

# Malaysian Youth Eating Behaviour for a Better Quality of Life: A Conceptual Insights

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## Abstract

Youth in Malaysia have a low quality of life due to unhealthy eating behaviour, which has led to an increase in the prevalence of obesity and mental illness. The World Health Organization's Quality of Life (WHOQOL) index is a crucial tool for understanding how people see their position in life, including their goals, and aspirations, as well as the culture and value systems in which they live. Many articles have been written regarding the health benefits of healthy eating behaviour and its impact on a person's mental health. However, in Malaysia, the benefits of healthy eating behaviour that affected the quality of life and mental health have not been thoroughly investigated. Aside from that, it was highlighted that this study is still in the embryonic stage and more research needs to be done. This study will therefore help in understanding the Quality-of-life model preferences for the researcher to assess an individual level of life satisfaction and how and why these preferences will improve one's eating behaviour and mental health. There will be 350 respondents from the age group 18 to 30 years involved in this study and must be residing within Malaysia. A cross-sectional approach that includes a survey form that uses the WHOQOL questionnaire, Three-Factor Eating Questionnaire (TFEQ) and Depression Anxiety Stress Scale (DASS). Prior studies have shown that making healthier eating choices might enhance quality of life and psychological concerns including depression and stress. Therefore, these findings are expected to motivate youth to adopt healthier eating habits and an active lifestyle to improve their quality of life.

## Keywords:

Eating Behaviour, Quality of life, Mental Health, Stress, Youth

## 1 Introduction

The youth years are a time when people become independent, start making their own decisions, and are exposed to various social groupings. (Powell *et al.*, 2019). This millennial age is currently facing a growing number of health issues as a result of unhealthy diets and health problems such as obesity, malnutrition, and overeating (Chong *et al.*, 2019; Gong *et al.*, 2020; Zhao *et al.*, 2017). Evidence suggests that University students frequently engage in unhealthy eating behaviours, such as fast food consumption, improper diets, and a low intake of fruits vegetables and dairy products (Kabir *et al.*, 2018). Apart from that, a study also discovered that a relationship exists between eating behaviour with the lower psychological and physical quality of life domains among university students (Baceviciene *et al.*, 2020; Silva *et al.*, 2018). This leads to Health-related behaviours and emotional habits that might cause long-term health problems, such as using nicotine and alcohol, obesity, living a sedentary lifestyle, and mental health problems (Othman & Essau, 2019). Nonetheless, healthy diets such as Mediterranean food patterns showed a positive result in the quality-of-life score in terms of physical well-being and psychological well-being (Zervaki *et al.*, 2017).

Food can affect our mood and mental health, as many studies have shown a considerable number of foods have been linked to cases of depression (Eaton *et al.*, 2020; Firth *et al.*, 2020; Huang *et al.*, 2019). The low-income group has been identified as vulnerable to depression, which is associated with unemployment, poor physical health, impaired social functioning, workplace bullying, and psychological distress which can lead to committing suicide (Firth *et al.*, 2019; Shahar *et al.*, 2019; WHO, 2018). It believes that over 800,000 commit suicides from 15 to 29 years old every year worldwide and affects more than 280 million people of all ages (WHO, 2020). Dietary behaviour is characterised as an eating habit that involves all the outcomes related to the actual act of consuming food such as eating habits, eating frequently, portions, dieting, disordered eating symptoms, and neophobia or fussiness (Scaglioni *et al.*, 2018). Young people's diets are frequently unbalanced and deficient in nutrients (Huang *et al.*, 2019). Thus, this unhealthy dietary pattern is often associated with depression, low mood, and anxiety (Lassale *et al.*, 2019). A systematic review shows that healthy dietary habits have been associated with better self-rated health. In addition, quality of life was substantially related to improvement in QoL domains and adherence to good dietary patterns such as the Mediterranean diet (Govindaraju *et al.*, 2018). Despite the current literature, more research on youths' eating behaviour and its impact on quality of life requires further investigation, especially in the Malaysian setting. Therefore, this conceptual paper will contribute to a better understanding of the preferences that shape Malaysian youth's quality of life model, as well as how modifying their eating behaviours might improve life satisfaction and mental health. The findings aim is to encourage Malaysian youth to adopt healthier eating habits for an enhanced quality of life. Overall, this research aims to bridge the knowledge gap as well as identify the factors and preferences that shape these relationships, with the overall goal of promoting healthier eating lifestyles among Malaysian youths.

## **2 Literature Review**

### **2.1 A Healthy Eating Behaviour Towards a Better Quality Of Life**

Malaysians are still in the early stages of adopting healthy eating habits and the national food policy is also inadequate (Mamun *et al.*, 2020), which has led to poor eating habits and a lack of physical activity among Malaysians might contribute to an unhealthy lifestyle (Lee & Muda, 2019). According to Jebeile *et al.*, (2021), obesity induced by eating disorders in youths has a damaging impact on quality of life because body perception is disturbed. It is considered that the physical changes that may develop in teenagers as a result of an eating attitude issue will have a negative impact on their psychological and consequently their quality of life (Kumcağiz, 2017). Hence, this may continue until the university stage when this group of students are vulnerable and encounters various risky behaviours, such as eating habits that may negatively impact their quality of life (Ortiz *et al.*, 2016). While, food habits reflect an individual's eating and nutrition concepts, behaviours, and feelings (Sogari *et al.*, 2018). It follows that individuals who have developed positive eating behaviour can continue to be healthy and having a healthy eating attitude will promote the quality of life of an individual (Kumcağiz, 2017). For example, people who ate a high-quality breakfast had a better quality of life and were less stressed and depressed than those who ate a low-quality or extremely low-quality meal (Ferrer-Cascales *et al.*, 2018; Lanuza *et al.*, 2020). Youth eating preferences may be influenced by their mental health and there is an association between good eating and better mental health, as well as bad eating habits and poorer mental health (Tanaka & Hashimoto, 2019; Zahedi *et al.*, 2014). For instance, frequently consuming Ultra-processed food or fried foods may increase the risk of various diet-related diseases and lower the quality of life in the physical health domain (Lanuza *et al.*, 2020; Monteiro *et al.*, 2018). Moreover, depression has a long-term negative impact on psychological functioning.

### **2.2 Influence Of Eating Behaviour on Youth Mental Health.**

Eating behaviour is a collection of thoughts and feelings about food that are closely related to psychological and societal problems (Wehling & Lusher, 2019). As described by Wattick *et al.*, (2018) eating behaviour is one of the most important factors for the development of mental health symptoms, especially among youth who suffer from several risk factors for poor mental health, including high levels of stress and food insecurity (Ellison *et al.*, 2021). Dietary behaviour is characterised as eating behaviour that involves all the outcomes related to the actual act of consuming food such as eating habits, eating frequently, portions, dieting, disordered eating symptoms, and neophobia or fussiness (Scaglioni *et al.*, 2018). According to Wu & Yin, *et al.*, (2019) youth eating behaviour is often associated with excessive eating of fast food, skipping breakfast or meals, most food loaded with saturated fat, sugar, and processed food products, and inadequate intakes of healthy food groups. This is one of the factors developing the increased risk of depression, anxiety, lack of attention, and hyperactivity disorder in youth (Michael *et al.*, 2020; Oddy *et al.*, 2018). This issue may also affect youth cognitive

thinking and lower academic performance in class (Faught et al., 2017; Wu, Yin, et al., 2019).

Furthermore, there is a growing body of literature that identifies the importance of how dietary patterns may influence the mental health of youth involved in unhealthy diets and poor food intake that is consumed by youth (Michael et al., 2020; Oddy et al., 2018). A dietary pattern encompasses the substance content of what is being eaten by the human body (Debeuf et al., 2018). It describes the overall diet intake, the foods, food groups, and nutrients, this includes a look at some of the most common foods consumed by people over the past year including their combination and variety; and the frequency and quantity with which they are regularly consumed (Cespedes & Hu, 2015; Debeuf et al., 2018). The dietary pattern among youth is often not balanced and lacks a nutrient, this includes the frequency of unhealthy meal patterns and food intake of different foods and drinks in the diet consumed habitually (Huang et al., 2019). This unhealthy dietary pattern is associated with depression, low mood, and anxiety among adolescents (Lassale et al., 2019). The youth age group is impatient, and they opt for immediate results, while a healthy diet is a lifestyle that may result in the long term, Therefore it is less interesting to pursue a healthy diet among this age group (Holder, 2019).

### **2.3 Youth's Perception towards a Better Quality of Life**

Depression is becoming more prevalent in Malaysian communities (Manap et al., 2019; Raaj et al., 2021; Teh et al., 2015). It is affirmed (Institute for Public Health, 2020; WHO, 2020) that depression has become the fourth biggest cause of mortality among young people. The young adulthood period is a stage of independence, making own decisions and exposure to different social groups (Powell et al., 2019). Several studies have revealed that as people get older, their quality of life (QOL) deteriorates. The quality of society's life is closely related to sustainable development; specifically, it concerns whether the social, environmental, and economic systems that support the community can provide a meaningful and healthy existence for both the present and future generations (Yusoff, 2020). Quality of life can evaluate and create awareness of how a person perceives their place in life concerning their goals, expectations, standards, and concerns, through the study conducted by researchers and can be an easier pathway to attract youth to participate (Connell et al., 2014; Pequeno et al., 2020). Meaningfulness of life has been instrumental in understanding that practically equals gratitude, deserving of honour, and sustainability in quality of life are all terms used to describe the quality of life (Kok et al., 2015; Mainey, 2003). Loneliness diminished sexual activity, and chronic metabolic problems are some of the factors that might result in emotional disturbances and worse QOL (Khaje-Bishak et al., 2014). According to the Malaysian Young Index, the recorded index score for young well-being and quality of life was 68.7. The score is based on eight domains: personal development, social connections, identity, health, self-potential, penetration media, leisure, and deviant behaviour (Ramli et al., 2017). While the Malaysian Well-Being Index (MyWI) for 2020 fell by 2.1% to 118.3 points, compared to 120.8 points in 2019.

The proposed conceptual framework for this investigation is shown in Figure 1. Each of these quality-of-life domains will be examined for its influences on eating behaviour pattern outcomes; that is, one of the continuing concepts in this study where an individual ability to cognition and affection toward food consumption (Da Silva et al., 2018). Previous research has demonstrated the quality of life is influenced by both internal variables. In this study, quality of life in relation to mental health and eating habits was comprehensively reviewed. These studies examined the influence of eating behaviour moderators on quality of life and mental health. As a result of the literature review on the proposed research variables and conceptual framework, the following hypotheses are provided:

H1: Quality of life will have an effect towards youth eating behaviour

H2: Eating behaviour will have a relationship with youth mental health.

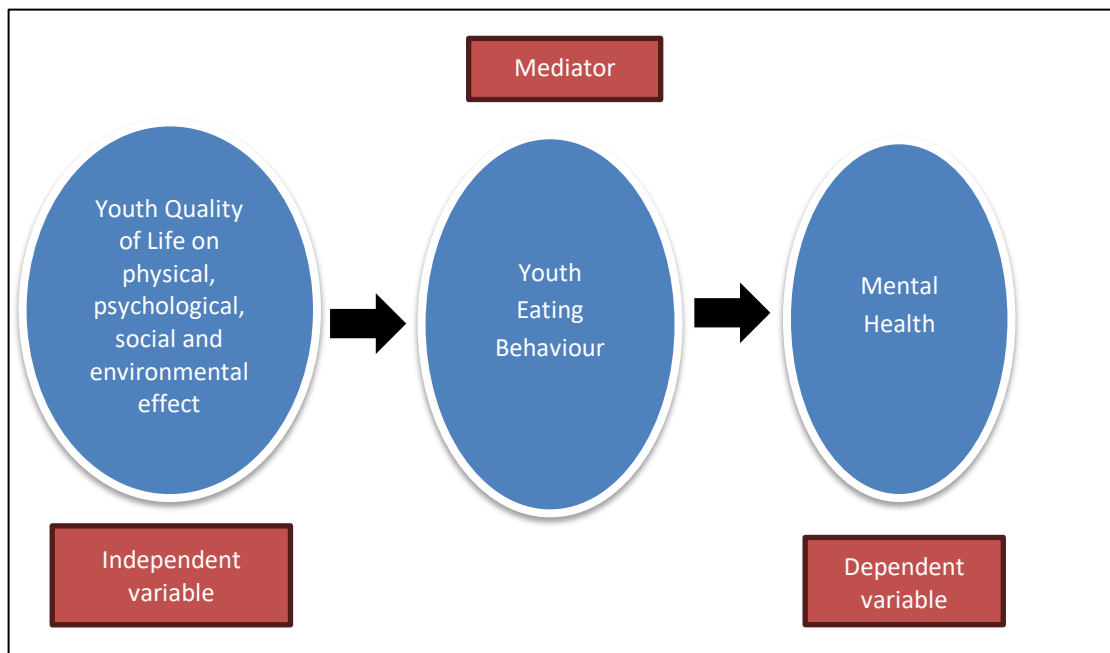


Figure 1: Proposed conceptual framework adapted from The Whoqol., ( 1998 ) and (Da Silva et al., 2018)

### 3 Research Methodology

A cross-sectional study was carried out with 350 participants that currently residing in Malaysia. Participants had to be between the ages of 18 and 24 to take part in the study. In this project, primary data will be collected. A self-administered questionnaire will be used as a survey method. To understand how the variables are connected to one another in terms of the nature, direction, and meaning of their associations, the analysis style chosen for the current study is correlational in nature. The current study employs

a correlational examination since it involves various variables, with the purpose of determining how the variables are connected to one another in terms of the nature, direction, and importance of their relations. For example, it examined the relationship between quality-of-life variables and eating behaviour variables and their impact on youth mental health. Furthermore, involvement between researcher and respondent with the study is minimal as the study will be done by an independent individual by using adaptation and self-administered questionnaire which capture the youth between the ages 18 to 30 years old as the unit of analysis. Thus, in this study, quantitative research design will be applied mainly to structure a questionnaire as the research instrument.

The population for this study consisted of youth between the ages of 18 to 30 years old. Malaysia has a population of 32,447,385 million people and the total youth population within the states of East Coast, West Coast and West Malaysia is around 9,3766.00 million (Department of Statistics Malaysia, 2022). The location for the data collection will centrally focus on the East Coast consisting of states from Kelantan, Pahang, and Terengganu. Nevertheless, the West Coast is divided into three regions, the Northern Region will consist of Perlis, Kedah, Penang and Perak. The central region will cover Selangor, the Federal Territory of Putrajaya and Kuala Lumpur. While the Southern region will consist of Negeri Sembilan, Melaka and Johor. From the East Malaysia, the study will be represented by Sabah and Sarawak. This study will be using the Krejcie and Morgan table to estimate sample sizes (Kang, 2021). Therefore 350 respondents will be the sample size.

Several criteria will be established for selecting the respondents. Finding participants who met the inclusion and exclusion criteria was the first step in the data collection process. For this study, the respondents will need to answer a qualifier question before they can proceed to answer the full set of questionnaires. A four-section questionnaire was created to collect data from the teens. The questionnaire is used for identifying and determining the level of quality of life, eating behaviour patterns, and mental health. The Questionnaire that had been chosen for this study were adapted from the World Health Organization Quality of Life Questionnaire (WHO, 1998), Three-Factor Eating Questionnaire (Blandine de Lauzon *et al.*, 2004; Karlsson *et al.*, 2000; Stunkard & Messick, 1985), and Depression, Anxiety, Stress Scale (Lovibond & Lovibond, 1995; Osman *et al.*, 2014; Rosnah *et al.*, 2013). Five Likert scales were used to divide the survey questionnaire into four main sections. All items will be measured with a 5-point Likert-type response scale grouped into the response options ranging from (1=strongly disagree) to (5= strongly agree).

### **3.1 Reliability and Validity**

This study will conduct a reliability and validity test before beginning the data collection procedure. The acquired and gathered data will be processed and analysed using IBM Statistical Package for the Social Sciences (SPSS) version 28.0 for Windows. The effectiveness of the data analysis methods used in this study is determined by their capacity to provide valid and trustworthy results as well as to look into and explain correlations between quality of life, eating behaviour, mental health and nutrition

knowledge. All of the correlations between variables are based on established theories and have been empirically validated in prior studies (Baldwin & Ford, 1988; Montesino, 2002). To achieve validity, reliability and internal consistency of the questionnaire that was created, the metrics of Cronbach's Alpha must be nearer to 1. Whereas Cronbach's Alpha of 0.6 is regarded as low, 0.7 as fair, and 0.8 as good (Hair et al., 2006; Sekaran & Bougie, 2010; Zikmund et al., 2013)

## 4 Conclusion

This conceptual study is built on prior research on the aspects that Malaysian youth eating behaviour is associated with quality of life. As well as how eating behaviour may affect their mental health. Overall, unhealthy dietary habits as seen in impairment in many aspects of physical and mental health. It was also mentioned that issues such as lack of nutrition, psychological health, and depression might amplify this unfavourable link and lead to a worsening quality of life even further. Despite the fact that there is literature on the subject, more research on youth eating behaviour and quality of life needs to be investigated further.

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