

Gender and Socio-Economic Influence on Eating Habits of Adult Residents in Akwa-Ibom State for Healthy Lifestyle

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Abstract

The study investigated gender and socio-economic influence on eating habits of adults' residents in Akwa-Ibom State for healthy lifestyle. Four research questions guided the study. Expost-facto design was used. The population was 3,902,051 (1,983,202 males and 1,918,849 females). Multi-stage sampling technique was used to select 420 respondents. Questionnaire was used for data collection. Mean was used for data analysis. Finding shows that males eat more of poultry items to look big, while females dwell more on fruits and vegetables, skip their meals to remain shapely among others on gender factors that influence eating habits of adult residents. The finding shows that high income status dwell more on convenience and read-to-eat food, always experiment with food and so on, while the low and medium status lack money to buy wholesome foods among others, The findings also revealed that exposing the adult residents to nutritional knowledge among others is one of the ways of bridging the gender influence on the eating habits of adult residents. Again, healthier foods and more nutrient ones costing less and easy access of markets as well as availability and variety of healthy foods in neighborhood stores among others are the ways of bridging socio-economic status influence on eating habits of adult residents. Based on the findings, it was recommended that there is need for a multidisciplinary approach targeting social-economic needs of the residents and need to improve their nutritional knowledge through extension services..

Key words: Gender, Socio-economic, Eating habits, Healthy lifestyle.

Introduction

Health is the level of functional or metabolic efficiency of a living organism. It is the ability of individual to adapt and self-manage him/herself when facing physical, mental or social challenges. Health is a state of complete physical and social well-being. The most widely accepted definition of health is that of the World Health Organization constitution. It states "health is a state of complete physical, mental, and social well-being and not merely the absence of diseases or infirmity (Grad, 2002). More recent years, this statement has been amplified to include the ability to lead a socially and economically productive life.

Generally, the context in which an individual lives is of great importance for both health status and quality of their life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual.

Lifestyles are patterns of behavioural choices made from the alternatives that are available to people according to their socio-economic circumstances and the ease with which they are able to choose certain lifestyle over others (Molarious, Berglund, Erickson, Lamber, Nordstrom and Friedman; 2007). According to Akpan (2005), lifestyles are behavior of choice which affects individual's fitness and health

status. It constitutes what one does or what one fails to do, such as exercising, reading, dancing, overeating, inactivity, alcoholism, drug abuse and indiscriminate sexual practices.

Healthy lifestyle on the other hand is defined as the interaction between choices and habits of individuals with different social location susceptibilities and exposure to risks. According to Fahey, Insel,& Roth (2009), a healthy lifestyle is an important predictor of future health, productivity and life expectancy. It has been found to reduce the factor which contributes to health risks. Healthy lifestyle include physical activity, proper nutrition, elimination of unhealthy behaviours, having regular medical check-up and maintaining good emotional health (Hoeger&Hoeger; 2010).

However, lifestyle of individuals are influenced by variety of external and internal factors based on the complex interaction between the individual and their immediate environment(Haveman, Lisette, Amrin&Burema; 2002). The social environment plays a decisive role in the individual's capacity to maintain healthy lifestyle and prevent diseases (Dahl &Elstad; 2001). The environment is considered as a crucial factor in the healthy being of individuals. Therefore, it is pertinent to note that for the good health to be maintained there must be good practices of healthy lifestyle such as good eating habits, regular exercise, and stress management and so on.

Good eating habit simply means what and how people eat, their selection of food, their way of getting food. It is a variety of foods that gives one the nutrients one needs to maintain one's health, feel good and have energy. The nutrients include protein, carbohydrate, fat, water, vitamins, and minerals. Good eating habits involve one eating breakfast always, eating fruits and vegetables, sitting down to eat at the table, drinking at least two bottles of water a day, exercise for an hour a day, take time to shop each week and so on. Therefore, good eating habits could differently influence the health of female and male individuals (i.e. gender variations). It is widely accepted that nutrients is not "just a fuel", but it is the most significant part of environment that actually introduce into our body system what it needs, it is also a relevant component of the cultural reference models. Model studies conducted in modern western societies report consistent associations between gender and specific foods where meat especially red meat, alcohol and hearty portion sizes are associated with masculinity, while vegetables, fruits, fish and sour dairy products (e.g yogurt, cottage, cheese) are associated with femininity (Sobal, 2005). However, the direction and magnitude of gender differences in health vary according to the symptom/condition and phase of life cycle. There are also gender differences in exposure to various lifestyle behaviour with men more

likely than women to smoke, consume alcohol, and have an unbalanced diet and to be overweight, while women are more likely than men to be physically inactive (Denton & Walter; (1999). In general, women have been frequently reported to engage in far more health-promoting behaviour than men and have healthier lifestyle pattern (Coourtenay; 2000, Gough & Conner; 2006). Gendered meaning of food therefore, serve important function in the performance of masculinity (Buerkle' 2009). The image of men as hunters with big appetites eating the animal they killed over a fire haunts our cultural notions of gender. Despite changes in the ideas of masculinity which includes more acceptance of the equality between men and women, men's eating behavior still remain a characteristic and is thought to be biologically driven, showing the differences in gender which goes beyond cultural change.

Another factor that has been found to have influence whether people are healthy or unhealthy is income and social status (i.e. socio-economic status of the individual involved). It involves the purchasing power of the individual which determines what one can go for or not. Generally, socio-economic statuses are classified into low, medium and high group for the purpose of this work. The level to which one belongs affects one's lifestyle and eating habits (i.e. the consumption pattern). However, a healthy lifestyle can help prevent for

example, weight gain, high blood pressure, arthritis, stress and so on. According to Blaxter (1990), the prevalence of most health-risk behavior is higher among those within lower social classes. Population studies show that there are clear difference in social classes with regard to food and nutrient intakes, low-income groups in particular have a greater tendency to consume unbalanced diets and have low intakes of fruit and vegetable (Delrala-Estevez, Groth, Johnsson, Oitersdorf, Prattala&Martinez-Gonzalez: 2000).

This implies that healthy choices today may influence health for the rest of one's life. It has been observed that many adult residents in Akwa-Ibom state engage in various unhealthy and risky lifestyle behaviours, such as inadequate nutritional intake, decreased sleep and exercise, increased smoking, substance abuse and other negative practices, which may produce long-term adverse effect on their health. These risks are associated with increased chances of contracting any of the four main non-communicable diseases (NCD), namely: cardiovascular diseases, diabetes, chronic lung diseases and cancer which affect individuals across all income groups in different countries and has also accounted for death of many.

Objectives of the Study

The main objective of this study was to find out ways gender and socio-economic status influence the eating

habits of adult residents in Akwa-Ibom State. Specifically, the study;

- 1) Determined ways gender influence eating habits of adult residents in Akwa-Ibom State
- 2) Determined ways socio-economic status influence eating habits of adult residents in Akwa-Ibom State
- 3) Identified ways of bridging the gender influence on eating habits of adult residents in Akwa-Ibom State
- 4) Identified ways of bridging socio-economic status influence on eating habits of adult residents in Akwa-Ibom State

Research Questions

- 1) What are the ways gender influence eating habits of adult residents in Akwa-Ibom State?
- 2) What are the ways socio-economic status influence eating habits of adult residents in Akwa-Ibom State?
- 3) What are the suggested ways of bridging gender influence on eating habits of adult residents in Akwa-Ibom State?
- 4) What are the suggested ways of bridging socio-economic influence on eating habits of adult residents in Akwa-Ibom State?

Methodology

Research Design: The study adopted expost-facto design because the researcher cannot manipulate the effect on the dependent variable but

just obtain the effect already existing in the natural course of events.

Area of the Study: The research area was Akwa-Ibom State, one of the 36 States in Nigeria with 31 Local Government Areas, and Uyo as the State Capital. The State is located on the coastal south southern part of the country. The major ethnic groupings in the state are Ibibio, Annang and Oron. Ibibio language is the major language spoken in the state with a few dialectical differences. They are also predominantly civil service state with the Government being the major engine of growth. Others outside the public sphere are mainly farmers and fishermen in the river line areas with few involved in local crafts such as raffia work, pottery and so on. Akwa-Ibom is also a major crude oil producing state (AK-SEEDS, 2004)

Population of the Study: The population of the study consisted of 1,983,202 males and 1,918,849 females in Akwa-Ibom totaling 3,902,051. (Federal Republic of Nigeria Official Gazette, 2009)

Sample/sampling Technique: Multi-stage sampling technique was used to select 420 adult residents in Akwa-Ibom State, consisting of 210 adult males and 210 adult females resident in Akwa-Ibom State. In the first stage, two senatorial zones out of three were selected for the study. The second stage involved proportionate distribution of the sample size into all the 21 local government areas that make up the selected senatorial zones. Twenty (21) villages were selected

from each of the local government areas. The last stage involved purposely sampling of 20 (10 adult males and 10 adult females) respondents from each of the selected villages to give the total of 420 respondents. They are purposely selected because most of them are income earners

Instrument for Data Collection: Questionnaire was the instrument used for data collection. It had a four point response scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). Three lecturers were used to validate the instrument. Two from the department of Home Economics/ Hospitality Management and Tourism, Michael Okpara University of Agriculture, Umudike and one from the department of Home Economics College of Education AfahaNsitAkwa-Ibom State. The reliability of the instrument was ascertained using Cronbach's Alpha Co-efficient, and a reliability index of .86 was obtained showing that the instrument was highly reliable.

Method of Data Collection: Copies of the questionnaire were distributed to the respondents with the help of two research assistants. A period of two weeks was given, of which at the end, 400 the copies were well filled and returned ensuring 95% return rate.

Method of Data Analysis: Mean was used to analyze all the research questions. A mean of 2.50 in the four point rating scale was "Agree"

otherwise any mean below 2.50 was regarded as “Disagree”

Findings: The following findings were made based on the research questions.

Results:

Data collected for the study are presented in Tables 1 to 4.

Table 1: Mean responses of respondents on ways gender influence eating habits of adult residents in Akwa-Ibom State

S/N	Items	X ₁	X ₂	X _g	Remark
1	Eat meat and poultry items to look big	3.80	2.20	3.0	Agreed
2	Eat fruits and vegetable to remain fresh	2.50	3.56	3.03	Agreed
3	Eat in-between-meals as part of daily activities	3.00	2.54	2.77	Agreed
4	Do not eat anything except water after 7.00pm	2.22	3.40	2.81	Agreed
5	Can eat any time of the day	3.68	2.02	2.85	Agreed
6	Skips meal to remain shapely	2.00	3.84	2.92	Agreed
7	Will always read and ask questions about what one consumes.	2.52	3.48	3.00	Agreed
8	Consumption of anything food	3.48	2.00	2.74	Agreed
9	Do not mind the meal size one eat at a sitting	3.56	2.48	3.02	Agreed
10	Can sit and eat anywhere	3.45	2.00	2.72	Agreed

Key: X₁= mean of males, X₂= mean for females, X_g= grand mean.

Table 1 shows that the respondents were of the view that gender really influence their eating habits. As can be seen from the table, the entire grand mean had mean rating above the cut-off point of 2.50

Table 2: Mean responses of respondents on ways socio-economic status influence the eating habits of adult residents in Akwa-Ibom State

S/N	Items	X ₁	X ₂	X ₃	X _g	Remark
1	Eats more with friends and family members than eating alone	2.56	3.00	2.78	2.78	Agreed
2	Lack of money to buy wholesome foods	3.46	2.68	1.82	2.65	Agreed
3	Lack of knowledge on diet and health	3.00	2.64	2.00	2.54	Agreed
4	Too much conflicting information on diet and health	2.64	2.68	3.00	2.77	Agreed
5	Non availability of the kind of food needed in my area	2.23	2.45	3.44	2.70	Agreed
6	Eating habits are influenced by friends	2.00	2.01	3.04	2.35	Disagreed
7	Lack of proper cooking facilities in my home	3.86	3.00	1.42	2.76	Agreed

8	Dwelling more on convenience and ready-to-eat food	1.00	2.22	3.02	2.08	Disagreed
9	Lack of transportation	3.66	2.45	1.00	2.37	Disagreed
10	Lack of time to buy and prepare food	2.34	2.32	3.46	2.70	Agreed
11	Lack of motivation and cooking skill	2.00	2.35	3.42	2.59	Agreed
12	Always experimenting with food	1.24	2.24	3.66	2.38	Disagreed

Key: X_1 =mean of low status, X_2 = mean of medium status, X_3 = mean of high status, X_g = grand mean.

Table 2 above presents the mean response of respondents of low, medium and high socio-economic status on the influence of their status on their eating habits. A look at the table shows that out of 12 items raised, 8 items were in agreement with the respondents, while 4 were not.

Table 3: Mean responses of respondents on ways of bridging gender influence on eating habits of adult residents of Akwa-Ibom State.

S/ N	Items	X_1	X_2	X_g	Remark
1	Exposing the residents to nutritional knowledge through seminars and workshops	3.68	3.46	3.67	Agreed
2	Stopping placing value judgment on what people do and do not eat provided they are not harmful	3.72	3.80	3.76	Agreed
3	Encouraging the residents to see that consumption of food is far beyond mere sustenance.	3.24	3.62	3.43	Agreed
4	Embarking on literacy campaign for the residents through church and village meetings	3.68	3.38	3.43	Agreed
5	Discouraging the fallacy that some class of food is exclusively reserve for males or females	3.20	3.32	3.26	Agreed

Key: X_1 = mean of males, X_2 = mean of females, X_g = grand mean

Table 3 shows that the grand mean of male and female indigenes of Akwa-Ibom State ranged from 3.43 – 3.76. This shows that all the grand means are above 2.50 indicating that the respondents agreed that all the items are ways of bridging gender influence gap on their eating habits.

Table 4: Mean responses of respondents on ways of bridging socio-economic status influence on eating habits of adult residents of Akwa-Ibom State

S/ N	Items	X_1	X_2	X_g	Remark
1	Easy access of markets as well as availability and variety of healthy food in neighborhood stores.	3.44	3.76	3.60	Agreed
2	Healthier foods and the more nutrient ones should cost less	3.86	3.88	3.77	Agreed

3	Bringing down the cost of transportation in the state	3.84	3.80	3.82	Agreed
4	Indigenes depending more on domestically produced food	2.74	2.68	2.71	Agreed
5	Individuals and families finding a way of generating income in support of family feeding	3.56	3.18	3.37	Agreed
6	Finding a way of preserving seasonal foods for indigenes to still access them when out of season.	2.74	3.02	2.88	Agreed

Key: X_1 = mean of males, X_2 = mean of females, X_g = grand mean

Table 4 above shows that all the items raised are ways of bridging socio-economic status influence on eating habits of Akwa-Ibom indigenes. This also shows that all the grand mean are above 2.50 and above.

Discussion of the Findings

The findings of this study in table 1 established that there is gender influence on eating habits of Akwa-Ibom indigenes. From the mean responses of males and females, there is establishment that females eat more of fruits and vegetables, they are selective in what they consume, they are so conscious of their shape by skipping some meals; they ask lots of questions about what they eat and so on. The findings also shows that their male counterpart eat more of meat and poultry items, they do not mind their meal size, they can sit and eat anywhere and so on. These findings are in line with Sabal (2005) who reported from his findings that there is consistent association between gender and specific foods where meat especially red meat, alcohol and hearty portion size are associated with

masculinity while vegetables, fruits, fish and sour dairy products are associated with femininity. It is also in line with Courtenay (2000), Gough & Conner (2006) reports which stated that women have been frequently engaged in far more healthy promoting behavior than men and they have healthier lifestyle pattern.

Findings in table 2 indicated that socio-economic status of Akwa-Ibom indigenes influence their eating habits. Out of the 12 items raised, 8 from the result of grand mean were in agreement with the respondent's opinion while 4 items were not. But from the individual means of low, medium, and high socio-economic status, there is great demarcation from what influence low, medium and high socio-economic class of indigenes. From the mean responses of low and medium class, what influence them are almost the same, while the mean response of high class is quite different. The findings show that lack of money to buy wholesome food, lack of proper cooking facilities in the home, lack of transportation, lack of knowledge on diet and health among

others are what influence low and medium. While lack of time to buy and prepare food, non-availability of the kind of food needed in my area, dwelling more on convenience and ready-to-eat food among others are what influence the high class. These findings are in line with population studies report which shows that there are clear differences in social classes with regard to food and nutrient intakes, low-income groups in particular have a greater tendency to consume unbalanced diets and have low in-take of fruits and vegetable (Delrala-Estevéz et-al, 2000). These findings also implies that the importance of food and eating extend well beyond the need of covering "physiological needs", playing a role in identity expression, communication, social interaction as well as in delineating status and gender roles. Therefore, eating behavior is likely to be vulnerable to various social influences including the desire to respond in a socially-desired manner (Herman, Roth and Polivy; 2003)

Table 3 findings showed that the respondents agreed to all the items raised as ways of bridging the gender influence on the indigenes of Akwa-Ibom State. Both males and females have mean responses above the cut-off point. They agreed that exposing indigenes to nutritional knowledge, avoiding placing value judgment on what people do and do not eat, seeing that consumption of food is far beyond mere sustenance, embarking

on literacy campaign for the indigenes are the sure ways of bridging the gap.

Finally, table 4 x-rayed ways of bridging socio-economic status of indigenes of Akwa-Ibom State. The males and their females' counterparts agreed to all suggested items. They agreed that easy access of market as well as availability and variety of healthier foods and nutritious food at a price the low class can afford, bringing down the cost of transportation, people depending on domestically produced food, families and individuals finding a way of generating income to support the family feeding income and improving storage and preservation skills for steady supply of seasonal foods will go a long way to bridge the gap.

Conclusion

From the findings of the study, the researchers conclude that eating habits of indigenes of Akwa-Ibom are not only based upon individual preferences, but are constrained by circumstances that are social economical and gender in nature. The finding reveals that adult males eat poultry items a lot while their female counterparts eat more of vegetables and fruits; skip meals to retain their shape among others. Implying that gender has influence on the residents eating habits. Socio-economic status is also influencing them because of class consciousness. But there is need to give the adults' residents seminars and workshops on nutrition education, advising them on how to

generate income in support of family feed, depending on domestically produced foods among others as ways of bridging gender and socio-economic influence on eating habits of adult residents of Akwa Ibom State.

Recommendation

From the findings of the study, it is hereby recommended that

- 1) There is need for a multidisciplinary approach targeting social-economic need of the adult residents
- 2) There is need to improve the nutritional knowledge of the residents, through teaching them various ways of doing that through their village and church meetings by extension workers

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