

Gastronomy: Food Habit Shifts, A Life Cycle Decision

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Abstract

Purpose: Eating has always been crucial to human survival. If we look at how food has changed throughout time, we can see that what began as a straightforward act to sate hunger at the beginning of human history has developed into a source of attraction and pleasure. Over time, gastronomy has become more diverse due to various civilizations.

Design/Methodology/Approach: To study current topic, survey-based research was liberally used. The active respondents were senior hotel managers, higher education faculty members, research scholars and students.

Findings: Food consumption throughout life has a direct and indirect impact on an individual's entire personality. As we age, our bodies' needs vary. However, most of the time, dietary preferences do not match dietary needs, which can lead to a variety of disorders like obesity, high blood pressure, hypertension, fatty liver, and others.

Practical Implications: As a result, the food that was given to them was determined to be nutritious and high in carbs. The adolescent stage, when a youngster is between childhood and youth, is extremely important. Children begin to express their preferences for things they liked at this age. Eventhough, parents enfulence on meal choice still play and select healthy meal for them followed by high carbohydrates rich food. In youth age, the thild is an grown individuals with their own preference of everything including food too. So, great change has been shown on meal choice.

Originality/Value: As far as the authors are aware, this is the first study in India to concentrate on the changes in gastronomy: A life cycle choice.

Keywords: Gastronomy, Culinary Trends, Food Culture, Dietary Preference, Food Consumption Pattern

may view a range of foods as normal, while another may view them as taboo. Because food choices convey preferences, identities, and cultural meanings, they have a significant impact on symbolic, economic, and social facets of life. Food choices are important because they create consumer demand for suppliers in the food system who produce, process and distribute food (Sobal et al., 1998). Additionally, the nutrients and other chemicals that enter the body through food choices have an impact on health, illness, and mortality. People are influenced by their surroundings as they grow and change over time, creating a unique life path that includes expectations for the future as well as past and present food and eating experiences and circumstances. This implies that dietary preferences are flexible and change throughout time. While developmental (e.g. growth, maturation and ageing) and life stage (e.g. childhood, adolescence, adulthood, later life) perspectives consider individual growth over the lifespan, the more dynamic life course perspective provides additional insights by considering a person's agency in determining their own food choice trajectory, the accumulation of experiences over time, the anticipation of the future, and the importance of changes in contexts at specific points in time (Elder, 1985). By taking into account the shifting social, behavioral, and cultural settings in which an individual eats, a life course approach to food choice complements biological studies of early life programming and those that monitor dietary behavior over time. Key concepts developed in other work on the life course that also emerge in people's reports about how they construct food choices over time include trajectories, transitions, timing and contexts (Elder, 1985; Devine, 2005).

INTRODUCTION

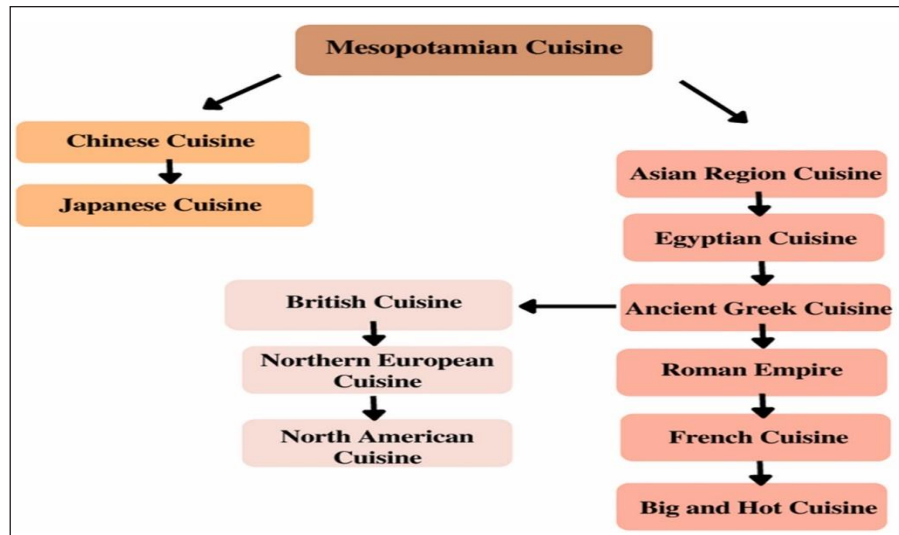
Not only do eating habits vary throughout societies, but they also fluctuate within a single community. One culture

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Fig. 1: The Historical Development of the Kitchen is Schematized

Major Determinants of Food Choice

The primary motivator for eating is hunger, of course, but our dietary choices are influenced by more than just our physiological and nutritional requirements. Additional elements that affect meal choice include:

- Biological factors including taste, appetite, and hunger.
- Economic factors like price, revenue, and accessibility.
- Material factors like availability, knowledge, abilities (like cooking), and time.
- Social influences include eating habits, peers, family, and culture.
- Psychological factors, including stress, guilt, and mood.
- Knowledge, attitudes, and beliefs around food.

The foregoing list, while not all-inclusive, makes clear how complicated eating choices may be. Life stage also affects food choices, and the relative importance of each element varies from person to person or from group to group. Therefore, different demographic groups will respond differently to different types of interventions aimed at changing eating choices. Instead, treatments must be tailored to various population segments while taking into account the various aspects that impact their dietary choices.

FOOD HABIT SHIFTS

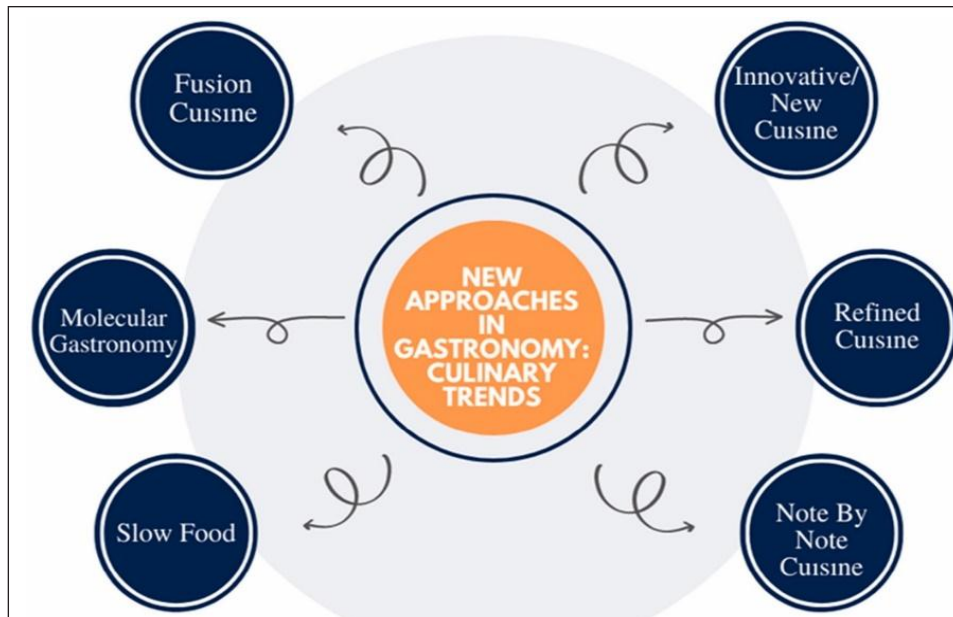
Childhood

The choice of food begins with mother's choice for good health and good growth.

Recommendations

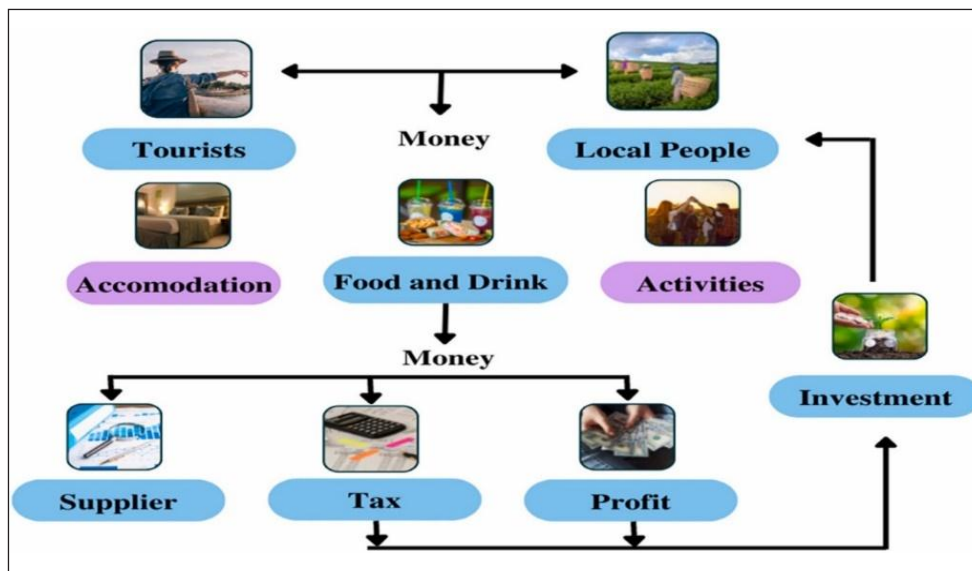
- Limit nutrient-poor, high-energy snack meals if a child is gaining weight for growth. Encourage the child to be more active. Steer clear of sugar-filled foods and beverages, particularly if they are sticky or acidic.
- Make sure the youngster consumes adequate fluids, particularly water. Soft drinks and fruit juices should be kept to a minimum.
- Children under the age of two should not consume reduced-fat milk due to their higher energy needs and rapid growth.
- Recognize foods that could trigger allergic responses.

Food preference starts working when sensory buds fully develop. As per the survey reports, the most likely foods include khasta matar, boiled milk, sweet samosa, kheer, maggi, sandwich, pakora, cotton candy, chokha, paratha-aloo bhujia, ice cream, chocolate, sooji halwa, uncle chips, gulam jamun, and peda, etc.



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Fig. 2: New Approaches in Gastronomy Culinary Trends



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Fig. 3: Important Links in the Importance of Gastronomy

Adolescent

It is the stage of development and growth that separates childhood from adulthood. The World Health Organization (WHO) defines an adolescent as any individual between the ages of 10 and 19. The WHO defines young people as individuals between the ages of 10 and 24, which includes this age range. It is associated

with the physical changes that lead to reproductive maturity during puberty. Changes in morality, society, psychology, and maturation occur throughout this time. It also describes the time span between 12 to 20 years old. Adolescent growth and development are greatly influenced by diet, and developing healthy eating habits is crucial at this time. In this age range, there is a dual burden of over-nutrition and undernutrition. The study

evaluated the dietary patterns, food preferences, and eating behaviors of urban teenagers who were enrolled in school. Children entering puberty require an abundance of nutrients and kilojoules to fuel their development spurt. For girls, this usually happens between the ages of 10 and 11. It happens later, at about 12 or 13 years old, in boys.

Recommendations

- Nutrient-rich diets are the source of the additional energy needed for development and physical activity.
- Nutrient-dense foods such as wholegrain breads and cereals, fruits, vegetables, nuts, legumes, and lean meats should be included in moderation to counterbalance takeout and fast meals.
- Increase your intake of calcium by including dairy, yoghurt, and cheese (mainly low fat); this is especially crucial for developing bones. Ideally, cheese should have less salt in it.
- It is especially important to promote the consumption of milk and milk products among teenage girls.

The choice of food by the participants were noodles, moong dalcheela, chole bhature, kichdi, rajama rice, ice candy, litti-chokha, dal chawal, aloo paratha, poha, milk, fruits, tikki, bhel puri, ras malai, kadi-chawal, ice cream, pizza, dahi vada, idli vada, gulab jamun, dhokla, cake, fried potato, and chocolate, dahi-choora etc.

Youth

The ideal way to conceptualize youth is as a time when people go from the reliance of childhood to the independence of adulthood. Youth are therefore more adaptable than other set age groups. The simplest method to categorize this group is by age, especially when it comes to work and education, as “youth” refers to everyone who is between the ages of finishing school and landing their first job. People who are between the ages of 15 and 24 are considered youth by the UN.

Recommendations

- Make a conscious effort to maintain an active lifestyle.
- Cut back on the daily intake of salt and lipids.

- Take care while incorporating meals high in calcium and iron.
- Create wholesome eating habits that you can maintain throughout your life.

Adulthood

A person’s stage of life during which their physical and mental development have reached full maturity is referred to as adulthood. Every human being goes through an adult stage at which time parental authority is relinquished and everyone is given their own duties. Legally speaking, the adult stage of life is when a person reaches the majority age, at which point they are independent and capable of making their own decisions. Sexual and psychological growth are also signs of mature adulthood. When a person is transitioning from infancy to maturity, a number of distinct things happen.

Adulthood Age Range

Most people agree that the age range of maturity starts around age 20 or 21. At forty years old, we enter our middle age, and at sixty years old, we enter our old age. The age at which a person becomes a legal adult may differ depending on the nation. The legal adult stage often begins at the age of eighteen.

Another way to categorize adulthood is as follows:

- *The Early Adulthood Stage:* This adulthood stage lies in the adulthood age range of 22-34.
- *The Early Middle Age:* This adulthood stage lies in the adulthood age range of 35-44.
- *The Late Middle Age:* This adulthood stage lies in the adulthood age range of 45-64.
- *Late Adulthood:* This adulthood stage lies in the adulthood age range of 65 and above.

A healthy diet includes the following:

- Fruit, vegetables, at least 400 g (i.e. five portions) of fruit and vegetables per day (2), excluding potatoes, sweet potatoes, cassava and other starchy roots.
- Less than 10% of total energy intake from free sugars.
- Less than 30% of total energy intake from fats.

- Less than 5 g of iodized salt (equivalent to about one teaspoon) per day.

The respondents' food preferences were eggs, greens, kachori, biryani, pizza, dal makhni, chicken, mutton,

paneer, dosa, vada, paratha, whole wheat bread, bhelpuri, soya chaap, gajar halwa, idli sambhar, chole rice, pakda, soups, rasmasali, sweets, etc.

POPULAR RECIPES SUGGESTED BY RESPONDENTS

Khasta Matar (Dr. Masood Aslam)

Quantity	Ingredients	Action
300 gm	Maida	Add salt, sieve
30 gm	Fat	Mix in maida with finger tips, make tight dough with water.
To taste	Salt	
300 ml	Fat for frying	Roll to thin and cut round disk. Deep fried on slow fire to golden colour.
100 gm	Dry matar	Soaked overnight in water, boil in salted water.
10 gm	Cumin seed	Roast and grind
100 gm	Onion	Finely chopped
2 tsp	Red chilli flex	
10 gm	Chaat masala	
	Serving	Make hole in khasta, fill boiled matar, sprinkle salt, onion, red chilli flex and chaat masala

Litti-Chokha (Dr. Nirbhay Kumar)

Quantity	Ingredients	Action
200 gm	Atta	
Pinch	Salt	Add salt in atta
5 gm	Niegella Seeds	Add in atta
5 gm	Thymol Seeds	Add in atta
50 gm	Roasted gram flour	Add in atta
20 gm	Onion	Finely chopped & add in atta
20 gm	Garlic	Finely chopped & add in atta
01 no.	Lemon	Squeeze lemon juice & add in atta
As required	water	Add water in atta and mix well to make soft dough. Divide dough into equal balls and cook on charcoal fire.
400 gm	Brinjal	Roast in charcoal fire
150 gm	Potatoes	Boil
100 gm	Tomatoes	Roughly chop
10 gm	Green chillies	Fine chop
½ bunch	Green Coriander	Fine chop and mix in all vegetables
50 gm	Desi ghee	Apply desi ghee
	Serving	Serve hot with chokha

Handi Gost (Dr. Iram Mumtaz)

Quantity	Ingredients	Action
500 gm	Mutton	Wash and drain well. In mixing bowl, add lemon juice, salt, turmeric, mix in mutton for 30 minutes.
50 gm	Clarified butter	Heat in a pot, add cumin seed, bay leaf, & cinnamon stick, saute then add ginger garlic paste, chopped onion, tomatoes, all spices, cook little. Put mutton and cook for some time to fry well. Add curd, cover and cook little, add 100 ml water, cover & allow to cook on slow fire till mutton is done.
2	Onion	chop
2	Green chilies	Chop
20 gm	Ginger	Paste
20 gm	garlic	Paste
100 gm	Curd	Beat and mix in mutton
100 gm	tomato	Chop
2	Bay leaf	
1 tsp	Cumin seed	
1	Cinnamon stick	
¼ tsp	Dry ginger powder	
Little	Mace	
1 tsp	Coriander powder	
½ tsp	Turmeric powder	
½ tsp	Red chili powder	
To taste	Salt	
½ bunch	Coriander leaves	Chop and use as garnish
½ lemon	Lemon juice	
	Serving	Garnish with coriander leaves and serve

Pasta Alfredo (Ms. Akanksha)

Quantity	Ingredient	Action
200 gm	Pasta penne	Boil in salted water
20 gm	Butter	Heat butter in a pan, add cream and chopped butter and sauté. Reduce heat and add cheese and whisk to make smooth and creamy sauce. Season with salt and pepper, oregano, chilli flakes and herbs. Toss the pasta and serve piping hot.
200 ml	Double cream	
50 gm	Mozzarella Cheese	Grate
To taste	Salt & Pepper	
1 bundle	Herbs	Chopped
to taste	Chilli flakes	
To taste	Oregano	
150 gm	Fresh vegetables	Chopped

Mushroom Soup (Mrs. Laxmi Singh)

Quantity	Ingredients	Action
45 gm	Butter	Melt butter and sauté chopped garlic and shallots, add mushroom cover and cook for few minutes to make it tender. Convert to puree.
2 clove	Garlic	Chopped
1 stalk	Shallots	Chopped
30 gm	Mushrooms	Chopped
30 gm	White button mushroom	Chopped
10 gm	Maida	Take little butter and add maida, cook on slow fire. Put in mushroom puree, mix, add water, salt and pepper. Cook to required consistency.
To taste	Salt & Pepper	
	Water/ veg. stock	
	Serving	Serve hot and garnish with juli

Gajar Ka Halwa (Dr. Surbhi Jaiswal)

Quantity	Ingredients	Action
1 kg	Carrot	Wash and grate and saute with ghee. Add milk and cook until it is mashed. Add sugar and cook until dry. Add cardamom powder.
1 lit	Milk	
200 gm	Sugar	
	Green Cardemom	Pounded to powder
100 gm	Desi Ghee	
200 gm	Mava	Break into crumb
20 gm	Almonds	Soak, remove skin, and cut like wafer
10 gm	Pistacho	Cut into flakes
10 gm	Cashew nuts	Cut into flakes
10 gm	raisins	Cut in small pieces
	Serving	Serve in a bowl and garnish with nuts

Chole with Zeera Rice

Quantity	Ingredients	Action
500 gm	Chick peas	Soak overnight and boil in salted water. Heat oil, all dried masala, crackle. Add chopped onion, sauté and then add chopped tomatoes, ginger paste, fry and add Kashmiri chilli, coriander powder, kasuri methi, chilli powder, hot spices powder, turmeric powder and cook for few minutes. Add boiled chick peas, water and bring to boil.
50 ml	Oil	
100 gm	Tomatoes	Serving: Serve with Zeera rice and garnish with chopped tomatoes and green coriander.
100 gm	Onion	
1 tsp	Ginger paste	
¼ tsp	Red chilli powder	
½ tsp	Coriander powder	
½ tsp	Turmeric powder	

Quantity	Ingredients	Action
½ tsp	Kasuri methi	
½ tsp	Kashmiri Chilli	
1 tsp	Salt	
2 Nos	Bay leaf	
1 stick	Cinnamon	
	Green coriander	
	Garam masala powder	

Dalia (Mr. Shailendra Kumar)

Quantity	Ingredient	Action
100 gm	Wheat dalia	Melt butter, add dalia, roast tillit gives good aroma. Add water and cook for few minutes. Add jaggery and milk. Serving with chopped nuts.
20 gm	Butter	
250 ml	Milk	
60 gm	Jaggery	

Bhel Puri (Dr. Sonal Agarwal)

Quantity	Ingredient	Action
50 gm	Namkeen- different type	In a bowl and add lemon juice, mix all seasonings, little water.
50 gm	Papri	In a big bowl, add murmra, namkeen, papri, bhujia, mix well.
25 gm	Bhujia	Add tomatoes, onion and green chilli. Mix with imli chatni water well.
25 gm	Murmure	Serving: top with with coriander leaves and bhujia.
100 gm	Vegetables	Onions, tomatoes, green chilli, coriander leaves, chopped and lemon juice.
20 gm	Imli	Soak in water and takeout juice.
To taste	Chaat masala, black pepper, and salt	

Oat Meal (Mr. Jitendra Singh)

Quantity	Ingredient	Action
25 gm	Oat meal	Boil oat meal in water, butter, salt, sugar to make it soft for about 5-7 minutes. Transfer it to serving bowl and garnish with chopped nuts.
50 ml	Water	
50 ml	Milk	
20 gm	Sugar	
5 gm	Butter	
Pinch	Salt	
	Nuts	Chopped

Poha (Mr. Prakash Singh)

<i>Quantity</i>	<i>Ingredient</i>	<i>Action</i>
100gm	Poha	Roast
30 gm	Refined oil	
20 gm	Cashew nuts	Fried in oil
20 gm	Raisins	Fried
3-4 nos	Green chilli	Fried
25gm	Pea nuts	Fried in oil
10 gm	Dalia	Fried
To taste	Salt	
3 pieces	Papad	Roasted
	Serving	Mix all ingredients and garnish with crushed papad.

REVIEW OF LITERATURE

The primary components of our tongue that determine flavor are our sensory buds. Foods that satiate the sense of taste through mouthfeel, texture, scent, and sensory perception can enhance the dining experience and increase feelings of satisfaction and fullness. A person's taste and flavor preferences and eating habits are influenced by these factors. However, different persons have varying degrees of enjoyment with the same food at the same moment. Since an individual's sense of taste and subsequent food preferences are influenced by factors such as taste receptor sensitivity, genetic variations in taste receptors, and tongue density. Taste preferences can therefore be defined as making a food selection on its mouth feeling reflection which deviate from person to person. Food preferences are the level of inclination toward specific foods that varies with age. Food preferences during childhood have a number of detrimental impacts on health that can manifest both temporarily and permanently, such as an increased risk of childhood obesity (Davis et al., 2007; Duffy et al., 2007; Umesawa et al., 2016). Childhood obesity is a particularly important public health issue that can cause a number of medical and mental health issues in children, according to clinical psychologists (Gurnani et al., 2015). In China, the percentage of children who are overweight or obese was 12.2% in 2014. This figure rose from less than 3% in the 1980s to almost 20% in the 2010s (Zhao et al., 2017). Moreover, juvenile obesity and overweight are likely to continue into adulthood, carrying with them the related risks of several illnesses like diabetes, heart disease, and numerous cancers (Ayer et al., 2015). Childhood food choices and adult eating patterns are strongly correlated

(Forestell, 2017). Therefore, in order to address this serious public health issue, research identifying paediatric obesity risk factors is required. The Chinese population's diet has changed significantly in recent years due to the country's economy's rapid growth (Popkin, 2014). Consumption of foods derived from animals, such as milk and dairy products, grew between 2004 and 2011, although consumption of fruits and vegetables declined (Y. Huang, Wang & Tian, 2016). The availability of food and the parents' financial power are other factors that influence eating patterns. Contrarily, these establishments and foods are uncommon in rural areas. In urban areas, junk food kiosks and food stores may be found everywhere. Thus, there would eventually be differences in dietary preferences. The Western diet, which consists of foods with high calorie density, high fat content, and low fiber content, is gradually replacing traditional staple foods and vegetables in the diets of the Chinese people (Wang et al., 2016). On the other hand, prior studies on teenage dietary habits have mostly concentrated on Western cultural settings. In contrast, there aren't many studies on teen food intake in Asian nations like China. The ratio of underweight Chinese school-age children and those with developmental delays has gradually decreased as a result of China's urbanization, modernization, and improvements in nutrition (Dearth-Wesley et al., 2008). However, according to Gordon-Larsen et al. (2014), the prevalence of overweight and obesity among Chinese school-age children has been rising quickly. A potential solution to this issue is addressing children's dietary choices, specifically emphasizing the development of healthy eating habits that will carry over into adulthood during infancy (Benton, 2004). Research on the temporal changes of food choices and the relationship between

food preferences and overweight/obesity in school-age Chinese children is lacking. As per Sobal et al. (2006), individuals make distinct decisions about what to eat and actively choose what, when, where, who to eat it with, and how. Research has examined the connection between food intake and choice, and previous findings indicate that food selection—a particular kind of behavior—determines what is consumed (Kourouniotis et al., 2016; Souza et al., 2020). Because eating behavior is multifaceted, there are various reasons why people choose to eat for different reasons. For instance, restrictive diets may encourage the selection of low-calorie foods (Zhang et al., 2021), excessive food consumption may be related to the sensory qualities of food, such as taste and smell (Kourouniotis et al., 2016), and emotional triggers may explain how choosing food can be a coping mechanism during stressful or depressing situations (Canetti et al., 2002; Dressler & Smith, 2013). Researchers and clinicians can create successful interventions to promote positive eating attitudes by analyzing the relationship between eating behaviors and food choice motives (Sob et al., 2023). Numerous studies demonstrate that one of the key factors influencing food consumption is one's like for food. Appreciating food involves enjoying its fundamental flavors, such as sweet, sour, bitter, salty, umami, and fat. Food's flavor character is greatly influenced by sugar, fat, and sodium. It follows that different nutrient-rich and nutrient-poor meals have varied taste profiles when this is mapped against the NRF index. Similarly, it is possible to hypothesize that the taste profiles of healthy diets, which are high in nutrient-rich meals, differ from those of unhealthy diets, which are low in nutrient-rich foods. The ensuing paragraphs examine these presumptions. Food's flavor character is greatly influenced by sugar, fat, and sodium. It follows that different nutrient-rich and

Demographic Distribution

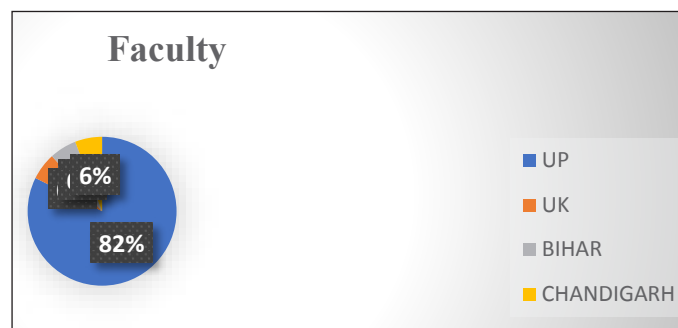


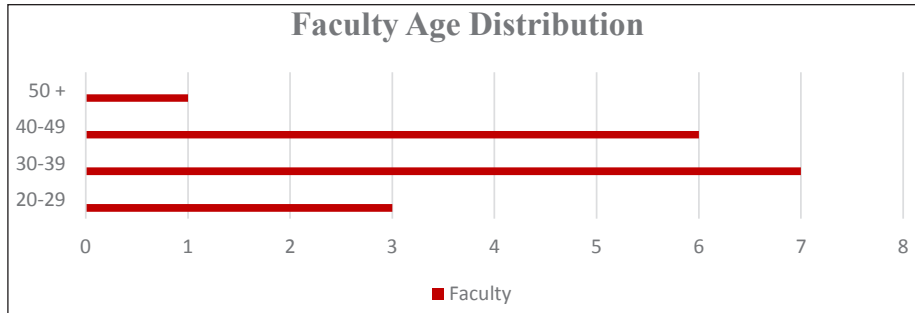
Fig. 4: Demographic Distribution

nutrient-poor meals have varied taste profiles when this is mapped against the NRF index.

RESEARCH METHODOLOGY

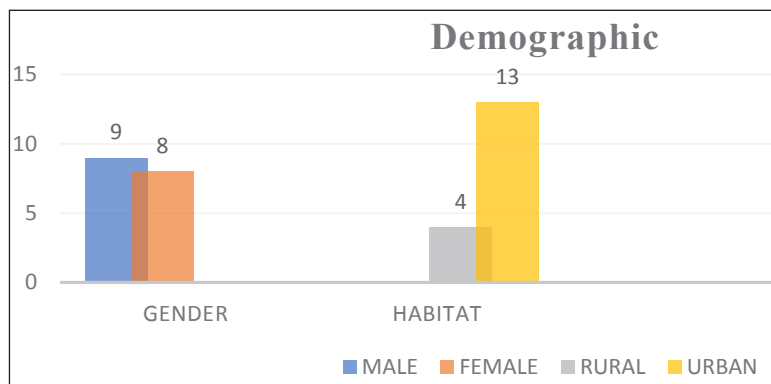
The operationalization and definition of food choice in this study is when a person shops for or buys food items in a restaurant, supermarket, or more conventional food market, for instance. In line with one of the suggested notions of food choice outlined by Rozin, this suggests making a decision between options. Since the food has already been purchased and there are relatively few options for the meal presented, eating at home is not included in our definition. Furthermore, the term “food intake” does not refer to food choice because it just quantifies the quantity of food a person consumes, not how or whether this food was selected. Generally speaking, consumer choice—including food choice—is defined as a dependent variable that is a reaction to one or more independent variables. The example of a moderating and mediating variable that may have an impact on this response (choice or purchase). This is partially represented by the consumer’s “black box,” whose operations can only be partially inferred, according to Kotler’s widely accepted model of consumer behavior. Every customer makes “unique decisions,” according to this metaphor, depending on a variety of elements, including their lived environment, psychological traits, knowledge, and personal experiences.

It has been suggested that eating habits are primarily learnt and that exposure to certain cultural behaviors, such as the mere exposure theory, influences food preferences. Compared to decisions based more on thinking and introspection, a sizable percentage of our dietary choices are typically unconscious, intuitive, and based on habits or heuristics.



Sources: Self-elaborated

Fig. 5: Faculty Age Distribution



Sources: Self-elaborated.

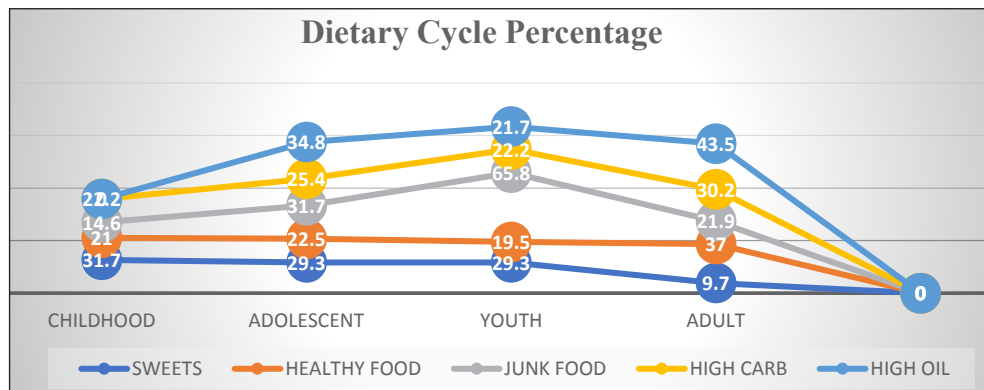
Fig. 6: Demographic Location

The respondents were the faculty of hotel management, in which 82% were from Uttar Pradesh, 6% from each Chandigarh, Uttarakhand and Bihar. The age distribution of the faculties indicate that the maximum seven faculties were in the age group between 30-39 years followed by

six in 40-49 years. While three faculties were in 20-29 age group and only one above 50 plus.

Out of seventeen faculties nine were male and eight female. While thirteen were found from urban Background and rest four from rural area.

Food Consumption Pattern



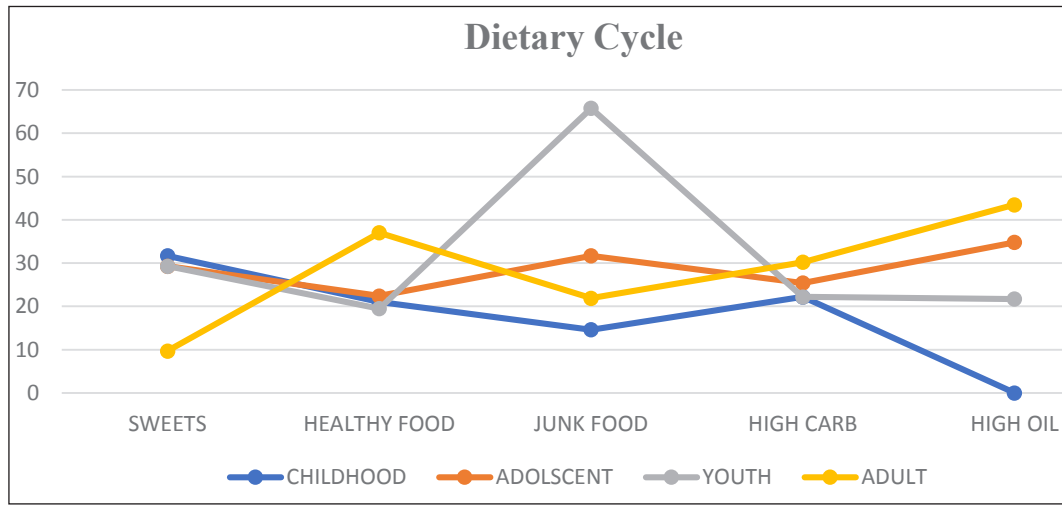
Sources: Self-elaborated.

Fig. 7: Dietary Cycle Percentage

Human lifecycle varies from childhood to adulthood, the food liking also varies accordingly. The chart shows food preference behavior, in childhood, sweet consumption was 31.7 percent, 29.3 percent in adolescent and youth, while decreased to only 9.7 percent in adulthood. Healthy food rose from 21 to 22.5 percent from childhood to adolescent, while during adulthood rose to 37 percent. The

graph pattern shows junk food consumption were highest during youth followed by 31.7 percent in adolescent and down to about 22 percent during adulthood. The pattern of high carb consumption were highest in adulthood with 30 percent and lowest in childhood. Similarly, oil consumption were high in adolescent and adulthood.

Dietary Cycle



Sources: Self-elaborated.

Fig. 8: Dietary Cycle

The graph shows dietary pattern in different age groups. The preference of sweets were lowest in adulthood and highest in childhood, while moderate were in adolescent and youth. The preference of healthy food was highest in adulthood and lowest in youth. Junk food was highly preferred by youth and the lowest demand was in childhood. Similarly, high carb consumption among adulthood and lowest childhood and youth. High oil consumption was among adult and lowest in childhood.

VALIDITY OF THE FINDINGS OF THE STUDY

Even before birth, learning begins and continues until the very end of life. It might be cognitive learning based on reasoned argumentation or wholly unconscious conditioning and simple imitation. Thus, food choice is a dynamic behavior that is influenced at many distinct levels and is prone to nearly constant change. It depends on the kind of food product and differs not just from person to person also from circumstance to circumstance.

Members of a given culture often have fairly consistent choices when it comes to staple foods like rice, cassava, bread, or potatoes, but even these choices have grown more irregular due to greater travel and the globalization of the main cuisines. In addition to being considerably more varied from person to person, preferences for various foods (vegetables, meats, baked goods, etc.) and condiments or spices also vary throughout the course of a person's lifetime and are influenced by the eating environment and the frequency of prior exposure to the product. Product weariness or gradually increasing aversion are well-known phenomena, as are phenomena like "learning to like through mere exposure" (Zajonc, 1968; Pliner, 1982).

CONCLUSIONS

Childhood is a time when children are vulnerable and have little options. They are also safeguarded by their parents. As a result, the food that was given to them was determined to be nutritious and high in carbs. The

adolescent stage, when a youngster is between childhood and youth, is extremely important. Children begin to express their preferences for things they liked at this age. Eventhough, parents enfluence on meal choice still play and select healthy meal for them followed by high carbohydrates rich food. In youth age, the thild is an grown individuals with their own preference of every thing including food too. So, great change has been shown on meal choice. The study shows that junk food are top the ranks in food choice followed by healthy food. But, they showed dislike in oil sweet food choice. The adult years are characterized by complete maturity and meal choices that are limited by the consumption of high-fat and high-carbohydrate foods as a result of age-related illnesses. Thus, this group favored a healthy diet that was low in junk food, fatty foods, and sweets.

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