Eating habits: determinants of Portuguese adolescents' choices

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Background: Proper eating habits are crucial to a healthy life. It is important to understand the determinants of eating choices made at adolescence because this stage of life is paramount for the formation of lifelong enduring habits.

Goals: To identify determinants of eating choices based on adolescents' perception and characterizing them, in particular, to the level of relevance attributed by adolescents.

Methods: A cross-sectional study was carried out, based on a sample of 358 adolescents (14-18 years old) from two schools of Coimbra. First, a quantitative study was carried out using the scales: EHA (eating habits scale), TAA-25 (eating attitudes test) and GSQ (general self-efficacy scale). In a second step, a qualitative study was carried out with subgroups that were selected from the results of the first phase of the study. These subgroups presented opposite patterns of habits (group A: better eating habits - EHA≥160 and group B: worst habits - EHA≤125) and we moved into a grounded theory approach with semi-structured individual interviews.

Results: Sex emerges as a determinant of eating choices pattern, with girls assuming more adequate eating habits ($t=3.84; p<.0001; r^2_{adj}=0.037, p<.0001$). The perception of general self-efficacy assumes greater relevance for boys, functioning as a protective factor that reduces unhealthy options. Through multinomial regression models, we could see that gender and general self-efficacy have a big influence on eating habits. The ideals of beauty have influence on this effect. Resisting adversity has an important influence in the choices, being associated to self-regulation. The situations of risk to develop an eating behavior disturbance appear mainly in the cases of adolescents presenting better habits ($r_{SP}=0.203; p<.001$) and are more frequent in girls ($t=3.54; p<.0001; OR=4.04$). Through content analysis it was possible to identify determinant factors that were perceived by adolescents in both groups. The ones that were more often mentioned (in a decreasing order) were family influence, taste preferences, knowledge of healthy eating rules and availability. This was followed by determinants such as self-control capacity, feeling well or bad, peer influence, feeling hungry or full, developing a task or not, impulsiveness, time available and humor/stress.

Conclusions: The differences found between sexes can justify differentiated interventions. Our results also suggest the relevance to work on self-image. Family must be considered as an integrating part of the interventions in health education. Political measures taken by schools and government agents can also have a very important role in making healthy choices easier and, therefore, in establishing healthy eating patterns.