

## **Commitment to Nutrition Preventive Health Behaviour**

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**Abstract:** *The focus on prevention in the health services is on the increase lately. While nutrition as a preventive healthbehaviourhas also gained popularity as the health sector is trying to identify the causes of some of the diseases that plague the society. This study then examined the extent at which people are really committed to their nutrition as a preventive measure for diseases, the role of personality and health status on commitment to nutrition. Four hundred and sixty one (461) individuals were involved in the study comprising of one hundred and ninety (190) males and two hundred and seventy one (271) females, This include one hundred and forty nine (149) healthy and three hundred and twelve (312) ambulatory patients drawn from University College Hospital Ibadan and University of Ado-Ekiti, both in Nigeria. Big Five Personality Inventory was employed to measure personality characteristics while Dietary Health Scale measured commitment to dietary health behaviour. The results showed that only conscientiousness and neuroticism has significant influence on commitment to nutrition, no significant difference between the commitment of male and female, and married were found to be more committed than singles while healthy individuals were also found to be more committed to nutrition than the ambulatories.*

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### **I. Introduction**

Behaviour is any activities or range of actions and mannerisms made by organisms, systems or artificial entities in conjunction with their environment, which includes the other systems or organisms around as well as the physical environment. It is the response of the system or organism to various stimuli or inputs whether internal or external, conscious or subconscious, overt or covert and voluntary and involuntary. Bloomberg (1987)

Behaviour change has become a central objective of public health intervention over the last half decades, as the influence of prevention within the health services has increased. The increased influence of prevention has coincided with increased multilateral and bi-lateral aid in the area of human development and the increased need for the international development community to show cost effectiveness for allocated money spent for.

Overtime it has been discovered that many health conditions are caused by risk behaviours such as problem drinking, substance use, personality trait, unprotected sexual intercourse, over eating etc. The key question in health behaviour research is how to predict and modify the adoption and maintenance of healthy behaviours (National Institute of Health Service 2000).

### **II. Statement Of The Problem**

Preventive health behaviour is any activity undertaken by an individual who believe in him/herself to be healthy for the purpose of preventing or detecting illness in an asymptomatic state.

Although, it is necessary for an individual to prevent his/her health from any related illnesses or sickness but the problem here is that, preventive health-related behaviour may, or may not improve health outcomes. It is becoming increasingly common for people to use a range of complementary and alternative medicines to improve their health. However, people especially illiterates are ignorant, unconscious of nutrition; their belief is much more on herbal medications which its hope of improving health is without clear evidence. Poor nutrition causes poor hygiene, distortions in the functionality of the brain, high blood pressure, diabetes, eating disorder e t c. However, malnutrition globally provides many challenges to individuals and societies. Lack of proper nutrition contributes to worse class performance, lower test scores and eventually less successful students and a less productive and competitive economy. Malnutrition and its consequences are immense contributors to deaths and disabilities worldwide.

The main purpose of this research work is to determine whether personality has influence on the preventive health behaviour of an individual in relation to their nutritional style.

However, other purposes of this study are: To show the differences between the commitment to nutrition of ambulatory patients and healthy respondents, to determine whether there will be a difference between male and female commitment to nutrition, to show whether married will be more committed to nutrition than single respondents. The outcome of this study is hoped to give a better understanding on the

nutritional styles of an individual in managing his/her health related behaviour effectively. It is also expected as well to enable an individual (particularly adult aged (30-50) years to provide needed information that will aid efficient control of their health behaviour and also to increase their knowledge of the influence of personality on the preventive health behaviour of an individual.

Conclusively, the main and primary significance of this study is to understand the personality attributes that associated with healthy behaviour, enlightened individual based on their nutritional styles and as well as their personality in managing their health related behaviour effectively and to also add to the available literature.

### **III. Hypothesis**

1. There will be significant influence of personality on commitment to nutrition
2. There will be significant difference in the commitment to nutrition between ambulatory patients and healthy respondents
3. There will be no significant difference between male and female commitment to nutrition.
4. Married will be significantly more committed to nutrition than single respondents

### **IV. Research Method**

This study was carried out within two institutions: University College Hospital and Ekiti State University. The sample involved one hundred and ninety (190) males and two hundred and seventy one (271) females, One hundred and forty nine healthy (149) and three hundred and twelve (312) ambulatories.

However, the design used is the expo- facto in which copies of questionnaire were given out. For the purpose of gathering data from the respondents, the instruments used for this study were structured questionnaires. This entails the respondent's characteristics which vary from Age ranging from 17 to 80, Marital status, Gender, Health status and Body weight. Measures were obtained on the personality of participants with the use of Big Five personality inventory (BFI-10) developed by Rammstedt and Oliver (2007).

The BFI –10 new ten-items inventory as psychological instrument assesses personality characteristics from 5 dimensions namely;

Agreeableness: Altruism, Trust, Modesty, Pro social attitudes

Extraversion: Activity and energy level traits, sociability and emotional expressiveness.

Conscientiousness: Impulse control, goal directed behaviour

Openness: Breadth, complexity, and depth of an individual's life.

Neuroticism: Emotional instability, anxiety, sadness and irritability.

The psychometric properties were provided by Rammstedt and Oliver (2007), this is done through the part-whole correlation of the BF 1 – 10 items scales with BF1 – 44 item scales, test retest stability and self – peer external validity in US and German samples. The overall mean correlation is .83 overall mean retest stability coefficient = .75, suggesting that BF1 – 10 scales achieved respectable levels of stability. It has a retest reliability of .72

To measure preventive behaviour in relation to nutrition (i.e. Dietary Health Behaviour), Dietary Health scale by Cynthia W. Kelly (2005) was employed. The 10 items inventory was designed to measure commitment to dietary health behaviour.

Direct scoring was used for 3 items while item number four (4) was not scored due to the ambiguity of the item, other items were scored reversely. The reversed (R) items are scored thus (5 = 1, 4 = 2, 3 = 3, 2 = 4, 1 = 5).

### **V. Statistical Analysis**

The scores obtained in study were analysed using the IBM SPSS package Independent t-test and regression analysis was used to test the hypotheses

### **VI. Results**

**TABLE 1:** Pearson Product Moment Correlation table showing the relationship among variables

Variables	1	2	3	4	5	6	7	8
1. Age	1.00							
2. Weight	.68**	1.00						
3. Openness	.33**	.254**	1.00					
4. Conscientiousness	.136*	-.007	.105*	1.00				
5. Agreeableness	-.213**	-.196**	-.228**	-.111*	1.00			
6. Neuroticism	.180**	.156*	.218**	.012	.018	1.00		
7. Extraversion	.036**	.004	.023	.053	-.035	-.122**	1.00	
8. Commitment to Nutrition	.123**	.148**	.098*	.167**	.010	.161**	.131*	1.00

TABLE 2: Regression summary table showing the influence of personality on preventive health behaviour

Variables	Beta	t	R	R <sup>2</sup>	F
Openness	.082	1.71			
Conscientiousness	-.179	-3.89*			
Extraversion	-.006	-.14	.25	.66	5.95*
Agreeableness	-.014	.29			
Neuroticism	-.144	3.09*			

\* P < .05

Table 2 shows that only conscientiousness and neuroticism have significant influence on commitment to nutrition.

TABLE 3: Independent t- test summary table showing the difference in the commitment to nutrition based on different attributes of the respondents.

	Variable	N	Mean	SD	SE	df	t
Health status	Ambulatory	313	31.63	5.39	.31	458	2.98
	Healthy	147	33.27	5.81	.48		
Sex	Male	198	32.56	5.41	.38	458	1.35
	Female	262	31.85	5.91	.35		
Marital status	Single	190	31.52	6.14	.45	458	-2.04*
	Married	270	32.59	5.11	.31		

\* P < .05

Table 3 shows there is a significant difference in the commitment to nutrition between ambulatory patients and healthy individuals.  $t(458) = -2.98 p < .05$ ; there is no significant difference between male and female in commitment to nutrition.  $t(458) = 1.35 p > .05$ ; Also, Married are significantly more committed to nutrition than Single respondents.  $t(458) = -2.04 p < .05$

### VII. Discussion

The first hypothesis was that personality will have a significant influence on commitment to nutrition and it was observed from the table of the result that only conscientiousness and neuroticism have significant influence on commitment to nutrition. The findings of this study are in agreement with Robert (2013) in his study which shows that changes in conscientiousness were significantly and positively correlated with changes in preventive health behaviours in relation to commitment to nutrition. Individuals that are conscientious tend to have impulse control and goal directed behaviour, this may make them to be focused and stay committed to their nutrition, they tend to be very vigilant of their diet. Neuroticism personality is characterised by anxiety and sadness, therefore individuals with neuroticism personality may be committed to nutrition because of the fear of ill health

The second hypothesis predicted that, there will be significant difference in the commitment to nutrition between ambulatory patients and healthy respondents and it was observed from the tables of results that healthy respondents are more committed to nutrition than ambulatory respondents  $t(458) = -2.98 P < .05$ , This result is in agreement with the findings of Bruce (2013), which shows that early malnutrition causes body illness and also, malnutrition in the first year of life, when a child is deprived of good health predisposes people to troubled personality. However, it can be deduced that the healthy respondents are healthy because they take into cognisance what they consume whereas the ambulatory patients are expected to be more conscious of their

nutrition, knowing the importance of nutrition which goes a long way to make them healthy and to improve their health condition in as much 'HEALTH IS WEALTH'.

The third hypothesis posited that, there will be no significant difference between male and female commitment to nutrition was confirmed as it was observed from the table of results that male that there is no significant difference in the commitment to nutrition between male and female respondents. This result is contrary to the findings from the literature, that females are reportedly more concerned about their diet and they stay more committed to nutrition than males. Lombard (2009) for example in his findings reported that women are significantly more likely to nominate disease prevention strategies which includes; commitment to nutrition, lifestyle, a stable home life and environment as influencing health than men. Moreover, females are expected to be much more conscious of their diet in order to avoid being too fat (obesity), this is as a result of societal labelling to body physique. Society labelled slim as beauty and normal, thereby tagged different names for an obese individual such as lazy, dirty etc. meanwhile, findings in this study corroborated with that of Janet (2009) which shows that most women encourages men to stay committed to nutrition in order to avoid some rough posture like big stomach belly which sometimes causes low performance in sexual activities, unhealthy status, diabetes etc.

The fourth hypothesis posited that, marital status will have a significant effect on commitment to nutrition and it was observed from the table 3 that married ( $t=32.59$ ) are more committed to nutrition than single ( $t=31.52$ ) respondents ( $n=458$ ) = -2.04  $P < .05$ . This result is in agreement with the findings of Janet (2009) which shows that married were more likely than younger individual to report participating in specific screening health checks including; prostate check, cholesterol, blood glucose among others. However, findings in this study also supported the assertion that married are more committed to nutrition than singles. Married women are very much cautious of their diet during pregnancy in as much nutrition helps the developing neonates to be sound physiologically, and aids a well-developed organs and brain. However, nutrition goes a long way in breast feeding. Married are more likely to be more committed to nutrition during this stage, good nutrition enriches breast milk by providing necessary supplements like iron, calcium, zinc and phosphorus which helps to develop the infants and provides necessary protein and vitamins needed for child growth. There is tendency for collaboration between husband and wife in helping each other to maintain healthy behaviour. And findings of Omolayo and Mokuolu (2004) reported that the psychological wellbeing of single ladies are affected as a result of societal perceptions of them, this leads to frustration which may then affect their commitment to healthy nutrition.

### **VIII. Conclusion**

In view of this present study it could be seen that there is a significant relationship between the personality of individual and preventive health behaviour in relation to commitment to nutrition.

On the basis of the objective of this study, which seeks to find out whether personality has influence on the preventive health behaviour of an individual in relation to commitment in nutrition, this research feels that a close and careful examination of nutritional style will be of immense value to those contemplating in the process of making choices.

Also, those who are in doubt or not sure of what the influence does personality and nutrition holds, this findings of this study is a ready assistance for such people. Even for those who feel commitment to nutrition does not have any importance in preventive health related behaviour, a careful finding of this study will be of immense value.

This researcher is of the opinion that individual both ambulatory and healthy should be mindful of their nutritional style because, good nutrition is the basis for good and sound health and as this assertion says "Health is wealth". Also, taking note that assessment of an individual personality are based on some factors such as physical appearance and the result of this assessment almost instantaneously define the personality of a person. However, it has been gathered through findings that, there are some factors that can influence the nutritional commitment of an individual some of the factor are exercise, locus of control, optimum bias etc.

However, marital status also contributes immensely to nutritional style due to the fact that married people are more conscious of their nutrition. However, marriage encourages healthy behaviours that include not smoking, avoidance of excessive alcohol intake, better nutrition and care in times of illness. Moreover, weight and other demographic factor influence the commitment to nutrition of an individual (both the ambulatory patients and healthy), people are more conscious about their weight and they termed or likened under-weight and over-weight to some diseases like obesity. The fear of suffering from chronic illness has made it necessary for people to watch their weight along with their commitment in nutrition.

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