Food for Survival or Food for Healthful Living –
An Overview of the Functionality of Food among the People of Nigeria

Babarinde S.O.¹ and Ajayeoba T.A.²
¹Biochemistry Programme
²Microbiology Programme
Department of Basic Sciences
Adeleke University
P.M.B. 250, Ede, Osun State, Nigeria,
samuelbabarinde@gmail.com

ABSTRACT
Every day and everywhere, people undergo a thought process leading to a choice of food and quantity of the food they consume. It is expected that the food consumed will meet certain needs, of which the need for survival is primary. However, the need for survival, though fundamental, is not the only purpose food is expected to serve. For many Nigerians, the choices of food is influenced by a myriad of factors including but not limited to, hunger (need for survival), leisure, affluence and poverty, health, preferred taste and addiction, adventure (imbibing a new culture), religion, or nature of work. Ultimately the importance of food to health cannot be overemphasised, but poverty, time constraints as well as lack of information or its utilisation are some barriers militating against people making food choices purposively for healthful living. This review recommends changes in individuals as well as the government that will bring about positive changes in attitude and food choices towards a healthy, vibrant and productive people and nation.

Keywords: Food choice; Influence; Functionality; Healthful living

1. INTRODUCTION

Why do you eat the food you eat? This is a fundamental question which perhaps most people, fail to spare a moment to consider. Food is essential to life, but how this is understood and ultimately applied has important implications for both the quality and span of life. Among the various peoples of Nigeria, “man must chop” goes a popular saying in local parlance. This can be translated as “eating is essential for the survival man”. This saying is common among the poor people or those with low income, and as a result, can only eat what they can afford. It appears that the functionality of food to majority of these people is to eat in order to meet and satisfy the natural cravings of the body.

In recent times, vendors of herbal products have consistently bombarded both electronic and print media in Nigeria with advertisements and programmes which seek to promote their products by drawing the attention of the populace to the health hazards arising from their lifestyles and diet (Reisch et al., 2013). It could be argued, that the level of patronage these vendors enjoy (as is evident from the expansion and proliferation of these businesses) is indicative of the growing awareness of the important connection between diet and disease among Nigerians. However, it remains to be determined whether this growing awareness has translated to people making choices of food purposively for healthful living. It is expedient to note here, that there is a profound scarcity of information on the level of health literacy as well as how the level of this literacy influences the choices of food among Nigerians.

To this effect, this review attempts to proffer answers to the following questions;
• What are the motivating factors/reasons that influence the choices of food among people in Nigeria?
• What are the implications of these choices?
• What challenges prevent people from making good choices?
• What are recommendations to get people to make healthful choices?
Therefore, this review article will give exposure on the rationale of feeding among Nigerians and its implication on health in order to provide an aid to policymakers, stakeholders in food industries and public health in formulating standards and designing products to meet the needs of the populace. Furthermore, it is intended that this review serves as a concise resource for sensitising the populace about the need for making healthful food choices.

2 REASONS WHY PEOPLE EAT WHAT THEY EAT

The primary reason why people eat is to stay alive in order to carry out their daily activities. This school of thought, although fundamentally true, is inadequate and a shallow perspective. People make decisions about food several times a day: when to eat, what to eat, with whom, and how much (Contento, 2010). Many factors can determine the decisions people make about food all over the world. Some of these factors include; leisure, affluence and poverty, hunger (need for survival), health, preferred taste and addiction, adventure (imbibing a new culture), religion, or nature of work (like wrestlers, body builders, sports, those who do strenuous labour or even models).

2.1 Food for The Emotions
Leisure time is always a fun time – a time to enjoy. And for many Nigerians, this is not any different. Often, as a result of the cheerfull mood, many people indulge in eating and drinking for merriment regardless of whatever health implications this might have. Alcohol is one major product that people in Nigeria indulge in during leisure (Bada and Adebiyi, 2014). Other food products consumed include heavily spiced and seasoned foods, high calorie and high fat-containing foods, deep fried foods or snacks, grilled and roasted meat products (Ojo and Adebayo, 2012) that are probably not well cooked etc. During such times, the mind is focused on immediate or short-term gains rather than long-term benefits. As such, many wrong food choices are made. Aside from the wrong choices of food products consumed, there is also the tendency to consume more than necessary. This leads to another factor responsible for the choices people make in eating – greed. The low income earners are most susceptible (Drewnowski and Specter, 2004). Unfortunately, because there seems to be no immediate consequences, there is no apparent deterrence and so this becomes a habit and invariably, a regular practice by most Nigerians.

It is also possible that people make choices of foods not because they are in a cheerful mood but because of certain unpleasant emotional issues. Many people have foods that make them feel better. Some will reach for ice cream or chocolate in difficult times (Ryerson, 2007). These foods are called comfort foods. For many, however, alcoholic drinks are usually the choice at such times and the tendency for alcohol addiction becomes high as more bottles are needed to sustain the reprieve derived, if any.

2.2 Weather Conditions
The influence of weather on the way of life of people cannot be overstated. The weather can influence the choice of clothes people wear, the choice of setting-off for an outing and the kind of activities people have (outdoor) (Belanger et al., 2009). In Nigeria, two main seasons determine the weather conditions at different times of the year – the rainy and dry seasons. These seasons are characterised by different atmospheric conditions such as temperature and humidity. The rainy season is usually characterised by warm/mild temperatures and high humidity while the dry season is characterised by hot temperatures and low humidity. However, weather conditions also influences the choice of food consumed. A hot sunny afternoon will most likely make people hot and thirsty, and more often than not, have people craving for ice-cold drinks. For some, a bowl of hot soup on a cold day is comforting (McGraw-Hill, 2007). Additionally, these seasons determine the availability of certain foods. Some foods are seasonal, and are abundant only at particular times (de Beurs and Brown, 2013). This means that the choices of such foods are also subject to the season or time of the year.

2.3 Socioeconomic Status
Socioeconomic status is one key influence of the choice of food of people. Indeed, disease risk of individuals, likelihood of becoming overweight or obese, and access to eating establishments and food sources has been linked to socioeconomic disparities (Popkin et al., 2005). Earlier on, it was noted that the prevalent socioeconomic status of most Nigerians tends to limit the variety of food available to them. According to Contento (2010), the amount of money spent on food depends on income level.
This invariably results in families feeding on what is readily affordable, which in most cases are predominantly carbohydrate based diets (Akarolo-Anthony et al., 2013).

Often, animal products are almost beyond the reach of these category of people or available in minimal quantities. According to a Food and Agriculture Organization of the United Nations (FAO) report (Table 1), Sub-Saharan Africa – where Nigeria belongs – has for a long time been among the countries with the lowest consumption of livestock products. Though the per capita consumption is reported to have been on the increase, and is also projected to continue to rise, it will, however, remain among the poorest among the different regions of the world. Furthermore, since the varieties of fruits and vegetables are limited and often overpriced, these products remain a luxury that cannot be afforded except on very rare occasions. The implication of this is long-term malnutrition.

This situation is compounded by increasing urbanisation which tends to distance more people from primary food production, and in turn have a negative impact on both the availability of a varied and nutritious diet with enough fruits and vegetables, and the access of the urban poor to such a diet (WHO, 2003). Conversely, those on the higher spectrum of the socioeconomic ladder have a wider range of food products including fruits and vegetables at their disposal. However, the capacity to afford these products alone does not guarantee choices based on healthful reasons. This is similar to the situation discussed earlier under leisure-motivated feeding.

Table 1 Per capita consumption of livestock products

<table>
<thead>
<tr>
<th>Region</th>
<th>Meat (kg per year)</th>
<th>Milk (kg per year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>24.2</td>
<td>36.4</td>
</tr>
<tr>
<td>Developing countries</td>
<td>10.2</td>
<td>25.5</td>
</tr>
<tr>
<td>Near East and North Africa</td>
<td>11.9</td>
<td>21.2</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>9.9</td>
<td>9.4</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>31.7</td>
<td>53.8</td>
</tr>
<tr>
<td>East Asia</td>
<td>8.7</td>
<td>37.7</td>
</tr>
<tr>
<td>South Asia</td>
<td>3.9</td>
<td>5.3</td>
</tr>
<tr>
<td>Industrialised Countries</td>
<td>61.5</td>
<td>88.2</td>
</tr>
<tr>
<td>Transition Countries</td>
<td>42.5</td>
<td>46.2</td>
</tr>
</tbody>
</table>

*Excludes South Africa.

Source: (Bruinsma 2003; WHO (2003)

It can be said at this point, that personal gratification becomes the primary motivating factor for eating when there is much to choose from. As earlier stated, there is a natural tendency to want to eat as much as possible. So it is not just about the choices made, but, also about the quantity or volume consumed. Excess consumption in itself, is a form of malnutrition (Wilkinson and Marmot, 2003). Greed comes to mind here, and this applies not just to the poor but also to the rich. For the poor, the usual scarcity of a variety of diets available to them fuels their gluttony whenever they have access to abundance. There are, nonetheless, individuals who simply lack self-control over food, regardless of their socioeconomic status. Indeed, for a number of people, it is an addiction.

2.4 Hunger

We need to eat to meet our nutritional needs (FAO, 2011), and the body has an effective system to ensure that those needs are met. Hunger is the physical sensation that tells your brain it is time to eat (McGraw-Hill, 2007). Being hungry can be very unpleasant and mostly unbearable. The initial instinct of a hungry man therefore, is to quickly eat in order to get rid of the hunger without recourse to the health implications of what is to be eaten. The success of fast food industry worldwide derives from this natural phenomenon. In Nigeria, fast food eating which used to be uniquely foreign has gradually become part of the lifestyle of people, especially those in urban centres (Akinbile, 2008; Konwea, 2012).
In many cities, one can find numerous fast food restaurants where most of the foods sold are usually snacks, burgers, fries, chicken, cola drinks, ice cream, fruit drinks and other foods that are high in fat, sodium and sugar (Ajala, 2006; Aadelokun, 2006; Konwea, 2012).

Besides focusing on the choice of foods eaten when hungry, being able to recognize the feelings of both hunger and fullness helps people to eat in a healthy way and avoid the growing concern of obesity that results from overeating (McGraw-Hill, 2007). Humans also appear to have a built-in biologically determined sensory-specific satiety mechanism whereby they get tired of one taste and move on to another (Rolls, 2000; Contento, 2010). Furthermore, Contento, (2010) reported such, to probably have adaptive value for humans because it ensures that people eat a variety of different-tasting foods and thus obtain all the nutrients they need from these foods. There is also concern for those who do not recognize hunger and do not provide their bodies with enough fuel to maintain their health (McGraw-Hill, 2007). In some parts of Africa where there is severe drought or political conflict and fighting, there is a prevalence of famine and food insecurity (Hendrix and Brinkman, 2013).

This limits the choices available to the people living in these areas. Although, the same cannot be said of the experience in Nigeria, it is however not so different. There are pockets of unrests by insurgents in almost every region of the country. Aside from the siege on some parts of the north by Islamic insurgents, there are the incessant attacks by nomadic on villages and farm lands of the middle belt, where major agricultural activities that produce most of the food of the nation take place (Brinkman and Hendrix, 2011; Muzan, 2014). These factors also contribute to the scarcity of varieties of food available to the people and a concomitant rise in the price of these produce.

2.5 Health
The state of health that influences choices about food consumption of individuals ranges from being overweight to diabetes or cardiovascular diseases (Wardle et al., 2000). Diets which exclude many foods due to health concerns or medical reasons need to be planned carefully (Food-a fact of life, 2009a). For example, people who are lactose intolerant cannot eat some dairy products and so must make sure that they eat other foods which are good sources of calcium, e.g. soft edible bones in fish such as tinned salmon or sardines. However, they can consume hard cheese, as it is low in lactose, and also yogurt in moderate amounts, because the bacteria in yogurt help digest the lactose (Food-a fact of life, 2009a). Similarly, diabetics are usually placed on diets rich in proteins while sufferers of cardiovascular diseases are advised to stay away from high fat and heavily seasoned foods. Women who are pregnant are also advised to take foods high in fibre, protein, iron and vitamins are recommended, while alcohol and caffeine are discouraged. It is also not uncommon for some people with certain ailments to take only liquid diets for a period of time e.g. patients who undergo a surgical operation.

2.6 Preferred Taste and Addiction
It is not uncommon for many people to have personal likes and dislikes when it comes to choices of food. In actual fact, humans are born with unlearned biologic predisposition toward liking the sweet taste and rejecting the sour or bitter taste (Contento, 2010). Usually, people identify certain attributes of particular foods that they find either very desirable or otherwise. It could be something about the flavour of the food (which has to do with the taste or smell), the texture or mouth feel or it could even be about the colour of the food that people find to be appealing (Harris et al., 2009). Choices like this also do not guarantee healthy foods. It is all about perception of the senses. The senses play a major role in what people eat. If your senses are attracted to a food, you find the food appealing (McGraw-Hill, 2007). Very often, some have such a strong desire for certain foods that they develop some sort of dependence on such foods. When addiction sets in, people will do all it takes to eat those foods on a regular basis. Contento (2010), also reports that how humans feel physiologically after eating a food can have a powerful impact on food preferences. If eating is followed by negative effects such as feeling of nausea, a conditioned aversion follows. A one-time experience of illness following eating a food can turn individuals off eating that food for decades.

2.7 Culture
Very often and in its simplest definition, culture can be said to be the way of life of a people (Oju et al., 2013). One of the things that define a people is the kind of food that is unique to them. Cultural rules often specify which foods are considered acceptable and preferred, and the amount and combinations of various categories of foods that are appropriate for different occasions (Contento, 2010).
Throughout the world, geographical regions and cultures yield specialized foods that are consumed by inhabitants and tourists. In Nigeria (being a multi-ethnic country), there are diversities of food products that are unique to the many ethnic groups. These varieties of products, even though from agricultural produce common to most or all these groups are made through different processing methods. As such, it is common to find a particular agricultural product made into a variety of foods in different regions of Nigeria.

For example, maize is processed in the south west of Nigeria to produce a cold semi-solid paste known as eko while in the north, maize is processed into a flour that is used to prepare the hot semi-solid paste known as tiwon masara. Smith, (1995) reports that food is a good vehicle for intraregional cultural exchange. This means that imbuing other cultures can bring about eating certain kinds of foods. Even from economic and nutritional points of view, these intraregional food exchanges ensure dietary variability at all socioeconomic levels within the sub-region (Smith, 1995).

2.8 Religion
Throughout history, almost every religion suggests restrictions and guidelines regarding believers’ diets (Smith, 1995). Everywhere, the quest for health easily shades into issues of morality and religion which play a significant aspect of social life (Ojua et al., 2013). People all around the world, therefore, choose to eat or avoid certain foods depending on their religious belief (Food-a fact of life, 2009b). In Nigeria, two major religions predominate – Christianity and Islam – but there are also, significant adherents of diverse forms of the African Traditional Religion (ATR). In African thoughts, all living things including man are linked in harmonious relationship with the gods and the spirits, such relationship is ascribed to vital forces which each entity generates (Ojua et al., 2013). A state of health exists when there is perfect harmony between man and his environment (Abia, 2012; Ojua et al., 2013). This belief is inherent in those who practice ATR as well as in many Christian and Muslim religious practices at one point in time or the other (Omotosho, 2010; Ojua et al., 2013).

Many devotees of these religions submit to the dictates and sometimes, legislations given to them regarding foods that are either prohibited or permitted. These instructions have become beliefs and have become a way of life. Some beliefs have been followed for centuries and are well established as part of life (Food-a fact of life, 2009b), passed down from one generation to another. For example, fasting is one of the five pillars of the Islamic religion. During Ramadan, the ninth month of the Muslim calendar, followers fast every day from sunup to sundown (Smith, 1995). The Koran outlines the foods which can be eaten (halal) and those forbidden (haram). Beef, lamb and chicken can only be eaten if the animal has been slaughtered by the halal method. This means that the animal must be killed by slitting its throat. The animal will then have all the blood drained from its body (Food-a fact of life, 2009b). The Catholic religion dictates believers to practice partial fasting, or reducing the amount of food consumed on specific calendar days such as Ash Wednesday and Good Friday (Smith, 1995). It also suggests believers refrain from eating meat every Friday during the period of Lent (Smith, 1995).

Many Seventh-Day Adventists practice the vegetarian diet. They avoid animal flesh, and fish but eat eggs and milk products. While some eat scaly fish, they generally abstain from caffeinated and alcoholic drinks (Willett, 2003). In many versions of the ATR, there are certain foods that are regarded as a taboo if consumed and usually, serious consequences are believed to come upon guilty ones. The consequences may be afflictions of the health or source of livelihood and sometimes even death. These forbidden foods might be a covenant requirement for someone who seeks help from a particular god. For example, the goddess of the Osun River in Osogbo, Osun State, Nigeria is a fertility goddess to whom many people come to, praying for the ability to conceive and bear children (Babalola, 2004). The tour guide to this United Nations-designated World heritage site explains that a covenant requirement for such a person seeking fertility is abstinence from fish for the rest of their life.

3. NATURE OF WORK AND PHYSICAL ACTIVITIES

The human body will naturally demand adequate nourishment to meet requirements for optimal conditions needed to support body functions and human activities. After the provision of water, the body's first requirement is for metabolic fuels—fats, carbohydrates, amino acids from proteins (Murray et al., 2009). Thus, another important determinant of the choice of food people eat in Nigeria is the kind of work or physical activity they perform.
There are people whose jobs do not require physical exertion and so expend minimal energy. Those who sit by a desk for most of the day like receptionists fall in this category. Conversely, some engage in manual labour such as in offloading and loading of trucks with goods and expend a great amount of energy in the process. For these groups of people, it is obvious that the energy demand of their bodies would be different and so would be, their eating pattern as well as choice of food. Good nutrition also allows the body to function at its best. With good nutrition you look better and have the energy to be alert and active (McGraw-Hill, 2007). Athletes and most people know whenever they haven’t taken in enough nutrients because they run out of energy.

Lack of nutrients can also make you feel tired (McGraw-Hill, 2007). Studies show that diet, healthy eating and physical activity are important issues to people (Roberts and Marvin, 2011). WHO, (2003) reports that, “energy expenditure through physical activity is an important part of the energy balance equation that determines body weight. A decrease in energy expenditure through decreased physical activity is likely to be one of the major factors contributing to the global epidemic of overweight and obesity”. Furthermore, it is a common practice for Nigerian workers to eat in food restaurants or fast food joints because of their busy schedule at work. Foods available in such restaurants tend to be those that are convenient, low cost and that sell well (Contento, 2010). Hygiene is an important issue for those who patronise the road-side food vendors while customers of fast food outlets are confronted with issues of high calorie and high fat-containing foods.

4. EFFECTS OF FOOD CHOICE ON HEALTH

Health is defined by World Health Organization (WHO) “as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (Ojua et al., 2013). Foods eaten play important roles (good or bad) in the state of health of any individual. A good diet will include many different foods, preferably consumed over the course of the day, and will be sufficient in quantity and quality to meet an individual’s need for food energy (calories) and other nutrients (FAO, 2011). Nutritional needs are specific to each individual, but everyone needs a diet that is balanced and includes a variety of foods that supply the different kinds and amounts of nutrients they need for good health (FAO, 2011). Such diet enhances normal growth and development in children, better health for people of all ages and decreased risk of a number of chronic diseases that can be major health problems (FAO, 2011). Diet is known to play a substantial role in the aetiology of many chronic degenerative diseases such as coronary heart disease, atherosclerosis, non-insulin dependent diabetes mellitus, osteoporosis and some cancer types such as bowel, stomach, breast and prostate cancer (AICR, 2007; Anetor et al., 2013).

According to statistics from WHO, (2011), out of 57 million global deaths in 2008, 36 million, or 63%, were due to non-communicable diseases (NCDs), principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. Hunger and malnutrition remain among the most devastating problems facing the majority of the world’s poor and needy people, and continue to dominate the health of the world’s poorest nations (WHO, 2003). Nearly 30% of humanity is currently suffering from one or more of the multiple forms of malnutrition (WHO, 2000a; WHO, 2003). An unhealthy diet is one of the key risk factors for NCDs. For example, inadequate consumption of fruit and vegetables increases the risk for cardiovascular diseases and several cancers; high salt consumption is an important determinant of high blood pressure and cardiovascular risk and increases the risk of stomach cancer; high consumption of saturated fats and trans-fatty acids is linked to heart disease; a range of dietary factors have been linked with diabetes; red and processed meat consumption is linked with some cancers (WHO, 2003; Steyn et al., 2004; WCRF, 2007; Hawkes, 2013). In addition, excessive energy intake leads to overweight and obesity, which is linked with a range of health problems, including NCDs (WHO, 2000b; Hawkes, 2013).

Diabetes has particularly strong associations with obesity (Steyn et al., 2004; Hawkes, 2013), and evidence shows associations between body fatness and some leading cancers (WCRF, 2007; Hawkes, 2013). The WHO estimates that 2.8 million people die each year as a result of being overweight or obese (WHO, 2011; Hawkes, 2013). The prevalence of overweight is highest in upper-middle-income countries but very high levels are also reported from some lower-middle income countries in Europe, the Middle East and the Americas, and it is reported to be rising throughout low and middle income countries (Hawkes, 2013). Furthermore, trans fatty acids sometimes form during hydrogenation of vegetable oils in the production of margarines (Ministry of Health, 2003) Furthermore, commercial vegetable oils are subjected to partial hydrogenation to increase stability at the high temperatures during deep-frying and also, to improve the shelf life (Nelson and Cox, 2008).
Partial hydrogenation has undesirable effect: some cis double bonds are converted to trans double bonds and there is now evidence that dietary intake of trans fatty acids (often referred to simply as “trans fats”) leads to a higher incidence of cardiovascular disease, and that avoiding these fats in the diet substantially reduces the risk of coronary heart disease (Nelson and Cox, 2008).

It was further reported that dietary trans fatty acids raise the level of triacylglycerols and of LDL (“bad”) cholesterol in the blood, and lower the level of HDL (“good”) cholesterol, and these changes alone are enough to increase the risk of coronary heart disease, increase the body’s inflammatory response, which is another risk factor for heart disease. Dietary goals to prevent chronic diseases emphasis eating more fresh vegetables, fruits and pulses (legumes) and more minimally processed starchy foods, but less animal fat, refined sugars and salt (Wilkinson and Marmot, 2003).

5. BARRIERS TO HEALTHFUL CHOICES

A number of factors can be adduced as barriers to healthful choices. Some of these have already been discussed and they include illiteracy, busy schedule, addiction and finance. According to Kickbusch et al., (2013), “health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course.” The high level of illiteracy in Nigeria therefore, is a major barrier to healthful food choices. Even though information about health implications of food abound, access as well as utilisation of these information is very poor, even among the educated. There is increased awareness of the links between diet and disease such as fats and CVD, calcium and osteoporosis, fibre and gastrointestinal (GI) health (European Commission, 2010) among people all over the world. However, it appears that the knowledge of the importance of food among Nigerians is only a passive one. This is evident by the apparent “unbelief” and nonchalance usually displayed by many people when being cautioned about their choices of food. It is not uncommon for people to retort that “death is inevitable and something must be the cause”. Thus nutritional concerns do not appear to have been strongly influencing consumer demand (Mojduszka and Everett, 2003). For instance, many Nigerians are aware of the health benefits of eating fruits, but many take fruits occasionally as though it is meant only for leisure. This is made worse by the cost of fruits especially in the cities where majority of the people reside.

Another factor is the busy lifestyle of people which prevents them from preparing healthy meals and therefore, makes them resort to fast foods (junk foods). Most of the junk foods like hamburgers, cheese doughnut, meat pie, and sugar that people are spending on will at the end create health problems for those consuming them since they are not beneficial to the body but create problems for some body organs (Konwea, 2012). Addiction can be a terrible factor preventing people from making healthy food choices. As earlier discussed, an individual who has developed an uncontrollable dependence on a particular food will go all out to consume such regardless of the health implications. Belief could well be a barrier as well. Some cultural or religious beliefs prohibit certain foods that are nutritious to the body. It has been discussed how low income earners have access to limited varieties of foods. This results in a shortage of nutrients available for such people. A shortage of food and lack of variety causes malnutrition and deficiency diseases. Food poverty exists side by side with food plenty. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries (Wilkinson and Marmot, 2003).
6. RECOMMENDATIONS ON HOW NIGERIANS CAN MAKE HEALTHFUL CHOICES

Chronic diseases are largely preventable diseases (WHO, 2003). For individuals, making healthful food choices requires being intentional about the process of choosing. It is important to plan meals in advance, avoid repetition, waste and spoilage (FAO, 2011) but most importantly to derive benefits that have significance for the quality and span of life. Think about why you make the food choices you do and learn about the foods that will help you maintain your health (McGraw-Hill, 2007) because a good diet and adequate food supply are central for promoting health and wellbeing (Wilkinson and Marmot, 2003). Poor diet is a well-known reason why people on a low income have a greater chance of developing conditions such as heart disease, stroke, cancers and obesity (Food Safety Authority of Ireland, 2011). Though poverty and its effects may be difficult to overcome, poor people can still ensure that their families have balanced diet to eat. It all involves deliberate planning to ensure that meals contain a balanced supply of nutrients. Many researchers have reported that plant-based diets are healthier than industrially processed foods and it can be easily concluded that they will be cheaper as well.

Many countries have Food-based dietary guidelines which help to educate and guide the population on what kinds of food to eat. ‘Food-based dietary guidelines’ is the complete scientific term for a set of healthy eating messages provided for a population, in terms of how much and which types of foods to eat for good health. Such guidelines are commonly referred to as ‘healthy eating guidelines’ or ‘healthy eating advice’ (Food Safety Authority of Ireland, 2011).

<table>
<thead>
<tr>
<th>Box 1. Food-based dietary guidelines developed for South Africans</th>
</tr>
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<tbody>
<tr>
<td>(Love et al., 2001; Steyn, Myburgh, and Nel, 2003).</td>
</tr>
<tr>
<td>• Enjoy a variety of foods.</td>
</tr>
<tr>
<td>• Be active.</td>
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<tr>
<td>• Make starchy foods the basis of most meals.</td>
</tr>
<tr>
<td>• Eat plenty of vegetables and fruits every day.</td>
</tr>
<tr>
<td>• Eat dry beans, peas, lentils, and soy regularly.</td>
</tr>
<tr>
<td>• Chicken, fish, milk, meat, or eggs can be eaten daily.</td>
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<tr>
<td>• Eat fats sparingly.</td>
</tr>
<tr>
<td>• Drink lots of clean, safe water.</td>
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<tr>
<td>• If you drink alcohol, drink sensibly.</td>
</tr>
<tr>
<td>• Use salt sparingly.</td>
</tr>
<tr>
<td>• Eat and drink food and drinks that contain sugar sparingly and not between meals.</td>
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</table>

Also, a ‘food guide’ is the term for a complete set of ‘healthy eating guidelines’, incorporating both the written food advice and a graphic model, e.g. a pyramid, plate or rainbow, developed to communicate the key healthy eating messages (Figure 1). A ‘food guide’ is a fundamental nutrition education tool, used widely by dieticians, nutritionists, nurses, teachers and other relevant professionals to communicate healthy eating advice (Food Safety Authority of Ireland, 2011). Nigeria, as a country lacks such a home-grown guide that is capable of improving the quality of life of people which also translates to the efficiency of labour force and productivity of the nation. It is essential for the government of Nigeria to constitute a team of professionals that will come up with a food-based dietary guide tailored for Nigerians and to serve to educate the people on what kinds of foods to eat. Such a guide will however, be of no benefit to the people without its accessibility.
The government must, as a sense of duty, ensure the proper, regular and effective sensitisation of the populace to the benefits of such a guide. Ways to achieve this may include but not exclusive to; schools and township seminars and programs on electronic media. A very effective means of communicating such messages might also be through radio and television dramas. Furthermore, since effective healthy eating is sure to cost more, the government may consider introducing subsidies for certain agricultural produce including fruits and vegetables or provision (at reduced cost) of farm equipments and infrastructures.

7. CONCLUSION

Many factors determine the food choices of many Nigerians, but few make choices purposively for healthful living. Since, a good state of health is impossible to achieve without regular choices of good and nutritious food, there is a need for a change in orientation, both on the part of the people as well as on the part of the government of Nigeria. A change in orientation leading to a deliberate action plan, which will bring about positive change in attitude and food choices towards a healthy, vibrant and productive people and nation.
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Authors Biography

**Mr. Babarinde, Samuel Olufolarin** is a lecturer of Biochemistry at the Department of Basic Sciences, Adeleke University, Ede, State of Osun, Nigeria. Having obtained a B.Sc. Biochemistry from the Lagos State University, Ojo, Lagos in 2004, he proceeded to obtain a Master of Science Degree in Food Technology at the University of Ibadan, Ibadan, Nigeria in 2010. His research focus is in the area of Food Biochemistry and Nutraceuticals. He received the Vice Chancellor’s honourable mention award of Excellence in 2012 and Best Lecturer of Biochemistry by the students in 2014. He can be reached by phone on +2348153998288, and through email sobabarinde@adelekeuniversity.edu.ng or samuelbabarinde@gmail.com

**Titilayo Ajayeoba** is an Assistant Lecturer of Food Microbiology & Biotechnology at the Department of Basic Sciences, Adeleke University, Ede, State of Osun, Nigeria. She obtained a B. Sc Food Science at the Ladoke Akintola University of Technology, Ogbomoso, Oyo state, Nigeria in 2003, a Master of Food Microbiology & Biotechnology at the Federal University of Agriculture, Abeokuta in 2010. Her research has focused on food safety and molecular identification of novel genes from food borne pathogens. She can be reached by phone on +2348053333076 and through E-mail ajayeobatiti@gmail.com