

HEALTH OR CONVIENCE IS THE CAUSE FOR FOOD HABITS AMONG YOUNG PROFESSIONALS

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ABSTRACT:

This investigation questions accepted beliefs about how gender, eating patterns, and health interact, showing that these factors are more closely related than simple preconceptions would have us believe. First, the conversation challenges the idea that eating habits and gender identity are inextricably linked, highlighting people's freedom to choose their own food preferences regardless of what society expects of them. Additionally, the investigation explores the complex relationship between eating habits and the frequency of eating meals produced at home, showing that this is not the only factor influencing health consequences. Finally, the discussion debunks the myth that there is a direct correlation between health and the amount of time spent preparing meals at home, acknowledging that a variety of factors beyond the home kitchen have an impact on an individual's overall well-being. Together, these abstracts support a broader, more inclusive conception of people's autonomy in creating varied, culturally-influenced, and health-conscious food choices.

KEYWORDS: Academicians, food habits, frequency of consumption, Health

INTRODUCTION:

In the contemporary world of fast-paced lifestyles and shifting dietary patterns, the relation between eating habits and health has become more and more significant to research. The vicenarian stage, which lasts from 20 to 29 years, is a crucial transitional period between childhood and adulthood. At this phase, there are significant changes in the social, psychological, and physical aspects of existence. This stage is crucial for forming long-lasting routines and laying the groundwork for long-term health.

It is imperative to confront preconceived conceptions and stereotypes that endure in a number of facets of our life in a society that values variety and inclusivity. One such area that is frequently subject to presumptions made by society is the one of eating habits. Despite what many people think, there is no intrinsic relationship between a person's gender identity and the foods they choose to eat.

Since food is essential to human existence, it has always been influenced by social, cultural, and gender standards. Gender stereotypes have always dictated which foods are better suited for different people. But when we work through the difficulties of contemporary life, it becomes more and more clear that these presumptions are unfounded.

The decisions we make about our food choices frequently have a ripple effect on different facets of our lives as humans. One common misconception that has endured over time is the notion that eating meals prepared at home more often is intrinsically connected to particular eating behaviors. However, it becomes clear from a closer look that there is more to this relationship than meets the eye between these two components.

According to the conventional wisdom, those who value home-cooked meals follow a specific diet, which is frequently linked to health, cultural standards, or economical concerns. But this assumption ignores the complex network of external factors that determine a person's eating habits outside of their home kitchen.

The goal of this investigation is to demolish the notion that eating habits have anything to do with how healthy a person's diet is. By doing this, we hope to expand the dialogue on nutrition and health by recognizing that people can choose healthful foods wherever in the world. On taking a closer look at the complex relationship between health and where our food comes from and realize that a healthy, well-balanced diet is the result of many different factors that go well

We shall review the literature, give actual data, and make linkages between vicenarians' eating patterns and health outcomes in the sections that follow. By conducting a thorough investigation, we hope to provide insightful information that advances our knowledge of this particular group.

LITERATURE REVIEW:

Henrietta, H. M. Raj, A. S., Meghavathi, M., Kavinil, V., & Giridharan, B. (2021) observed that a nutritious diet is essential to overall well-being. Not only may poor nutrition lead to significant problems, but it can also cause disorders like obesity, weight gain, etc. Human wellness is enhanced by nutrition, and it also enhances sleep patterns in people.

Mills, S., Brown, H., Wrieden, W., White, M., & Adams, J. (2017). There are conflicting reports about the relationships between diet and health and cooking and dining at home. The majority of prior research has examined indices of nutrient intake rather than overall diet quality or health, employed small, non-population-based samples, and concentrated on cooking rather than eating home-cooked food. Our goal was to determine whether eating more home-cooked meals was related in a cross-sectional way to diet quality and health of cardio-metabolic system.

Griffith, R., Jin, W., & Lechene, V. (2022). There is a correlation between the decrease in home-cooked food and the increase in salaries and labour market engagement. The findings demonstrate a negative correlation between female employment and wages and the cross-sectional expenditure share on home-cooked meals, as well as a correlation between household features and the amount of time spent preparing food. These associations suggest that a decline in the need for home-cooked food may have resulted from reduced household sizes and better employment prospects for secondary earners.

Dave, J. M., An, L. C., Jeffery, R. W., & Ahluwalia, J. S. (2009). Fast-food restaurants are seeing an even faster growth in customers, and eating out is becoming more and more prevalent. Fast food is defined as meals ordered without waiter service from self-service or carry-out establishments. Fast food is ubiquitous in almost every sphere of society, including public schools, hospitals, and local communities. It appears that significant marketing and advertising campaigns are running parallel to these movements. According to a National Restaurant Association survey, three out of ten customers said that eating in restaurants,

sense to educate the public on the negative health effects of fast food, there hasn't been much research done on how customers feel about the meal. Fast-food consumption is probably influenced by attitudes like perceived benefits (such cost savings, convenience, enjoyment, and flavour) and perceived drawbacks (like high calories, unhealthiness, etc.). Enhanced comprehension of customers' perspectives regarding fast food could facilitate public health initiatives aimed at enhancing dietary habits.

Alfawaz, H. A.(2012). observed that a significant segment of the male population believed that cooking was outside their skill set, which resulted in an increase in the number of male population eating fast food. According to the recent trends, females have also become more career oriented and often find no time to prepare and consume home food and as a result they too are preferring fast food.

RESEARCH GAP:

The review of literature suggested that the various studies focussed on food habits and food consumption patterns and preferences among, either the kids or women and men separately. In this context, the study focussed on food habits among both males and females, specifically in the age group of 20 to 29 years.

Further, the study focuses on the relationship between health and frequency of home food consumption and preferences.

STATEMENT OF PROBLEM:

The study was conducted to determine the types of food habits among young professionals and the relation between their health and food habits. Despite the awareness about health implications due to consumption of fast food and junk food, people are still consuming these foods in greater amounts when compared to home cooked foods. There are various factors which influence the choice of the people while consuming the food. The prominent factors are convenience, lack of time to cook food, career oriented females, financial factors and behavioral factors.

OBJECTIVES:

1. To identify the relationship between food habits and gender.
2. To analyse the frequency of consumption of home food in relation to other food habits.
3. To investigate the relationship between health and frequency of consumption of home

HYPOTHESIS:

H0: No relationship between gender and food habits.

H1: There exists a relationship between gender and food habits.

H0: No relationship between food habits and frequency of consumption of home food.

H1: There exists a relationship between food habits and frequency of consumption of home food.

H0: No relationship between health and frequency of consumption of home food.

H1: There exists a relationship between health and frequency of consumption of home food.

METHODOLOGY:

The study was focused on Vicenarians – young professionals, to find out their food habits and health issues experienced based on those food habits. The primary research by means of questionnaire was used to obtain the responses through google forms. The questionnaire majorly used Likert scales for obtaining responses. The sample size of the study was 80. The sample was selected such that it suffices the adequacy of scale validity and reliability. The tool used for analysis was the Chi-square test.

DATA ANALYSIS AND INTERPRETATION:

The questionnaire was drafted using google forms and a convenient sampling technique was used to obtain responses. The design for the questionnaire was based on frequency of consumption, various food types and preferences.

The responses were coded in excel followed by testing using SPSS version 16. The Chi-square test and correlation test was conducted to obtain the results.

Table 1.0 - To study the relationship between gender and food habits among young professionals.

H0: No relationship between gender and food habits.

H1: There exists a relationship between gender and food habits.

Case Processing Summary

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.735 ^a	2	.693
Likelihood Ratio	.733	2	.693
Linear-by-Linear Association	.422	1	.516
N of Valid Cases	80		

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
GENDER * FOOD HABITS	80	100.0%	0	.0%	80	100.0%

Count

	FOOD HABITS			Total
	HOME FOOD	JUNK FOOD	FAST FOOD	
GENDER MALE	9	14	13	36
FEMALE	12	20	12	44
Total	21	34	25	80

Chi-Square Tests

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.45.

**AS 0.05 IS LESS THAN p VALUE($0.05 < 0.693$), NULL HYPOTHESIS IS ACCEPTED.
HENCE, THERE IS NO RELATIONSHIP BETWEEN GENDER AND FOOD HABITS.**

Symmetric Measures

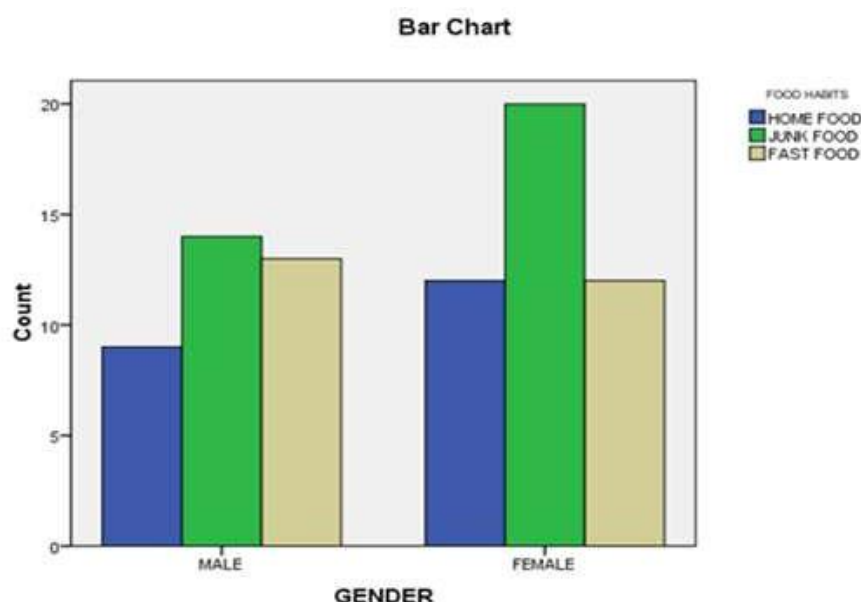
	Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Pearson's R				
Interval	-.073	.112	-.647	.520 ^c
Ordinal by Spearman				
Ordinal	-.074	.112	-.659	.512 ^c
Ordinal Correlation				
N of Valid Cases	80			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

INTERPRETATION:



The sample size is 80. From the above data, it is observed that:

- There is no relationship between gender and food habits.
- Junk food is consumed more by both male and female respondents.

Table 2.0 - To study the relationship between other food habits and frequency of consumption of home food among young professionals.

H0: No relationship between other food habits and frequency of consumption of home food.

H1: There exists a relationship between other food habits and frequency of consumption of home food.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
FREQUENCY OF CONSUMPTION OF HOME FOOD * FOOD HABITS	80	100.0%	0	.0%	80	100.0%

FREQUENCY OF CONSUMPTION OF HOME FOOD * FOOD HABITS Cross tabulation

Count					
		FOOD HABITS			
		HOME FOOD	JUNK FOOD	FAST FOOD	Total
FREQUENCY OF CONSUMPTION OF HOME FOOD	NEVER	2	6	3	11
	RARELY	5	3	7	15
	MORE THAN ONCE	11	12	11	34
	FREQUENTLY	3	6	4	13
	VERY FREQUENTLY	0	7	0	7
Total		21	34	25	80

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.392 ^a	8	.072
Likelihood Ratio	17.164	8	.028
Linear-by-Linear Association	.109	1	.741
N of Valid Cases	80		

a. 10 cells (66.7%) have expected count less than 5. The minimum expected count is 1.84.

AS 0.05 IS LESS THAN p VALUE ($0.05 < 0.072$) THE NULL HYPOTHESIS IS ACCEPTED. HENCE, THERE IS NO RELATIONSHIP BETWEEN OTHER FOOD HABITS AND FREQUENCY OF CONSUMPTION OF HOME FOOD.

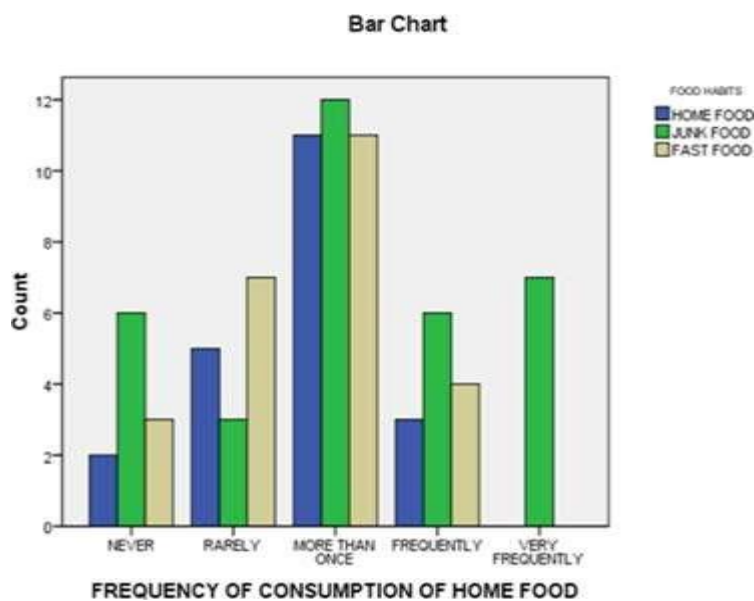
Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	-.037	.089	-.329	.743 ^c
Ordinal by Ordinal	Spearman Correlation	-.043	.098	-.379	.705 ^c
N of Valid Cases		80			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.



INTERPRETATION:

From the above study it is observed that there is a parallel relationship between frequency of consumption of home food and consumption of other foods.

It is analysed that people who consume home food more than once in a day also tend to consume more junk food and fast food. Thus, we can conclude that there is no relationship between the frequency of consumption of home food and other food.

Table 3.0 - To study the relationship between health and frequency of consumption of home food.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
FREQUENCY OF CONSUMPTION OF HOME FOOD * DEGREE OF HEALTH ISSUES EXPERIENCED WHILE CONSUMING HOME FOOD	80	100.0%	0	.0%	80	100.0%

CHI SQUARE TESTS

FREQUENCY OF CONSUMPTION OF HOME FOOD * DEGREE OF HEALTH ISSUES EXPERIENCED WHILE CONSUMING HOME FOOD Crosstabulation							
Count							
		DEGREE OF HEALTH ISSUES EXPERIENCED WHILE CONSUMING HOME FOOD					Total
		NO HEALTH ISSUES	HEALTH ISSUES EXPERIENCED RARELY	HEALTH ISSUES EXPERIENCED SOMETIMES	HEALTH ISSUES EXPERIENCED FREQUENTLY	EXTREME HEALTH ISSUES EXPERIENCED	
FREQUENCY OF CONSUMPTION OF HOME FOOD	NEVER	4	2	4	1	0	11
	RARELY	3	6	5	1	1	16
	MORE THAN ONCE	12	8	5	6	2	33
	FREQUENTLY	3	3	2	5	0	13
	VERY FREQUENTLY	1	1	2	2	1	7
Total		23	20	18	15	4	80

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.806 ^a	16	.613
Likelihood Ratio	14.512 ^a	16	.561
Linear-by-Linear Association	2.413 ^a	1	.120
N of Valid Cases	80		

a. 21 cells (84.0%) have expected count less than

5. The minimum expected count is .35.

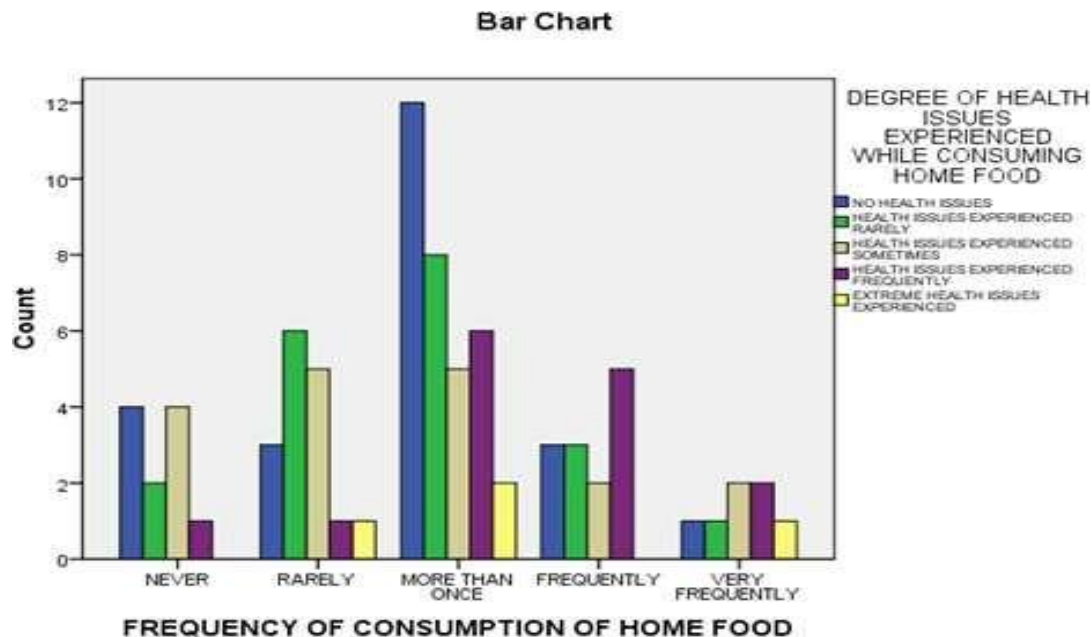
AS 0.05 IS LESS THEN p VALUE, THE NULL HYPOTHESIS IS REJECTED. HENCE, THERE IS NO RELATIONSHIP BETWEEN HEALTH AND FREQUENCY OF CONSUMPTION OF HOME FOOD.

Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	.175	.105	1.568	.121
Ordinal by Ordinal	Spearman Correlation	.154	.107	1.381	.171
N of Valid Cases		80			

a. Not assuming the null hypothesis.

c. Based on normal approximation.



INTERPRETATION:

The sample size is 80. From the above data it is observed that:

- No health issues experienced by people even though they do not consume home food.
- Even when people consume home food more frequently, they still experience extreme health issues.

This concludes that health of a person do not depend on the frequency of consumption of home food.

FINDINGS AND IMPLICATIONS:

- The research paper proves that there is no relationship between gender and food habits among young professionals.
- The study also emphasizes that there is no relationship between home food consumption and other food habits.
- The study further investigates and proves that there is no relationship between health and frequency of consumption of home food.

CONCLUSION:

As we come to the end of our investigation of the alleged relationship between eating habits and gender, it is evident that there is no solid evidence for this connection. Throughout the course of our research, we have demolished preconceived notions that claim particular meals are inextricably linked to particular genders. The diverse range of human eating habits, which are shaped by cultural differences, personal preferences, and individual freedom, highlights the absurdity of making nutritional decisions based solely on gender identity.

By separating our food choices from the context of our home kitchens, we recognize the multitude of factors that contribute to the formation of our dietary preferences. A complex interaction of cultural, societal, and individual factors determines one's dietary preferences, regardless of whether they are achieved through home cooking or other dining options. By tearing down stereotypes and recognizing the variety of eating habits, we open the door to a broader, more thorough understanding of nutrition that extends beyond the home kitchen and promotes a culture where people are empowered to make satisfying, well-informed food decisions based on their own preferences and situations.

After all of our research, a distinct and complex picture of the relationship between health and the frequency of eating meals prepared at home appears, one that casts doubt on the oversimplified theory that there is a direct correlation between the two. As we progress through this discussion, it becomes clear that a person's diet is healthful or unhealthy depending on a multitude of circumstances that go beyond the location of meal preparation.

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