SOCIO-ECONOMIC FACTORS UNDERMINING THE MAINTENANCE OF HEALTHY EATING HABITS OF FAMILIES IN DELTA STATE, NIGERIA

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Abstract

The study examined socio-economic factors undermining the maintenance of healthy eating habits of families in Delta State, Nigeria. Three research questions were answered, while three hypotheses were tested. A descriptive survey research design was adopted to carry out the study. Multistage sampling technique was adopted in selecting the 235 respondents for the study comprising 40 Home Economics Lecturers, 45 nurses and 150 family heads. The study's data collection instrument was a structured 50-items questionnaire validated by three experts. The Cronbach Alpha reliability coefficient of the instrument was 0.94. The researchers collected data for the study with the help of six research assistants. Of the 235 copies of the questionnaire administered, 223 were retrieved. Data collected were analyzed using mean, standard deviation and analysis of variance (ANOVA).

The study results identified 11 socio-economic factors undermining the maintenance of healthy eating habits of families, 19 benefits of healthy eating habits to families and 12 measures for enhancing healthy eating habits of families in Delta State. There was a significant ($p < 0.05$) difference in the mean ratings of the responses of Nurses, household heads and Home Economics Lecturers on the socio-economic factors undermining the maintenance of healthy eating habits in families. In contrast, there were significant ($p < 0.05$) differences in the mean ratings of the responses of Nurses, household heads and Home Economics Lecturers on the benefits of healthy eating habits and measures for enhancing healthyeating habits of families. The study, among others, recommended that there should be increased awareness through various media on the importance and health implication of healthy eating habits among the State's citizens.

Keywords: Socio-economic factors, diets, eating habits, families, Delta State.

Introduction

The socio-economic development of any society, among other factors, depends on the functionality and structure of the family. This is because the family is the basic unit of society. According to Okonkwo (2015), a family is a social institution consisting of a group of people related by marriage, blood or adoption ties. Similarly, Alan (2021) described a family as a group of persons united by the ties of marriage, blood, or adoption, constituting a single household and interacting with each other in their respective social positions, usually those of spouses, parents, children and siblings. Amato (2014) stated that a family constitute a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together and sharing common resources. Macionis (2017) noted that the family unit had been universally perceived as a small but powerful human existential unit and the oldest institution in human existence. Therefore, the family is saddled with the responsibilities of playing the primary role in the character formation of the child and molding the behaviours of an individual in society (Fadugba, Williams & Aderanti, 2021). The family performs certain functions, including reproduction, socialization of children, economic support, religious training, companionship, protection, recreation, educational training and provision of basic needs such as food and shelter to its members. In affirmation, WHO (2018) reported that one of the basic needs of a family is food that supplies the nutrients required for the healthy living of family members.

Healthy meals are good sources of vitamins and minerals, vegetable proteins, protective micronutrients and dietary fibres, which help prevent constipation (Balasubramanian & Ragunathan, 2012). They are foods with low energy density and favour maintaining healthy a body weight (United States Department of Agriculture (USDA, 2009). According to the Centres for Disease Control and Prevention (2021), healthy diets promote longevity, good muscle development, improved immunity to fight diseases, good bones and teeth development, healthy pregnancies and digestive system function. Healthy meals reduce many chronic diseases such as stroke, blood sugar, obesity, malnutrition, cardiovascular disease, metabolic disease and cancers. Crichton-Stuart (2020) stated that healthy eating habits help individuals build strong bones, protect the heart, prevent illness, boost mood, improve memory, lose weight, manage diabetes, and get a good night's sleep. The WHO (2020) report showed that a healthy diet helps to protect against malnutrition in all its forms and non-communicable diseases (NCDs) such as diabetes, heart disease, stroke and cancer.

Diet is one of the three basic points of balanced health, good sleep, and physical exercise. Amazon (2022) noted that healthy eating based on lean meats, fruits, vegetables, cereals, and skimmed dairy products improves the quality of life significantly and offers other benefits such as adequate body weight, strengthening of bones, muscles, and joints, maintaining physical and mental energy, provides the ability to sustain focus and concentration, good state of mind and that teeth are kept in optimal conditions. Robinson, Segal and Segal (2021) observed that eating a healthy diet is not about strict limitations, staying unrealistically thin, or depriving oneself of preferred foods. Rather, it is about feeling great, having more energy, and improving mood and health with healthy meals. While some extreme diets may suggest otherwise, the human body needs a balance of protein, fat, carbohydrates, fibre, vitamins, and minerals to sustain a healthy body. The U.S. Department

of Health and Human Services (2022) report showed that eating healthy means following a healthy eating pattern that includes a variety of nutritious foods and drinks. It also means getting the number of calories right for the body (not eating too much or too little).

Some factors are responsible for the eating habits of individuals and families. The measures for enhancing healthy eating habits as identified by World Health Organization (2020) include improved production of healthy food items, promoting consumer awareness of a healthy diet, and developing policies and programmes that encourage adopting and maintaining a healthy diet. One of the practical ways of enhancing healthy eating habits and patterns is the availability of healthy food items in the environment and the provision of charts of different healthy food and their nutritional importance (Pérez, Aranceta, Brug, Wind, Hildonen & Klepp (2004). Other factors that influence the eating habits of individuals and families, according to the World Health Organization (2020), include socio-economic factors that interact in a complex manner to shape an individual's dietary patterns. These factors include income, food prices which affect the availability and affordability of healthy foods, individual preferences and beliefs, cultural traditions, and geographical and environmental aspects. The exact makeup of a diet choice varies depending on personal characteristics such as age, gender, lifestyle and degree of physical activity, cultural context, locally available foods and dietary customs (World Health Organization, 2014). However, the basic principles of a healthy diet remain the same. Increased production of processed foods, rapid urbanization and changing lifestyles have led to a shift in dietary patterns among people. Hence, people consume more foods high in energy, fats, free sugars and salt/sodium, and many do not eat enough fruit, vegetables and other dietary fibre such as whole grains (Food and Agriculture Organization, 2017).

The health status of family members is mostly determined by what they consume. Food and Agriculture Organization (2017) affirmed that nutrition-related challenge is common globally as over 800 million people worldwide are undernourished, with the majority living in developing countries, Nigeria inclusive. The case of Delta State is not an exemption as the rate of unhealthy eating habits is on the rise among families and people of different age brackets. The poor dietary pattern and unhealthy eating habits among members of families constitute major risk factors for micronutrient deficiencies, overweight, obesity, cardiovascular disease, cancer, diabetes, high cholesterol and high blood pressure that has negatively impacted family resources. Hence, this study investigated socio-economic factors undermining the maintenance of healthy eating habits, benefits of healthy eating habits and measures for enhancing healthy eating habits of families as a basic unit of society.

Purpose of the Study

The general purpose of the study was to examine socio-economic factors undermining the maintenance of healthy eating habits of families in Delta State, Nigeria. Specifically, the study identified:

- Socio-economic factors undermine the maintenance of families' healthy eating habits in Delta State.
- Benefits of healthy eating habits of families in Delta State.
- Measures for enhancing healthy eating habits of families in Delta State

Research Questions

In line with the specific purposes, the following research questions were answered by the study:

- What socio-economic factors undermine the maintenance of healthy eating habits of families in Delta State?
- What are the benefits of healthy eating habits for families in Delta State?
- What are the measures for enhancing the healthy eating habits of families in Delta State?

Research Hypotheses

The study tested the following three null hypotheses at a 0.05 level of significance.

Ho_1: There is no significant difference in the mean ratings of Nurses, household heads and Home Economics Lecturers on the socio-economic factors undermining the maintenance of healthy eating habits of families in Delta State.

Ho_2: There is no significant difference in the mean ratings of Nurses, household heads and Home Economics Lecturers on the benefits of healthy eating habits for families in Delta State.

Ho_3: There is no significant difference in the mean ratings of Nurses, household heads and Home Economics Lecturers on the measures for enhancing the healthy eating habits of families in Delta State.

Methodology

Study Area

The study was carried out in Delta State, south-south Nigeria. The State comprise 25 Local Government Areas (LGAs) and a population of 4,675,526 people (National Bureau of Statistics, 2012). The administrative headquarter of the State is Asaba.

Design of the Study

A descriptive survey research design was adopted in carrying out the study. Anyakoha (2009) stated that descriptive survey research design entails researchers' use of questionnaires, interviews and observation to determine the respondents' opinions, attitudes, preferences and perceptions.

Sample Method

A multistage sampling technique was adopted in selecting the respondents for the study. The first stage was a random sampling of all the 40 Home Economic Lecturers in the five tertiary institutions offering Home Economic in the State. The tertiary institutions and number of Home Economics Lecturers include Delta State Colleges of Education Warri (7); Delta State Colleges of Education Mosogar (6); Federal College of Education Asaba (15); Delta State University, Abraka (6) and University of Delta, Agbor (6) totaling 40 Home Economics lecturers.

The second stage of the selection involved a random sample of three major public hospitals in three major cities of Asaba, Agbor and Warri, totaling nine (9) public hospitals. Five nurses (midwives) were randomly selected from each of the nine Hospitals making up 45 nurses.

The third stage involved randomly selecting 150 family units from three major cities in the State. These include 50 family units from Asaba, 50 family units from Agbor and 50 family units from Warri. From each of the 150 family units, the family (household) head, male or female, was selected from each 150 family/household head. This gave a total of 235 respondents for the study; that is, 40 Home Economics Lecturers, 45 nurses/midwives and 150 family/household heads.

Instrument for Data Collection

The instrument for data collection for the study was a structured 50-items questionnaire developed by the researcher. The questionnaire was structured into four sections A, B, C and D. Section A was made to collect personal data of the respondents, such as their status as either Home Economics lecturers, Nurses or Family heads. Section B was structured to obtain data on socio-economic factors undermining the maintenance of healthy eating habits of families. Section C elicited data on the benefits of healthy eating habits for families. In contrast, section D was made to collect data on measures for enhancing the healthy eating habits of families. The response option for sections B, C and D of the questionnaire was 4-point rating scale of Strongly Agree (SA) = 4; Agree (A) = 3; Disagree (D) = 2 and Strongly Disagree (SD) = 1.

Validation of the Instrument

The instrument was face-validated by three experts. These include two Senior Lecturers in Home Economics Education at the University of Benin and One Nurse at the University of Benin Medical centre. All the observations and suggestions made by the experts were strictly incorporated to improve the final copy of the instrument.

Reliability of the Instrument

To obtain the instruments' reliability, 15 copies of the questionnaire were trial tested on five Home Economics Lecturers, 5 Nurses and five family/household heads in Benin City, Edo State. Data collected from the trial testing was analyzed with the Cronbach Alpha reliability technique, which yielded a reliability coefficient of 0.94, indicating that the instrument was reliable for data collection.

Methods of Data Collection

The researchers collected data for the study with the help of six research assistants. Out of the 235 copies of the questionnaire administered, 223 copies were completely responded to, returned and considered suitable for use.

Method of Data Analysis

Data collected were analyzed using mean and standard deviation to answer the research questions, while analysis of variance (ANOVA) was employed to test the hypothesis at a 0.05 level.

In deciding on the research questions, a cut-off point value of 2.50 on a 4-point rating scale was used to interpret the results as "Agreed" or "Disagreed". Therefore, items with mean values of 2.50 and above were interpreted as "Agreed", while items with mean values less than 2.50 would have been interpreted as "Disagree". On the hypotheses tested, the null hypothesis of no significant difference was accepted when the F-calculated (F-cal) value was

less than the F-critical (F-tab) value of 3.00 at a 0.05 level of significance. At the same time, the hypotheses of no significant difference were rejected when the F-calculated (F-cal) value was greater than the F-critical (t-tab) value of 3.00 at a 0.05 level.

Results

Research Question One

What socio-economic factors undermine the maintenance of healthy eating habits of families in Delta State?

Table 1: Mean ratings of Nurses, household heads and Home Economics Lecturers on socio-economic factors undermining the maintenance of healthy eating habits of families in Delta State.

SN	Factors undermining healthy eating habits include:	43 $\bar{X}_{NS}$	141 $\bar{X}_{HH}$	39 $\bar{X}_{HE}$	223 $\bar{X}_G$	SD_G	Rmk
1	Large family sizes	3.68	3.67	3.59	**3.64**	0.56	**A**
2	Lack of awareness of the nutritional information of food items	3.53	3.18	3.56	**3.42**	0.52	**A**
3	High level of illiteracy among some families	3.61	3.22	3.78	**3.53**	0.77	**A**
4	Non availability of some healthy food items	2.38	2.04	2.25	**2.22**	0.48	**D**
5	Age of the household or family head	3.47	3.30	3.45	**3.40**	0.59	**A**
6	Poverty or lack of financial ability to purchase healthy food items	3.37	3.17	3.39	**3.31**	0.63	**A**
7	Religious/cultural factors against the consumption of some food items	2.37	2.19	2.36	**2.30**	0.76	**D**
8	Dislike for taste of some healthy food items	3.72	3.48	3.76	**3.65**	0.72	**A**
9	Educational attainment of the household heads	3.46	3.29	3.49	**3.41**	0.87	**A**
10	High cost of healthy food items in the market	3.58	3.50	3.53	**3.53**	0.62	**A**
11	Health status of the family or household heads	3.44	3.00	3.47	**3.30**	0.74	**A**
12	Lack of needed facilities for healthy food preservation	3.48	3.51	3.49	**3.49**	0.51	**A**
13	Low-cost housing units of some families	2.45	2.28	2.43	**2.38**	0.59	**D**
14	Occupational/social status of the households heads	3.54	3.52	3.55	**3.53**	0.55	**A**
15	Location of the families, either in a rural or urban area	2.44	2.23	2.34	**2.33**	0.62	**D**
	Cluster Mean	**3.23**	**3.03**	**3.22**	**3.16**	**0.57**	**A**

Note: $\bar{X}_{MP}$ *= Mean of Nurses;* $\bar{X}_{HH}$ *= Mean of Household head,* $\bar{X}_{HE}$ *= Mean of Home Econ Lecturers;* $\bar{X}_G$ *= Grand Mean;* ***SD*** *= Standard Deviation;* ***A****= Agreed,* ***D*** *=Disagree.*

Table 1 showed that 11 of the 15 items had grand mean values ranging from 3.30 to 3.65, which are all greater than the cut-off point value of 2.50 on a 4-point rating scale. This result indicates that the respondents regard the 11 identified items as socio-economic factors undermining the healthy eating habits of families in Delta State. The grand mean values on the remaining 4-four items in the Table, specifically items 4, 7, 13, and 15, were 2.22, 2.30, 2.38 and 2.33, respectively, which is less than the cut-off point value of 2.50 on a 4-point rating scale. This implies that the remaining 4-four items are not socio-economic factors undermining the maintenance of healthy eating habits of families in the State.

Hypothesis One

There is no significant difference in the mean ratings of Nurses, household heads and Home Economics Educators on the socio-economic factors undermining the maintenance of healthy eating habits of families in Delta State.

Table 2: Analysis of variance (ANOVA) of the mean ratings of Nurses, household heads and Home Economics Lecturers on the socio-economic factors undermining the maintenance of healthy eating habits of families

Sources of Variance	Sum of Squares	DF	Mean Square	F-Cal	F-Tab	Level of Sig	Decision
Between Groups	0.232	2	1.16	3.24	3.00	0.05	**S***
Within Groups	193.180	220	0.89				
Total	193.412	222					

Note: *Level of Sig. = 0.05;* ***S**** *= Significant*

The result of the analysis of variance (ANOVA) in Table 2 showed that the F-calculated (F-cal) value of 3.24 is greater than the F-critical value of 3.00 at a $p< 0.05$ level of significance. This indicated a significant ($p< 0.05$) difference in the mean ratings of the responses of Nurses, household heads and Home Economics Lecturers on the socio-economic factors undermining the maintenance of healthy eating habits of families in Delta State. Therefore, the null hypothesis of no significant ($p< 0.05$) difference in the mean responses of the three groups of respondents is rejected, indicating that the mean ratings of the three groups of respondents are significantly different.

Research Question Two

What are the benefits of healthy eating habits to families in Delta State?

Table 3: Mean ratings of Nurses, household heads and Home Economics Lecturers on the benefits of healthy eating habits for families in Delta State.

SN	Benefits of healthy eating habits include:	43 $\overline{X}_{NS}$	141 $\overline{X}_{HH}$	39 $\overline{X}_{HE}$	223 $\overline{X}_{G}$	SD_G	Rmk
1	Healthy eating habits enhance healthy living	3.52	3.75	3.10	**3.45**	0.52	**A**
2	Healthy eating habits promote longevity	3.62	3.33	3.48	**3.47**	0.47	**A**
3	It support muscles development	3.59	3.52	3.76	**3.62**	0.39	**A**
4	Healthy eating habits boost immunity	3.50	3.62	3.43	**3.51**	0.45	**A**
5	It helps in strengthen bones and teeth	3.41	3.34	3.47	**3.40**	0.70	**A**
6	It support healthy pregnancies & breastfeeding	3.41	3.48	3.66	**3.51**	0.49	**A**
7	Healthy eating habits help digestive system	3.31	3.33	3.42	**3.35**	0.57	**A**
8	It helps achieve and maintain a healthy weight	3.47	3.67	3.49	**3.54**	0.53	**A**
9	Healthy eating habits help brain development	3.73	3.44	3.71	**3.62**	0.58	**A**
10	Healthy eating habits support healthy growth	3.36	3.34	3.59	**3.43**	0.52	**A**
11	It helps to boost overall body functioning	3.69	3.32	3.55	**3.52**	0.48	**A**
12	Healthy eating habits improve memory	3.63	3.50	3.65	**3.59**	0.53	**A**
13	It helps to promote good night sleep	3.35	3.55	3.39	**3.43**	0.47	**A**
14	It enhances or boosts heart health	3.42	3.72	3.47	**3.53**	0.57	**A**
15	Healthy eating habits enhance personality	2.45	2.34	2.26	**2.35**	0.88	**D**
16	It improves mood and energy levels	3.85	3.74	3.89	**3.82**	0.47	**A**
17	Healthy eating habits delayed ageing	3.61	3.54	3.70	**3.61**	0.75	**A**
18	It helps relieve stress and anxiety	3.48	3.30	3.34	**3.37**	0.58	**A**
19	Healthy eating habits promote self-confidence	3.53	3.43	3.48	**3.48**	0.66	**A**
20	It helps to minimize depression	3.62	3.72	3.54	**3.62**	0.48	**A**
	Cluster Mean	**3.47**	**3.44**	**3.46**	**3.46**	**0.53**	**A**

Note: $\overline{X_{MP}}$ *= Mean of Nurses;* $\overline{X_{HH}}$ *= Mean of Household head,* $\overline{X_{HE}}$ *= Mean of Home Econ Lecturers;* X_G *= Grand Mean;* ***SD*** *= Standard Deviation;* ***A****= Agreed,* ***D*** *=Disagree.*

Table 3 revealed that 19 of the 20 items had grand mean values ranging from 3.35 to 3.82, which are all greater than the cut-off point value of 2.50 on a 4-point rating scale. This result indicates that the respondents regard the 19 items as benefits of healthy eating habits to families in Delta State. The grand mean value on item 15 was 2.35, less than the cut-off point value of 2.50 on a 4-point rating scale. This implies that item 15 (healthy eating habits enhance personality) is not a benefit of healthy eating habits to families.

Hypothesis Two

There is no significant difference in the mean ratings of medical personnel, household heads and Home Economics Educators on the benefits of healthy eating habits for families in Delta State.

Table 4: Analysis of variance (ANOVA) of the mean ratings of Nurses, household heads and Home Economics Lecturers on the benefits of healthy eating habits for families

Sources of Variance	Sum of Squares	DF	Mean Square	F-Cal	F-Tab	Level of Sig	Decision
Between Groups	0.178	2	0.83	0.46	3.00	0.05	**NS**
Within Groups	189.573	220	0.77				
Total	199.751	222					

Note: *Level of Sig. = 0.05;* ***NS*** *= Not Significant*

The result of the analysis of variance (ANOVA) in Table 4 revealed that the F-calculated (F-cal) value of 0.46 is less than the F-critical value of 3.00 at a $p < 0.05$ level of significance. This indicated no significant ($p < 0.05$) difference in the mean ratings of the responses of Nurses, household heads and Home Economics Lecturers on the benefits of healthy eating habits for families in Delta State. Hence, the null hypothesis of no significant ($p < 0.05$) difference in the mean responses of the three groups of respondents is accepted, indicating that the mean ratings of the three groups of respondents are not significantly different.

Research Question Three

What are the measures for enhancing the healthy eating habits of families in Delta State?

Table 5: Mean ratings of Nurses, household heads and Home Economics Lecturers on the measures for enhancing healthy eating habits of families in Delta State.

SN	Measures for enhancing healthy eating habits include:	43 $\bar{X}_{NS}$	141 $\bar{X}_{HH}$	39 $\bar{X}_{HE}$	223 $\bar{X}_G$	SD_G	Rmk
1	Providing charts of the importance of healthy eating habits in hospital	3.44	3.40	3.51	**3.45**	0.58	**A**
2	Providing information to the public on healthy eating habits by health practitioners	3.54	3.49	3.57	**3.53**	0.57	**A**
3	Government extending social intervention to poor families	3.32	3.37	3.37	**3.35**	0.42	**A**
4	Deject intake of fast foods such as snacks and can food	3.23	3.30	3.46	**3.33**	0.68	**A**
5	Increasing point-of-purchase (POP) information of healthy food items	3.87	3.81	3.64	**3.77**	0.68	**A**
6	Increase enrolment of students in Food and nutrition or Home Economics	2.45	2.45	2.31	**2.40**	0.62	**D**
7	Creation of more hospitals for increased awareness of healthy eating habits	3.49	3.52	3.59	**3.53**	0.69	**A**
8	Giving a talk or showing community members healthy eating habits	3.30	3.38	3.33	**3.33**	0.41	**A**
9	Placing a ban on unhealthy food items in markets.	2.16	2.32	2.09	**2.19**	0.55	**D**
10	Sensitise people always to read nutritional labels of food before purchase	3.57	3.50	3.52	**3.53**	0.73	**A**
11	Controlling prices of food items in the markets	3.38	3.40	3.55	**3.44**	0.61	**A**
12	Promote backyard production of important fruits and vegetables	3.45	3.48	3.34	**3.42**	0.65	**A**
13	The increasing availability of healthy food items in the environment	3.30	3.32	3.35	**3.32**	0.50	**A**
14	Distribution of food to families by community leaders.	2.20	2.40	2.23	**2.27**	0.62	**D**
15	Encourage healthy eating habits by leaders of religious houses	3.60	3.64	3.57	**3.60**	0.61	**A**
	Cluster Mean	**3.22**	**3.25**	**3.23**	**3.23**	**0.56**	**A**

Note: $\bar{X}_{MP}$ *= Mean of Nurses;* $\bar{X}_{HH}$ *= Mean of Household head,* X_{HE} *= Mean of Home Econ Lecturers;*
$\bar{X}_G$ *= Grand Mean;* ***SD*** *= Standard Deviation;* ***A****= Agreed,* ***D*** *=Disagree.*

Table 5 showed that 12 of the 15 items had grand mean values ranging from 3.32 to 3.77, which are all greater than the cut-off point value of 2.50 on a 4-point rating scale. This result indicates that the respondents regard the 12 identified items as measures for enhancing the healthy eating habits of families in Delta State. The grand mean values on the remaining three items in the Table, specifically items 6, 9 and 14, were 2.40, 2.19 and 2.27, respectively, which is less than the cut-off point value of 2.50 on a 4-point rating scale. This implies that the remaining three items are not part of the measures for enhancing the healthy eating habits of families.

Hypothesis Three

There is no significant difference in the mean ratings of medical personnel, household heads and Home Economics Educators on the measures for enhancing the healthy eating habits of families in Delta State.

Table 6: Analysis of variance (ANOVA) of the mean ratings of Nurses, household heads and Home Economics Lecturers on the measures for enhancing healthy eating habits of families

Sources of Variance	Sum of Squares	DF	Mean Square	F-Cal	F-Tab	Level of Sig	Decision
Between Groups	0.560	2	0.67	0.25	3.00	0.05	**NS**
Within Groups	183.773	220	0.62				
Total	184.333	222					

Note: *Level of Sig. = 0.05;* ***NS*** *= Not Significant*

The result of the analysis of variance (ANOVA) in Table 6 showed that the F-calculated (F-cal) value of 0.25 is less than the F-critical value of 3.00 at a $p < 0.05$ level of significance. This implied no significant ($p < 0.05$) difference in the mean ratings of the responses of Nurses, household heads and Home Economics Lecturers on the measures for enhancing the healthy eating habits of families in Delta State. Consequently, the null hypothesis of no significant ($p < 0.05$) difference in the mean responses of the three groups of respondents is accepted, indicating that the mean ratings of the three groups of respondents are not significantly different.

Discussion of Findings

The findings of this study concerning research question one identified socio-economic factors undermining the maintenance of healthy eating habits of families, including large family sizes, lack of awareness of the nutritional information of food items, illiteracy among some families, age of the household or family head, poverty or lack of financial ability to purchase healthy food items, educational attainment of the household heads and high cost of healthy food items in the market among others. This finding corroborated the report of the World Health Organization (2014), which showed that individuals' consumption of a healthy diet is influenced by such characteristics as age, gender, lifestyle and degree of physical activity, financial status, cultural context, and locally available foods and dietary customs. The recent report of the survey by the World Health Organization (2020), socio-economic factors such as income, food prices (which will affect the availability and affordability of healthy foods), individual preferences and beliefs, cultural traditions, and geographical and environmental aspects (including climate change) influence household s' healthy eating habits.

The findings of this study as regards research question two identified benefits of healthy eating habits to families to include: enhancement of healthy living, promoting longevity, support muscles development, boost immunity, strengthening bones and teeth, support healthy pregnancies and breastfeeding, helping the digestive system, helps achieve and maintain a healthy weight, support healthy growth, help brain development, improve memory and improves mood and energy levels among others. In agreement with the findings of this study, Centres for Disease Control and Prevention (2021) identified the benefits of healthy diets as promotion of longevity, good muscle development, improved immunity to fight diseases, good bones and teeth development, and healthy pregnancies and function of the digestive system. Crichton-Stuart (2020) found that healthy eating habits help individuals build strong bones, protect the heart, prevent disease, boost mood, improve memory, lose weight, manage diabetes, and get a good night's sleep. Smith (2019) also attests that healthy

eating habits promote healthy weight, boost heart health, good bones and teeth, mood and energy levels, and improve memory and brain health.

The findings of this study on research question three identified measures for enhancing healthy eating habits of families as providing charts of the importance of healthy eating habits in hospitals, providing information to the public on healthy eating habits by health practitioners, increasing point-of-purchase (POP) information of healthy food items, giving talk or show to community members on healthy eating habits, sensitizing people always to read nutritional labels of food before purchase, promoting backyard production of important fruits and vegetables and increasing availability of healthy food items in the environment among others. Following the findings of this study, the World Health Organization (2020) identified measures for enhancing healthy eating habits by increasing incentives for producers to produce healthy food items, promoting consumer awareness of a healthy diet, and developing policies and programmes that encourage the adoption and maintenance of healthy diet, supporting point-of-sale information, including through nutrition labelling that ensures accurate and providing nutrition and dietary counselling at primary health-care facilities. Pérez, Aranceta, Brug, Wind, Hildonen and Klepp (2004) also found that increased availability of healthy food items in the environments and charts of different healthy food and their nutritional importance are practical ways that would enhance healthy eating habits and patterns.

Conclusion and Recommendations

Nutrition-related health challenges are prevalent among all age brackets globally, Nigeria inclusive. Poor dietary patterns and unhealthy eating habits among members of families constitute major risk factors for micronutrient deficiencies, cardiovascular disease, cancer, diabetes, and high blood pressure, among others. Hence, from the result of this study, it is concluded that socio-economic factors such as family sizes, level of education, age, income level and cost of healthy food items affect a family's ability to maintain healthy eating habits among its members. The benefit of healthy eating habits to families is enormous and includes enhanced healthy living, longevity, healthy muscles, bones and teeth development, improved immunity and healthy weight. Therefore, measures for enhancing healthy eating habits of families are the provision of charts on the importance of healthy eating habits in hospitals, improved information on healthy eating habits by health practitioners, creation of more hospitals for increased awareness of healthy eating habits and promotion of backyard production of fruits and vegetables. Based on the findings and conclusion, the study recommended that:

- There should be increased awareness through various media on the importance and health implication of healthy eating habits among the citizens of the State.
- There should be a periodic organization of talk shows to the community and families on the values of maintaining healthy eating habits.
- There should be adequate charts of different healthy food items and their nutritional benefits in hospitals and public spaces in communities to stimulate members of the society to improve the consumption of healthy food for healthy living.

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