SOCIO-ECONOMIC DETERMINANTS OF HOUSEHOLD DIETARY PATTERNS

S.H. Weerappuli¹, J. Weerahewa² and S.N. Dissanayake¹

Department of Agricultural Systems, Faculty of Agriculture, Rajarata University of Sri Lanka, Puliyankulama, Anuradhapura.

²Department of Agricultural Economics and Business Management, Faculty of Agriculture, University of Peradeniya, Peradeniya.

Lots of factors determine the occurrence of non-communicable diseases and dietary patterns has been identified as a major one. Dietary patterns are shaped by the socio economic factors. Hence the objective of this study was to analyse the socio economic determinants of household dietary patterns. A questionnaire survey was conducted in Anuradhapura municipal council area to collect dietary and socio economic data from randomly selected households. The principle component analysis was applied to examine the dietary patterns. Logistic analysis was conducted to analyse the effect of socio economic factors on the dietary patterns. Dietary patterns and the socio economic factors were the dependent and independent variables, respectively. Two dietary patterns were identified with unique food behaviours. Healthy pattern is characterized by high consumption of rice, pulses, tubers, fish and fruits. The pattern rich with wheat, meats, dairy foods, oil and confectionary was identified as the unhealthy pattern. The unhealthy pattern was favoured by 31.7% families whereas 68.3% favoured the other. According to the logistic analysis, small families were less likely to seek unhealthy diets than the large families. When compared to Muslims, Sinhalese were less likely to seek unhealthy diets. Tamils had no consistent association with any pattern. Both government and self-employees showed a little liking to unhealthy diets compared to private sector employees. The education level had no significant association with the dietary patterns whereas income was inversely associated with the unhealthy pattern. concluded that the unhealthy dietary pattern is prominent among families with more children, private employment, low income and the Muslims. They should be targeted in managing and preventing diet related non communicable diseases. Educational programs should be developed to address the impacts of diets while the awareness programs need to be targeted on these vulnerable groups.

Key words: Dietary patterns, Households, Socio economic determinants, Unhealthy