



General Knowledge about Proper Eating Habits among Local Population

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Abstract

The purpose of this study is to create a general knowledge about proper eating habits among local population. The study is to assess general knowledge about eating habits and to assess whether the population have proper eating time and the factors that influence the choice of food taken by them. Good eating habits are the key for maintaining and improving your health regardless of your age, gender, occupations or location. Consuming the wrong kind or wrong quantity of food in your body will keep you from being healthy. Food gives our body the energy we need to function. This can mean that eating has an emotional component as well. For many people, changing eating habits is very hard. This study is done to create general knowledge about proper eating habits among local population.

Key Words

Eating habits, junk foods, hygiene, lifestyle, behaviours, dental students, psychological feelings,

INTRODUCTION

The world that we are living in is a fast paced place. People forget to eat and for what else they are running fast without having enough time to eat. People are skipping the breakfast which is the important meal to be taken without any compromise as the name itself suggests that it breaks the night long fast. People depend mostly on the junk foods as an alternative which unhygienic and unhealthy.

Proper eating means the food intake must be balanced and it should meet the physiological needs of the body to function properly. The eating habits varies according to their age, sex, mental and physical work etc. It should improve the health and quality of life. In the recent past, many have voiced a lot about the proper eating habits as the lifestyle is changing tremendously, but still people prompt towards the food containing a lot of fat, sugar, preservatives etc.

People all over the world leading an unhealthy lifestyle are setting a bad example for their children and young people. They concentrate more on their livelihood than their livelihood. The responsibility that they have in promoting better lifestyle is greater than before as the lifestyle is keeping on changing a lot and it posts a serious threat on the society nowadays as we face a lot of difficulty in managing health disorders to mental disturbances due to the unhealthy improper eating habits.

The World Health Organisation (WHO) advise that consumers should adopt healthier lifestyle behaviour, and has put international strategies in place that promote healthier eating patterns, in support of a healthier lifestyle [1-2]. A healthy lifestyle is defined as "orientation toward the prevention of health problems, and the maximisation of personal well-being" [5].

In USA, consumers were subjected to follow a healthy lifestyle and it was found that on average, largely female had a higher consumption of fruits and vegetables and had a higher level of education and also it was found that they

were older than consumers who were on unhealthy lifestyle [6].

Most of these findings suggest the same as the Kraft and Goodell's idea of "wellness-orientated" consumers who accept responsibility for the own health through their daily lifestyle practices, including food-purchasing choices [7-8]. Unhealthy food choices have been blamed partially for the worldwide increase in obesity [9]. The Medical Research Council's technical report on chronic diseases of lifestyle in South Africa, conducted between 1995-2005, indicated that there was a high prevalence of obesity in South Africa, with nearly 56% of women, and 29% of men, being either overweight, or obese [10]. These figures suggest that if healthy food choices and improved lifestyle behaviour are not promoted at an early age, obesity will become an even greater concern in the future. International food companies, blamed for the unhealthy food choices that consumers make, are being forced to address better nutrition by developing healthy product lines to improve the quality of food offered to consumers [11-12].

MATERIALS AND METHOD

Inclusion Criteria

1. Students in the first year of Saveetha dental college.
2. Between age group of 17 to 20.
3. Student's consent was taken.

Exclusion Criteria

1. Students not willing to participate.
2. Not completing the questionnaire.

The study design was anonymous involving 65 students. This study was conducted mainly targeting a sample of general population involving students who were doing first year in the Saveetha dental college and hospital. The students were selected after getting their consent. The students were selected randomly and were asked to gather in the lecture hall to answer. They were asked to answer the questionnaire in one session of 15 minutes.

This study was organised as a cross sectional study containing 15 questions. The question in the questionnaire focused majorly on the following:

1. Timing
2. Hygienic habits
3. Intake of nutritional foods
4. Quality of food

The self-administered questionnaire consisted of 15 questions which were then analysed separately based on the nature of it. In order to decrease the number of dropouts due to incompleteness of questionnaires, we instructed the students to complete them all. But they were not forced to do so.

The questionnaires were distributed to the students and they were given some time to answer. As the sample population is limited, we selected only the completely answered questionnaires. All 65 completed the questionnaire and were selected. This study was mainly directed towards the awareness about the proper eating habits among local population as the selected students are of native locality of survey conducted place.

The data collected were entered in the excel Microsoft corporation 2016 program. The Numbers app of Apple Corp., has been utilised to create charts. The data were evaluated to get descriptive statistics as percentages and frequencies using SPSS version 18 and statistically analysed. The modified analysis was used to analyse the association between the knowledge of ill effects of

improper eating, skipping of meals, intention and measures taken to improve the quality of life and to lead a healthy life. The results were taken for each question in order to imply the relations between them all.

RESULTS AND DISCUSSION

The randomly selected 65 dental students who are currently undergoing Dental course. The average age of the dental students was 18.5 ± 1.5 respectively. Out of the total 65 students, 25 were male, 40 were female. All the students were participated voluntarily on 2016. The students were of age 17 to 20. They were divided according to their age into 2 groups as 17-18 age group and 19-20 age group. There were 48 in 17-18 age group and 17 in 19-20 age group. The demographics are given in fig.1

Demographics of Dental students in Saveetha Dental College and Hospital

Parameters	Frequency (n) = 65	
	No.	%
Gender		
Male	25	38.5
Female	40	61.5
Age in years		
17-18	48	73.8
19-20	17	26.2
Education		
First year	65	100

Fig.1: Demographics of Dental students in their first year.

Table 1: No. of students having foods in a period based on their frequency of intake

Factors	1-2 times	3 times	4-5 times	More than 5 times
Meals in a day	20	30	10	5
Fruits in a week	28	5	18	14
Fried foods in a week	24	21	15	5
Snacks in a week	12	13	23	17
Fast foods in a week	22	16	16	11

Table 2: Average no. of times students having foods in a period

Times of having food (average)	Male students	Female students	Age 17-18	Age 19-20
Meals in a day	3	4	4	3
Fruits in a week	3	4	3	3
Fried foods in a week	5	3	4	4
Snacks in a week	5	6	6	5
Fast foods in a week	4	3	3	4

Table 3: Preferences of students

Preferences	Male students saying yes	Females students saying yes	Age 17-18 saying yes	Age 19-20 saying yes
Home made foods	15	33	36	12
Restaurant foods	10	7	12	5
Fried foods	9	11	14	6
Boiled foods	6	19	20	5
Baked foods	4	7	8	3
Grilled foods	6	3	6	3
Meat	18	21	30	9
Vegetables	7	19	18	8

Table 4: Student's routine habits while eating

General questions	Male students saying yes	Female students saying yes	Age 17-18 saying yes	Age 19-20 saying yes
Taking food on time	12	22	25	9
Washing hands before having foods	16	32	37	11
Preferring to eat with the company of others	18	25	31	12

Table 5: Percent of Students looking for in the packed food items

What do you look for in a food item?	Not at all	A little	Moderately	Highly
Brand	15.4% (10)	23.1% (15)	23.1% (15)	38.4% (25)
Taste	7.7% (5)	15.4% (10)	23.1% (15)	53.8% (35)
Nutritional value	9.2% (6)	13.8% (9)	32.3% (21)	44.7% (29)
Certification	7.7% (5)	30.8% (20)	23.1% (15)	38.4% (25)
Price	24.7% (16)	15.4% (10)	21.5% (14)	38.4% (25)

Table 6: Psychological and physiological changes affecting eating habits

Psychological factors affecting food consumption	Male students saying yes	Female students saying yes	Age 17-18 saying yes	Age 19-20 saying yes
Eating more when they are happy	11	14	17	8
Eating more when they are sad	3	8	10	1
Eating more when they are nervous	2	6	6	2
Eating more when they are bored	9	12	15	6

Out of 65, 20 students were having meals 1-2 times, 30 were having 3 times in a day and 10 were having 4-5 times and 5 were having more than 5 times. The results for the rest was shown in table 1.

On a average, male students were having less no of meals than female students i.e., 3 times a day. In The age group, the 17-18 group were having more meals than the age 19-20. The male students were having fruits 3 times in a week but the female 4 times in a week.

By the preferences, out of 25, the 15 males students preferred the home made and 10 preferred the restaurant foods. Out of 40 female students, 3 preferred the home made foods. The results are shown in the table no.3

This showed that the male students were more adjusting than the female and the male students were having differences when comes to food. In the age groups , the age 17-18 were preferring the home made foods more strongly than the other one. This showed that the former age group was a new to the college and they were trying to cope with the foods other than the home made foods.

In the table 3, the results showed that 9 male students preferred fried, 6 preferred boiled, 4 preferred baked and 5 preferred grilled foods. Out os 40 females, 11 preferred fried, 19 preferred boiled etc.

This showed that the male were preferring more fried food than female. The female were preferring more boiled foods than males. In the age group the majority of the students in age 17-18 preferred boiled. This may be due to the inequality in the distribution in the age groups.

The male students were improper on time while having their meals than the female students but the difference is very slight as shown in table 4. On an average, nearly 48% male student were proper and 55% female students were proper. Out of 25, 16 male wash d their hands before eating and out of 40, 32 female washed their hands. This also showed that the female were more hygienic than the males. The other results are shown in the table 4.

Overall, 15.4% students would not look for brand while looking for a packed items and 23.1% would look a little and 23.1% would look a moderate amour for a brand and 38.4% were highly dependable on the brand. The other results are shown in the table 5.

The psychological factors affecting the eating habits were shown in table no. 6. About 11 male students reported that they eat more when they are happy. 14 female students out of 40 told that they eat when they are happy. That suggested that the happy occasions are directly related to the eating habits. Another spike could be seen in the bored category. More students reported that they tend to eat more when they were bored and this suggested that the people are bored and they didn't have anything to do and hence go forth for eating to while away the time.

Kesten et al., (2005), identified and measured the underlying elements of eating behaviours that are related to overeating, overweight and obesity. Instead of endorsing the typical weight loss theory, the researchers give emphasis to seven problem areas to food and nutrition, including sensory and spiritual disregard, emotional eating, food fretting, task snacking, consumption of fast foods, the adversity of hectic eating environments, and solo dining.

All of these act as a barrier against mindful eating and successful weight control ^[11-13].

Research relating to the development of both healthy and problematic eating behaviours highlights the importance and interplay of contributions from individual and collective determinants of personality, psychology, family, society and culture. All of these influence individuals in making healthy or unhealthy choices in their food intake and dietary behaviours (Creedon, Harkins, & Ray, 2009; Elfhag & Morey, 2008; Evers, Taylor, & McKenna, 2005) ^[14-16]. Research suggests that rather than exploring a single source of influence to unhealthy eating, the emphasis is better placed on the unifying importance of not only having food knowledge, but awareness of the environmental cues, emotional triggers and learned food behaviours, social situations, in addition to personal attitudes that encourage poor eating habits and styles (Benitez et al., 2009; Birch, et al., 1998; Davis & Levitan, 2010; Kesten et al., 2005) ^[17-19]. The results reported that future research could explore the relative impact that perceptions of control have in predicting the extent to which individuals engage in private self-awareness processes. Subsequently, the external locus of control could then be explored further, clarifying how this can serve as a barrier against the development of self-awareness, how behaviour modification can modify unhealthy eating behaviours, and positive integrative eating practices.

This research provides an array of information that should be helpful in conjunction with various treatment approaches that aim to assist in transforming individual's struggles with food and nutrition, and the social and psychological elements that accompany their negative experiences of dining and eating. Hopefully, this will enhance general awareness of what healthy eating entails.

This study will create awareness of health problems related to eating unhealthy and improper foods among general population. This survey will create a path for health education to broaden for a change towards good eating habits and adoption of healthy living. And also, it is prepared to conduct special programs on healthy living for young people who will be the social guardian of the health of the community in future.

CONCLUSION

As the current study was limited to a sample of most-likely the dental college students, further research of Indian population is needed to determine whether the relationship between food-label reading, health awareness, and healthy lifestyle behaviour, psychological factor. In particular, in this survey, the students who expressed concerned about their health comprised a substantial proportion of older students. Their position was not necessarily fostered by an interest in obtaining more information about health or nutrition, or by a concern about the potential additives and preservatives contained in certain food products. To create a better-informed people, guidance should be given on where to find health- and nutrition-related information. The importance of constantly revisiting these sources should be encouraged in people food-label reading, health and nutrition education programmes and awareness of the

psychological and physiological effects on eating habits and hygienic awareness. The study has highlighted a concern, namely the feelings and psychological factors had an effect on the eating habits. Exercise is a key contributory factor to a healthy lifestyle, and this needs to be reinforced in education initiatives. The findings point to the fact that people should encourage themselves in adopting the healthy lifestyle by adopting the healthy and proper eating habits and while food labels support the efforts of consumers in achieving a healthy lifestyle, exercise should also be part of such a lifestyle, as healthy eating alone does not achieve as good a result.

As a result, this study showed how the habit of eating had an imminent impact on lifestyle. The healthy lifestyle would have a good impact in promoting a better livelihood. In March 2010, South Africa published the first phase of its new food-labelling legislation to reinforce this. The legislation intends to create better health awareness, and subsequent improved lifestyle behaviour among South African consumers^[3-4]. The better eating habits would lead to a better lifestyle. People should take a lot of responsibility in promoting such habits in order to give their kids the joy of health. More and more awareness propaganda and campaigns should be done to create awareness among people.

REFERENCES

- World Health Organisation. Healthy living [homepage on the Internet]. c2011. Available from: www.doh.gov.za/docs/misc/healthyliving.pdf
- World Health Organisation. Global strategy on diet, health and physical activity [homepage on the Internet]. c2011. Available from: www.who.int/dietphysicalactivity/implementation/toolbox/en/index.html
- New food labelling regulations become law. Foodstuff SA [homepage on the Internet]. c2011. Available from: www.foodstuffs.co.za/news-stuff/new-food-labelling-regulations-mainmenu-140/703-labelling-regulations-article-compedium.html
- Williams PG. Consumer understanding and use of health claims for foods. *Nutr Rev.* 2005;63(7):256-264.
- Kraak VI, Story, M. A public health perspective on healthy lifestyles and public-private partnerships for global childhood obesity prevention. *J Am Dietetic Association.* 2010;110(2):192-200.
- Devine RL, Lepisto L. Analysis of the healthy lifestyle consumer. *J Consumer Marketing.* 2005;22(5):275-283.
- Michaelidou N, Hassan LM. The role of health consciousness, food safety concern and ethical identity on attitudes and intentions towards organic food. *Int J Consum Stud.* 2008;32(2):163-170.
- Cockerham WC. Health lifestyle theory and the convergence of agency and structure. *J Health Soc Behav.* 2005;46(1):51-67.
- Isaacs S, Swartz A. On the front lines of childhood obesity. *Am J Public Health.* 2010;100(11):2018.
- Goedecke JH, Jennings CL, Lambert EV. Obesity in South Africa. Chronic diseases of lifestyle in South Africa: 1995-2005. Medical Research Council [homepage on the Internet]. c2011. Available from: www.mrc.ac.za/chronic/cdl1995-2005.html
- Kazaks, A., & Stern, J. S. (2003). Obesity treatments and controversies. *Diabetes Spectrum,* 16(4), 231-235. Retrieved from <http://spectrum.diabetesjournals.org/content/16/4/231.full.pdf+html>
- Kearney, M. H., & O'Sullivan, J. (2003). Identity shifts as turning points in health behaviour change. *Western Journal of Nursing Research,* 25(2), 134-152. doi: 10.1177/0193945902250032
- Kesten, D., & Scherwitz, L. (2005). Seven eating styles linked to overeating, overweight, and obesity. *Explore,* 1(5), 342-359. doi: 10.1016/j.explore.2005.06.004
- Creedon, M. T., Harkins, D. A., & Ray, S. (2009). Peer teasing, body-image and eating problems among women. *American Journal of Psychological research,* 5(1), 111-130. Retrieved from http://suffolk.academia.edu/DebraHarkins/Papers/821965/Peer_teasing_body-image_and_eating_problems_among_women
- Elfhag, K., & Morey, L. C. (2008). Personality traits and eating behaviour in the obese: Poor self-control in emotional and external eating but personality assets in restrained eating. *Eating Behaviours,* 9(3), 285-293. DOI : 10.1016/j.eatbeh.2007.10.003
- Evers, S., Taylor, J. P., & McKenna, M. (2005). Determinants of healthy eating in children and youth. *Canadian Journal of Public Health,* 96, S20-S26. Retrieved from <http://search.proquest.com/docview/231997478?accountid=26503>
- Birch, L., DiSogra, L., Drewnowski, A., Economos, C., Middleton, S., Nestle, M., Sigman-Grant, M., Sobal, J., Wing, R., & Winston, M. (1998). Behavioural and social influences on food choice. *Nutrition Reviews,* 56(5), S50-S74. doi:10.1111/j.1753-4887.1998.tb01732.x
- Davis, C., & Levitan, R. D. (2010). Emotions and eating behaviour: Implications for the current obesity epidemic. *University of Toronto Quarterly,* 79(2), 783-799. doi: 10.3138/utq.79.2.783
- Benitez, D., Framson, C., Kristal, A. R., Littman, A. J., Schenk, J. M., & Zeliadt, S. (2009). Development and validation of the Mindful Eating Questionnaire. *Journal of the American Dietetic Association,* 109(8), 1439-1444. doi: 10.1016/j.jada.2009.05.006