

Awareness of functional foods



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Functional Foods: awareness studies-countrywide

In India the popular forms of Functional Foods and nutraceuticals are available as traditional Indian Ayurvedic Medicines (IAM). In rural, inaccessible and remote areas of china and India are mainly dependent upon herbal medicines and naturally available resources which they use to treat general ailments, and as common protective and preventive remedy. Now a days nutraceuticals and Functional Foods industry have become a multi-billion dollar industry in the world market. products

In the review article titled “ Nutraceuticals and Functional Food as Future Food: A Review” Keservani (2010)wrote “ In recent years there is a growing interest in nutraceuticals which provide health benefits and are alternative to modern medicine. Nutrients, herbals and dietary supplements are major constituents of nutraceuticals which make them instrumental in maintaining health, act against various disease conditions and thus promote the quality of life. The explosive growth, research developments, lack of standards, marketing zeal, quality assurance and regulation will play a vital role in its success or failure.”

Dark Chocolates (DC) in recent years have gained greater significance & are recommended in the list of Functional Foods due to the polyphenols (Catechin, Epicatechin and Procyanidins) present in them. Nambiar et al. (2010) studied the effects of polyphenols from dark chocolate on the nutritional status of the middle aged gujarati jains. This study was aimed at investigating the polyphenol profile, fat as well as fatty acid profile of dark chocolate available in India and the impact of 50 g DC consumption for a

period of 1 month on the nutritional as well as lipid profile of Gujarati Jain subjects. Forty [20 Exp. (M= 10, F= 10) & 20 Controls (M= 10, F= 10)] free living healthy Gujarati Jains (30-55yrs of age) were selected for the present study. Pre and post data were elicited on the socio-economic status, anthropometry, dietary pattern, FBS and lipid profile. The results of the present study supported the concept of favorable effects of lipid health of the subjects and indicated that strong antioxidant polyphenols in dark chocolates had a positive impact on the lipid parameters. Findings indicated that dark chocolate should be consumed only as substitutes in a delightful way and not as an addition to the sweets in the daily diets. Author recommended a need of modifying the Nutritional Components of the supplemented dark chocolate in terms of decreasing the fat & CHO content, increasing the calcium content which may drive down the stearic acid content of these chocolates in vivo, increasing the cocoa content and make it more concentrated as it contains essential trace elements and nutrients such as iron, calcium, potassium and excellent source of magnesium and vitamins which are beneficial for the cardiovascular system and hypertension.

Patel et al, (2011) reviewed the chronic diseases and injuries in India. The principal causes of fatality and disability in India are chronic diseases like diabetes, cardiovascular diseases cancer mental health disorders. Most chronic diseases are similarly prevailing in poor and rural populations and often occur simultaneously. The coverage of cost effective primary and secondary prevention strategies is generally low, especially in deprived and rural populations. Chronic diseases including cardiovascular and respiratory diseases, mental disorders, diabetes, and cancers are the leading causes of

death and disability in India and their burden will continue to increase during the next 25 years as a consequence of the rapidly ageing population in India. Strong public policy commitments to control chronic diseases and injuries need to be implemented more robustly .

Choudhary et al. (2012) had studied that natural product interventions are currently being investigated on a large-scale basis as potential treatments for obesity and weight management. With advancing nutritional sciences, several nutrients such as; carbohydrates low-glycemic index with, 5-hydroxytryptophan, green tea extract, and chromium have been shown to support weight loss. The earliest two nutrients decrease appetite, green tea boosts the 24 hr energy expenditure, and chromium encourage the composition of the weight lost preferably fat than lean tissue. Each element has previously been revealed to promote weight loss independently in clinical trials.

Women have a special role in healthy nutrition of the population. The woman breastfeeds the newborn baby and prepares meals for members of her family. Women employees in food manufacturing, trade, public catering, health care and education account for the majority. In addition, public health depends upon women's understanding of healthy nutrition issues. According to Hossein (1990) focus should be on young women, simply because when women become healthier, would be better nourished and when their status in society improved, the world would be a better place, children would have a better future and development and progress would have a better chance. The role of the woman in implementing a healthy nutrition policy in the family is important as, being aware of the basic principles of healthy eating

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and implementing them, the woman can ensure the implementation of a healthy nutrition policy in her family. (WHO2000) Women, therefore, play a key role in implementing a healthy nutrition policy, both in the family and in society.

The potential of women have to implement a healthy nutrition programme remains virtually unused. This is due mainly to lack of knowledge, availability of and access to healthy foods and economic difficulties faced by families.

In view of the important role of women, strategies required to achieve this multi-faceted role. If they are given the correct information, women can educate their children, husbands and relatives. The following channels could be used to implement this strategy, the mass media especially womens' magazines and TV programmes on cooking, dietary guidelines and recommendations by doctors and teachers, the retail trade, public catering NGOs (especially womens' organizations).

Garg (2006) conducted a study to assess the nutritional status and dietary practices among underprivileged pregnant women, to assess the effect of nutritional counselling on their dietary intake, anthropometric status and anemia status. . Hundred pregnant women belonging to low socio-economic status were interviewed. Nutrition education (NE) was given in the form of simple messages to 50 subjects (NE-group) over 10-16 weeks period, while the remaining 50 formed the comparison group (Non-NE group). Tools used were individual counselling, weekly home visits and group meetings. Anthropometric measurements taken were height and weight. Dietary data was collected using 24-hour recall and food frequency questionnaire.

Hemoglobin estimation was done. Effect of intervention was assessed by monitoring changes in dietary practices weight gain, and nutritional status of the subjects.

Devi et al.(2006) had conducted a study to investigate the effects of the nutrition and health education programme of the Integrated Child Development Services on the nutrition and health knowledge levels and hygienic practices of women, and on the nutritional status of their children. Anganwadi workers carried out the education programme, which consisted of 12 sessions (one per month). A total of 300 children and their mothers were included in the intervention group, while another 100 children and their mothers served as the control group. Results of the study revealed that mothers in the intervention group had significantly higher scores on nutrition and health knowledge, and hygienic practices than the control mothers. This study confirms the value of an education programme in improving the nutrition and health knowledge of rural mothers.

Gupta et al. (2009) conducted a study to determine the nutritional awareness of 50 school going rural girls of age group 13-16 years in Kurukshetra district prior and after participating nutrition education about health, nutrition and food habits. Nutrition education was delivered through audiovisual aids, demonstrations and lectures, for the duration of three months. Pre and post level of attitude, knowledge beliefs and practices about good nutrition was judged by taking interview and using questionnaire method. To observe the level of awareness, scoring system was developed which consists of scores from-1 to +1 depending on each question. After completion nutrition education, a considerable improvement in nutritional

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knowledge was observed and quantum of improvement was 1.67 times. In this study certain gaps in their attitude, knowledge, and practices were identified prior to imparting nutrition education. It was concluded that nutrition education is a useful measure for the improvement of food habits and food selection of the adolescent girls. The main factors responsible for poor nutritional status of the adolescent girls were poor food habits and unawareness. As the adolescent girls are future mothers, such awareness programmes should be planned to improve the health of adolescent girls which will also influence the future generation.

Rastogi et al. (2011) designed pragmatic nutrition awareness program for pregnant mothers to compare and observe the effect on birth weight of the newborn with a control group who did not receive nutrition awareness exposure. In this intercession trial of an antenatal care (ANC) program was conducted among 53 pregnant women. Awareness was provided to the participants through face to face interview and informational literature in the local language. A statistically considerable improvement in birth weight of the newborn was noticed in the intervention group. This group were made aware about required nutrition during pregnancy. Reduction in incidence of complications related with pregnancy was also recorded in the intervention group. Awareness about nutritional requirements during pregnancy and proposing the pragmatic ways to meet up them was revealed to be one promising and successful measure to deal with pregnancy-related nutritional problems. Study showed the effectiveness of the intervention for underprivileged regions of India with scarce health care relief and lower socio-economical standards.

According to Parekh et al, (2012) women cover about two-thirds of the global consumer expenditure. Key factors are education, better ways to nurture themselves and their families, amplified success as executives and entrepreneurs, elevated earnings, and better ways to manage and leverage their accumulate wealth”.

Rani et al.(2013) had conducted a dietary intervention with a functional food supplement to combat anaemia amongst coffee plantation labourers. For this purpose experiments were carried out in three phases. In the first phase, the personal background of the laborers was assessed. In the second phase, the nutritional and health status of the laborers, through dietary survey comprising 24 Hour Food Recall record and weighment of cooked food consumed for three consecutive days, clinical and biochemical profile were studied. In the third phase, dietary intervention was implemented with a nutrient rich nutraceutical food supplement – spirulina incorporated soup. The supplementation was extended for a period of 120 days. The subjects were grouped into control and the experimental group. The control group was given plain soup and the experimental group was administered with soup incorporated with spirulina. The impact of intervention on the biochemical and nutritional profile of the laborers was reassessed in similar working conditions. This study supported the importance of dietary intervention with functional food supplement spirulina.

Sharma et. al. (2013) overviewed the Functional Food market in India along with the opinions related to the marketing of functional food products. Their paper provided that urbanization and globalization are driving the Indian consumer markets and the need for a healthy variant of food is felt by the

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consumer who is exposed to an unhealthy lifestyle. Functional Foods, as one of the solution, are being introduced by the food marketers in various categories like dairy products, edible oils and breakfast cereals. The market is growing at a fast pace and presents a tremendous growth opportunity for food companies.

The global counterpart of common Indian woman is considerable because today's women are more aware about the products they purchase and the necessity of their family members. The, who The middle-class average Indian housewife has ambition, she wants the best for her family. Ultimately women are largely responsible for the household chores and taking care of their children.

Many Functional Foods may be promising for community health. There are concern that the endorsement of Functional Foods and structure/functional claims may not rest on insufficiently strong scientific evidence. Confusion exists among claims declared for foods and those applied to dietary supplements. The explosive market growth, marketing enthusiasm, lack of standards& regulation, research and developments and quality assurance will play vital role in success or failure of the Functional Foods.

Mounting evidence supports the observation that Functional Foods contain physiologically active components either from plants or animal sources, may enhance health. Research into functional food will not advance public health unless the benefits of the Functional Foods are effectively communicated to the consumer.

Review of literature suggests that Functional Foods related studies are quite few in Indian contexts. These studies have gained much importance in West where health consciousness and concern are given most priority. The nutritional awareness creation program for Functional Foods is almost nil in Indian scenarios. The entire review of literature also suggests that no study in the state of Chhattisgarh has been ever performed to assess the impact of awareness program for women on consumption of Functional Foods. Therefore it was thought worthwhile to take up this investigation.