The Professional Medical Journal
www.theprofesional.com

ORIGINAL PROF-2469

FOOD FADDISM;

ITS DETERMINANTS & HEALTH OUTCOMES AMONG RESIDENTS OF TALUKA LATIFABAD, HYDERABAD.

Dr. Khalida Naz Memon[1], Dr. Khalida Shaikh[2], Dr. Lal Bux Khaskheli[3], Dr. Shazia Shaikh[4], Dr. Saeeda Memon[5]

1. Associate Professor, F/O Community Medicine & Public Health Sciences LUMHS, Jamshoro
2. Assistant Professor Department of Physiology, LUMHS, Jamshoro
3. Assistant Professor, Department of Anatomy, LUMHS Jamshoro
4. Assistant Professor, F/O Community Medicine & Public Health Sciences LUMHS, Jamshoro
5. Woman Medical Officer C.D.F Hospital, Hyderabad

Correspondence Address:
Dr. Khalida Naz Memon
Postal address: 11-A, Mohammadi Town, Wadhoo Wah Road, Hyderabad.
knazmemon63@hotmail.com

Article received on: 18/03/2014
Accepted for Publication: 19/06/2014
Received after proof reading: 16/08/2014

ABSTRACT… Background: Food faddism may be labeled as an ice-berg phenomenon occurring in our population; still there is dearth of research work on this issue; therefore we conducted a baseline study on this problem of public health importance in order to explore hidden facts about this practice. **Objectives:** (1) To assess the food faddism practices among residents of Taluka Latifabad, Hyderabad. (2). To determine the risk factors associated with food faddism. (3). To determine the association of food faddism to health status of the participants. **Study design:** Cross sectional study. **Place of study & duration:** A community based study of two months' duration (from 1st May-30thJune 2013) conducted in Taluka Latifabad units 4, 7 & 12, district Hyderabad. **Methodology:** 450 subjects were selected by convenience type of sampling & were registered for the study. The sample comprised of 200 women of child bearing age and 250 children of age ≤ 5 years. **Results:** The frequency of food faddism was found to be 58% i.e. 71.5% among women of child bearing age and 47.2% among children at age ≤ 5years. Living in joint families & being illiterate were associated factors for practice of food faddism (p=0.01) & (p=0.04) respectively. Majority (79.31%) of respondents got advice for this practice from family elders; while 36.78% got such advice from family physicians. Being malnourished & borne as low birth weight were its major health outcomes among children. **Conclusions:** Food faddism intangibly affects women & children's health; therefore elders of the families as well as family physicians should be taken on-board to control this dietary malpractice in the communities.

Key words: Food faddism, determinants, outcomes, malnutrition, low birth weight.

Article Citation: Memon KN, Shaikh K, Khaskheli LB, Shaikh S, Memon S. Food faddism; its determinants & health outcomes among residents of taluka latifabad, hyderabad. Professional Med J 2014;21(4): 691-696.

INTRODUCTION

Food faddism is a term generally used to describe a particular food or food group that is exaggerated in the routine diet or is eliminated in order to cure specific disease[1].

Food faddism is labeled by some researchers as an unhealthy practice and is often associated with eating disorders[2]. Misinformation about foods plays a role in practicing food faddism[3]. The most serious problem with food faddism is the advocation of the view that the individual is his own diagnostician and physician; this in turn may lead to more exaggeration of the harmful effects of this practice because of the firmness of beliefs of the person practicing it.

Unfortunately the foods having highest caloric value are the most commonly thought fad foods[4]. The practice of food faddism generally affects the health of individuals and specifically it affects the nutritional status. Very little research work has been done in our country on this issue of public health importance; therefore the current study was designed to assess its frequency, determinants as well as its association to health status of common vulnerable strata of our population. It is very essential to know the prevalence of this practice within communities so as to design awareness programs for them.

METHODOLOGY

Objectives

1. To assess the food faddism practices among residents of urban and slum areas of Taluka Latifabad, District Hyderabad.
2. To determine the factors associated with food faddism practices among participants.
3. To determine the association of food faddism to health status of the participants.

MATERIAL & METHODS

Study Setting & Study Design

A community based cross sectional study was conducted in Units 4,7 & 12 of Taluka Latifabad, District Hyderabad. Latifabad is one of the major Talukas of District Hyderabad having an estimated population of 1.5 million. It is administratively divided into twelve units and seventeen union councils. The residents in these localities belong to lower middle or middle classes[5].

Study Population & Sampling Technique

According to HMIS (Health Management Information System) report 2012-13, women in reproductive age constitute 26% of Pakistan's population[6]; similarly, according to census report of year 1998, children under 15 years comprise of about 40% of the total population[7]; while PDHS report 2012-13 reveals this figure as 38 per cent[6]. We were more concerned about women at child bearing age (CBAs) i.e. between 15 – 45 years of age and children less than five years age, therefore we collected data on two hundred women of child bearing age and two hundred and fifty children of less than five years of age.

The responders were selected by convenience sampling technique. In order to include more wide spread participation of the subjects, we collected data from separate families for women and children.

Data Collection and Analysis

After taking permission from the responders and assuring them for maintenance of secrecy of the information given by them, the investigators themselves collected the data from the participants on a questionnaire mainly comprising of close ended questions. Few open ended questions were also incorporated in the questionnaire in order to record the perceptions of participants regarding food faddism. The women were the respondents.

In the study, the subjects whose diets were deliberately made deficient regarding one or more particular food item were labeled as practicing food faddism.

The variables of interest included age and gender of children, level of education of mothers/care givers, family system (nuclear/ joint family), reasons for food faddism, source of inspiration for practice of food faddism i.e. social influences, the association of this practice to participants' nutritional status. The history of giving birth to low birth weight (LBW) babies was also recorded from women of child bearing age (CBAs).The data management & analysis was done in SPSS version 16. The qualitative variables were analyzed by applying Chi-square test. The p value ≤ 0.05 was taken as the level of significance for the associations.

RESULTS

Among the total sample of four hundred & fifty subjects, 261(58%) were found as food-faddist (Fig-1); among them 134 (51.34%) belonged to poor socio-economic class ($p=0.06$). 208(79.69%) were either illiterate or primary educated; while remaining 53(20.31%) were more than primarily educated ($p=0.04$) (Fig-2). Majority i.e 213(81.6%) were residing in joint families ($p=0.01$); Among total four hundred & fifty respondents, 200 were females at child bearing age; among them there were 143(71.5%) females who were practicing food faddism for one or more foods. 87(60.83%) women were those who were food faddists for more than one foods. Among 143 women giving positive history for faddism, 78(54.54%) were reported to be allergic to chicken and/or eggs; 21(14.68%) gave history of milk allergy; 19(13.28%) were those who were using gluten free diet due to chronic diarrhea. Twenty three (16.08%) were the women who were

using special slimming tea to reduce their weight. (Fig-3). Among 261 participants practicing faddism, 207 (79.31%) got advice for this practice from parents/ grandparents; 34 (13.02%) got advice from neighbors/ family friends. Surprisingly, 96 (36.78%) participants got advice from family physicians to avoid taking certain foods (Fig-4).

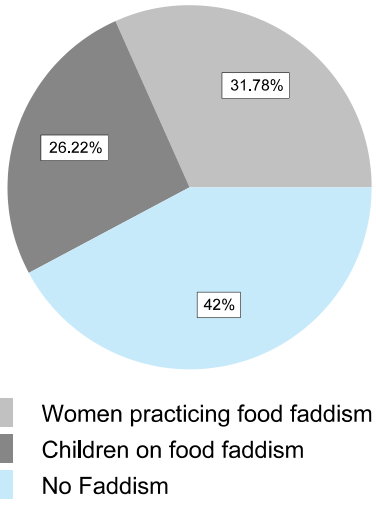

Fig-1. Distribution of study population practicing food faddism

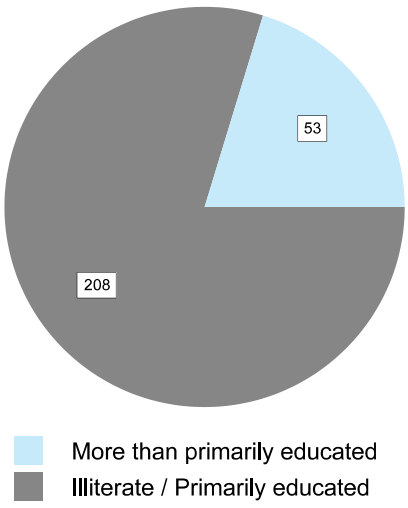

Fig-2. Educational status of participants practicing food faddism

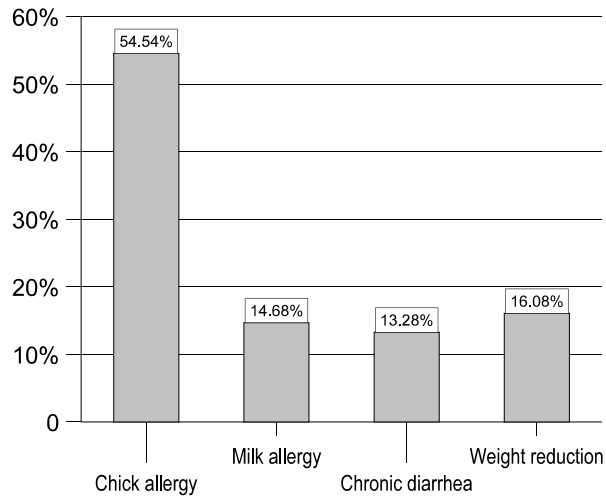

Fig-3. Reasons for practicing food faddism among women at child bearing age

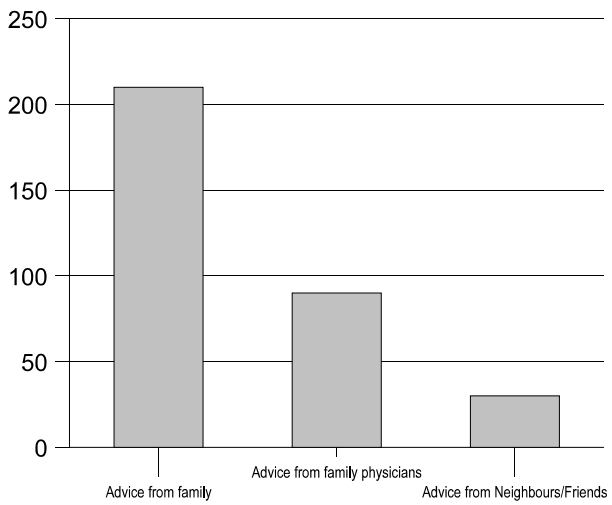

Fig-4. Distribution of study population regarding social influences & food faddism

Among faddists women, 113 (79.02%) were themselves malnourished; while 102 (71.32%) among them gave history of delivering LBW babies at least once in their reproductive life. Among a total of 250 children on whom data was collected, 118 (47.22%) were those whose mothers/care takers were restricting their diets; among them 94 (79.66%) were those children whose diet was restricted for two or more food items. The mean age of children covered in our

study was 2.4 months with standard deviation of ± 0.8 months around the mean. Among children, 87 (73.72%) were females while remaining 31 (26.27%) were males. There was no significant association observed regarding age or gender of children to the occurrence of food faddism (p= 0.10) & (p=0.12) respectively. The reasons given by mothers for this practice was complaint of flu after taking yogurt (81.35%), skin allergy after taking eggs (85.59%) and diarrhea (56.77%). Among total 118 children, 89 (75.42%) were malnourished i.e their weights were between 60-80% of the expected weight for their age. One hundred & two children were born as low birth weight (LBW).

DISCUSSION

Dietary habits are one of the life styles that affects health status of individuals as well as communities as a whole. It has been observed that even in developed countries, an emphasis is placed on eating certain foods to express a particular lifestyle[1]; this practice is even more common in developing countries like ours. The current study focused on the most vulnerable group of our population i.e. the women at child bearing age & children ≤ 5 years of age. The study highlighted that the frequency of this practice was 58%. Weems M cited that collective faddism which involves large groups of people produces the most problems[8]. With the advancement in means of communications, people have now become aware about their health issues & they try to solve their health issues on their own way. Yang R cited that with developments in the fields of organic and biological chemistry, nutrition has emerged as a science[9] and the nutritional status & nutritional practices still depends upon the socio-demographic profile of the populations. Regarding our study, we found that 134 (51.34%) of those who were practicing faddism belonged to poor socio-economic class (p=0.06).

208(79.69%) were either illiterate or primary educated; while remaining 53(20.31%) were more than primarily educated (p=0.04). Majority i.e 213 (81.6%) were residing in joint families (p=0.01); being illiterate & living in joint families were associated factors for food faddism[10]. It has been researched that women are the most vulnerable group in population to observe this practice not even for themselves, but for their children, too. Our study revealed that among a total four hundred & fifty female respondents, 143 were those who were observing faddism for one or more foods for themselves; another 118 were women who were restricting one or other diet to their children due to some reason. Robert I F also conclude that that as far as this practice is concerned , children & women are the most affected group of population[11]. As a matter of fact, we found that among faddists women reported in our study, 113 (79.02%) were themselves malnourished; while another 102 (71.32%) women gave history of giving birth to low birth weight deliveries at least once in their reproductive life. Low birth weight had been commonly observed in families who strictly observed the food faddism as was cited by Walker, W. A et al[12]. Robert I F et al cited that severe nutritional disorders, including kwashiorkor, marasmus, and rickets, were seen in four children and were due to parental food faddism, which should perhaps be regarded as a form of child abuse. All disorders could be corrected with more normal diets and vitamin supplements. In view of the potentially serious consequences of restricted diets being fed to children, families at risk should be identified and acceptable nutritional advice should be given[11]. Food faddism had been implicated as one of the factors determining the nutritional status of children[13]. Being born as low birth weight or intra uterine growth retarded is one of the outcome of poor dietary habits including faddism[14]. Bhutta, Z. A., & Haider, B. A observed that even in the developing world, deficiencies of micronutrients may be associated with low maternal education & food faddism[15].

Fad diets had been determined as risk factors for developing malnutrition as well as micronutrient deficiencies[16].

In our study, 54.54% of the women giving positive history for food faddism were reported to be allergic to chicken and/or eggs; another 14.68% gave history of milk allergy. Contrasting to it,

among children complaint of flu after taking yogurts was the reported complaint by 81.35% of the mothers ; while skin allergy after taking eggs 85.59% & diarrhea among 56.77% of the children. Although food allergy is becoming an increasing problem worldwide, with an estimated 6–8% of children affected at some point in their childhood, but misconceptions on the part of the care takers should also be taken into consideration[17]. Palmquist, D. L cited that milk & dairy products have highest nutritional energy levels but unfortunately these are the most commonly thought fad foods too4. Meat had been also considered as a risk factor for food faddism due to its allergic & carcinogenic effects[18]. Micronutrient deficiencies are self perpetuated in food faddism & they in turn increase the vulnerability to allergies[19]. It is therefore advised to make a balance between what to eat & what not to eat[20]. Regarding the reasons reported for practicing food faddism it was seen that in our study,79.31% of the total respondents got advice for practice of faddism from parents/ grandparents as they were residing in joint families; 13.02% were influenced from neighbors/ family friends.

Surprisingly, 36.78% got advice from family physicians to avoid taking certain foods. Family physicians had been highlighted as playing a role in advising the masses about the right food to take[21]. Therefore clinical awareness is required among health professionals & it remains an essential part of holistic care of the communities[17].

CONCLUSIONS & RECOMMENDATIONS

Food faddism is intangibly widely practiced in our community; unawareness as well as other socio-demographic factors play the underlying role for this practice. A large scale community based research on a large sample size is needed to determine the underlying factors as well as to estimate the impact of this practice on health of the vulnerable population. It is also imperative to elaborate the role of general practitioners on this issue; the health education programs may be planned to make good use of family physicians in educating the masses on this issue of public health importance.

REFERENCES

1. McBean L D, Elwood W. Speckmann L. **Food faddism: a challenge to nutritionists and dietitians.** Am J of Clin Nutri, vol 27,(2004); 1071-78.
2. Psychology Dictionary: **Accessed on** http://psychologydictionary.org/food-faddism/#ix. www.oxfordreference.com.Accessed on Oct 11th, 2013.
3. Pollan M. **In defense of food: An eater's manifesto.(2008).** Penguin. com. Accessed on Oct 13th, 2013.
4. Palmquist D L. (). **Great discoveries of milk for a healthy diet and a healthy life.** JAMC.39, (2010); 465-477.
5. Taluka **Municipal Administration Latifabad.** Accessed on www.tmal.gos.pk/history. Accessed on Oct: 17th 2013.
6. Pakistan Demographic and Health Survey Report 2012-13. **National Institute of Population Studies, Islamabad.** ICF International. Calverton, Maryland, USA.
7. Pakistan Census-1998. www.census.gov.pk.
8. Weems M K. **Dietary opinions and practices of selected elderly persons.** (2012). Accessed at books.google.com/.../Dietary_Opinions_and_Practices_of_Select. Accessed on Oct 14th, 2013.
9. Yang R. **The Invention of Nutrition.** (2010). Accessed on 10th Oct, 2013. Accessed at https://digital.lib.washington.edu/xmlui/handle/1773/15919?.
10. Miriam LA, Bradley K. **The forces shaping the future of food.** Rod Falcon Food web 2020. www.iftf.org/ FoodWeb2020report.
11. Roberts I F, West R J, Ogilvie D, Dillon M J. **Malnutrition in infants receiving cult diets: a form of child abuse.** Br Med J. 2009; Feb 3; 1(6159): 296–98.
12. WalkerWA, Duggan C, Watkins, J B. (Eds.). (2003). **Nutrition in pediatrics: basic science and clinical applications.** PMPH-USA: 1324-36.
13. Radi S, Mourad TA, Papandreou, C. **Nutritional status of Palestinian children attending primary health care centers in Gaza.** The Indian Journal of Pediatrics, 76(2); (2009). 163-166.

14. Malhotra N, Puri R, Malhotra J, Malhotra B, Rao JP. **Maternal-Fetal Work-up and Management in Intrauterine Growth Restriction (IUGR).** Donald School Journal of Ultrasound in Obstetrics and Gynecology, 4(4); (2010): 427-32.

15. Bhutta ZA, Haider BA. **Prenatal micronutrient supplementation: Are we there yet.** Canadian Medical Association Journal, 180(12); (2009): 1188-89.

16. Neri S, Pollicino C, Rizzotto A, Arcidiacono E . **A Forgotten Disease in the Land of Citrus Fruit.** J Nutr Disorders Ther 2; (2012):106.

17. Steinman H. **Nutritional implications of food allergies..** South Afr J of Clin Nutr Vol 23(1); (2010):541-46.

18. Kushi L. **American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention: Reducing the risk of cancer with healthy food choices and physical activity.** Ca-Can J Clin. 2006;56(5):254-81:255-256.

19. Khan RM., Iqbal M P. **Deficiency of Vitamin C in South Asia.** Pak J Med Sci, 22(3), (2006): 347-54.

20. Michaelsen KF. **Complementary feeding of young children in developing countries: a review of current scientific knowledge.** Am J of Clin Nutri, 71(2), (2010): 605-06.

21. Fad diets: Look before you leap. **Food Insights. Current topics in food safety & nutrition.** Mar-Apr: 2010. www.food insight.org. Accessed on Oct 19th 2013.