



Assistance with University Projects? Research Reports? Writing Skills?

We have got you covered!

www.assignmentstudio.net

WhatsApp: +61-424-295050

Toll Free: 1-800-794-425

Email: contact@assignmentstudio.net

Follow us on Social Media

Facebook:

<https://www.facebook.com/AssignmentStudio>

Twitter:

<https://twitter.com/AssignmentStudi>

LinkedIn:

<https://au.linkedin.com/company/assignment-studio>

Pinterest:

<http://pinterest.com/assignmentstudi>

Introduction

A high diet with high intake of vegetables is beneficial for health and wellbeing, particularly to prevent chronic diseases. In Australia, the concerns for health mainly come from chronic diseases impacting morbidity and mortality. During 2004-2005, 77 percent of the Australians were affected by at least one long term health condition (Australian Bureau of Statistics 2006). The health conditions are mostly associated with the lifestyle choices. The access to quality information is a major challenge in the study of the supply system of vegetables. In the report, named *State of Logistics*, four particular impediments in relation to obtainment of quality information on the foodstuffs' system of logistics are:

- Access of commercial-in-confidence information
- Obtaining greater cooperation from industry in gathering information
- Access of commercial-in-confidence information
- Obtainment of timely and reliable data on quality attributes required in innovation (Higgins et al., 2007).

The addressing of answering the question of the reasons Australians eats few vegetables are revealed by the information as follows. The health promotion programs have been carried out by the National and State governments and NGOs in trying to increase intake of vegetables over the past two decades. Despite this effort, vegetable consumption of 5 serves per day is met by less than 10 percent of the Australian population. Younger adults are at the bottom of the chart in terms of eating vegetables. Nine out of ten Australians does not eat enough vegetables, according to the Australian Government's Australian Institute of Health and Welfare, Australia's Food and Nutrition (Abraham & Webb 2001). The two-third of the adult Australians are obese or overweight. Therefore, intake of a diet rich in vegetables is necessary in managing weight. The bigger concern is that the Australians that buy vegetables and don't end up eating them by throwing out \$1.1 billion worth of vegetables every year. The consumption of vegetables is critical in fighting against cancer (Cowey & Hardy 2006). It has been estimated that 5-12% of all

cancers are preventable with the intake of the right quantity of vegetables (Australian Institute of Health and Welfare 2006).

One of the reasons for low vegetable consumption in Australia can be attributed to economic and environmental factors. Other factors can be choices for other food categories, smoking and consumption of alcohol. These factors are the possible modifiers impacting the health of the low consumption group in relation to the intake of vegetables for better or worse (Australian Institute of Health and Welfare 2005). The geographical remoteness can also be attributed as a factor in people's vegetable consumption. The people residing in the regional and outer regional/remote areas consumed greater amount of vegetables than people in the major cities in 2007-08. The more vegetable consuming segment in the remote and regional areas consists 47 percent and 46 percent, respectively, who consumes 3 or more serves a day in comparison to the 39 percent of the population living in the major cities. The people belonging to the disadvantaged groups in terms of income, educational level, unemployment etc, however, have shown no difference in consumption of vegetables with other demographic categories. The demographic characteristics have bearing on vegetable dietary behaviours on the basis of desiring an increased intake and perceived barriers. The low consumption of vegetable is more with the adolescents than adults. Adolescents are also consumer of lower variety of vegetables. However, either gender categories are similar in taking the amount of vegetables consumption and vegetable variety. The barriers to the increase of vegetable intake are in the form of price, storage, and time. The non-consumption of vegetables is inversely related to income for both adolescents and adults. The lower income groups are likelier to follow the low intake of vegetables (Fordred 2008).

This study examines the extent of vegetable consumption change with the help of Theory of Planned Behaviour (TPB). The TPB represents the intention of the perceived behavioral control (PBC) as the key determinant of behavior in relation to attitude, subjective norm and PBC (Ajzen 1991). The Attitude of the regular participants is more in this research, mainly because of the high perceived fear of obesity among the participants. The Subjective Norm is marginally is on the higher side as well. The perceived control is similar on both researches. For the rare participants, worry about obesity, and blood pressure is very high, and at the same time keeping the family members happy with non-veg food is also high; leading to the high Attitude quotient. The critical factor for the subjective norm is high, is because the participants' tendency is to go

for non-veg food, when shopping. The participants' tendency to get hungry often, have given a high score for taking non-veg food when the participant gets hungry in the Perceived Control section (Kothe et al. 2011).

Aim

The aim of this study is to find out the key drivers of vegetable intakes for two groups: (a) participants who takes a lot of vegetables (Regular); and (b) participants who take small quantities of vegetables (Rare).

Method

Sample sets

The sample size is 10 participants. The gender divide of the sample population is 7 women and 3 men.

The age distribution is:

18-30 years: 3 participants

30-40 years: 5 participants

40-50 years: 2 participants

The participants are grouped in two equal halves as “rare participants” and “regular participants” indicating low consumption of vegetables and high consumption of vegetables in the following way.

18-30 years: Two from “rare participants” and one from “regular participants”

30-40 years: Two from “rare participants” and three from “regular participants”

40-50 years: One from “rare participants” and one from “regular participants”

Income distribution is:

\$5,000 – \$ 20,000 p.a.: 4 participants

\$21,000 - \$ 50,000 p.a.: 4 participants

Above \$ 50,000 p.a. : 2 participants

Geographical distribution is:

50 percent of the population is from major cities and the rest of the regional/remote areas taken randomly from the sample set.

The participants are chosen from social networking sites of Facebook and Twitter. They were contacted through e-mail provided in their profiles of the respective site. After communication through email, it was decided (based on the participants' convenience) to conduct the research of five of them through face-to-facesettings, and rest five through telephone. All participants residing in the remote places are surveyed via telephone.

The questionnaire is constructed with the help of Theory of Planned Behavior (Ajzen 1991) segregated by three categories: attitude, subjective norms and perceived behavior.

The questionnaire was constructed from the Theory of Planned Behavior (Ajzen, 1991) using the categories attitude, subjective norms and perceived behavior control to generate questions. The Likert scale is used using the 5 as 'Strongly Agree' and incremented down to 'Strongly Disagree' using 1 at the bottom.

The questionnaires are presented as follows:

Attitude			
Beliefs	Answer (circle)	Evaluation	Answer
Eating non-vegetarian food every day leads to obesity	1 2 3 4 5	I worry about obesity	1 2 3 4 5
The regular	1 2 3 4 5	I worry about high	1 2 3 4 5

consumption of non vegetarian food leads to high blood pressure		blood pressure	
Giving my family non-vegetarian food makes them happy	1 2 3 4 5	The happiness of my family is a very high priority to me	1 2 3 4 5
Vegetarian food consumption regulates the energy intake of the my family members	1 2 3 4 5	My family's ability to regulate their energy needs is important to me	1 2 3 4 5

Subjective Norm			
Beliefs	Answer (Circle)	Evaluation	Answer (Circle)
My GP would be disappointed in me if he knew my family is eating less vegetables	1 2 3 4 5	The opinion of GP is important to me	1 2 3 4 5
Going to a meat-only place for a party receives a lot of disapproval from friends	1 2 3 4 5	Fitting in with my friends is important to me	1 2 3 4 5
My family expects me to take them for non-veg cuisine when we go shopping	1 2 3 4 5	Meeting my family's expectations regarding food is important to me	1 2 3 4 5

My colleagues would disapprove if they come to know that I give non-veg dinner with my family every day	1 2 3 4 5	The opinion of my colleagues is important to me.	
---	-----------	--	--

Perceived Behavioral control beliefs	Answer (Circle)	Evaluation	Answer (Circle)
When I feel hungry, I eat non-veg food	1 2 3 4 5	In general, I often get hungry	1 2 3 4 5
Lack of cooking skills for veg dishes means I take non-veg food	1 2 3 4 5	I don't have good cooking skills of veg food	1 2 3 4 5
Children's taste preferences drive them to eat non-veg food	1 2 3 4 5	I feel confident I can steer my children's taste preferences	1 2 3 4 5
When my children nag me for non-veg food I give in	1 2 3 4 5	I hate arguing with my children over what they eat	1 2 3 4 5

Results

The results obtained is briefly shown in the table below.

Regular:

Attitude	Mean = 17.4
Subjective Norm	Mean = 16.15

Perceived Control	Mean = 6
-------------------	----------

Rare:

Attitude	Mean = 15.9
Subjective Norm	Mean = 10.5
Perceived Control	Mean = 15.1

Discussion

The aim of this study is to find out the key drivers of vegetable intakes for two groups: (a) participants who consumes a lot of vegetables (Regular); and (b) participants who consumes small quantities of vegetables (Rare). The results show “Attitude” as the biggest driver and influence in determining the frequent consumers of vegetables. For regular consumers, Subjective Normative comes second, while for rare consumers, Percieved Control comes second. The Perceived Control is third for regular consumers and the Subjective Normative for the rare consumers.

In comparing the results with the two researches, the figures are provided below.

Regular:

Attitude	Mean = 17.4/12
Subjective Norm	Mean =16.15/ 15
Perceived Control	Mean = 6 /7

Rare:

Attitude	Mean = 15.9/3
----------	---------------

Subjective Norm	Mean = 10.5/3
Perceived Control	Mean = 15.1/10

Note: The figures of this research are provided before the figures of the other research

The Attitude of the regular participants is more in this research is mainly because of the high perceived fear of obesity among the participants. The Subjective Norm is marginally higher in this research than the other research and two researches are largely consistent with one another. The perceived control is also similar in both researches.

Obesity is one of the primary health issues affecting the world today. The prevalence rate of obesity has increased three-fold over last few decades in a number of countries (World Health Organisation 2000). Australia is not an anomaly to the global trend. The rates of overweight and obese in Australia have increased two times over the last 10 years. The prevalence of obesity among children and adolescents in the age group of 7-15 years has increased three times over the last 10 years (Booth *et al.*, 2001).

The prevalence of a strong evidence of relationship exists between diet and chronic diseases. The dietary guidelines have focused on the reduction of saturated fat and increased intake of vegetables (National Health and Medical Research Council 2003).

In spite of these recommendations, it is hard to find adult Australians appearing for adhering these guidelines. The data obtained from the National Health Survey, 2004-05, reveals 80-90 percent of the Australian population consumes fewer serves of vegetables than what is recommended (Australian Bureau of Statistics 1997).

The Australian data reveal the average consumption of Australian adults of saturated fat accounting for 13% of the total intake of energy. The figure comes out to be 33 grams of saturated fat consumption daily (Australian Institute for Health and Welfare 2004). The systematic review pertaining to the application of social cognition models related to the prediction of consumption of vegetables revealed 45 percent of the variance in consumption of vegetables among non-student population. The surveys conducted among the student population of Australia accounts for 11-17 percent of the variance in vegetable consumption (Allom et al 2011)

Conclusion

The reasons for a reduced amount of vegetables are plenty. From the point of view of the geographical locations to the eating habits of the adolescents, the reduced intake of the vegetables is all pervading. This research showed eating habits and the importance of eating preference for non-veg food as the most important factor for the participants to opt for non-veg food. However, the fear of obesity and blood pressure can be construed as the potential buffer of consuming too much non-veg food items.

References

1. Abraham, B & Webb, K. (2001) *Interim evaluation of the voluntary foliate fortification policy*. Canberra: Australian Food and Nutrition Monitoring Unit.
2. Ajzen, I. (1991) "The theory of planned behavior". *Organizational Behavior and Human Decision Processes*, 50(2), 179-211.
3. Allom, V., Kothe, E., & Mullan, B. (2011). "Extending the theory of planned behaviour – the influence of self-schema on fruit and vegetable consumption". Paper presented at the Society of Australasian Social Psychologists (SASP) 41st Annual Proceedings, Manly, Australia.
4. Australian Bureau of Statistics. (1997) "National Nutrition Survey: Selected Highlights", Australia, *ABS Cat No. 4802.0*.
5. Australian Bureau of Statistics. (2006) *Cancer in Australia: A snapshot, 2004-05* (No. ABS 4822.0). Canberra: Australian Government.
6. Australian Institute for Health and Welfare. (2004) *Risk Factor Monitoring, a rising epidemic: Obesity in Australian children and adolescents*. Canberra. Australian Institute of Health and Welfare.

7. Australian Institute of Health and Welfare. (2005) *Living dangerously: Australians with multiple risk factors for cardiovascular disease* (No. AIHW AUS 57). Canberra: Australian Government.
8. Australian Institute of Health and Welfare. (2006) *Australia's health 2006* (No. AIHW AUS 73). Canberra: Australian Government.
9. Booth, N., Okely, A. D., Denney-Wilson, E., Hardy, L., Yang, B. and Dobbins, T. (2006) *NSW Schools Physical Activity and Nutrition Survey (SPANS) 2004: Summary Report*. Sydney. NSW Department of Health.
10. Cowey, S., & Hardy, R. (2006) "The metabolic syndrome: A high-risk state for cancer?" *American Journal of Pathology*, 169, 1505-1522.
11. Fordred, C. (2008) "Is 'Fresh' Always Best?" *EcoLibrium*.
12. Higgens, A., Estrada-Flores, S., Singh, G., Ton, T., Dunstall, S., Archer, A., et al. (2007) *State of logistics: Final report*. Sydney: CSIRO Food Futures Flagship.
13. Kothe, E. J., Mullan, B. A., & Amaratunga, R. (2011). "Randomised controlled trial of a brief theory-based intervention promoting breakfast consumption". *Appetite*, 56(1), 148-155.
14. National Health and Medical Research Centre. (2003) *Food for Health: Dietary Guidelines for Children and Adolescents in Australia, A guide to healthy eating*. Canberra. Australian Government.

