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Fast food consumption has increased manifold amongst children in the past few decades and so has the resultant obesity. Trends show that 17. 6% of adolescents between the ages of 12 years to 19 years are overweight. Studies show that because of the decreasing prices of foods and easier availability of fast foods, which are energy density foods, there is a strong likelihood of consumption of fast foods leading to weight gain. However, there are limited number of studies done in this field and there are arguments which support the fact that because of the higher prices of fast foods, there have been lower weight outcomes in studies done on a cross section of respondents (Powell, 2009).   
According to Poti et al, (2014), “ The prevalence of obesity among US children increased significantly during the past 3 decades, with 1 in 3 overweight or obese by 2009–2010” (p. 162). Many nutritionists’ feels that the rising trend of obesity is linked to the higher solid fat contents in fast food, and children who are high consumers of fast foods have higher intake of saturated fats and total energy but much lower intakes of fiber. Opponents however, refer to studies which indicate that there are no adverse effects on children consuming high levels of fast foods and the only significant difference is the lower level of physical activity observed in children who are overweight (Ebbeling et al, 2004).   
Although fast food consumption in children have been said to create adverse health conditions, the actual contribution of fast foods with regard to the remaining diet of adolescents remains unclear and more studies are required to prove that fast foods actually cause health problems for children. Moreover, supporters of fast food maintain that the effects on health as a direct result of consumption have not found much mention in medical journals and studies (Ebbeling et all, 2004). There are arguments to support the that intake of fast food amongst children linked to adverse health outcomes cannot be conclusively proven without considering the health outcomes of the remainder of the diet (Poti et al, 2014). Little research has been conducted on the remainder of the diet to ascertain whether this would make up for the lesser nutritious foods consumed at fast food outlets.   
Experts debate on the other factors that govern higher consumption of fast foods amongst children. These are the socioeconomic conditions, the demographics and time constraints on being able to provide alternate food at home. Most studies have concentrated on the actual consumption of fast foods at such restaurants or outlets and have related health outcomes to such studies. However, there have been no in depth studies or analysis’s done on the aspect of fast food consuming children may have equally poor dietary patterns outside of the fast food outlets also (Poti et al, 2014).   
With increasing recognization that excess weight or fat accumulation poses critical health concerns, the role of fast foods in contributing to obesity has come forward as a topic for debate and discussion. Some experts argue that fast foods are contributing to obesity, while others maintain that fast foods can be part of a healthy diet. Some nutrition experts say that even high energy fast foods are acceptable for children, provided there is sufficient physical activity to burn it off. They further suggest that obesity is linked to the quantity of food consumed and not directly to fast food consumption. However, with the studies already conducted on this subject, it is indicated that children and adolescents would be better off with limited consumption of fast foods.

## References

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