

THE ROLE AND IMPORTANCE OF SEMI-FINISHED PRODUCTS IN NUTRITION

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Abstract: Healthy eating and a healthy lifestyle are one of the main conditions for longevity. Nowadays, the consumption of unhealthy, fast food is widespread, negatively affecting people's health. Due to globalization and urbanization, many people are addicted to unhealthy foods. As a result, diseases such as coronary heart disease and diabetes are increasing. Therefore, it is important to limit the consumption of unhealthy foods and form a culture of healthy eating. For this, it is necessary to educate the population about proper eating habits, the effects of harmful products and preventive measures.

Keywords: Diseases, health, junk food, lifestyle, trend, trans fats, unsaturated fats, monosodium glutamate, tartrazine, cholesterol.

INTRODUCTION

In modern times, lifestyles are changing significantly, and eating habits are no exception [1]. Healthy, nutritious foods are gradually being replaced by a new category of food called "junk food." The widespread availability of unhealthy foods worldwide has become a global health concern [2].

The popularity of cheap, ready-made snacks and aggressive marketing strategies have led to a trend toward consuming products with poor composition and quality. This situation affects all age groups, with children being the most affected. This article examines eating habits, their nutritional aspects, the quality of unhealthy foods, their health effects, and preventive measures to prevent them. Health education on proper nutrition plays an important role in the transition to a healthy lifestyle.

Studies have shown that there is a direct correlation between the number of fast food restaurants in a given area and the increase in obesity rates in the population [3]. According to research by the Institute of Food Technologists, while 75 percent of Americans eat dinner at home, half of them rely on ready-made meals, restaurant meals, or fast-food delivery products. How and what a person eats has a direct impact on health. The process of food homogenization is continuing at a rapid pace and is especially felt in developing countries. This is leading to a fundamental change in food culture on a global scale. India is no exception to this change - the country's fast food market is growing by 40% per year. According to statistics, India ranks 10th in the world in terms of per capita fast food consumption, and annual spending on this direction accounts for 2.1% of total spending. According to the National Sample Survey for Delhi (2005), the average monthly expenditure on processed food and beverages is Rs 371, which is higher than the expenditure on vegetables and fruits. In 2003, the total expenditure on junk food in India was very high.

Many preventable diseases (heart disease, obesity, diabetes, etc.) are mainly caused by poor nutrition, consumption of harmful products, lack of physical activity and bad habits.

Unhealthy, fast food is mainly a source of "empty calories" and contains almost no vitamins, minerals and other nutrients necessary for the body. The term "junk food" was introduced into scientific circulation by Michael Jacobson in 1972. Such foods contain a large amount of sugar,

salt, trans fats and food additives (for example, monosodium glutamate, tartrazine), but lack protein and fiber.

Today, these foods are popular due to their quick preparation, strong taste, attractive appearance and aggressive advertising, especially among children and young people.

RESEARCH OBJECTS AND METHODS:

Fast food allows you to eat without planning and has a tempting taste. The combination of fat and sugar increases dopamine release and is often addictive. The high cholesterol, sugar, salt, and fats in these products increase the risk of obesity, dental disease, type 2 diabetes, stomach problems, gastritis, poor circulation, allergies, and asthma. Junk foods are not nutritious and can cause hunger, lack of energy, and drowsiness. Their consumption during pregnancy has also been shown to negatively affect fetal development [6–8].

Calorie-rich foods lead to excessive fat synthesis and cholesterol accumulation in the body. High sugar content increases insulin secretion and increases fatigue, irritability, and sugar cravings due to a sharp drop in blood sugar levels. Methylglyoxal carbonyls in carbonated drinks increase stress, and trans fats can increase cardiovascular disease. Excessive salt intake can impair kidney function and increase blood pressure [9–12].

Chips, cola, pizza and burgers are very popular among children, but they have a negative impact on their growth, thinking, mood and behavior. According to studies, unhealthy eating habits in children cause obesity, tooth decay, attention deficit hyperactivity disorder and hyperactivity. Poor eating habits in childhood increase the risk of heart disease and cancer in the future [13–15]. Therefore, parents should monitor their children's food choices and offer them safe options.

RESEARCH RESULTS AND DISCUSSION.

The aim of this study is to identify factors that influence the frequency of monthly fast food consumption among households. In this, a counter records how often fast food is purchased and consumed in each household. Since this type of data is count-based, the use of linear regression models may lead to inaccurate estimation results. Therefore, a Poisson regression model is used, which estimates the probability of the outcome based on the Poisson distribution and functionalizes the mean. In the Poisson model, the conditional mean of the outcome is equal to its variance. If the variance is higher than the mean (overdispersion is observed), a Negative Binomial Regression (NBR) model is used. Under certain assumptions, the NBR model is estimated using the Maximum Likelihood (ML) method. In this process, the likelihood function is expressed as: (1)

$$L(\beta | y, X) = \prod_{i=1}^N \Pr(y_i | x_i) = \prod_{i=1}^N \frac{\Gamma(y_i + \alpha^{-1})}{y_i! \Gamma(\alpha^{-1})} \cdot \left(\frac{\alpha^{-1}}{\alpha^{-1} + \mu} \right)^{\alpha^{-1}} \left(\frac{\mu}{\alpha^{-1} + \mu} \right)^{y_i},$$

Here $\mu = \exp(x \delta)$, $1 = \alpha^{-1}$ is the mean of the gamma distribution for $\alpha > 0$. After taking the logs, the log-likelihood equation can be maximized numerically (Long, 1997). The NBR model is one of a class of models constructed by mixing the Poisson distribution with the second distribution (D), and other distributions and mixtures are also possible. [19]

The data used in this study were collected through a survey in 2016. The sample size was determined and stratified random sampling was used to select from 13 districts of Mashhad based on the urban area classification by Mashhad Municipality.

The dependent variable is the frequency of fast food consumption by households in a month. The explanatory variables and their descriptions are listed in Table 1.

Table 1. Model likelihood ratio

Variable	Description
Gender of the head of the household	Female = 0, Male = 1
Education level	Annual education of the head of household
Income	Monthly household income
Awareness of the composition	Awareness of the composition, nutritional value, production methods and ingredients of fast food (aware-1, unaware-0)
Advertising	Advertising effects (low-0, high=1)
Information label	Effect of label on consumption (low-0, high=1)
Price	Effect of price on consumption (low-0, high=1)

Table 2 shows the main reasons and priorities for the consumption of fast food products (sausages, hot dogs, hamburgers) in households. According to the results, 52 percent of respondents noted entertainment factors (entertainment) as the main motive for consuming these products. 50 percent indicated lack of time as an important reason. Thus, the most common reasons for consuming fast food products such as sausages and hamburgers in Mashhad households are having fun and lack of time. The results of the Poisson and negative binomial (NBR) regressions are presented in Table 3. According to the criteria of fit, the NBR model showed better results than the Poisson model. Since the variance in the frequency of consumption is higher than the average, the NBR model was selected and the interpretation is made only on the basis of the NBR coefficients. Table 2. Main reasons for consuming fast food in households

Main reason	Priority	1	2	3	4	Other
Lack of time	Number%	147 37%	52 13%	34 9%	39 10%	124 31%
Taste	Number%	77 19%	78 20%	65 16%	46 12%	130 33%
Habit	Number%	6 1,5%	45 11,3%	60 15,1%	59 15%	226 57%
Children's inclination	Number%	30 80%	36 9%	50 12,6%	47 11,9%	233 59%
Playfulness	Number%	131 33%	75 19%	55 14%	25 6%	110 28%

According to the results of the study, higher education, consumption of other meat products, awareness of the harmfulness of fast food, and income significantly reduce the frequency of consumption of fast food. On the contrary, the spouse's profession and the prevalence of fast food products have a positive effect on the frequency of consumption. It was also found that the presence of fast food advertising increases consumption by 4%, with other factors remaining unchanged. The price factor does not significantly affect the frequency of consumption of fast food, since there are products of different prices and qualities on the market.

There is insufficient awareness in society about the negative consequences of unhealthy eating. It is important to develop healthy eating habits, and the following recommendations are important:

- Choose foods low in fat, saturated fat, and cholesterol
- Eat fiber-rich foods such as vegetables and fruits
- Moderate sugar and salt intake
- Regularly consume calcium-rich foods
- Adequate intake of iron-rich foods, especially for children

It is important to guide students in schools to eat healthily, and the cooperation of parents and administration is required. Initiatives such as “Bring Fruit to School” serve to form a culture of healthy eating.

It is important to remember that not all foods are harmful, but the body's voluntary limit of additional calories is usually around 130–290 kcal. Many people regularly exceed this norm, which poses a health risk.

CONCLUSION:

It is an integral part of life in developed and developing countries, and with it a huge increase in obesity and related problems. The key to eating these junk foods is to eat them in moderation, occasionally, and in small portions. However, be careful; the temptation is so strong that you can get addicted. It is important to remember that addiction to "junk" is very good for business. The choice of unhealthy food or health is in our hands. Avoid unnecessary things! Eat healthy foods and strive for health!

REFERENCES:

1. Solomons NW, Gross R. Urban nutrition in developing countries. *Nutr Rev* 1995; 53: 90-5.
2. Holmboe-Ottesen G. Global trends in food consumption and nutrition. *Tidsskr Nor Laegeforen* 2000; 120:78-82.
3. Fitzpatrick M. Junk food. *Lancet* 2004; 363: 1000.
4. Brendan O'Neill. Is this what you call junk food? [Internet] 2006 [Last Updated: Thursday, 30 November 2006, 18:48 GMT] Available from: [http:// news.bbc.co.uk/2/hi/uk_news/magazine/6187234.stm](http://news.bbc.co.uk/2/hi/uk_news/magazine/6187234.stm)
5. Dixon HG, Scully ML, Wakefield MA, White VM, Crawford DA. The effects of television advertisements for junk food versus nutritious food on children's food attitudes and preferences. *Soc Sci Med* 2007; 65: 1311-23.
6. Allamani A. Addiction, risk, and resources. *Subst Use Misuse* 2007; 42: 421-39.
7. Bandini LG, Vu D, Must A, Cyr H, Goldberg A, Dietz WH. Comparison of high-calorie, low-nutrient-dense food consumption among obese and nonobese adolescents. *Obes Res* 1999; 7:438- 43.
8. Байол С.А., Махариа Р., Фаррингтон С.Дж., Симби Б.Х., Стиклэнд, Северная Каролина. Доказательства того, что нездоровая пища матери во время беременности и лактации может снизить мышечную силу у потомства. *Европейский журнал Nutr* 2009; 48:62-5.9. Some bad effects of junk food. [Internet] 2009 Feb 20. Available from: http://www.articlealley.com/article_792389_23.html
9. Накаяма К, Накаяма М, Тераваки Х, Мурата Й, Сато Т, Коно М, Ито СДж. Газированные безалкогольные напитки и карбонильный стресс. *Токсикол*, 2009; 34: 699-702.
10. Ховенкамп Э., Демонти И., Плат Дж., Лютьоханн Д., Менсинк Р.П., Траутвейн Э.А. Биологические эффекты окисленных фитостеролов: обзор современных знаний. *Прог Липид Рес* 2008; 47:37-49.

11. Junk Food's So Tasty, But Where Is It Leading Me? [Internet] Available from: http://www.dietpolicy.com/diets_articles/junk-food-facts.htm
12. Чжу С.П., Дин Ю.Дж., Лу С.Ф., Ван Х.В., Ян М., Ван JX, Чао XD, Чжао З. Исследование факторов, связанных с потреблением 10 самых популярных нездоровых продуктов в возрасте от 8 до 16 лет, в районе Хайдянь в Пекине. Чжунхуа Лю Син Бин Сюэ За Чжи, 2008 г.; 29: 757-62.14. Jackson P, Romo MM, Castillo MA, Castillo-Durán C. Junk food consumption and child nutrition. Nutritional anthropological analysis. Rev Med Chil 2004; 132:1235- 42.
13. 15. Скальони С., Сальвиони М., Галимберти К. Влияние отношения родителей на развитие пищевого поведения детей. Бр Дж. Нутр, 2008 г.; 99:C22-5
14. 16. Панунцио М.Ф., Антоницелло А., Уголини Г., Далтон С. Приносите фрукты в школу: пропаганда здорового питания у детей младшего школьного возраста. Энн Иг, 2009 г.; 2:403-17. Guenther PM, Reedy J, Krebs-Smith SM. Development of the Healthy Eating Index-2005. J Am Diet Assoc 2008; 108:1896-901.
15. 18. Cohen DA, Sturm R, Lara M, Gilbert M, Gee S. Discretionary calorie intake a priority for obesity prevention: results of rapid participatory
16. 19. Long, S. J. 1997. Regression Models for Categorical and Limited Dependent Variables. London: Sage