EATING HABIT AMONG WORKERS IN JAKARTA

Anggita Dian Cahyani*, Wing Ispurwanto, Johannes A.A. Rumeser, Ari Setyorini

Bina Nusantara University

Jl. KebonJeruk Raya No. 27, KebonJeruk, Jakarta Barat, Daerah KhususIbukota Jakarta, Indonesia

anggita.dc@binus.ac.id (Anggita Dian Cahyani)

Abstract

Non Communicable Disease contributes to 68% cause of death. One of the NCDs causes is poor eating habit. This research aims to explore workers eating habit in Jakarta, especially focusing on their bad eating habit. The research involved 220 participants who worked in Jakarta, and the data were analyzed by using descriptive quantitative method. It was found that that most of the participants have bad eating habit, in medium to high category. Besides, it was also found that women tend to be less healthy if compared to men.

Keywords: eating habit, unhealthy eating habit, emotional eating

Presenting Author's biography



Anggita D. Cahyani. Faculty Member of Department of Psychology at Bina Nusantara University. Associate Trainer at several consultants in Jakarta and Jogjakarta. Participated in several training programs in the field of industrial and organizational psychology as well as a variety of training required for competence development of teaching staff (faculty members / lecturer) at Bina Nusantara University, Jakarta.

Wrote several times in both national and international journal with variety of topics surrounding the decision making process; however, the topic mainly concentrated on the study of eating behavior. In addition to performing this study, the author was also being involved in supervising several undergraduate thesis for students with similiar.

INTRODUCTION

New Year means a new resolution for some people, and the resolutions are so various from finance, education, relationship, to dieting. In dieting, for instance, many people make a pledge to have healthier eating habit and start to eat healthy foods. However, the tendency in living a healthy life is highly influenced by media. It can be seen in some media, especially in social media, that there are huge articles promoting about a healthy life style. There are also many motivators in social media who live healthily and try to promote a healthy life habits. They can be people communities with different purposes as well, from non-profit orientation to business.

The increasing number of awareness toward healthy life style especially in eating, however, is not in line with the fact found by Basich Health Research or *Riset Kesehatan Dasar* (Riskesdas) of Indonesia in 2013. Riskesdas found that those of 15-40 years old were

over the ideal limit of their consumption in: sweet foods (52.9%), fatty foods (40.7%), and salty foods (26.3%) [1]. Healthy eating habit in Indonesia is limited to the consumption of water, vegetables, and fruits; and the ratio is still far from the standard by FAO. Ideally, vegetables consumption is 65.75kg/person/year; however, Indonesian people only consume about 40kg/year.

High sugar and salt consumption combined with low consumption of fruits and vegetables for certain periods of time will induce any disease, which is known as Non Communicable Disease (NCDs). NCDs itself are the cause of 68% of deaths [2]. Furthermore, according to the WHO, in Indonesia PTM even constitute 71% of causes of death in the productive age. This certainly is a serious threat to the stability of a nation.

The high number of PTM in the productive age in Indonesia was caused mainly by poor eating habits as well as sedentary, lifestyle namely low activity because of their greater convenience in everyday life. If in the past some households chores should be done by human power, in the modern day, they can easily be replaced by machines. Transport equipment is getting more diverse, making many people cease to walk. Practically, there is less physical activity in the modern lifestyle.

The rapid growth and development of technology has indeed resulted in a change in lifestyle. These changes can be felt especially in big cities. The rapid development of large cities and as the capital city of Indonesia, many office activity centers are located in Jakarta. One of the biggest city populations is workers. However, office workers are likely to spend more time in air-conditioned office and sitting in front of the desk and computer.

On the other hand, lack of physical activity of workers with sedentary type of work, in which they face higher demands. With the number of unemployment that was quite high (7.17 million), it significantly increases competitive rivalry. Not to mention other problems outside of work, such as distance to go to work and bottlenecks that occur, and problems at home, a factor that may trigger stress experienced by workers. Many previous studies found that stress often leads people to eat certain foods in order to create a sense of comfort [3][4].

Eating habits is a multidimensional phenomenon. Eating is the need of every human being in order to generate energy needed for the body to perform the activity. What to eat and how to eat is influenced by socio-cultural elements. Eating is a behavior choice, a learned behavior since childhood, as well as other behaviors. Basically eating is done to meet the biological needs; however, there are other things that influence the choice and to eat and eating behavior. As with any other behaviors, food choices reflect the influence of various factors ranging from biological, psychological and socio-cultural [5]

Broadly speaking, there are two major factors that influence eating habits: biological factors and psychosocial factors. Biological basis of someone's meal is the need to survive. The state of hungriness occurs if the needed nutrients in the form of a liquid or solid need to be absorbed by the body. After hunger was filled with eating, humans will get the feeling of fullness (satiety). In this phase, people often overeat because they ignore satiety. The needs of each individual on the nutrients are actually very dependent on age. Commonly, as a person getting older, the body's metabolism will decrease and the need for food is not as much as when he or she was younger.

The second factor is the psychosocial factors. Humans learn about eating and food from family, friends, and work. These factors then cause food preferences. The preference for certain foods is the result of the formation of the learning process throughout life.

Psychological factors with social culture are practically inseparable, especially when talking about their eating habits. Certain dietary habits often associated with special events such as birthdays, weddings, moments of joy, even in the event of grief. Food is often used as a form of reward on a performance. Not only driven by hunger, eating also contains some values. This is why eating behavior is not only to meet the biological needs, but can also be seen as a complex and multidimensional.

To achieve good body condition, the needed food is a balanced diet. A balanced diet for consumed food must meet the quality (quality) and quantity (amount) and consists of carbohydrates (food groups grains and tubers), protein from animal and vegetable (meats and beans), additional flavors or vitamins solvents (oils and monounsaturated fats, oily seeds fruit, sugar), as well as a source of vitamins and minerals [6]. In addition, to be balance, the food must be in accordance with the needs of individuals with regard to gender, age, weight, activity, and body condition. Organic food is also an important consideration because the nutritional value of processed foods will fall considerably.

The eating habit that is not aimed to meet the biological needs is often called emotional eating. Emotional eating has a close correlation with overeating. Van Strien, et al [7] defined emotional eating as the tendency to overeat in response to negative emotions after experiencing a stressful situation, such as in a working situation. Therefore, this study aimed to look at eating habits among workers in Jakarta and its surrounding areas.

METHODS

Participant

The sampling technique used in this research was convenience sampling, which was looking for individuals who could contribute to research in accordance with the required characteristics [8]. In this study, the characteristics of the research subjects were people who work in Jakarta. The reason to choose workers as the respondent was because workers represented productive age, in which according to WHO, was the highest the number of death caused by PTM. Jakarta was chosen since the numbers of respondents involved were 220 respondents consisting of 137 female respondents and 97 male respondents, aged from 19 to 55 years old.

Design

The study then used descriptive quantitative research methods. A quantitative approach emphasized the analysis on numerical data (numbers) about the behavior that was processed with statistical methods [9]. Quantitative research wass required when a study used numbers, ranging from data collection, interpretation of these data, as well as the appearance of the results. Descriptive study was a general approach that was used in a study to measure the variable or set of variables to produce a description of the individual in a particular group; however, this strategy did not explain and describe the relationship between variable [10]. The measuring instrument used was a questionnaire adapted from Matias and Endo [11]with the value of reliability α > 0.7. The questionnaire consisted of 15 questions that explored respondents' eating habit (unhealthy eating habit); eating unhealthy foods; emotional eating; overeating; and weight fluctuation.

RESULTS

The analysis showed the score of unhealthy eating habits the male participants had a mean value of 38.02 and 40.02 for women. This score meant that female participants eating habit was unhealthier than the male participants. The complete result could be seen in the table.

	Sex	Ν	Mean	Std. Deviation
Eating	Male	93	38.0215	7.97548
Behavior	Female	127	40.0236	6.98350

Tab. 1. Unhealthy eating habit

The mean was divided into three categories: low (x <(mean - standard deviation)); medium ((mean - standard deviation)> x> (mean \pm standard deviation)); high (x> (mean \pm standard deviation)). The analysis showed that 11.4% were categorized as low, the rest were categorized as moderate (69.1%) and high (19.5%).

Subsequent analysis was conducted to determine whether there were statistically significant differences of unhealthy eating habits between men with women. From the results obtained by using T-test, it showed that there were significant differences between male workers to women workers in terms of unhealthy eating behaviors. The result could be seen in the table below.

Tab. 2. The differences between male and female in unhealthy eating habits

Variabel	t	Significant level	
Eating Behavior	-1.97	P < 0.05	diff

DISCUSSION

This study provided an overview of unhealthy eating habits among employees working in Jakarta. The results showed that the participants who were categorized as low in unhealthy eating habits numbers were small (11.4%) compared to those who categorized as having moderate unhealthy eating habit (69.1%) and high unhealthy eating habit (19.5%). Thus, workers in Jakarta did not yet have good eating habits. From three variables comprising of the content of their goods, the timing (when), and the way they eat (how), it could be concluded that they were not good and unhealthy. These figures certainly provided one explanation for the rising prevalence of obesity had doubled within a period of six years [1] [12]. Similarly, there was also a fact that the Non-Communicable Diseases (NCDs), comprised 71% the cause of death at the age of 30-70 years old [2]. The big four PTM with the highest death is heart and blood vessel disease (37%), followed by cancer (13%), diabetes (6%) and chronic respiratory disease (5%) [2]. Unhealthy eating habit is one of the causes of high PTM [13].

This study also illustrated unhealthy eating habits in terms of gender. The analysis showed that the score of unhealthy eating habits in female workers was higher than male workers. T-test results indicated that there was a significant difference between the two groups based on gender. This result was consistent with the findings of many previous studies showing that there were differences in the context of eating between men and women, for

instance, in the attitudes towards healthy eating [14], which was the level of emotional eating [15]. In another research, based on foods preferences, there were also differences between female and male. For instance, women were found to consume more fruits and vegetables and fiber [16] compared to men.

The findings above were contradictory, because in terms of content food contents, it was found that women had more healthy choices. However, this study showed that the eating habits of women workers in Jakarta were even unhealthier than men. This could be explained by previous findings regarding the level of emotional eating that was higher in women, compared to men. The measuring instrument used in this study, in addition to digging the participants' food habits in terms of food content, also included how to eat and includes items that refer to emotional eating habits. In addition, the previous studies had shown that to face unpleasant situations, comforting food choices would differ between women and men. Women will prefer foods with a sweet taste like chocolate and cake than men [17].

CONCLUSIONS & SUGGESTIONS

This study concludes two main points. First, the study which involved workers in Jakarta showed that the participants had unhealthy eating habits in the medium to high category. Second, women's eating habits were unhealthier than men. From this conclusion, it could be suggested that extra efforts from all parties were needed to improve healthy eating habits, especially among workers in Jakarta. However, health and work productivity were two inter-correlated things. Furthermore, it was necessary to do slightly different strategy in intervention in order to improve healthy eating habits between men and women. This is because the level of unhealthy eating habits in women was found to be higher than in men. Besides indicating that women had unhealthier eating habit than men, the results of this study indicated that women tended to be more of emotional eaters than men.

However, this study still has many weaknesses, which engendered some suggestions for further research: 1) the preparation of research should be done better, and 2) in addition to gender, BMI and levels of stress should also be included as control data. In addition, it was also suggested that bigger samples would provide a better research result.

REFERENCES

- [1] Riskesdas (2013) Laporan Nasional Reskisdas, Jakarta, Departemen Kesehatan.
- [2] WHO (2014) Global Status Report on Noncommunicable Diseases 2014.
- [3] B. Wansink, B., Cheney, M.M., Chan, N. (2003). Exploring comfort food preference across age and gender. *Physiology & Behavior*. 79 (739-747)
- [4] L.M. Groes, S. McCoy, J. Carl, L. Saslo, J. Steward, N. Adler, B.Laraia, E.Epel, (2012). What is eating you? Stress and the drive to eat.*Appetite*. 58, 717-721.
- [5] M.K. Snooks, *Health Psychology*. London: Jones and Bartlett Psublisher, 2009
- [6] T.S. Yen, *Saya pilih sehat dan sembuh*.Jakarta: Dian Rakyat, 2009.
- [7] T Van Strien, M A Ouwens. (2007). Effects of Distress, alexithymia dan impulsivity on eating. *Eating Behaviors*, 8, 251-257.

- [8] J.W. Creswell, *Research design: qualitative, quantitative, and mixed methods approaches (third edition)*. California: Sage Publication, 2009.
- [9] S. Azwar, *ReliabilitasdanValiditas*, PustakaPelajar Offset: Yogyakarta: PustakaPelajar Offset, 2014
- [10] F.J., Gravetter, and L.-A.B, Forzano, *Research Method for Behavioral Sciences (4th edition)*. Canada: Wadswort Cengage Learning, 2012.
- [11] R. Matias, and T.K. Endo, (2013)Work stress and eating habits. Retrieved for<u>http://www.aabri.com/OC2013Manuscripts/OC13089.pdf</u>A. Altun, "Understanding hypertext in the context of reading on the web: Language learners' experience," *Current Issues in Education*, vol. 6, no. 12, July 2003. [Online]. Available: http://cie.ed.asu.edu/volume6/number12/. [Accessed Dec. 2, 2004].
- [12] Riskesdas (2013) Laporan Nasional Reskisdas, Jakarta, Departemen Kesehatan.
- [13] R.S. Magnuson, D. Patterson, (2014). The role of law and governance reform in the global response to noncommunicable disease. *Globalization and health*, 10(44), 1-18.
- [14] Ayatullah M. Raj'an, "Perbedaan Sikap Makan Sehat Mahasiswa BINUS University Ditinjau dari Jenis Kelamin," thesis, Binus University, Jakarta, Indonesia, 2015.
- [15] Hana R.H. Putri, "Perbedaan tingkat emotional eating antara laki-laki dan perempuan pada emerging adults di Bina Nusantara University, Jakarta, Indonesia, 2015.
- [16] Dynesen,A.W.,et al. (2003) Sociodemographic differences in dietary habits described by food frequency questions F results from Denmark. *European Journal of Clinical Nutrition*vol 57, 1586–1597
- [17] G.M. Camilleri, GM., Caroline, E. Kesse-Guyot, V.A. Andreeva, F. Bellisle, (2014). *The Jurnal of Nutrition*, 144(8), 1264-73.