Views of Urban Young Women about Unhealthy Food Consumption – A Qualitative Study

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ABSTRACT

Background:
The unhealthy dietary food practices such as snacks use has increased the prevalence of overweight and obesity among Pakistani adolescents that tend to influence different food choices. This study was designed to define the factors associated with unhealthy food habit such as snack use among female Pakistani adolescents.

Methods:
Qualitative data collected all the way through focus group discussion. Hundred females play a part in study belonging to urban area of Pakistan with age ranging from (18-25). The sampling strategy, which is used in this study, is purposive sampling. Data analyzed using the "framework" method.

Results:
Female participants identified the determinants of taste, attraction, social influence and easy availability and access to unhealthy food, limited availability as well as high price of healthy food habit, appeal of fast food and junk items and media advertisements. Participants had the opinion that they are willing to eat what they like to taste instead of being conscious about the nutritional value of the food.

Conclusion:
Socio-culturally accepted interventions should be developed like usage of motivational messages to promote the self-control of female adolescents; linkage between physical appearance and dietary pattern; and the training for the amendments in the behaviors such as how to handle the peer/media pressures as well as strategies for making informed decisions.

Key words: views, urban, young women, unhealthy food consumption

INTRODUCTION

Indeed, worldwide obesity has doubled since 1980 and presently more than 1.9 billion adults, 18 years and older were overweight. Of these over 600 million people were obese. 39% of adults aged 18 years and over were overweight in 2014, and 13% were
obese [1]. Overweight and obese children will stay obese into their adulthood and are more likely to develop non-communicable diseases like diabetes and cardiovascular diseases at a younger age. This problem is gaining its progression and affecting large number of developed, low, and middle-income countries, particularly belonging to urban sites. [2,3]. The changing patterns of dietary behavior, physical activities and body consumption are stirring at higher level in developing countries and increase the risk of obesity among children of young age [4].

The increased globalization of fast food consumption and modern food sectors is continue to affect the dietary patterns and nutritional status of children [5]. Furthermore, the socioeconomic status of the developing countries also increases the burden of obesity and shifted its inclination from the individuals belonging to high socio economic status to low socio economic status [6]. The changing patterns of dietary behavior and physical activity lead towards the increase prevalence of obesity in some lower and middle-income countries and changes are occurring at a great speed and at earlier economic and social stages of development of these countries [7]. Therefore, in these countries, there is a great need to address the issues that are required for the prevention of health-associated factors including cardiovascular diseases, diabetes and cancer [4, 7, 8]. Pakistan is considered as the sixth most populated country with the estimated population in 2014 as 185.1 million [9] of which nearly 21.5% are adolescents in which male population is 21,803,617 and female population is 20,463,184 [10] and is situated at the intersection of South Asia, Central Asia, China and the Middle East. It is thus at the support of a regional market with an immense population, large and various resources, and available potential for trade [11]. The occurrence of nutritional transition in the country is an important health concern, which has led to the prevalence of obesity and diet related diseases among the Pakistani population, particularly in urban areas and especially among young women [12, 13, 14, 15, 16]. A recent study was conducted among the representative sample of primary school children of 1860 children aged 5 to 12 years in Lahore, Pakistan. Dietary and physical activities, sedentary lifestyles and socio-demographic characteristics of primary school children are responsible for overweight and obesity, which leads to increase in Body mass index.
of children [17]. Additionally, using the same representative sample size aged 5 to 12 years; another study was conducted on the prevalence and socioeconomic status that leads towards obesity and overweight among primary school children. In order to prevent childhood obesity, we should target interventions that are personalised to local settings with significant participation of communities [18]. Furthermore, a study was also conducted among the representative sample of high school children of 501 students on the prevalence and factors responsible for childhood obesity among Pakistani children belonging to urban settings. This study reveals that childhood obesity is epidemic in developing countries and is determined by various factors that are arise due to rapid urbanization, unbalanced development, changes in lifestyles at home, school and society and multidisciplinary approach which includes favorable social infrastructure for active living, physical and adequate education on physical activities needs in order to prevent this rising epidemic in developing countries [19]. A descriptive study was conducted to estimate the prevalence of overweight and obesity among children and adolescents of well-off schools of Karachi. The representative sample is from class 1-10 representing age groups were 6 to 17 years [20]. This study predicted the same results as we obtained from older studies that sedentary lifestyles, lack or imbalance of food leads to obesity and overweight [17,18,19,20]. The increase consumption of fast food particularly snacks contributed as the leading cause of overweight and obesity among children and adolescent [21, 22]. The research conducted in other countries has also identified that number of risk factors are involved for overweight and unhealthy dietary patterns among school going children and adolescents which includes lack of physical activity [23, 24], unhealthy consumption of food [22], unnecessary use of television while eating food [25], high soft drinks consumption [26], skipping of breakfast [23, 24] and untimely eating of family mealtimes and home food environment in which children are encouraged to eat food with their families [27]. A systematic and detailed needs assessment was conducted on school going children who have habits of eating snacks. This in turn, may provide a base to focus patterns for behavioral interventions [28]. Nevertheless, the success of intermediations designed in Western society and their implementations in Middle
Eastern countries rests unknown. Owing to altered cultural prospects, teen is not a constant idea [29]. To explain health behaviors, Ajzen's theory of Planned Behavior (TPB) [30] has been used. This theory has great potential in describing and predicting dietary behaviors and physical activities of the adolescents. [31, 32]. This theory is the further extension of the Theory of Reasoned Action (TRA), which proposes that an individual's intention to accomplish a particular behavior is the single most important predictor of behavior. Intention is the intellectual representation of a person's willingness to perform a given behavior and is determined by the individual’s attitude toward the specific behavior, subjective norms, and perceived behavioral control [30]. The meta-analysis study of Godin and Kok's showed that TPB could explain 41% of variance in intentions and 34% of variance in future behaviors [33]. In order to answer complex issues such as people's attitudes, behaviors, value systems, culture or lifestyles we use qualitative approach and was significantly designed to recognize the female adolescent perceptions about factors that influence unhealthy eating of snacks, using the TPB framework.

METHODOLOGY

Focus group discussion are a well-known qualitative approach for data collection in health science research. Group interaction in built to focus group, can held shed light on issues that may not come up in other qualitative research method. Hundred females take part in study, belonging to urban area of Pakistan with age ranging from (18-25). The mean age of females was 21. Women were randomly selected after purposive sampling from the respective area. Group was based on an average of nine females per focus group (range 7-12). The Institutional Review Board (IRB) of the Pakistan, The Punjab University, approved the study protocol. All the selected females agreed to participate in the study. Written informed consent was obtained from all subjects. Female’s participants belonged to the educated families. Two trained moderators facilitated each focus group. A co-researcher audio taped the proceedings and took notes. Each session took 70 to 80 min. New focus group discussion sessions were considered until data saturation. (Data saturation occurs when the researcher is no longer hearing or seeing new information). The moderators followed a topic outline
with the suppleness to allow for the generation of new inquiries.

DATA ANALYSIS

Focus group interviews were engrossed from the tape recordings. Then data were analyzed using the "framework" method, which is based on of five steps: familiarization, identification of a thematic framework, indexing, charting, and mapping and interpretation. Before beginning the analysis, each transcript was read several times. The research team makes a set of decision rules to standardize the coding procedure. One of the researchers made a thematic coding list using three focus group transcripts, and then other researchers coded the remaining focus group transcripts separately using the coding list and toting up to it as new themes emerged. A primary analyst tartan themes using purposefully selected focus group scripts. Finally, themes were distended or subsumed as supra-themes evolved within focus groups.

RESULTS

Total 100 females of the urban area of Pakistan with age ranging from 18-25 year participated in the focus groups. Mean age of females was 21.5 year. The female participants were belonged to the educated families. About 47% of parents had higher level of educations. Almost 63% of females with family size of four or less participated in the discussion. Female participants identified the determinants of taste, attraction, social influence and easy availability and access to unhealthy food, limited availability as well as high price of healthy food, habit, appeal of fast food and junk items and media advertisements.

Female views toward unhealthy food consumption: A large number of the female participants told that they had consumed unhealthy food such as snacks and frizzy drinks during the period of 24 hour before the starting of focus group discussion. As the discussion started, the adult females were asked to tell what they think about the nutritional content and calories contained in the food they had eaten within those 24 hour, most of them felt that the crispy and oily snacks and frizzy drinks have low nutritional levels and high values of the
calories i.e. harmful for one’s health. The majority of females believed that consuming unhealthy food including fast food and junk foods might be able to cause obesity and related problems.

Other related issues of unhealthy fast food consumption that female participants identified included loss of appetite, impaired growth, ulcer, cancer, bone weakening, diabetes, tooth decay, heart disease, anemia, increased levels of uric acid and hypertension. As females are conscious about their appearance and body shape so they considered that the most destructive results of unhealthy food consumption are the obesity and the improper body growth. “My weighing machine’s scale hinders me from using food i.e. unhealthy in nature.” Another participant said, “To get a break from my routine, I used to eat outside but when I put on extra weight, immediately I stop consuming such food because appearance matters a lot for me.” Although, females identified that there are aware of benefits of healthy food but in their opinion, unhealthy snacks and junk food are much tastier. "Milk is necessary for my body growth especially for my bones and I should drink at least 2 glasses daily but I don’t like its taste.” Majority of the participants responded in a negative manner, when they were asked about their choices for healthy food instead of unhealthy snacks. "I don’t know about the nutritional status and the caloric values of food because my main concern is the taste of the food, whenever I purchase the food item.

**Personal values and social pressure** A large majority of the adult females were taken as friends/colleagues and equally important social entity in making choices in food consumption. They identified that whenever they go out for eating, the choice of the food of one group fellow influences the choice(s) of the other group members. Though whether the choice made is an unhealthy choice, other members of the group will follow it. One of the females said, “To be fit in my group, I used to eat the food of my friend’s choice.” They identified that you must not give chance to anyone to mock at due to comparatively different food choices. One participant said that, "My companions laugh at my choice of food, like if I take paratha in lunch at school; they used to make fun of me.”

Most of the other participants also described that they are likely to consume unhealthy
food like snacks, fast food and junk food, when they are with their friends; "Whenever I am with my friends, I usually eat unhealthy food, because eating such sort of junk food items and drinking frizzy beverages along with friends gives much more pleasure and satisfaction due to compatibility with peers."

A large number of the females thought that the choice of food comes under their parenteral control whether directly or indirectly. According to the participants, the purchase of the food items by their parents matters a lot: “If we had vegetables and fruits than fast food items at home, then this would lead us to eat healthier food.” One of the females said, “A few times when I decide to eat healthy food instead of junk food but in a meanwhile my mom doesn’t cook any healthy food for me and rather gives me money to buy food of my choice from outside. So by nature I prefer to buy things such as snacks and other junk food items.”

Another factor mentioned by the participants is also related to parents i.e. development of eating habits during the childhood: "I believe, for instance, if parents of <5yrs old child give him/her salty food items in place of sweet food, naturally the child will keep on developing a taste and preference for the salty food." In addition, most of the participants thought that eating habits of the children are influenced by their parents so that they can be changed accordingly: “The role of my parents in developing my eating habits is very important as I had never seen them eating any kind of unhealthy food items, that’s why my eating choices are quite similar to them.” Some of the females also identified the role of the teachers, family physicians and siblings in the formation of eating habits.

**Perception and control in behavior:** In focus group discussion, adult female participants keep on identifying the factors such as availability and access to fast food and low nutritional food, attractive appearance of the junk food items, lack of availability of healthy food items, high rates of healthy food and the promotional advertisements of fast food and junk food by media, good taste of unhealthy food the healthy one, lack of knowledge about food consumption. Females identified that the availability of the food counts a lot, so they used to eat whatever is conveniently available to them, which may often does not include healthy food items. One of the females said, “I would prefer the cheaper
unhealthy snacks and other junk food over the healthy food, when it is easily available to me.” Another female added, “I am usually very hungry when I come back from my office. I search for any kind of food in my kitchen and eat whatever is available at that time, and mostly my search end up with some junk food like snacks or sandwiches.”

According to the participants, the attractive packaging and advertisements of the unhealthy foodstuff including snacks and other fast food materials are among the factors that motivate the individuals to choose unhealthy food. So most of the participants thought that they would prefer healthy food items, if the companies use eye-catching advertisement and packaging for such food. Some of the females claimed that just because of the awful packaging of healthy food items they would never go for them. One female said, “I may try the raisins and other dry fruit, if they are packaged like chips.”

Among some female participants, the price comparison between healthy and unhealthy food items was important too. One female said, “It is seen that healthy food items are usually costly as compared to unhealthy junk food; like milk is expensive than frizzy drinks.” In the opinion of the female participants, the colorful and motivating TV commercials and advertisements of the fast food and junk food usually attract them. One female said, “There are no TV advertisements for fruits and nuts while many for the chips, coffee and other junk food items. “One of the participant said, "I believe, the display show of frizzy drinks in movies and dramas motivates us to use them."

However, some of the participants argued that information regarding the use of health damaging ingredients in some of the junk foods hinders them from using them. "A person doesn’t feel the need to quit fast food and junk food usage until he comes to know about their adverse effects.” Some of the participants added that if their parents have informed them regarding the nutritional values of healthy food and dangerous outcomes of unhealthy food, they are more likely to prefer healthy foodstuff instead of unhealthy junk food. One female participant said, “My parents used to remind me that I will get sick and will be out of shape due to continuous consumption of unhealthy food. Mostly my mother warns me that I will look older than my real age.”
DISCUSSION

From the results, we came into knowledge that the unhealthy eating practices of snack among adolescents were influenced by multiple factors. Taste, lack of awareness on individual health, parental influence and peer pressure, easy approach to unhealthy snacks, increase cost of healthy snacks makes its availability low, inappropriate and inadequate knowledge, craze and habit for eating the snacks and advertisement through media. In our research study, adolescents were well informed about the negative effect of unhealthy eating practices about snacks but were failed to bring the eating healthy snacks habit into practice. However, they emphasized on it when information was provided by “by important others” to them on unhealthy eating practice of snacks and food, it encourage them to eat less of them. Furthermore, the finding reemphasize on it that the idea of providing knowledge is somehow the major requirement to adopt healthy behaviors for eating, but the achievement of knowledge by others was not adequate that will assure behavioral changes at some level [34]. While, focusing only on the information delivered and increase adolescent knowledge about short term and long-term benefits of healthy eating food dietary practices may not be appropriate or insufficient for this age group [35]. Our young generation especially adolescents do not think of to eat healthy food as a priority and this will alarmed many problems associated with it [36]. Nevertheless, the female adolescents are most concerned about their body weight and therefore they ward off undesirable comments passed on them for their weight [37]. For this purpose, many female adolescents control their body weight or achieve body size that is socially accepted by avoiding unhealthy dietary practices such as food and snacks intake [38]. Several studies are dedicated in order to understand the role of peers in determining the food choices [37]. The results of our study show that selection of different variety of snacks by the participant is greatly influence by the company of peers and friends and have great power to adopt of routine eating snacks. Thus, the persuading roles of the friends and peers are most commonly found in our Pakistani culture that turns their life to eat heavily unhealthy food rather than healthy food. In Pakistani culture, the sharing phenomena of food is more common and it is considered bad –mannered if the person eating food is not offering to others who are
sitting with him or her, particularly friends. Offering to others is mandatory in our culture, which is practiced routinely and is named as “ta’arof”. Talking in our cultural context, if someone offers food to others he/she has to eat food, whether he/she has not desire of eating it. Furthermore, it is seen that when an adolescent take snacks to the school or in any peer gathering, he is very much familiar with sharing habits of food with friends. Therefore, he selected that type of snack that gains everyone attention as well as it should be admired by others. This is a positive gesture, in order to avoid negative comments from the friends company rather than restricting towards one’s snacking choice. Nevertheless, the other specific factors associated with the participants’ culture are more similar to our previous research. Thus, our findings show that adolescents are more sensitive about the eating habits especially when it has to come from the peer’s point of view. This supports our arguments that the peers have an important role in the social life of adolescent’s. In our study it is also noted that when the adolescents are with their friends and peers they eat unhealthier snacks and is more common in our culture practice now a days [39]. Meanwhile, if we talk about eating patterns adolescents learned from their parents. In our study, parents act as influencing factor in adolescents’ choice of snacks. Pakistani culture principles greatly emphasize on health and feeding practices of the children and this responsibility is particularly assigned to the mothers. On the other hand, it is in our culture that children have to follow and obey the instruction of their parents [29]. Adolescents thought that parents can straight enforce changes in their eating habits by making eating rules and purchasing only snacks and foods they believe healthy. They also can ultimately make changes in the eating habits of their children by making changes in their own eating habits. Some studies have investigated the effects of parental food choices, purchasing behaviors, and family food environments on different (un) healthy eating behaviors [40-43]. A huge majority of these studies showed the positive force of healthy family food environment and parental control on adolescent healthy eating behaviors [44]. Adolescents may rebel beside too much parental control and become accustomed unhealthy diets as a way to show their independence. Another important finding of this study that warrants further discussion
has to do with the strong view and judgment that participants had located on the packaging of snack products. It is important criteria for choosing them to the analysis of our participants, packaging quality of a snack. In Pakistan, it is note that snacking is a new observable fact and is closely advertised by using different Western styles of packaging in order to create a center of attention of the consumers. Commercial snacks that are offered to kids in Pakistan are often wrapped in colorful packages and have an attractive appearance. Most participants in this study claimed that comparatively control on their diet, however, factors such as easy right to use junk foods, personal taste preferences, and social pressure by the media lowered their behavioral control. This result is somewhat similar to previous studies. For example in the systematic review by Shepherd and colleagues, barriers to healthy eating, ease of access to unhealthy snacks/foods, relative cheapness of unhealthy snacks/foods, and personal taste preferences for fast foods [45]. Nevertheless, accessibility, and convenience of healthy foods, family support, desire to look good, and will power were reported to be facilitators [45]. Many factors need to be addressed in our study. Only the views of females were assessed in this study. The understanding of the issue might be improved to a certain level by obtaining the views of parents, friends and colleagues of the female participants. The study included only female adolescents and focused on their perception, behavior, motivation, and self-control on food choices. Hence, the results may not be applicable to the male adolescents rather only to females. One of the other limitations of this study has to deal with the possibility that some of the females participated in this study might have given responses according to the social norms instead of giving their own opinions. In focus group discussion, this thing usually happens. Despite the issues involved with the study, results obtained in this study can be used to enhance our understanding of problems associated with unhealthy eating behavior among female adolescents in Pakistan and similar societies.

CONCLUSION

It is concluded that the implications of this research study are threefold: First, unhealthy eating behaviors of female adolescents can be highly influenced by the psychological variables and socio-cultural norms.
Therefore, nutritional level in adults can be improved by making alterations in eating behaviors such as reducing unhealthy junk food consumption. Second, motivational messages regarding food consumption and the influence of Western style advertisement and commercialization of healthy food should be made according to the deep cultural beliefs of the Pakistanis. Finally, it is identified that along with the environmental changes based interventions such as easy access to the healthy food items, interventions involving female adolescents focusing on following areas should also be addressed carefully: usage of motivational messages to promote the self-control of female adolescents; linkage between physical appearance and dietary patterns; and the training for the amendments in the behaviors such as how to handle the peer/media pressures as well as strategies for making informed decisions.

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