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Department of Tourism Management,
Dev Sanskriti Vishwavidhyalaya, Shantikunj, Haridwar,
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Antecedents of Dietary Regulation

Kevin D'souza and Prof. Purva Hegde Desai

Goa University, Department of Management studies, Goa
Faculty Block F, Department of Management Studies, Goa

Abstract

Achieving and maintaining good health is a goal of many individuals. With the recent increase in lifestyle related diseases, the importance of healthy eating in maintaining overall health has assumed great significance. A healthy diet helps protect against malnutrition in all its forms, as well as non-communicable diseases, including diabetes, heart disease, stroke and cancer. An individual's eating habits over a period of time can have an impact on overall health. In order to achieve good health, regulation of eating habits (Dietary regulation) plays a significant role. This paper examines the association of selected antecedents that are posited to be associated with Dietary regulation. The factors that have been considered in this study are Hardiness of an individual, Future time orientation, and Cultural conditioning.. The study provides a base for justifying a directional relationship between these factors, and Dietary regulation. The strength of these associations can then be examined. It appears that personality factors play a significant role in achieving behavioural changes. However, health behaviour can be affected by both-internal, as well as external sources of influence. In India, culture is posited to be a strong external influence, particularly on eating habits. Literature review reveals that the theories related to behaviour justify the inclusion of these factors as constructs for the study. An exploratory study was conducted, aimed at understanding perception and attitudes towards dietary regulation. The results of the study indicate the factors which can be associated with Dietary regulation.

Keywords: Self-regulation, Hardiness, Time orientation, Healthy eating

Introduction-

Applications of theories of health behavior have tended to assume adequate knowledge of health risks. Although knowledge creates the precondition for change in a person's behaviour, additional self influences are needed to overcome the impediments to adopting new lifestyle habits. A person's perception of need to perform behaviour is likely to underlie strength and commitment to

implementing their intentions (Paisley & Sparks, 1998; Payne, Jones, & Harris, 2004). Planning behaviour is often considered in conjunction with other self-regulatory activities, notably self-monitoring (Linde et al., 2006). Once new behaviours have been initiated they must be scrutinised to determine whether they are contributing to eventual goal attainment and if not, new strategies are needed to assist in the goal striving process. According to Bagozzi (1992), this evaluation process will contribute to determining future effort and commitment in the pursuit of a goal. Scholz et al. (2009) found that change in behaviour was associated with change in action planning and action control over and above the effects of intentions.

Objective

This paper aims to examine the relationship of Dietary regulation with its antecedents. It is proposed that Hardiness, Future Time orientation and Cultural conditioning of an individual will be related with Dietary regulation.

Methodology-

This paper follows a methodology of Literature Review and Exploratory Unstructured Interviews with Open Ended Instrument (Annexure 1). The findings of interviews are corroborated with literature review to propose a model for further testing.

Literature Review

Social cognitive theory of Self Regulation (Bandura, 1991)

Bandura (1991) explains that self-regulation is a system of conscious personal management that involves the process of guiding one's own thoughts, behaviour, and feelings toward a particular goal. Most human behaviour being purposive is regulated by forethought. People motivate themselves and guide their actions in an anticipatory proactive way.

In the exercise of self connectedness, people adopt certain standards of behaviour that serve as guides and motivators to regulate actions anticipatorily through self reactive influence. Human functioning is, therefore regulated by interplay of self generated and external sources of influence, as opined by Bandura (1991).

The operation of self regulation is further detailed by him to include a set of psychological sub functions that must be developed and mobilized for self directed change. The constituent

sub functions in the exercise of self regulation through self reactive influence are self observation, judgement process and self reaction.

Other authors have contributed to expounding the concept (Zimmerman, 2000). Scholz et al. (2009) found that change in behaviour was significantly associated with self-regulation activities including dietary planning and self-monitoring. A dual strategy of targeting behaviour and the underlying habits may be effective in improving dietary intake and self-regulation is likely to be sustainable only in an environment that facilitates healthy eating behaviour (Naughton et. al, 2015). Sniehotta et. al, (2005) consider action control to be a means of self-regulation that incorporates self-monitoring, awareness of standards, and effort.

In this study, dietary regulation is the central construct. The Social cognitive theory of self regulation helps to understand how individuals set different goals for themselves with respect to their eating habits. **The operational definition conceived from this theory is that self-regulation is a system of conscious personal management that involves the process of guiding one's own thoughts, behaviour, and feelings toward healthy eating.** The sub functions in the exercise of self regulation include self observation, judgement process, and self reaction.

Self Determination theory stated below on the other hand helps in determination of antecedents of the dietary self regulation construct.

Self-Determination Theory

According to Ryan & Deci, (2000), the regulation of a behavior can take many forms that correspond to different behavioral regulatory styles. These behavioral regulatory styles can be differentiated according to their level of self-determination. The different behavioral styles of regulation are associated with one of the three basic types of motivation: intrinsic motivation, extrinsic motivation, and amotivation.

Intrinsically motivated behaviors are engaged in for their own sake; for the pleasure, the interest, and the satisfaction derived from participation itself. They are performed voluntarily in the absence of material rewards or external constraints (Deci & Ryan, 1985). Performing the activity thus becomes an end in itself.

Because intrinsic motivation underlies regulation of behaviors that are freely initiated

and performed for the pleasure inherent to the activity itself, it represents the highest level of self-determination on the continuum.

Extrinsic motivation pertains to a variety of behaviors that are engaged in as a means to an end and not for their own sake. The activity is performed to prompt agreeable consequences or to avoid disagreeable ones (Deci, 1975). It was originally thought that extrinsic motivation exclusively referred to non-self-determined behaviors associated with external contingencies. Deci and Ryan (1985) have proposed that there are different types of extrinsic motivation that vary to the extent the regulation of behavior is perceived as constrained by external sources or as freely chosen by the individual. These types of extrinsic motivation (external regulation, introjected regulation, identified regulation, and integrated regulation) can be ordered along a self-determined continuum.

Amotivation refers to a state where individuals fail to perceive contingencies between their actions and the outcomes of their actions. Thus, amotivated individuals are not able to foresee the consequences of their behavior. They have a pervasive sense that their behavior are caused by external forces beyond their control. They experience feelings of incompetence and lack of control (Deci & Ryan, 1985). Individuals who once had good reasons for regulating their eating behaviors, but now wonder whether they should continue are said to be amotivated.

Amotivated individuals may not be able to foresee the consequences of their behaviour, and hence, this may act as a barrier for dietary regulation. Whereas intrinsically motivated individuals may show traits like hardiness which could play a role in dietary self regulation. Similarly, extrinsically motivated individuals could display future time orientation based on situational impulses that could also lead to dietary self regulation.

Hardiness

Hardiness is a combination of attitudes that provide the courage and **motivation** to do the hard, strategic work of turning stressful circumstances from potential disasters into growth opportunities (Maddi, 2006)

Hardiness has been conceptualized as a combination of the three attitudes (3Cs) of commitment, control, and challenge (Kobasa, 1979; Maddi & Kobasa, 1984).

If you are strong in the C of challenge, you accept that life is by its nature stressful, and see those stressful changes as an opportunity to grow in wisdom and capability by what you learn through

trying to turn them to your advantage. Another C of hardy attitudes is commitment, which involves the belief that no matter how bad things get, it is important to stay involved with whatever is happening, rather than sink into detachment and alienation.

And the third C of hardiness is control, which leads you to believe that no matter how bad things get, you need to keep trying to turn the stresses from potential disasters into growth opportunities. Persons high in hardiness involve themselves in whatever they are doing (commitment), believe and act as if they can influence the events forming their lives (control), and consider change to be not only normal but also a stimulus to development (challenge). (Kobasa et al., 1983)

In the context of dietary regulation, the three attitudes which comprise hardiness, may provide the stimulus and determination that is required for the effort of turning around an unhealthy habit. These attitudes promote progressive (health enhancing) eating habits, and suppress regressive (health detrimental) eating habits. In terms of dietary regulation, a hardy individual will be able to (1) identify a situation where one is eating unhealthy, (2) develop strategies to learn from these situations in terms of coping, or looking for healthy alternatives, and (3) persevere through a dietary plan till the health goal is achieved.

Time Perspective Theory (Zimbardo, 1999)

Time perspective is the totality of an individual's views of his psychological future and psychological past existing at a given time (Lewin, 1951)

At decision time for major or minor judgments, some individuals are totally influenced by factors in the **immediate situation**: The stimulus qualities, what others are doing, saying, urging, and one's biological urges. Others facing the same decision matrix ignore all those present qualities by focusing instead on the **past**, the similarities between current and prior settings, remembering what was done and its effects. Finally, a third set of decision makers ignores the present and the past by focusing primarily on the **future consequences** of current actions, calculating costs vs. gains. The future time perspective manifests itself in many different ways. People form beliefs about what they can do, they anticipate the likely consequences of prospective actions, they set goals for themselves, and they otherwise plan courses of action that are likely to produce desired outcomes through exercise of forethought.

The perception of time plays a fundamental role in the selection and pursuit of goals, with important implications for emotion, cognition, and motivation (Carstensen et al, 1999).

Future Time orientation

Time orientation for this study, refers to how an outcome relatively to present outcomes with respect to eating habits. Future-oriented thinking could be conducive to a healthier lifestyle. Adopting a healthy lifestyle poses a conflict between the short-term and long-term benefits of a person's actions (Joireman et al. 2012). Present oriented individuals tend to focus on the immediate consequences of their behavior, whereas future-oriented individuals give more importance to the future consequences, even if there are immediate costs (Strathman et al., 1994). Shifting the temporal focus away from immediate benefits toward the future outcomes seems necessary in order to make healthy choices (Hall & Fong, 2007). Given their intertemporal nature, one factor that predicts health behaviors is an individual's CFC i.e., the extent to which people consider the potential distant outcomes of their current behaviors and are influenced by those potential outcomes. (Strathman, Gleicher, Boninger, & Edwards, 1994). CFC-future captures concern with future consequences (e.g., achieving future outcomes), whereas CFC-immediate captures concern with immediate consequences (e.g., satisfying immediate concerns). It should be noted, however, that CFC-future and CFC-immediate are not necessarily negatively correlated.

Therefore, individuals who are future oriented would engage in dietary regulation behaviours which show results over a period of many years. They believe that maintaining healthy eating behaviours would result in longevity and better health in their senior years. Their daily eating habits are maintained keeping in mind the long-term impact of those habits on their future health. They would be able to forgo foods which are tempting, in order to achieve a positive result in the long term. The above-mentioned factors are considered to be individual traits which impact dietary regulation. Apart from these, there are normative factors which can also impact dietary regulation. In the Indian context, cultural conditioning would be considered to be part of normative influences.

Cultural conditioning

Culture is the collective programming of the mind which distinguishes the members of one group or category of people from another. (Hofstede 1994). Culture represents influences that are imposed on the consumer by surroundings. Cultural factors come from the various components related to cultural environment from which the consumer belongs. Culture is the beliefs of human societies, their roles, their behaviour, their values, customs and traditions (Durmaz et.al 2011). Culture is a powerful force in regulating human behavior (Schiffman and Kanuk 1997).

Indian food is different from rest of the world not only in taste but also in cooking methods. It reflects a perfect blend of various cultures and ages. Just like Indian culture, food in India has also been influenced by various civilizations, which have contributed their share in its overall development and the present form. Food diversity in India is an implicit characteristic of India's diversified culture consisting of different regions and states within. Foods of India are better known for its spiciness. Throughout India, be it North India or South India, spices are used generously in food. But one must not forget that every single spice used in Indian dishes carries some or the other nutritional as well as medicinal properties.

In the context of this study, cultural conditioning refers to the influence of cultural values on preferences/attitudes towards dietary regulation. (Vyas, 2014)

Given different settings, cultural diversity could be seen as a threat, or an opportunity. Hirshman (1986) predicted a preference for culturally conditioned stimuli over other options, even if it is not the best available alternative. Consistent with this, Veeck and Burns (2005) observed that some time-poor consumers continue to prefer using fresh produce over processed food when cooking because they associate fresh ingredients with the tradition of cooking, as well as the maintenance of important social relationships, both of which are central elements of the Chinese culture. Hence, the preference for fresh produce remains strong despite the convenience of processed food.

Given that there exists a wide variety of culturally influenced food preferences, there may be difference in the way individuals regulate their eating habits. While a person who is predominantly non vegetarian would have more access to foods that are rich in protein, those who eat vegetarian food may have the advantage of a diet that results in lower cholesterol, and lesser risk of heart disease. There are practices of fasting in different cultures, some of which include staying away from non vegetarian food, abstaining from fatty foods, not consuming sugary foods, maintaining

one or more days of the week as vegetarian, or abstaining from smoking. These practices may help an individual regulate their eating habits over a period of time. Conversely, there may be a reverse effect of binge eating after the fasting period. The impact of these cultural influences on dietary regulation deserves attention. How strongly a person remains rooted to cultural traditions in terms of eating habits, may decide the extent of dietary regulation that he/she is able to achieve.

In order to corroborate the above derivations from literature, an exploratory study covering interpretations of eating in the context of dietary regulation was conducted.

Method

The exploratory study used a semi structured interview with participants, to interpret their perception of dietary regulation, and understand ways in which it can get affected by factors such as those indicated in literature. This would help to guide the study further, and reinforce the rationale for the study. Participants were encouraged to speak about their eating habits in detail, and elucidate their views on dietary regulation. Convenience sampling was used to get responses for the exploratory study.

Sample

30 participants were interviewed for this study. Attempt was made to include people from different walks of life, and different life stages, to understand varied perceptions about dietary regulation. Among the participants who responded were doctors, chefs, teachers, business owners, homemakers, managers, clerical staff, office assistants, housemaids, senior citizens, members of joint and nuclear families and students.

Discussion

The following is the interpretation of responses from exploratory study in terms of operational constructs

Hardiness

One respondent said “I do not depend on others for obtaining food” This is indicative of the respondents’ belief in their own skills/ ability to prepare healthy food for themselves. Those who appeared confident in terms of maintaining healthy eating habits either know to cook, or are able to source a healthy meal for themselves, whenever the need arises.

Another respondent said “I feel confident, because my efforts over the past few months have resulted in lowering acidity and gastric problems. I feel I have a long way to go”. This could mean that the person acknowledges that there is a positive outcome of his effort, yet feels that he needs to continue the effort to reach a health goal.

One of the respondents mentioned “I am tempted to frequently buy baked foods which are high in sugar, and unhealthy”, because he is located close to a bakery. It is posited that situations like this require control in terms of resisting easily available, yet unhealthy foods. Another respondent said “I have an interest in healthy eating, desire for improved health, weight management, better self esteem, attractiveness; I am motivated to eat healthy.” This points to the component of commitment in Hardiness, which is also a characteristic of intrinsically motivated individuals.

Difficulty in giving up certain foods, giving up aerated drinks and sugar were termed as “a huge step towards a healthy diet”, indicating that there is some amount of challenge, which is a component of Hardiness. In our view, hardy individuals will view the change to a healthy diet in a positive way, and look forward to the challenge of change.

Time orientation:

An individual’s concern of eating habits and its long-term consequences might be the reason for monitoring their own eating behaviour. The following response

“If we eat healthy now, we will live better in old age.”

indicates that the food that one eats, can result in longevity, and help in avoiding diseases. There are some who feel that “lifestyle diseases can be avoided by consistently maintaining healthy eating habits”. On the other hand, individuals who have well established habits (which may not be in line with their health goals), may find difficulty in adapting to situations that warrant changes in routine eating habits.

Cultural factors

It appears that habits developed during childhood and adolescent years sustain until adulthood. This is particularly true of eating habits. Individuals, who perceive these habits as requiring change, will need to be resilient in order to make a change. A respondent who lives in a joint family mentioned

“Having someone cook nutritious food for me is a major advantage, so I don’t have to eat food outside which can be unhealthy.”

The role of culture is potentially an advantage, particularly when the individual has access to healthy home cooked food. In Indian culture, often, there is an advantage of having a family member doing the cooking. The men of the household usually work, whereas the women perform the role of homemaker, providing home cooked meals. However, this tradition is undergoing a change. With more families having both the husband and the wife working, it remains to be seen how families adapt to changing scenarios like this. Those individuals who have a traditional mindset, in terms of following cultural norms, may not easily get affected by western habits of eating fast food. One respondent mentioned

“When socialising, particularly during festivals, there is a temptation to eat more of unhealthy foods”

Some respondents indicated that they have challenges in controlling their eating habits due to socialising (frequently), and also during the festive season. Preparing and consuming sweets during the festive season is part of Indian culture. This could indicate that an environment in which tempting food/ unhealthy food is available can impact self regulation. Literature also indicates that obesogenic environments (places frequently visited, where healthy food is not available) to which an individual is frequently exposed, are a barrier to sustain healthy eating behaviour.

One participant mentioned that his parents are strictly vegetarian, and follow this eating pattern rigorously. She said, “I am not allowed to eat meat at home. If I want to, I make sure that I eat it outside, at a restaurant.”

In such cases, being restricted by cultural guidelines may “protect” an individual from eating foods that might be unhealthy. On the other hand, individuals from cultures that have no such restriction would be exposed to foods that potentially lead to weight gain.

Conclusion

The central construct of the study, namely, dietary regulation has its origin in the Social cognitive theory of Self Regulation (Bandura, 1991). The other constructs like hardiness and time orientation are derived from Self-Determination Theory and Time Perspective Theory respectively. Particularly in Indian context, it was deemed expedient to include the factor of cultural

conditioning as, culture plays a dominant role in behaviour of the people. The exploratory interviews reinforced the theoretical concepts.

This study posits that the Personality related traits of Hardiness and Time Orientation along with Cultural factors combine to impact the ability of an individual to regulate eating habits. The factors, on which the study is focused, seem significant to warrant a further investigation. The findings of this study can be used along with theory based perspectives found in literature, to further investigate directional relationships and empirical testing between these constructs, after due operationalisation

The relationships posited in this study have led to a proposed model which is mentioned below:



Limitations of The Study

It may be noted, that respondents refrain from giving elaborations about eating behaviour when using the term 'healthy eating'. Social desirability bias may exist when respondents perceive that they are being judged about their eating habits. Self reporting of eating habits may therefore not always be accurate.

Future Research

The relationships derived from this model, would need empirical testing, to prove its validity in a larger sample. As part of future research, there may be more antecedents relating to dietary regulation which may be unearthed.

Implications

The study can help to understand the antecedents of dietary regulation, thereby motivating people to focus their efforts in right direction to achieve the goal of healthy eating.

Annexure 1

- Objective of the exploratory study on Eating behaviour:
- To analyse perception about Dietary regulation, and evaluate responses that will indicate reasons for the respondents' opinions about obtaining food, eating and maintaining dietary regulation

Questions

1. Describe your eating habits. How do you obtain your food?
Meal setting, timing, perception of current eating habits, resources
2. According to you, what is healthy eating?
Perception of healthy eating, examples of foods eaten
- 4- Is eating healthy important to you? why?
Perceived importance
- 5- What kind of foods do you eat frequently? What makes you feel that these foods are healthy/ not healthy?
Frequency of foods eaten, perceived relation to healthy eating
- 6- Would you want to change / not change the current eating habits that you follow? How? and why?
Perception of current state, need for change, reasons
- 7- What kind of foods would you like to eat more frequently? How would you do that?
Perceived ideal state, implementation intentions, plan of action
Perceived self efficacy
- 8- What helps/hinders you to maintain/follow/avoid a healthy eating pattern?
Enablers/ barriers to healthy eating
- 9- If Why do you feel/not feel confident about sustaining/changing healthy eating habits?
- 10- you want to eat healthy, would you depend on someone to provide you healthy food? Why?
Support, resources for plan of action
- 11- What do you enjoy / not enjoy about eating healthy food?
Attitude towards healthy food