	18–65	75 Women (60.9%)	27–45 (range)	Decreased preference for high-carbohydrate, high-fat, and low-energy products after the intervention	-	-	
Van Vuuren et al. (2017) [67]	Patients undergoing laparoscopic sleeve gastrectomy (LSG)	106 Obese	42 (mean)	81% Women	Mean BMI before surgery 44	Decreased enjoyment for sweet and fatty foods and decreased desire for fatty and sweet after bariatric surgery (after 4/6 weeks and after 6/8 months); Increase of intensity of sweet and fatty after the LSG (after 4/6 weeks and after 6/8 months).	-	-	

BMI, body mass index; PROP, 6-n-propylthiouracil.

II. METHODS AND MATERIAL

Preservatives Present in packaged food and its impact on Health

Natural foods are unprocessed foods with no artificial preservatives or additives. Natural foods are the best source of nutrition and health. Natural preservation methods usually focus on excluding air, moisture, and microorganisms, or creating an environment in which organisms that could cause spoilage cannot survive. Natural food preservation can be done by cooking, freezing, pasteurizing, dehydrating, smoking, and pickling. Natural foods have a limited shelf life, in order to extend the shelf life and maintain the quality, certain preservatives are used, and these preservatives can have some harmful effects on human health. Substances that are added to natural foods to preserve their taste and extend their shelf life are called additives. Additives and preservatives prevent the growth of bacteria and mold due to excess water in food. Food chemistry is the study of chemical processes and interactions of all biological and non-

biological components that are contained in natural or artificial foods.

Additives and preservatives are defined by the U.S. Food and Drug Administration (FDA) as "reasonable to be a component of, or affect the properties of, either directly or indirectly, an ingredient when used as intended. is defined as "substances expected to Each food. Also in the EU, each food additive has a code consisting of the letter E (for Europe) followed by a three- or four-digit number. The numbering scheme was established by the Codex Aliment Arius Commission. follow the International Numbering System (INS). Additives also control the acid-base balance of food, while preservatives slow the process of product spoilage caused by mold, air, bacteria, fungi, or yeast. Additives can be harmful immediately or in the long term as the poison delays constant expose. In recent decades, the use of artificial additives has increased significantly.

Rising incomes, urbanization, food industries, media advertising, and trade liberalization, mainly in developed countries, are driving increased consumption. Influenced by this reality, developed world populations are rapidly moving to a "transitional" diet. Thus, traditional eating patterns are gradually being replaced by fast food.

Food additives are natural or synthetic substances that can be added to foodstuff in small amounts to perform technological functions, namely color, sweetness, nutrients, or to extend shelf life. Due to the Food processing technology revolution for all kinds of foods, additives, and preservatives that are being added in food processing are increased. Food additives toxicology appears in a long-term combined effect, where a cumulative effect of their hazards as "Slow Poisons" will increase the risk possibility of disease or premature death. These slow poisons have been accumulated in our body since birth and are embedded in every cell structure and organ and disrupt the natural chemistry of your body. This paper has reported that chemicals used as preservatives or additives have many side effects. The reaction of preservatives and additives can be very dangerous over time as slow poisons, to mild effects are life-threatening. It is best to eat a preservative-free diet if at all possible (34).

Chemical	Food Related Use	Selected Health Concerns
Bisphenol A (BPA)	Hardens Plastics contains Prevents Rust on Mental Food & Beverage Cans	Can act like estrogen in the body & may change the timing of puberty, decrease fertility, increase body fat, and possibly affect the nervous and immune systems.
Phthalates	Makes plastic and vinyl flexible for use in plastic tubing Mostly used in industrial food production	It can affect male genital development, increase childhood obesity
Perfluoroalkyl Chemicals	Creates grease-proof paper and cardboard in food packaging	Can reduce immune Response Causes change in thyroid hormone
Perchlorate	Controls static electricity	Affecting early life brain development and growth.
Synthetic Artificial food colors	Helps improve the appearance of processed foods and beverages	Can sometimes act as a substitute for nutrition ingredients
Nitrates/ Nitrites	Preservative and color enhancer	Linked with tumors in the digestive & nervous system Can interfere with the blood's ability to deliver oxygen

		to the body.

Natural foods are unprocessed foods with no artificial ingredients or additives. All foods are the best for nutrition and health. Natural preservation methods often focus on excluding air, moisture, and germs, or creating an environment in which bacteria that can cause rot cannot live. Foods can be preserved naturally by cooking, freezing, pasteurizing, drying, smoking, and curing. The shelf life of natural foods is limited, some antibiotics that will be harmful to human health will be used cleanly in order to extend the shelf life and maintain the quality.

Substances added to natural foods to preserve flavor and extend shelf life are called additives. Additives and preservatives prevent the growth of bacteria and mold caused by excessive moisture in food. Food chemistry is the study of chemical processes and interactions between all biotic and abiotic chemistry in food or human production.

Additives and preservatives defined by the United States

The U.S. Food and Drug Administration (FDA) defines it as "any substance that, when used as intended, may be required, directly or indirectly, as part of an ingredient or affect its product. Also in the European Union, all food products have a code that includes the letter E (for European countries) followed by three or four numbers. The numbering system was created by the Codex Aliment Arius Committee. It conforms to the International Numbering System (INS).

Additives also maintain the acid-base balance of the food, while preservatives slow the process of product spoilage by mold, air, bacteria, fungus, or yeast. Additives can have an immediate or long-term problem, as the poison delays injury. The use of artificial supplements has increased significantly in recent years. Increasing income, urbanization, the food industry, media, and market liberalization are driving consumption mostly in developing countries. Populations in developing countries also switched to a "revolutionary" diet under the influence of this fact. Therefore, the way of eating is gradually giving way to fast food.

Food additives are natural or synthetic substances added in small quantities to food to perform a technical function, for example, color, sugar, food beverage, or to extend shelf life. Due to the revolution in the food processing technology of various foods, more and more additives and preservatives are added to food processing. The toxicology of food additives is manifested as a long-term cumulative effect, where the cumulative effect of their danger as "long-term poison" will increase, the risk of illness or premature death. Toxins, which have been in our body since we were born and enter every cell structure and organ, affect your body's natural chemistry.

This document describes the many side effects of chemicals used as preservatives or additives. Over time, the reaction of preservatives and additives such as chemicals can be very dangerous and at the very least life-threatening. It's best to eat preservative-free foods whenever possible (34).

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