

Human Health And Food Choice Behavior

Posted on October 14, 2019

The way people choose the foods to take affects their health conditions in the future. Consumption of some foods or drinks for a very long time can lead to health complications, while some foods can lead to healthy bodies. It shows how food choice is important to the human body. Food choice is, in turn, influenced by human health behavior. There are different kinds of people who have different behaviors. According to the sociology perspectives, the behaviors associated with an individual affect his/her food choice. That's why people don't have the same food choices or tastes since there are factors that affect their decisions in choosing a diet. These factors make the individual behaviors different from the others. There are many models related to health behavior that try to explain why people have different behaviors toward their health.

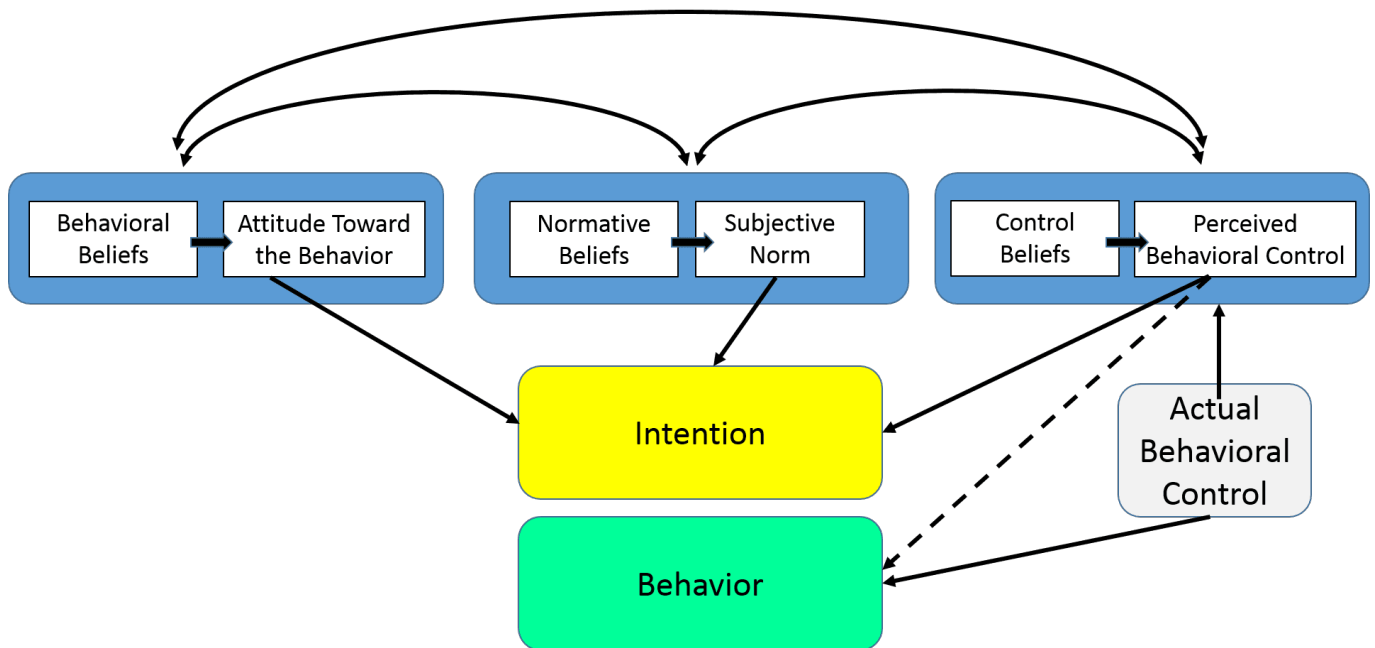
Theory Of Planned Behavior

TPB has been used to predict the course of a certain behavior, Rahman (23 p100). What initializes a behavior? This model is based on the beliefs and attitudes that a person has toward a certain health condition and food choice. The theory is based on the hypothesis that in order to predict human behavior, the main determinant is the intention of the individual. The main components of this theory are the attitudes and social pressure which lead to belief.

The theory of planned behavior can affect human food choice in a great way, MacFarlane & Woolfson (24 p51). In a simple manner, the attitude towards something affects the behavior of an individual. If a guy hates chicken meat, the guy will never at any given time go and order the meat. That shows how attitudes affect reasoning. If a person has a good intention towards something, he/she will go on and always consume that food.

Beliefs are also affected by other determinants. These determinants include social, cultural, economic, religious, cultural, and demographic factors. The social life of a person affects his or her belief. For example, a guy who has friends who hate a certain food and proofs by giving myths about the food choice will make the person choose to believe those myths and also get the belief that the food choice is the best. Cultural surroundings are the main determinants of individual beliefs. People are born and raised in a certain environment for a very long time to the point they become adults and can leave the place or stay in the same place until death. Cultural practice is a hereditary thing, and people are born and taught the same culture and believe in the culture. If a person is born and is taught that a certain food is not accepted in that culture, that would be the belief and will affect the food choice forever. The economic factor talks more about cost. If a person lives in an area where certain food is costly, there are lower chances of that person will ever buy that food since he/she believes that the food is costly and will live to be costly. Lastly, demographic factors can also affect

the way people believe. If an individual lives in an environment where a lot of people consume a specific type of food or drink more than others, this will still be the trend, hence changing or adapting the beliefs. All the factors can affect the belief of a person, hence affecting the human food choice, Korotina & Jargalsaikhan (21 p00).



Caniëls, Gehrsitz & Semeijn (22 p40)

The above diagram clearly shows how intention and behavior are affected or affect other factors which are attitudes and beliefs. One point leads to another. The behavior beliefs will lead to a change in attitudes toward food choices. One is born with normal beliefs, but due to environmental factors, one adapts or is subjected to other beliefs, changing the behavior or intention. The control beliefs change to perceived behavior controls, and all those are gain related to one another in different ways and, at long last, affecting the intentions of an individual, leading to food human choice differences, which leads to different health conditions.

The theory of planned behavior is, however, not the best model that influences human food choice, Ajzen & Sheikh (19 p50). It has so many limitations, considering the fact that it is also based on the common hypothesis. The model just initiates one behavior, but it does not maintain the behavior. Individual behavior can change within a short while due to its factors making it a less useful model.

The model limitations are serious at some points. If such a model is used to influence food choice, then there is a very high probability that people with health can deteriorate by a very big margin, Razzaque (20 p00). If people choose foods because they like them due to the good attitudes toward the foods then people will never consume foods rich in nutrients. Furthermore, foods that are very important to the human body are the ones that almost everybody hates. These foods don't have a good taste, but they are rich in nutrients. There is no way people will have a good attitude towards such foods; hence, the model can and will lead to the wrong human food choice.

Beliefs in something do not necessarily mean that the issue is correct or true, MacFarlane & Woolfson (18 p50). A personal belief that a certain food is full of nutrients does not mean that the food is full of nutrients. That is just a belief that is no proven theory. People have different beliefs; hence, that's a good explanation that one person's belief does not make something true. These beliefs can bring health issues to the people who consume foods using this theory. The theory can really lead to human health deterioration if allowed for a long time. The reason is that people will never choose what is best for their bodies' health conditions.

The model does not account for other factors like motivation. There are other details that can lead to a different human food choice other than attitude and belief. There can be past experience, fear, and also the mood at the exact moment. The model is way better compared to the health belief model but needs more determinants to make it perfect.

Other Drivers Affecting Human Food Choice

There are other factors that determine the kind of food that a person chooses. These factors are not well included in the theory of planned behavior. Some of them may seem minor but they act in a big way in human food choice. Some of these factors may be there in the TPB, but they are there indirectly and hence have less impact.

Taste and preference are some of the factors that really determine human food choices, especially in today's era. Sometimes, back then, this factor was not that common. People used to consume what was available at that time, not what was sweeter than the other one. Those days, the money circulation was down compared to these days, and people couldn't afford everything. Today, starting with taste, most people, especially young guys, choose foods or drinks with a sweet taste compared to sour ones. These foods are the trending ones and furthermore, they cost much but people still buy and take such foods. Taste is very important since, in one way or another, a person must take something that he/she likes to feel comfortable with. There is a preference, people have different preferences, some people choose one product over another because of mostly the taste, but there can be other factors, Chen & Tung (17 p30).

There is the economic factor. It may have been mentioned in the TPB model but not in weight, Greaves M, Zibarras LD & Stride (16 p20). When the economic factor is the topic, the main issue is the cost. A certain group of the population consumes some foods because they have no money to buy other foods. For example, when you compare what the president consumes and what a common citizen consumes, it's way too different. The reason is that the president can afford the costly foods obviously because there is more cash while the people cannot afford it. Therefore, if the mere citizen rises to the standards, he/she will leave the common foods and take the costly foods. The economic growth of a country can also affect human food choices. If the per capita income increases, the people living in the country will be obviously consuming costly foods. The economic factor is very strong when it comes to food choice. However, it has its own limitations. Most people who have

money tend to choose foods that contain taste, not foods full of nutrition, Nasri & Charfeddine (15 p2). These people end up dying because of diseases that could have been controlled by good eating habits.

There is the past experience determinant factor, Kautonen, Gelderen & Fink (14 p70). In the TPB, one can refer to it as culture, but in that model, it is not emphasized in detail. Every human being has an associated past experience different from other people's past experiences. Since all these past experiences are different, people can have different decisions on the type of foods to choose. Past experiences can either be good or bad. Past experiences that can be bad can lead to people avoiding some foods, while good past experiences can make people love some kind of food, too.

The past experience factor can, at most, lead to good health habits, unlike the above two factors. The reason is that if an individual in the past made a choice to take a certain type of food and the food led to health problems, then there is a very high probability that the individual will never repeat that mistake again. The vice versa is also true. However, it is not the best choice or determinant to rely on since once a mistake is made, it cannot be reverted whatsoever. Some implications can be deadly, and one may have no chance of learning from the mistake. It is also a good learning method since some people need results to change, Ifinedo (13 p 90).

Another influencing factor is the mood of the individual, Cheon J, Crooks & Song (12 p64). Human beings have mood swings. Sometimes people have a good mood and some other times a bad mood. When people are in a good mood, they tend to do something that can make them happier. When an individual is in a good mood, he/she will go and get the type of food that he/she likes the best so that the person can enjoy the moment at that specific point. Bad moods don't have serious food choices because most people make the option of not consuming anything. The mood factor doesn't affect the health condition by a big margin because it happens on rare occasions, not every day. However, it has some effects. When people are in a good mood, they party and do all kinds of stuff, and when it comes to food choices, these people don't care whatever they take into the body at that specific moment, whether it is required or not important. Therefore, there can be negative effects on personal health conditions.

Motivation is a small seed towards great achievements, Montano & Kasprzyk (11 p100). Motivation makes people change what they were and become new people. It is always a process but it yields positive fruits in the end. Motivation in human food choice can be very important. If a person is followed up and shown that certain food can make his/her life better in terms of health and at the same time is shown people who have made it, it will be easy for the individual to change gradually over time and adopt the new changes. Motivation is one of the things that people lack and also one of the limitations of the TPB since it's not included in the variables.

Health conditions at the current time can also be a factor influencing human food choices, Miner (10 p0). The food that people consume daily determines their health conditions tomorrow and in the future. The current health conditions of a person can make a person change his/her eating habits. The

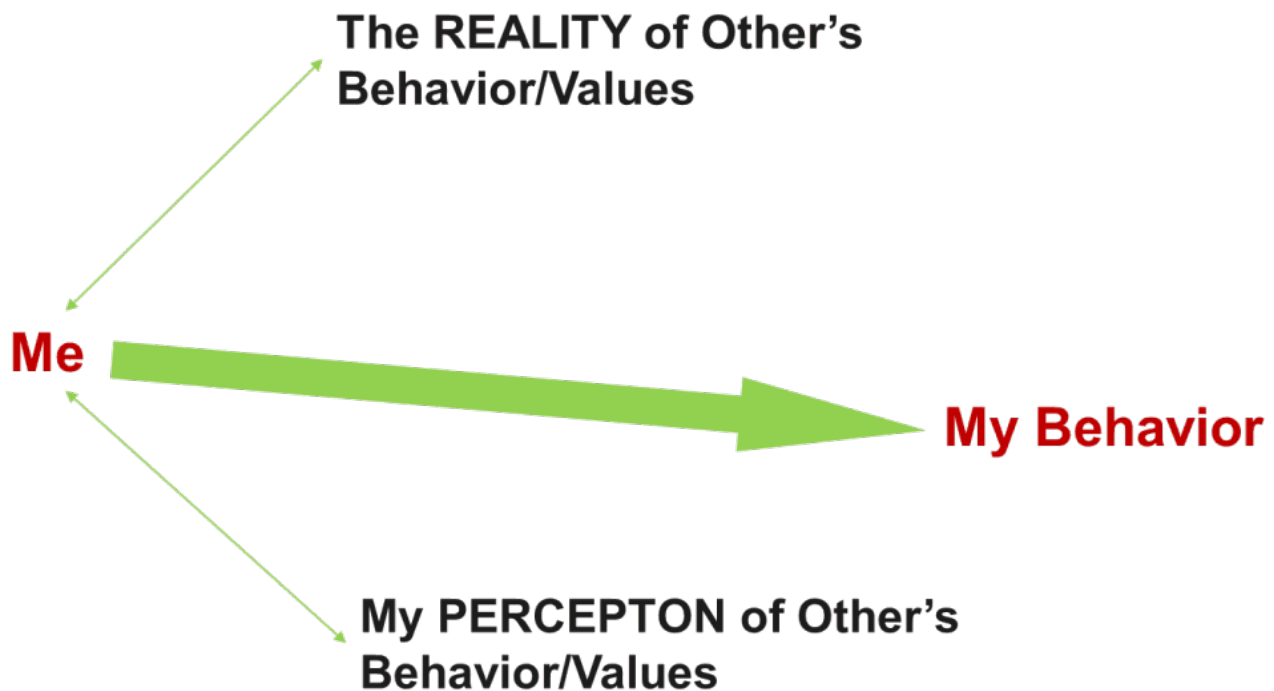
factor goes in hand with doctors' rules about a person's health conditions. Some people are prohibited from eating some types of foods or drinking some drinks. These affect their food choice. Some health conditions cannot allow a person to take in some foods because the complications can increase instead of stabilizing. Such people have specific kinds of foods that they are allowed to take, hence limiting their food list. This factor can help in boosting the health conditions of a person.

Fear and hope are also determinants of human food choice, Sallis Owen & Fisher (9, p60). Human beings have fears about anything. One person is also different from the other person in fear. A person may have some kind of fear towards a certain kind of food. The fear cannot be on its own; it is brought up by other environmental factors. An example is there are some animals consumed in West America but in Africa, they are highly feared. People even don't go near such animals. People in Africa can choose not to eat animal meat due to fear, leading to differences in people's food choices. Some people consume some kind of food because they have the hope of growing, being a bit fat or such things. These are foods associated with such scenarios. People will consume according to their point of need, Strauss (8 p0). The choice and fear do not really affect human health compared to the other factors named above.

The Best Alternative Model

The Social Norms Theory

I preferred this model due to its effectiveness compared to the theory of planned behaviors. The theory is also effective compared to the other model/theories, Rose (7 p0). Why is it effective? The theory is effective because, one, it can be used together with other models towards behavior change, and two, it focuses on changing the environment, which will change the individual behavior rather than focusing on the individual. Research shows that the rate of changing a person is low and very hard compared to the rate at which environmental factors can change the person. In a real sense, people are what they are because of the environment around them. The main drivers of this theory are normative beliefs and peer influence. Peer influence is because of the perceived form of seeing things. When people see things differently, i.e., in a perceived manner rather than the actual, they are said to have misperceptions. The only thing to adjust the misperceptions is to adjust the environment that such people live in. A change in misperception can either lead to a decrease in the problem behavior or an increase in the required behavior. It is a win-win situation in both cases, Carver and Scheier (6 p).



Sallis Owen & Fisher (9 p61)

Peer influence is determined by interpersonal influences, Neff W (5 p0). Most of the people walk as a group. Human beings can survive by themselves, they all need people or friends with who they talk and walk at different times. One can know the kind of person an individual is by just looking at the group they associate with. According to research on human behaviors, human beings tend to join a group in which they are sure they are comfortable staying. That shows that if a person loves certain foods, for example, he/she will associate him/herself with the group that loves that kind of food. Since one is in a group, the discussions and decisions in that group affect the reasoning of each member. It doesn't matter if the decision is bad or good. It is unanimously agreed upon without question. Therefore, if a group consumes some kind of food, the individual will also be influenced to do the same. It does not matter if the food is harmful to the human body or needed in the human body. In most incidences, this kind of food is consumed when people are together as they celebrate their friendships.

There are also normative belief factors. Normative belief is the way an individual thinks of how others think of them, how and what they should do, Zipf GK (4 p0). It is a common problem in society today. People value what other people think of them more than what they think of themselves. It makes people do what they are needed to do by other people, not what should be done. When a person is born in a place where people don't consume some kind of food, they tend to also not take the same foods without reason. People have the weakness of following what others do so that they can be good in people's eyes. It is a similar situation in human food choices. In a group of friends who want to take a certain food, it will feel bad for a member to go contrary to the group decisions.

From the above explanations, there is a clear understanding that this method is one of the best. If the environment changes, then the individual behavior also changes. If such a method is fully implemented, then the issues in society related to health issues can be solved once and forever. The theory is fast when it comes to implementation and also fast when it comes to change in human behavior, Greene (3 p0).

However, the theory cannot be fully perfect; there must be some limitations. Participants involved can question the message, like why they are under this process, and may feel disturbed, Daly & Wilson (2 p0). The way they are addressed should be effective to avoid complications. There is a need for highly accurate data collection methods; otherwise, there can be issues in choosing the normative message for the participants. If the sources are unreliable and give false information, the message to the public cannot be appealing, hence adding more problems. Lastly, to make an impact on the targeted population, the dosage of the message must be enough to give a positive impact; otherwise, it may be unsuccessful.

In conclusion, human behavior affects all other human issues related to human reasoning, Becker (1 p6). These behaviors affect the decisions that a person can make regarding certain issues like food choices. The TPD is a good model to determine health behaviors but it is not the best. It does not include other valuable variables that also play a very big role when it comes to food choice. The social norm theory is the best model to use for the change human behaviors. It can also be used together with other models, making it more effective. However, its message needs to be strong to have an impact on the targeted population.

References

1. Becker GS. The economic approach to human behavior. University of Chicago Press; 2013 Feb 6.
2. Daly M, Wilson M. Homicide: Foundations of human behavior. Routledge; 2017 Jul 12.
3. Greene R. Human behavior theory and social work practice. Routledge; 2017 Sep 8.
4. Zipf GK. Human behavior and the principle of least effort: An introduction to human ecology. Ravenio Books; 2016 Jan 27.
5. Neff W. Work and human behavior. Routledge; 2017 Jul 5.
6. Carver, C.S. and Scheier, M.F., 2012. *Attention and self-regulation: A control-theory approach to human behavior*. Springer Science & Business Media.
7. Rose AM. Human behavior and social processes: An interactionist approach. Routledge; 2013 Dec 16.
8. Strauss AL. Psychological modeling: Conflicting theories. Routledge; 2017 Jul 12.
9. Sallis JF, Owen N, Fisher E. Ecological models of health behavior. Health behavior: Theory, research, and practice. 2015 Jul 1;5:43-64.
10. Miner JB. [Organizational behavior](#) 1: Essential theories of motivation and leadership. Routledge; 2015 Mar 26.

11. Montano DE, Kasprzyk D. Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. *Health behavior: Theory, research and practice*. 2015 Jul 1;95-124.
12. Cheon J, Lee S, Crooks SM, Song J. An investigation of mobile learning readiness in higher education based on the theory of planned behavior. *Computers & Education*. 2012 Nov 1;59(3):1054-64.
13. Ifinedo P. Understanding information systems security policy compliance: An integration of the theory of planned behavior and the protection motivation theory. *Computers & Security*. 2012 Feb 1;31(1):83-95.
14. Kautonen T, Gelderen M, Fink M. Robustness of the theory of planned behavior in predicting entrepreneurial intentions and actions. *Entrepreneurship Theory and Practice*. 2015 May 1;39(3):655-74.
15. Nasri W, Charfeddine L. Factors affecting the adoption of Internet banking in Tunisia: An integration theory of acceptance model and theory of planned behavior. *The Journal of High Technology Management Research*. 2012 Jan 1;23(1):1-4.
16. Greaves M, Zibarras LD, Stride C. Using the theory of planned behavior to explore environmental behavioral intentions in the workplace. *Journal of Environmental Psychology*. 2013 Jun 1;34:109-20.
17. Chen MF, Tung PJ. Developing an extended theory of planned behavior model to predict consumers' intention to visit green hotels. *International journal of hospitality management*. 2014 Jan 1;36:221-30.
18. MacFarlane K, Woolfson LM. Teacher attitudes and behavior toward the inclusion of children with social, emotional and behavioral difficulties in mainstream schools: An application of the theory of planned behavior. *Teaching and teacher education*. 2013 Jan 1;29:46-52.
19. Ajzen I, Sheikh S. Action versus inaction: Anticipated affect in the theory of planned behavior. *Journal of Applied Social Psychology*. 2013 Jan 1;43(1):155-62.
20. Razzaque A. MEDICAL DECISION MAKING AIDED BY PHYSICIANS' LEADERSHIP: MEDIATED BY SOCIAL CAPITAL IN A SOCIAL NETWORKING ENVIRONMENT. *money*. 2015 Nov 3.
21. Korotina A, Jargalsaikhan T. Attitude towards Instagram micro-celebrities and their influence on consumers' purchasing decisions. 2013 Sep 1;19(3).
22. Caniëls MC, Gehrsitz MH, Semeijn J. Participation of suppliers in greening supply chains: An empirical analysis of German automotive suppliers. *Journal of Purchasing and Supply Management*. 2013 Sep 1;19(3):134-43.
23. Rahman KF. Linkage between Right to Development and Rights-based Approach: An Overview. *Northern University Journal of Law*. 2014 Apr 7;1:96-111.
24. Kahachi HA. *State-led Low-cost Housing Evolution in the Political and Social Context* (Doctoral dissertation, Cardiff University).