



UNIVERSITI PUTRA MALAYSIA

***DIET QUALITY AND ITS CONTRIBUTING FACTORS AMONG ADULTS
IN THREE DISTRICTS OF SELANGOR, MALAYSIA***

IBNTEESAM PONDOR

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By

IBNTEESAM PONDOR

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia,
in Fulfilment of the Requirements for the Degree of Master of Science**

August 2017

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the Degree of Master of Science

DIET QUALITY AND ITS CONTRIBUTING FACTORS AMONG ADULTS IN THREE DISTRICTS OF SELANGOR, MALAYSIA

By

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August 2017

Chairman : Geeta Appannah, PhD
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Food price forms a major part of the food environment and is an important influence on food choices. Research on daily dietary cost (DDC) and diet quality (DQ) has been hindered by a lack of data in Malaysia. This cross-sectional study aimed to examine associations between socio-economic characteristics, dietary intake, BMI and DDC with DQ among adults in Selangor. A total of 450 adults were recruited from housing areas in Bangi, Selayang and Bandar Petaling Jaya. Recruitment involved one adult from odd-numbered houses in selected streets who voluntarily participated. Socio-economic characteristics and anthropometric measurements were obtained during face-to-face interviews. Dietary data was collected using a validated Food Frequency Questionnaire and Nutritionist ProTM software was used to analyze nutrient intakes, thus evaluating DQ using a Healthy Eating Index (HEI). DDC (RM/2000Kcal) was calculated using food prices from the Ministry of Trade, Cooperatives and Consumerism. SPSS version 22.0 was used for all statistical analyses.

There were 35.8% of males and 64.2% of females. Majority of them were working adults (66.0%) with mean age 37.55 ± 11.0 , had at least secondary school education (97.2%) and reported median personal income of RM3000 (2400) and household income of RM4000 (3000) and a majority of them (59.3%) lived in low cost housing. Respondents with normal BMI counted 38.9% while 22.0% were obese and 36.7% were overweight. There was 50.6% (N= 228) of respondents with energy misreporting and therefore analysis was carried out for both total respondents and plausible reporters. The mean HEI score of plausible reporters (N= 222) was 60.96 ± 10.22 . Respondents achieved more than 55% of the Malaysian Dietary Guidelines for most HEI components except for milk products (46.8%) and total sodium (12.4%). There were no statistically significant difference ($p > 0.05$) between HEI

scores and socio-economic characteristics except for age groups ($p= 0.041$) for total respondents and personal income ($p= 0.029$) for plausible reporters. There was also no significant difference in mean HEI scores with regards to BMI ($p> 0.05$). There were significant weak positive correlations between energy adjusted carbohydrate ($r= 0.189$, $p= 0.009$) and protein ($r= 0.141$, $p= 0.014$) and HEI scores ($N= 222$). The median crude DDC was RM16.73 (12.50) while energy adjusted DDC was RM10.81 (4.45)/ 2000kcal for plausible reporters. The highest contributors to total DDC were cereal products (20.1%), non-alcoholic beverages (18.0%) and confectionaries (13.4%). The multiple linear regression model concluded that energy adjusted fat ($\beta= -0.183$) and DDC ($\beta= 0.244$) were significant contributors to diet quality ($N= 222$; $p= 0.013$). Results from this study suggests that higher diet quality was more expensive than less healthy choice. It not only serves as a stepping stone for more research into examining DDC and DQ in a Malaysian setting but also as a basis for policy makers in gearing subsidies towards more healthful food choices. This study comes at a timely moment especially when there is a need for everybody especially those of low socio-economic background to get access to healthy foods so as to improve health and prevent non-communicable diseases.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Master Sains

KUALITI DIET DAN FAKTOR SUMBANGAN DALAM KALANGAN ORANG DEWASA DI TIGA DAERAH NEGERI SELANGOR, MALAYSIA

Oleh

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Harga makanan merupakan satu bahagian utama dalam persekitaran makanan dan mempunyai pengaruh penting terhadap pilihan makanan. Kajian ke atas kos harian pemakanan (KHP) dan kualiti pemakanan (KP) tidak dapat dijalankan dengan baik disebabkan oleh kekurangan data di Malaysia. Kajian keratan rentas ini bertujuan untuk mengkaji hubungan di antara ciri-ciri sosio-ekonomi, pengambilan makanan, IJB dan KHP dengan KP di kalangan orang dewasa di Selangor. Seramai 450 orang dewasa telah dipilih dari tiga kawasan perumahan yang bertempat di Bandar Baru Bangi, Bandar Baru Selayang dan Bandar Petaling Jaya. Pemilihan melibatkan seorang dewasa secara sukarela dimana pilihannya adalah melalui rumah yang bernombor ganjil di sepanjang jalan yang terpilih. Ciri-ciri socio-ekonomi dan ukuran antropometri telah diperoleh melalui temuduga bersemuka.. Data dikumpulkan dengan menggunakan borang soal selidik kekerapan makanan (FFQ) yang telah disahkan kesesuaian penggunaanya dan perisian “Nutritionist Pro™” telah digunakan untuk menganalisis pengambilan nutrien, dengan itu KP telah dinilai dengan menggunakan Indeks Pemakanan Sihat (IPS). KHP (RM/2000Kcal) telah dikira dengan menggunakan senarai harga dari Kementerian Perdagangan, Koperasi dan Kepenggunaan. Perisian SPSS versi 22.0 telah digunakan untuk semua analisis statistik. Daripada jumlah keseluruhan responden, 35.% adalah lelaki dan 64.2% adalah wanita. Kebanyakan mereka terdiri daripada orang dewasa yang sedang bekerja (66.0%) dengan umur purata sebanyak 37.5 ± 11.0 , mempunyai sekurang-kurangnya pendidikan sekolah menengah (97.2%) dan berpendapatan median peribadi sebanyak RM3000 (2400) dan pendapatan isi rumah sebanyak RM4000 (3000). Sejumlah 38.9% responden mempunyai indeks jisim badan (IJB) yang normal manakala 22.0% adalah gemuk dan 36.7% mempunyai berat badan berlebihan. Terdapat seramai 50.6% (N = 228) responden yang telah melaporkan tenaga kilo kalori yang kurang tepat. Oleh itu, analisis hanya melibatkan jumlah responden dan pelapor yang munasabah sahaja. Purata skor IPS yang dilaporkan

oleh pelapor munasabah ($N = 222$) adalah 60.96 ± 10.22 . Responden mencapai lebih daripada 55% Garis Panduan Pemakanan Malaysia untuk kebanyakan komponen IPS kecuali untuk produk susu (46.8%) dan jumlah natrium (12.4%). Tidak terdapat perbezaan statistik yang signifikan ($p > 0.05$) di antara skor IPS dan ciri-ciri sosio-ekonomi melainkan untuk kumpulan umur ($p = 0.041$) bagi keseluruhan responden dan pendapatan peribadi ($p = 0.029$) bagi pelapor munasabah. Terdapat juga perbezaan yang tidak signifikan dalam skor purata IPS yang berkaitan dengan IJB ($p > 0.05$). Sementara itu, terdapat korelasi positif yang lemah antara pengambilan karbohidrat yang diselaraskan tenaga ($r = 0.189$, $p = 0.009$) dan pengambilan protein ($r = 0.141$, $p = 0.014$) dan skor IPS ($N = 222$). Median KHP kasar adalah RM16.73 (12.50) manakala KHP yang diselaraskan tenaga adalah RM10.81(4.45) / 2000kkal. Penyumbang tertinggi kepada KHP ialah bahan bijirin (20.1%), minuman (18.0%) dan manisan (13.4%). Model regresi linear berganda menyimpulkan bahawa lemak yang telah diselaraskan tenaga ($\beta = -0.183$) dan KHP ($\beta = 0.244$) adalah penyumbang signifikan kepada kualiti pemakanan ($N = 222$). Hasil kajian ini menunjukkan bahawa kualiti pemakanan yang tinggi adalah lebih mahal harganya jika dibandingkan dengan pilihan makanan yang kurang sihat.. Hasil kajian ini bukan sahaja akan menyumbang pada kajian KHP dan KP di Malaysia, tetapi juga akan membantu kerajaan untuk menggubal polisi berkaitan subsidi makanan yang sihat. Selain itu, hasil kajian ini turut menyumbang kepada keperluan ramai khususnya golongan sosio-ekonomi yang rendah untuk mendapatkan akses kepada makanan yang sihat untuk menambahbaik kesihatan secara umum serta mengelak penyakit-penyakit yang kronik.

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I certify that a Thesis Examination Committee has met on 17 August 2017 to conduct the final examination of Ibnteesam Pondor on her thesis entitled "Diet Quality and its Contributing Factors among Adults in Three Districts of Selangor, Malaysia" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

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TABLE OF CONTENTS

	ABSTRACT	Page i
	ABSTRAK	iii
	ACKNOWLEDGEMENTS	v
	APPROVAL	vi
	DECLARATION	viii
	LIST OF TABLES	xiii
	LIST OF FIGURES	xiv
	LIST OF APPENDICES	xv
	LIST OF ABBREVIATIONS	xvi
 	CHAPTER	
1	INTRODUCTION	1
	1.1 Background	1
	1.2 Problem statement	2
	1.3 Research Questions	5
	1.4 Significance of the study	5
	1.5 Conceptual Framework and operational definition of variables	5
	1.5.1 Diet Quality	6
	1.5.2 Socio-economic characteristics	8
	1.5.3 Body Mass Index	8
	1.5.4 Daily Dietary Cost	8
	1.6 Objectives	8
	1.7 Hypotheses	8
 	2 LITERATURE REVIEW	9
	2.1 Introduction	9
	2.2 Diet Quality	10
	2.3 Relationships between socio-economic characteristics and diet quality	14
	2.4 Relationships between BMI and diet quality	15
	2.5 Relationships between dietary intake and diet quality	15
	2.6 Daily Dietary Cost	16
	2.7 Relationship between daily dietary cost and diet quality	18
	2.8 Relationship between socio-economic characteristics, DDC and diet quality	21
	2.9 Summary	22
 	3 METHODOLOGY	23
	3.1 Introduction	23
	3.2 Study Design	23
	3.3 Study Location	23
	3.4 Sample Size Determination	25
	3.5 Respondents	25
	3.6 Sampling Design	25

3.7	Data collection process	28
3.8	Pre-test	30
3.9	Measures	30
3.9.1	Socio-economic Characteristics Questionnaire	31
3.9.2	Anthropometry	31
3.9.3	Food Frequency Questionnaire (FFQ)	32
3.9.3.1	Conversion of FFQ to food intake	33
3.9.4	Use of Healthy Eating Index (HEI) to calculate diet quality	35
3.9.5	Daily Dietary Cost	36
3.10	Statistical Analysis	37
3.10.1	Univariate analysis	37
3.10.2	Bivariate analysis	37
3.10.3	Multivariate analysis	38
4	RESULTS	39
4.1	Introduction	39
4.2	Socio-economic Characteristics	39
4.3	Dietary Misreporting	41
4.4	Dietary Intake	42
4.5	Healthy Eating Index (HEI) Scores	44
4.6	Mean HEI scores by socio-economic characteristics	45
4.7	Mean HEI score by BMI classification	48
4.8	Correlations between dietary intake and HEI scores	49
4.9	Daily Dietary Cost	49
4.10	Correlations between daily dietary cost and HEI scores	51
4.11	Factors associated with diet quality	51
5	DISCUSSION	53
5.1	Introduction	53
5.2	Socio-economic characteristics	53
5.3	Energy Misreporting	54
5.4	Dietary Intake	54
5.5	Healthy Eating Index (HEI) Scores	56
5.6	Differences between socio-economic characteristics and diet quality	57
5.7	Differences in body mass index and diet quality	59
5.8	Daily dietary cost	60
5.9	Food group contributors to total daily dietary cost	60
5.10	Correlations between DDC and diet quality	63
5.11	Correlation between dietary intake and HEI score	64
5.12	Factors associated with diet quality	65
5.13	Strengths and limitations	66
5.13.1	Study Design	66
5.13.2	Socio-economic characteristics	67
5.13.3	Dietary tool assessment	68
5.13.4	Physical activity	69

5.13.5	Evaluating diet quality using Healthy Eating Index (HEI)	69
5.13.6	Dietary cost calculation	69
5.13.7	Energy adjustment	70
6	CONCLUSIONS AND RECOMMENDATIONS	71
6.1	Conclusions	71
6.2	Recommendations	72
6.2.1	Longitudinal study: Body weight in relation to diet quality and dietary cost	72
6.2.2	Link between incidence of non-communicable diseases, diet quality and DDC	73
	REFERENCES	74
	APPENDICES	89
	BIODATA OF STUDENT	115
	PUBLICATION	116

LIST OF TABLES

Table	Page
2.1 Types of food price metrics	17
2.2 Studies linking dietary cost and diet quality	20
3.1 Sample Size Calculation using G* Power 3.1	25
3.2 Inclusion & Exclusion Criteria	25
3.3 Measures and instruments	31
3.4 Classification of adults according to BMI	32
3.5 Conversion factor for FFQ to food intake	33
3.6 BMR-predictive formula for Malaysians according to Ismail et al. (1998)	34
3.7 Criteria for Component Scores for HEI	35
4.1 Socio-economic characteristics of respondents (N = 450)	40
4.2 Dietary intake of total respondents and % RNI achieved by sex	43
4.3 Dietary intake of plausible reporters and % RNI achieved by sex	43
4.4 Mean HEI/ component scores and % MDG achieved	44
4.5 Mean HEI/ component scores of plausible reporters and % MDG achieved	45
4.6 Mean HEI scores of total respondents by socio-economic characteristics	46
4.7 Mean HEI scores of plausible reporters by socio-economic characteristics	47
4.8 Mean HEI score of total respondents by BMI classification	48
4.9 Mean HEI score of plausible reporters by BMI classification	48
4.10 Correlations between dietary intake and HEI for total respondents	49
4.11 Correlations between dietary intake and HEI for plausible reporters	49
4.12 Median cost and mean contribution to DDC for total respondents	50
4.13 Median cost and mean contribution to DDC for plausible reporters	50
4.14 Correlation between adjusted and unadjusted DDC and HEI scores	51
4.15 MLR model to predict diet quality for total respondents	52
4.16 MLR model to predict diet quality for plausible reporters	52

LIST OF FIGURES

Figure	Page
1.1 Conceptual Framework showing the dependent and independent variables	7
3.1 Map of Malaysia and the state of Selangor with the 9 districts	24
3.2 Sampling design including districts upto the housing sections	27
3.3 Data collection process	29
4.4 Proportion of plausible reporters and under/ over-reporters by sex	41

LIST OF APPENDICES

Appendix	Page
I Ethical Approval Letter from JKEUPM	89
II Respondent's Information Sheet and Consent (English)	91
III Respondent's Information Sheet and Consent (BM/ Mandarin)	94
IV Socio-demographic questionnaire (English)	98
V Socio-demographic questionnaire (BM/ Mandarin)	100
VI Food Frequency Questionnaire (BM/ Mandarin)	102

LIST OF ABBREVIATIONS

BMI	Body Mass Index
BMR	Basal Metabolic Rate
CPI	Consumer Price Index
DDC	Daily Dietary Cost
DQ	Diet Quality
DQI	Diet Quality Indicator
FAFH	Food Away From Home
FAO	Food and Agricultural Organization
FFQ	Food Frequency Questionnaire
HEI	Healthy Eating Index
IPH	Institute of Public Health
DOSM	Department of Statistics Malaysia
KPDNKK	Ministry of Trade, Cooperatives and Consumerism Malaysia
MANS	Malaysian Adult Nutrition Survey
MASCO	Malaysian Standard Classification of Occupations
NCD	Non Communicable Diseases
NHMS	National Health and Morbidity Survey
SEP	Socio-economic Position
SES	Socio-economic Status
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Background

Dietary consumption is an assortment of behaviors which takes place as a result of one's decision-making. When faced with several options of what, where, when and how much to eat, behavioral economics proposes that individuals will choose combinations which best serve their own utility. However, utility is restricted by lack of time, financial constraints, social norms, preferences or health concerns (Sloman & Wride, 2009). Individual food choice on the other hand is more specifically dictated by factors which include taste, cost, and convenience and to a far less significance, health especially among lower socio-economic groups (Kamphuis, Bekker-Grob & Lenthe, 2015). Consuming a balanced diet is important to prevent and reduce chronic diseases, particularly for populations who are socio-economically disadvantaged and have increased disease risk as compared to people of higher socio-economic status (Rao, Afshin, Singh & Mozaffarian, 2013).

While the latest economic development in Malaysia has brought about a major improvement in lifestyle and eating patterns, it has alongside brought about an increase in the occurrence of nutrition related disorders. The recent National Health and Morbidity Survey (NHMS) in 2015 revealed that the prevalence of overweight and obesity among Malaysian adults were 32.4% and 18.5% respectively. Obesity being higher in women (22.9%) compared to men (14.5%) and in adults aged 30-39 years (21.2%) compared to other adult age groups. Those of Indian ethnicity had a higher proportion of obesity (28.1%) compared to Malays (22.0%), Bumiputra Sarawak (17.0%), Bumiputra Sabah (14.1%) and Chinese (10.8%). There has been a significant increase in obesity from 15.4% as noted in the NHMS 2011 compared to 18.5% in the NHMS of 2015. Obesity plays a significant role in the etiology of non-communicable diseases and the consequences are at increased risk of premature mortality and poorer quality of life. The obesity burden has undoubtedly contributed to increasing medical treatment costs and decreased productivity in the Malaysian population (IPH, 2015).

Locally, the Malaysian Dietary Guidelines (2010) has been driven to encourage Malaysians to consume less calories, be more physically active and make better food choices. It is unfortunate that the NHMS (2011) revealed that 92.5% of the local adult population consumed less than five servings of fruits and/ or vegetables per day which is a measure of healthfulness of an individual's diet. The latest NHMS (IPH, 2015) has demonstrated that adults have a mean serving size of 1.40 for fruits compared to the recommended two, while for vegetables, Malaysians consume 1.51 servings compared to the recommended three daily servings. In the ethnically diverse population, factors such as sex, socio-economic position race and culture may influence the food habits of Malaysians (Wan Abdul Manan et al., 2012). On

the other hand, factors such as availability and cultural acceptability of healthier alternatives hinder the promotion of healthy diets. The universally designated barrier is indeed cost as it is commonly accepted that those alternatives are more expensive than less healthy foods (Rao et al., 2013).

Darmon and Drewnowski (2008) have conducted a review based on multiple European countries, Canada, Australia and United States. They concluded that generally better educated and more affluent people would consume the higher-quality diets. The opposite was also true and thus they inferred that if higher socio-economic status is a determining factor in diet quality, all the epidemiologic studies linking diet quality and better health have inadvertently been confounded by overlooked socio-economic characteristics. The same authors have in a more recent review come to the conclusion that higher cost of healthy diets definitely account for socioeconomic disparities in diet quality. Food patterns that are reasonably priced, nutrient dense and appealing at the same time should be identified and prioritized to combat this inequality (Darmon & Drewnowski, 2015). Earlier studies have demonstrated that high adherence to diet quality indicators were associated with higher diet cost (Darmon & Drewnowski, 2008). Shroder et al. (2006) also concluded an inverse association between high adherence to diet quality indicators and BMI and obesity. Therefore, it is evident that economic constraints, and their effects on food choices, have to be taken into account for the development of dietary tools for weight gain prevention.

Cassady, Jetter and Culp (2007) stated that one of the ways to reduce the risk of diet-related chronic disease among low-income consumers is to increase the consumption of fruits and vegetables. Bernstein et al. (2010) also concluded that foods from plant origin provide the best investment for health. Furthermore, a recent systematic review by Xia et al. (2014) has provided further evidence to confirm these findings. It was noted that the average reduction in mortality from cardiovascular risk was 4% for each additional serving of fruit and vegetables combined (hazard ratio 0.96, 95% confidence interval 0.92 to 0.99; $p = 0.02$). As for fruits only, the percentage was 5% (0.95, 0.91 to 1.00; $p = 0.03$) and lastly for each additional serving per day of vegetables, it was 4% (0.96, 0.93 to 0.99; $p = 0.01$) (Xia et al., 2014). One British researcher has stated that nutrition should be consistent with people's reality and that high cost foods cannot be promoted to low-income people without taking costs into consideration (Lang, 2005).

1.2 Problem statement

Local researchers such as Karupaiah, Chee, Ying, Koon and Chinna (2013) have put forward the fact that indicators of diet quality and the understanding of factors affecting food choice should be used to evaluate the health of the population. Diet quality is assessed by assigning scores to dietary patterns as to what extent they adhere with national dietary guidelines and how the diversity of healthy choices meet core food groups or equivalent international groupings (Wirt & Collins, 2009).

Karupaiah et al. (2013) have hypothesized that food accessibility by urban communities and consequently the ability to meet healthy eating practices should greatly be affected by the built environment such as food markets as well as other factors unique to that particular environment. Food price and consequently the dietary cost of individuals form a fundamental part of the food environment and is the leading influence on food choices (Darmon, Briand & Drewnowski, 2004). It is therefore necessary to study the relationship between food expenditure and the healthfulness of food choices made by the Malaysian population. Engel's law of expenditures for food states that the quantity of food purchased will increase as an individual's income increases. Nevertheless, the percentage of income spent on food will in fact decrease as total income increases (Kindleberger, 1990). This is relevant when considering the social inequalities of access to a healthy and nutritious diet. The lower income earners would face important challenges with regard to increasing food price since food expenditure already constitutes a main portion of their income. The salaries and wages survey report revealed that the mean salary of Malaysians was RM2312 while those from urban regions had a mean of RM2514 (JPM, 2015). Mean monthly household income for Malaysian has increased from RM5000 in 2012 to RM6141 in 2014. The household income and basic amenities survey thus reported an increase of 10.3% per annum (JPM, 2014).

Findings from the household expenditure survey (JPM, 2014) revealed that Selangor had a mean monthly household consumption expenditure of RM 4,646 after Wilayah Persekutuan Putrajaya (RM 5,627) and Wilayah Persekutuan Kuala Lumpur (RM 5,559). All Malaysian states recorded an increase in mean monthly household consumption expenditure compared to 2009. In 2009, Malaysians spent 20.3% of the household consumption expenditure on food and non-alcoholic beverages, while in 2014, the percentage decreased to 18.9%.

Malaysian statistics regarding the decrease in percentage of household consumption expenditure on food from year 2009 to 2014 fit Engel's theory adequately. However, the Consumer Price Index, [a measure of the average change over time in the price paid by urban consumers for a market of goods and services (US Bureau of Labour Statistics, 2017)] with regards to the rise in food away from home index (+3.4%) (JPM, 2016) is a paradox and tend to fit the definition of dietary consumption (Sloman & Wride, 2009) whereby individuals would choose combinations of food that maximize their convenience, which are nevertheless curbed by several constraints. The following numbers show how the consumer price index for food and non-alcoholic beverages rose by 3.8% in November 2016 compared to the same month of the previous year. Food items which are majorly responsible for this rise are cooking oil (+ 45.6%), chicken (+ 10%), fish and seafood (+ 4.5%) and vegetables (+3.6%) (JPM, 2016). With the rise in food commodities, it is therefore important to examine the daily dietary cost of the Malaysian population. In this study's context, daily dietary cost refers to the sum of cost of foods consumed on a daily basis (Cade et al., 1999).

Asma, Nawalyah, Rokiah and Mohd Nasir (2010) assessed the diet quality of married couples in a selected urban area in Selangor, Malaysia. A 2-day 24-hour dietary recall and a Food Frequency Questionnaire (FFQ) were used to assess the quality of diet among the respondents using the Diet Quality Index Revised (DQI-R). The diet quality of the population was not found to be adequate and in general the male respondents had better diet quality than their female counterparts. However, no pricing or expenses pertaining to food was investigated. Higher DQI-R scores in this study were characterized by reduced intake of fat, saturated fat and dietary cholesterol, along with higher intakes of fruits, vegetables, calcium and iron intake.

Karupaiah et al. (2013) investigated the dietary health behaviors of women living in high rise dwellings in an urban community in Malaysia. A healthy eating index (HEI) scale was used to evaluate the respondents' diet quality. The HEI score was significantly different ($p < 0.05$) among the 3 main ethnicities (Malay, Chinese & Indian). It was also noted that eating out frequency was associated with poor HEI score, more specifically a decreased vegetable intake ($\rho = -0.320$; $p < 0.001$) and sodium excess ($\rho = -0.135$; $p = 0.065$). The study suggested that health promotion for diet related non-communicable diseases should be done at the community level. With the previously mentioned obesity rates in Malaysia, the investigation of body mass index is warranted especially to determine any differences in diet quality with regards to body mass index.

According to the review by Rao et al., (2013), several studies across other countries have evaluated whether healthier foods or diets cost more, however, not much is known about the potential diversity of this relationship. For instance, some studies compared healthier and less healthy models of the same food while others focused on dietary patterns, both containing different types of foods. Moreover, the healthfulness of food may be based on single nutrients (sugar or fat content) or on more elaborate dietary patterns and consequently impacting the price difference (Rao et al., 2013). Thus, there is a need to investigate the relationships between nutrient intakes and diet quality.

To conclude, with the ever increasing of food prices and the notorious statistics of obesity and chronic diseases in Malaysia, it is mandatory to investigate about daily dietary cost, BMI, socio-economic characteristics in particular income levels and the diet quality of Malaysian adults. Thus, the present study aims to determine associations between socio-economic characteristics, BMI, daily dietary cost and diet quality in adults in Selangor.

1.3 Research Questions

- What is the diet quality, daily dietary cost and body weight status of adults in Selangor?
- What is the difference in diet quality with regards to socio-economic characteristics and BMI?
- What is the association between daily dietary cost and diet quality?
- What is the relationship between dietary intake and diet quality?
- What are the factors influencing with diet quality?

1.4 Significance of the study

While the healthfulness of food choices has been examined in all the age groups of the Malaysian population, there is a tangible absence of study that links daily dietary cost of Malaysians to their diet quality. Food price is undoubtedly one of the most important factors and commonly accepted motivator that drive people especially income earners and household heads to their food choices. Additionally it is noted that dietary cost is an important determinant of diet quality. Previous studies keep on demonstrating the need for improvement in diet quality for all segments of the population. However, no efforts have been made in understanding the importance of food expenditure in relation to diet quality. With a lack of published studies simultaneously assessing socio-economic characteristics, BMI, daily dietary cost and diet quality in Malaysia, it is a research area that needs to be urgently tackled. This is because being able to enjoy good health is a basic human right and if the socio-economic status of an individual has a direct effect on his health, then it is indeed a matter of public health concern.

The present study will bring to light any existing associations between dietary cost, socio-economic status and BMI with regards to diet quality. This will be a groundbreaking insight and enable the society at large to be informed about their relative dietary cost as well as the influence of socio-economic status and BMI with regards to diet quality. Along with being informative, the hypothesized associations might be used as a baseline to investigate more about daily dietary cost of the population in Malaysia especially among people of lower socio-economic groups. This would consequently be a means to identify solutions to enable low-income earners to afford and make healthful food choices. Overall, it can also contribute in helping policy makers to develop strategies aimed at tackling the problem of socio-economic disparities in nutrition on a national level in Malaysia.

1.5 Conceptual Framework and operational definition of variables

Figure 1.1 demonstrates the conceptual framework relating all the variables in this study whereby diet quality is the dependent variable and socio-economic characteristics, dietary intake, daily dietary cost and anthropometric measurements are the independent variables. It has been stipulated that normally a healthy diet

should consists of 55-75% from carbohydrates, 10-15% from proteins and 15-30% from lipids (WHO, 2003).

The literature has counted a well-established link between dietary cost and diet quality such that healthier diets tend to be more expensive than less healthier ones (Darmon & Drewnowski, 2015). It is also known that socio-economic inequalities contribute to this equation as low-income earners are unable to afford high diet quality and often expensive food items. Ryden and Hagfors (2011) have reported that children whose parents were the least educated and had blue-collared occupations, consumed the cheapest and most unhealthy diets. In general, lower socio-economic groups have been described to have lower quality diets and higher rates of non-communicable diseases (Darmon & Drewnowski, 2008). Additionally, it is also understood that high diet quality is inversely associated with BMI (Schroder, Marrugat and Covas, 2006).

1.5.1 Diet Quality

- a) Diet quality is measured by scoring food patterns in terms of how closely they align with national dietary guidelines and how diverse the variety of healthy choices is within core food groups or equivalent international groupings (Wirt & Collins, 2009).
- b) Dietary Quality Indices or Indicators (DQIs) are algorithms aiming to evaluate the overall diet and categorize individuals according to the extent to which their eating behaviour is healthy (Gil, Martinez de Victoria & Olza, 2015).
- c) Diet quality refers to both the amount of nutrients and the uptake of specific nutrients from foods to support body maintenance, growth, physiological status (for instance pregnancy and lactation), physical activity and protection against infection. Diet quality is also reflected in the variety (diversity) of food groups consumed (International Atomic Energy Agency, 2017).

From the above definitions, diet quality can be summed up as an optimal measure of nutrients for the overall well-being such as body maintenance, growth, physiological status and physical activity and it is a way to measure how an individual's diet adhere with national dietary guidelines or to the extent to which their eating behaviour is healthy.

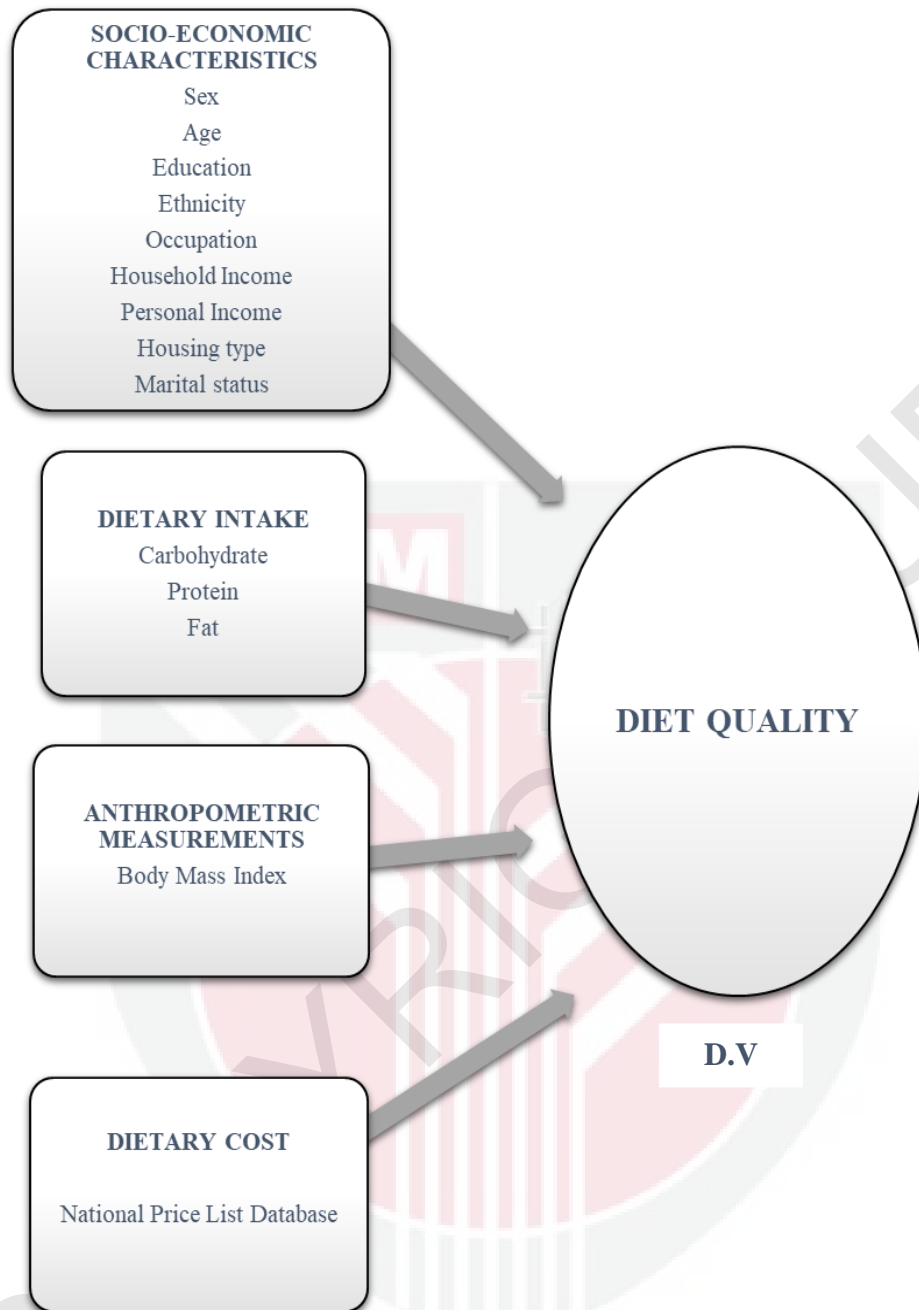


Figure 1.1 : Conceptual Framework showing the dependent and independent variables being assessed

1.5.2 Socio-economic characteristics

Socio-economic status is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group (APA, 2017).

1.5.3 Body Mass Index

Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters (CDC, 2015).

1.5.4 Daily Dietary Cost

Daily dietary cost is referred to the sum of cost of foods consumed per day (Cade et al. 1999).

1.6 Objectives

General objective: To determine associations between socio-economic characteristics, dietary intake, BMI, daily dietary cost and diet quality among adults in Selangor.

1. Specific objectives:
2. To determine socio-economic characteristics: sex, age, education, ethnicity, occupation, personal and household incomes, housing types and marital status; diet quality; body weight status and daily dietary cost of adults.
3. To examine differences in diet quality with regards to socio-economic characteristics and BMI of adults.
4. To determine association between daily dietary cost and diet quality of adults.
5. To examine relationship between dietary intake and diet quality of adults.
6. To determine factors influencing diet quality of adults.

1.7 Hypotheses

- H₀₁: There is no difference in diet quality with regards to socio-economic characteristics and BMI of adults.
- H₀₂: There is no relationship between daily dietary cost and diet quality of respondents.
- H₀₃: There is no relationship between dietary intake and diet quality of respondents.
- H₀₄: There is no significant factors influencing diet quality of respondents

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