



A KNOWLEDGE, ATTITUDES AND PRACTICE ON FAST FOOD CONSUMPTION AND ITS IMPACT ON OBESITY AMONG ADULTS IN NANDYAL, ANDHRA PRADESH.

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ABSTRACT

Background: Rapid urbanization and lifestyle transitions in India have contributed to increased fast food consumption, which is strongly associated with obesity and other non-communicable diseases. Understanding behavioral determinants through Knowledge, Attitude, and Practice (KAP) assessments is essential for designing effective nutrition interventions. **Objective:** The study aimed to assess knowledge, attitudes, and practices regarding fast-food consumption among adults in Nandyal, Andhra Pradesh, and to examine their associations with obesity risk. **Methods:** A descriptive cross-sectional survey was conducted among 75 adults aged ≥ 18 years using a structured, pre-tested questionnaire assessing socio-demographic characteristics and KAP related to fast food. Descriptive statistics and a chi-square test were applied. **Results:** Although a majority of participants were aware of the link between fast food and obesity, detailed nutritional knowledge was limited. Taste, convenience, and advertising strongly influenced consumption practices. Statistical analysis demonstrated that awareness of obesity risk was not significantly associated with the frequency of fast-food consumption ($\chi^2 = 4.635$, $p = 0.201$). **Conclusion:** The findings revealed a substantial knowledge–practice gap. Nutrition education strategies should extend beyond awareness creation and focus on behavioral and environmental modifications to promote healthier food choices.

KEYWORDS: Fast food, Obesity, Knowledge Attitude Practice, Adults, India.

INTRODUCTION

The global food environment has undergone a substantial transformation over recent decades, marked by a rapid increase in the availability and consumption of fast food. Fast food, characterized by high energy density, excess saturated fats, sugars, and sodium, has become an integral part of modern dietary patterns due to its convenience, affordability, and aggressive marketing strategies.^[1] This dietary transition has been strongly associated with the rising prevalence of obesity and other non-communicable diseases such as type 2 diabetes, hypertension, and cardiovascular disorders.^[2]

India has experienced a parallel nutritional transition driven by urbanization, economic growth, changing work

patterns, and increased exposure to global food systems.^[3] Traditional home-cooked diets have increasingly been replaced by commercially prepared fast foods, particularly among young adults and working populations. National-level data indicate a steady rise in overweight and obesity prevalence across Indian states, including Andhra Pradesh.^[4]

Knowledge, Attitude, and Practice (KAP) studies have been widely used to understand dietary behaviors and identify gaps between awareness and actual practices.^[5] Previous studies conducted among Indian populations have consistently reported that although individuals may possess basic awareness regarding the adverse health

effects of fast food, this knowledge often fails to translate into healthier dietary practices.^[6,7]

Nandyal, a rapidly developing town in Andhra Pradesh, is a transitional setting in which urban dietary influences coexist with traditional food habits. Adults in this age group play a critical role as independent decision-makers and household influencers. Therefore, the present study was undertaken to assess KAP related to fast food consumption among adults in Nandyal and to explore its implications for obesity risk.

MATERIALS AND METHODS

Study Design and Setting

A descriptive cross-sectional study was conducted in Nandyal town, Andhra Pradesh, India. The study design was selected to provide a snapshot of prevailing knowledge, attitudes, and practices regarding fast-food consumption.

Study Population and Sampling

The study included adults aged 18 years and above residing in Nandyal. Individuals unwilling to participate or unable to comprehend the questionnaire were excluded. A convenience sampling technique was employed due to logistical constraints. Complete responses were obtained from 75 participants.

Data Collection Tool

Data were collected using a structured questionnaire comprising four sections: socio-demographic details; knowledge (5 items); attitudes (5 items); and practices (5 items) related to fast-food consumption. The questionnaire was pre-tested for clarity, relevance, and comprehension, and necessary modifications were incorporated.

Data Collection Procedure

Participants were approached in public locations such as markets and community spaces. Informed consent was obtained prior to data collection. The questionnaire was administered using both printed forms and Google Forms. Confidentiality and anonymity were strictly maintained.

Statistical Analysis

Data were analyzed using descriptive statistics (frequencies and percentages). A chi-square test was applied to assess the association between awareness of obesity risk and frequency of fast-food consumption, with statistical significance set at $p < 0.05$.

Ethical Consideration

The study adhered to ethical guidelines prescribed by Indira Gandhi National Open University for student research. Participation was voluntary, informed consent was obtained, and no personal identifiers were collected.

RESULTS

Table 1: Socio-demographic characteristics of study participants (n = 75)

Variable	Category	Frequency	Percentage
Age group (years)	15–20	11	14.7
	21–25	14	18.7
	26–30	16	21.3
	31–35	22	29.3
	36–40	12	16.0
Gender	Male	41	54.7
	Female	34	45.3

Table 1 presented the socio-demographic profile of the study participants. The largest proportion of respondents was in the 31–35-year age group (29.3%), followed by 26–30 years (21.3%) and 21–25 years (18.7%). Male participants accounted for 54.7% of the sample, whereas females accounted for 45.3%, indicating a relatively balanced gender distribution. The age distribution reflects a predominance of young and middle-aged adults, a group known to have higher exposure to fast food consumption due to occupational and lifestyle demands.

Table 2: Knowledge regarding fast food consumption and health risks.

Knowledge indicator	Adequate awareness	Limited/No awareness
Link between fast food and obesity	High	Low
Awareness of calorie content	Low	High
Awareness of chronic disease risk	Moderate–High	Moderate

As shown in Table 2, a high proportion of respondents were aware of the association between fast-food consumption and obesity. However, detailed nutritional knowledge was limited, particularly regarding calorie content and hidden fats. While awareness of chronic disease risk, such as diabetes and cardiovascular disease, was moderate to high, gaps in specific nutritional literacy suggest partial understanding rather than comprehensive knowledge of fast food-related health risks.

Table 3: Fast-food consumption practices among respondents

Variable	Category	Frequency
Weekly consumption	Never	17
	1–2 times	22
	3–4 times	16
	≥5 times	20

Table 3 described the frequency of fast-food consumption among participants. Nearly one-third of respondents (29.3%) reported consuming fast food one to two times per week, while 21.3% consumed it three to four times weekly. Notably, 26.7% reported consuming fast food five or more times per week, indicating a

substantial subgroup with high-frequency intake. These findings highlight regular fast-food consumption as a

common dietary pattern among the study population.

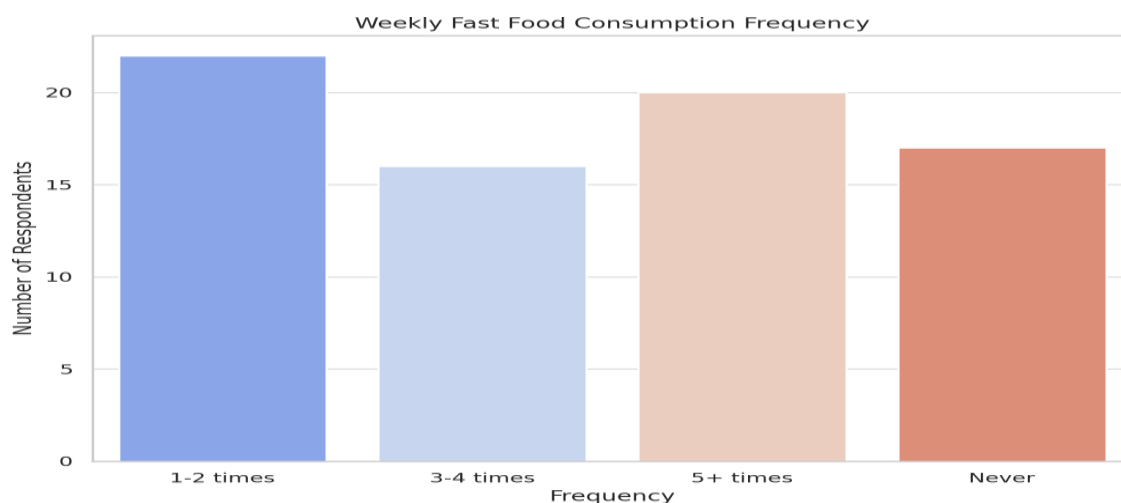


Figure 1: Distribution of weekly fast food consumption frequency among respondents.

Figure 1 depicted the distribution of weekly fast food consumption frequency. The majority of respondents reported consuming fast food at least once per week, with one to two times per week being the most common

pattern. A considerable proportion of participants reported consuming fast food three or more times per week, indicating habitual rather than occasional intake.

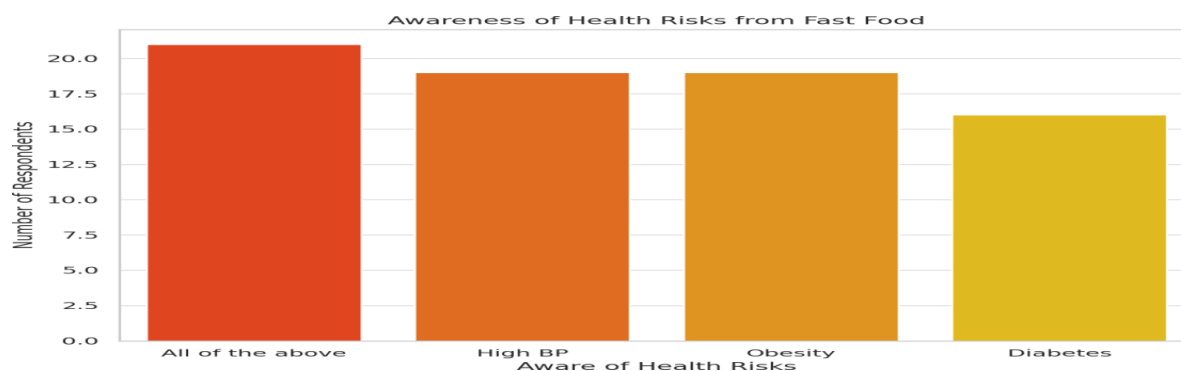


Figure 2: Awareness of health risks associated with fast food consumption

Figure 2 portrayed respondents' awareness of health risks associated with fast food consumption. Although most participants recognized the link between fast food intake and obesity, a measurable proportion lacked awareness regarding associated chronic conditions such as diabetes and cardiovascular disease. This disparity indicates uneven dissemination of nutrition-related health information within the community.

DISCUSSION

The present study revealed a pronounced disconnect between knowledge and dietary behavior among adults in Nandyal. Although most participants acknowledged the association between fast-food consumption and obesity, this awareness did not translate into reduced consumption frequency. Similar observations have been reported in earlier Indian studies, which documented that awareness of health risks alone is insufficient to influence food-related behaviors.^[6,7]

From a behavioral perspective, the findings indicate that fast food consumption is shaped predominantly by psychosocial and environmental determinants rather than by cognitive awareness alone. Taste preference, convenience, peer influence, and aggressive marketing emerged as dominant drivers that consistently outweighed health considerations. These factors reflect the broader concept of an obesogenic food environment, where unhealthy food choices are normalized and reinforced through social and commercial cues.^[8]

The lack of a statistically significant association between obesity awareness and consumption frequency further highlights the limitations of conventional information-based nutrition education models. While awareness is a necessary component of behavior change, it is rarely sufficient in isolation. Without supportive environments that facilitate healthier choices, individuals may continue unhealthy practices despite understanding the associated risks. Similar conclusions have been drawn in

community-based nutrition studies conducted across urban and semi-urban Indian settings.^[5,6]

The role of advertising deserves particular attention in the present context. A substantial proportion of respondents acknowledged being influenced by fast-food advertisements, particularly through digital and social media platforms. Evidence from prior research indicates that repeated exposure to fast-food marketing significantly shapes food preferences, portion size, and consumption frequency, particularly among young adults.^[8]

Social eating patterns also emerged as an important determinant of fast food consumption. Many respondents reported consuming fast food primarily in social settings such as outings with friends or group gatherings. Comparable findings have been documented in earlier KAP studies, where socialization and peer bonding were identified as key facilitators of unhealthy dietary behaviors.^[6,7]

Educational attainment was modestly positively associated with awareness levels; however, healthier practices were not consistently observed, even among more educated participants. This observation aligns with the existing literature suggesting that education alone does not overcome structural and environmental barriers, such as time constraints, limited accessibility, and the affordability of healthy foods.^[3,5]

Taken together, the findings highlight the multifactorial nature of fast food consumption and obesity risk in semi-urban settings like Nandyal. Effective prevention strategies must move beyond awareness creation to address the broader social, environmental, and commercial determinants of diet. Integrated approaches combining nutrition education, behavior change communication, and supportive food environments have been recommended by national and international public health bodies.^[1,5]

Overall, the present study contributes localized evidence supporting the growing consensus that obesity prevention requires multi-level interventions. Policies regulating food marketing, improving food labeling, and promoting healthy food availability, alongside community-based education initiatives, are likely to be more effective in addressing unhealthy dietary practices.^[1,2]

Strengths and Limitations

The study possessed several strengths. It addressed an important public health issue in a semi-urban setting where empirical evidence remains limited. The use of a structured, pretested questionnaire enhanced data collection reliability, and the inclusion of a statistical test provided analytical insight into the knowledge–practice relationship.

However, certain limitations must be acknowledged. The use of convenience sampling limits the generalizability of the findings to the wider population. The cross-sectional design precludes causal inference, and reliance on self-reported data may introduce recall or social desirability bias. Additionally, the absence of anthropometric measurements restricted direct assessment of obesity status.

CONCLUSION

The study concluded that although general awareness of the health risks of fast-food consumption was present among adults in Nandyal, detailed nutritional understanding and healthy dietary practices were inadequate. Taste, convenience, and social influences continued to dominate food choices despite awareness of obesity risk. These findings highlight the need for comprehensive, context-specific nutrition interventions that combine education with behavioral and environmental strategies. Community-driven programs and supportive policy measures are essential to promote sustainable healthy eating practices in semi-urban populations.

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