

Social Marketing Strategies as Predictors of Fast Food Consumption among University of Ibadan Undergraduates

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Abstract

Adequate food is an indivisible link to the inherent dignity and health of human beings and indispensable for fulfillment of other human functions. What an individual eats goes a long way to determine his or her physiological and social well-being. Inadequate nutrition lowers health and productivity as well as lessens effective pursuit of social and economic values. The study investigated social marketing strategies as predictors of fast food consumption among undergraduates of University of Ibadan, Ibadan. The study was carried out using descriptive survey research design and the data was analysed using inferential statistics of regression. 360 respondents were randomly selected and used. The study tested two hypotheses. All the hypotheses were rejected. The study therefore recommended that there is a need for health educators and other health practitioners to have a shift in paradigm from theoretical teaching to skill based health education in order to improve their services to clients especially students and adolescents.

Keywords: quality health, healthy eating, fast food, advertising.

Introduction

Good health starts with good nutrition. A good knowledge of what we eat and how we eat is therefore a necessity in maintaining good health. Quality of life according to Adeniyi (2005) is an overall sense of well-being, which means a healthy satisfying, meaningful and enjoyable life. The ability to live a quality life is therefore determined by the ability to experience the highest degree of satisfaction of one's needs, goals, expectations and standard of life all of which depends on an individual state of health. Health is the ability to live within one's self concept of adequate physical and social pleasure, vigour and enjoyment of all bodily functions and the ability to coexist with other people in the society. It is the ability to determine the quality of life a person enjoys through a balance between behaviour and presentation of diseases to attain a high level of wellness.

Quality health cannot be achieved only through medical prescriptions and cares rather than the individual modifications of factors associated with habit and lifestyle that can have adverse effects such as dietary pattern. Nelson, (2002), attested to the fact that inadequate nutrition is self-evident cause of ill health and major contributor to the high rate of death among children and young adults. Adequate food is an indivisible link to the inherent dignity and health of human beings and indispensable for fulfillment of other human functions. What an individual eats goes a long way to determine his or her physiological and social well-being. Inadequate nutrition lowers health and productivity as well as lessens effective pursuit of social and economic values.

Healthy eating is about getting the right and adequate food. This means having a variety of food which contains certain right nutrients needed by the body in the right proportion. The nutritional intake on the adolescents can have serious effect on their physical, physiological and social health (Moronkola and Aremu, 2004). Some abnormal feeding habit in adolescents may include skipping meals, snacking, eating away from home, consumption of fast food and trying unconventional diets (Ojo, 2003). This often led to over consumption of certain nutrients at the expense of others which may result in increase rate of obesity. WHO (2000) revealed that overweight and obesity increases the likelihood of suffering from cancer, coronary heart diseases, hypertension, osteoarthritis, stroke and reduces life expectancy by an average of nine years. However adolescents consume more of these fast foods through restaurants, on the street and at schools where most of the foods sold are ice cream, snacks, soft drinks, donuts, pastries, sausage roll, chicken and other foods high in saturated fats, cholesterol, sodium and sugar, all of which increases body weight.

Fast food refers to food that can be served ready to eat. The terms fast food and junk food are often used interchangeably. Most of the junk foods are fast foods as they are prepared and served fast, but not all fast foods are junk foods, especially when they are prepared with nutritious contents (Adeniyi, 2004). Fast foods can also be defined as convenience foods obtained in self service or 'take-away' eateries with minimal waiting and are usually characterized as energy dense, low in micronutrients and fibre, high in simple sugars and salt, generally larger in portion size than conventional home-cooked or restaurant foods and highly palatable (Rosenheck, 2008). Fast food is especially high in fat content, and studies have found associations between fast food intake and increased body mass index (BMI) and weight gain (Adeniyi, 2005).

According to Schroder, Fito and Covas (2007) research indicates that fast-food consumption can displace healthier food options and is associated with poor diet quality, decreased intake of fruit and lower micronutrient

intake, including calcium, vitamin C and folate. In children and adolescents, Lin, Guthrie and Frazao (2009) found that foods prepared away from home were higher in total and saturated fatty acids and lower in calcium, iron and fibre than foods prepared in the home. Fast food is especially popular among adolescents, who on average visit a fast-food outlet twice per week (Lin, Guthrie and Blaylock 2006). A survey of 4,746 students 17 to 24 years of age reported that about 75% ate at a fast-food restaurant during the week before the survey (French, Story, Neumark-Sztainer, Fulkerson and Hannan, 2001).

Today, eating out entirely has become a lifestyle, not just a special treat as it was in years past. Evolution of eating out and food away from home to an extent of food revolution is an outcome of changing food and eating habits of the consumers towards convenience in the present time-starved societies. Globalization has influenced the production and processing of food as well as its sales, preparations and consumption and with growing relative importance of snacks, burgers, pizzas and fizzy drinks, people are snacking in a new way.

Advertising is an immensely powerful tool, which can bend the decision of even the most clued-up consumers. It has the power to reinvent the familiar and make the unfamiliar trust worthy. It preys on the human need to belong and lures people into buying into a lifestyle, an identity. A survey study among college students in the US revealed that 73% people's consumption behaviour was influenced by viewing new deal promos on TV except 27% people; that means advertisement has been affecting consumption pattern of people (French, Harnack and Jeffery, 2000).

Fast food culture is an emerging trend among the younger generation. The ready availability, taste, low cost, marketing strategies and peer pressure make them popular with children and adolescents. Socio economic status is an important factor related to fast food consumption among children and young adults. In a study conducted in Hyderabad, children from high socio-economic status preferred fast foods to traditional foods despite their better nutritional knowledge (Anand, 2011). Proximity of fast food joints to households could also predispose to increased consumption. Junk foods are widely available in schools through variety of outlets. Cafeterias at the schools offer sodas, cold drinks, chips and many other foods of low nutritional value. Sale of junk foods in school cafeteria often competes with more nutritious school lunch schemes.

Statement of the problem

Fast food consumption and globalization of diet has lead to loss of traditional healthy food practices. One of the consequences of ready availability of cheap food outside the home is devaluation of cooking skills. Fast food pervades virtually all segments of society including local communities, public schools, and hospitals. Several dietary factors inherent to fast food may cause excessive weight gain such as massive portion size, high energy density, palatability (appealing to primordial taste preferences for fats, sugar, and salt), high content of saturated and trans fat, high glycemic load, and low content of fiber. It was also observed that in recent time, there has been a tremendous increase in the number of fast food centres within the colleges. The researchers also noticed that weight gain among college students is also apparent. Could this increment be as a result of fast food consumption? Thus, frequent fast-food consumption is also a health concern because most fast foods are rich in saturated fats, trans-fats, simple carbohydrates, and sodium, all of which are nutrients associated with hypertension, cardiovascular disease, and type 2 diabetes (World Health Organization, 2003). It is in the light of the above that the researchers examined the predictors of fast food consumption among University of Ibadan students.

Methodology

The descriptive survey research design was used. The population for this study is students of University of Ibadan, Ibadan, Oyo State, Nigeria. Three hundred and sixty respondents were selected using simple random sampling technique. Self developed and validated questionnaire tagged Social Marketing and Fast Food Consumption Questionnaire (SMFFCQ) with reliability co-efficient of 0.71 was used as instrument for data collection. Inferential statistics of regression was used to test the hypotheses at 0.05 Alpha level.

Results

Hypothesis 1: Social marketing (availability, accessibility and affordability) will not be significant predictors of fast food consumption among University of Ibadan Students.

Table 1: Regression table on relative contribution of social marketing variables

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.874	.765		2.451	.014
Availability	.176	.049	.146	3.571	.000
Accessibility	.262	.070	.150	3.710	.000
Affordability	.399	.059	.272	6.648	.000

Table 1 above shows that each independent variable, the unstandardized regression weight (**B**), the standardized

error of estimate (SE β), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in the table, all of the variables were independently significant. Affordability has the highest contribution of 27.2% ($\beta=.272$, $t=6.648$, $p<0.05$) followed by accessibility which contributed 15.0% ($\beta=.150$, $t=3.710$, $p<0.05$), then availability which contributed 14.6% ($\beta=.146$, $t=3.571$, $p<0.05$). Therefore, the hypothesis is rejected.

Hypothesis 2: There will be no significant joint contribution of the independent variables on the dependent variable.

Table 2: Composite effect of all the independent variables on the dependent variable

R	= .573				
Multiple R	= .328				
Multiple R ² adjustment	= .322				
Standard Error Estimate	= 3.01992				
Analysis of Variance					
Model	Sum of square	Df	Mean square	F	P
Regression	1588.01	3	529.337	57.98	.000
Residual	3251.25	356	9.13		
Total	4839.26	359			

Table 2 above shows that the linear combination of the effect of students' income, academic demand, school policy, social marketing availability, accessibility and affordability on fast food consumption was significant ($F(3,356) = 57.98$, $p < 0.05$). The independent variable also yielded a coefficient of multiple regression (R) of 0.573 and a multiple regression square (R²) of 0.328.

Discussion of findings

This result is in line with the findings of Anand, (2011) who stated that the ready availability, taste, low cost, marketing strategies and peer pressure make fast food popular with children and adolescents. He stated further that socio economic status is an important factor related to fast food consumption among children and young adults. This also corroborated the finding of Guo, Mroz, Popkin and Zhai (2000) in a study conducted in Hyderabad that proximity of fast food joints to households could predispose to increased consumption. French, Harnack and Jeffery, (2000) also supported this finding when they stated that junk foods are widely available in schools through variety of outlets. Cafeterias at the schools offer sodas, cold drinks, chips and many other foods of low nutritional value. Sale of junk foods in school cafeteria often competes with more nutritious school lunch schemes. They further stated that Price promotions create awareness of specific menu items, provide purchase incentives, or create repeat purchases among frequent patrons.

Conclusion and Recommendations

The study concluded that social marketing strategy contributed significantly to consumption of fast food among undergraduates in University of Ibadan. The result from this study has confirmed the need for health educator and other health practitioners to have a shift in paradigm from theoretical teaching to skill based health education in order to improve their services to clients especially students and adolescents. Therefore, efforts should be made in the area of interdisciplinary collaboration to ensure that dialogue and intervention on nutritional health needs integrate these contextual factors into social welfare in school. Furthermore, this review suggests that new intervention strategies must go beyond addressing the predictors to address the gravity of the health implications as well as the ways in which these implications mediate biological and genetic risks. It is important to note that the predictors discussed here do not occur in isolation; they are interrelated, and often, these determinants compound one another. The multi-factorial nature of the risks to the health and well-being of students, and the complex interrelationships among these factors, suggest that multidisciplinary interventions designed to address the dynamic intersection of these various predictors is needed. Multidisciplinary and interdisciplinary research, which would inform the development of intervention strategies, is also needed. Both basic and applied research is necessary, as well as interdisciplinary collaboration to develop interactive models and new stage-specific perspectives on human behaviour, health, and illness.

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