

Increasing prosperity linked to unhealthy eating patterns in Kenyan youth

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The increase in obesity in lower-middle-income countries (LMIC) is largely thought to be affected by lifestyle transition away from traditional diets toward unhealthy Western dietary patterns that follow

economic development. This study in the *Journal of Nutrition Education and Behavior* collected data on eating and physical activity behaviors from families in two socioeconomically-different communities in Nairobi, Kenya. Researchers found that increasing prosperity is linked to unhealthy eating patterns in Kenyan preadolescents.

"Dietary habits of people in Kenya are changing from traditional staple foods toward refined grains, especially in [urban environments](#)," says lead author Noora Kanerva, Ph.D., Department of Food and Nutrition, University of Helsinki, Helsinki, Finland. "Signs of lifestyle transition can also be seen in [physical activity](#) where rural children were more active and engaged significantly less in playing screen games."

This in-depth study collected sociodemographic data from 149 households using questionnaires that asked about level of education, household living conditions, and ownership of assets in the house. Preadolescents' height and weight were measured and information about their diet was collected using a seven-day food frequency questionnaire with cultural-specific foods as well as locally available packaged foods such as pizza, noodles, pancakes, etc. Study participants also wore accelerometers to measure physical activity.

Three dietary patterns emerged from the data: snacks, fast food and meat; dairy and plant protein; and vegetables and refined grains. Consumption of food often deemed unhealthy such as snacks and [fast food](#) was more frequent among preadolescents whose families were wealthier.

The largest difference was seen for sodas and juices (including both sweetened and unsweetened), consumed eight times more often among preadolescents in the highest wealth index compared with the lowest. Moderate-to-vigorous physical activity was not associated with any dietary pattern.

"Based on our observation, the dietary habits of preadolescents living in the urban environment of Nairobi, Kenya—which was upgraded to an LMIC less than 10 years ago—do not yet resemble high-income countries in which preadolescents from less wealthy families would have unhealthier diets compared with preadolescents from wealthier families," explains Dr. Kanerva. "As LMIC are still in an early phase of their lifestyle transition, the expansion of obesity to epidemic proportions may be prevented if the correct actions are known and taken shortly."

Researchers suggest that interventions promoting [healthy lifestyles](#) could be conducted using peer counselors and lay health educators known as Community Health Volunteers (CHV). In Kenya, the naturally occurring social network of CHVs is indigenous to the community and offers culturally relevant and effective social support.

CHVs belong to community health units responsible for making weekly home visits to households within designated geographical areas. Additionally, the widespread coverage of mobile phone networks in Kenya makes Mobile Health interventions, currently being used for family planning and infectious disease management, feasible.

More information: Noora Kanerva et al, Wealth and Sedentary Time Are Associated With Dietary Patterns Among Preadolescents in Nairobi City, Kenya, *Journal of Nutrition Education and Behavior* (2023). [DOI: 10.1016/j.jneb.2023.02.001](https://doi.org/10.1016/j.jneb.2023.02.001)

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