

Socio-Economic Factors Correlates of Meal Skipping and Poor Eating Habits Among Adolescents

Abstract

Meal skipping and poor eating habits are significant public health concerns, particularly among adolescents in Ghana, where socioeconomic disparities heavily influence dietary behaviors. This study aimed to explore the relationship between socio-economic factors, meal skipping and poor eating habits among Ghanaian adolescents. Using a descriptive research design, data were collected from a sample of 310 adolescents through self-structured questionnaires. Analysis revealed that 57.7% of respondents frequently skipped breakfast (Mean = 3.21) or relied on street food due to affordability (Mean = 3.34). Pearson product-moment correlation demonstrated a significant relationship between socio-economic factors and meal skipping ($r = 0.451$, $p = 0.008$), as well as between socio-economic factors and poor eating habits ($r = 0.654$, $p = 0.001$). The findings align with global studies linking financial constraints, parental education, and urbanization to unhealthy eating patterns, with low-income families disproportionately affected. These behaviors contribute to nutritional deficiencies, obesity, and diminished cognitive performance, emphasizing the need for targeted interventions. Recommendations include scaling school feeding programs, enhancing nutritional education, subsidizing healthy foods, and regulating street food standards. Addressing these disparities through policy reforms and community-based interventions is critical for fostering healthier dietary practices among Ghanaian adolescents.

Keywords: Meal skipping, poor eating habits, socio-economic factors, adolescents, food insecurity, dietary behaviors.

1. Introduction

Meal skipping and poor eating habits have become significant public health concerns, reflecting deeper socioeconomic and cultural dynamics. Globally, these behaviors are often linked to shifts in dietary patterns, time constraints, and economic

challenges. A study by Zeballos et al. (2020) highlights that skipping meals, particularly breakfast, can adversely impact nutritional intake and overall health, especially among vulnerable groups such as low-income populations. Meal skipping not only reduces the intake of essential nutrients but also predisposes individuals to unhealthy snacking and poor dietary choices throughout the day.

Moreover, socioeconomic factors play a pivotal role in shaping dietary habits. Low-income households often face barriers such as the high cost of nutritious foods, limited access to fresh produce, and time constraints due to multiple jobs or long working hours. These constraints frequently lead to reliance on cheaper, calorie-dense, and nutrient-poor food options. Additionally, cultural norms and practices also influence meal patterns, with some cultures valuing large, infrequent meals over regular, balanced consumption, thereby exacerbating issues of meal skipping (Berge et al., 2012).

Forwardly, the implications of meal skipping extend beyond immediate health concerns, impacting educational performance, productivity, and mental health. For students, poor eating habits correlate with reduced cognitive function, concentration, and academic performance. A study by Zeballos et al. (2020) emphasized that children who regularly skip breakfast are more likely to perform poorly in school due to insufficient energy and micronutrient deficits required for optimal brain function. This indicates a broader socio-educational challenge that must be addressed through targeted interventions.

According to Kaushal (2022) urbanization and lifestyle changes have amplified the prevalence of irregular eating habits. The high demand for processed food culture and the normalization of eating at restaurants because of people's busy schedules have displaced traditional home-cooked meals, leading to increased meal skipping and reliance on ultra-processed foods. These poor eating habits are a major contributor to Non-Communicable Diseases notes such as obesity, diabetes, and cardiovascular diseases.

Psychological factors, including stress and emotional well-being, also contribute to meal skipping. People under high stress levels often experience a loss of appetite or prioritize other tasks, overeating, leading to irregular meal patterns. Similarly, eating disorder behaviors, such as binge eating and food aversion, often start with or are exacerbated by meal-skipping habits (Lee G et al., 2017).

The socio-ecological model provides a comprehensive framework for understanding these dietary behaviors. At the individual level, factors such as age, gender, and health awareness influence meal choices. At the community and societal levels, access to healthy food, cultural norms, and government policies on food security and nutrition education play critical roles. For instance, The Ghana School Feeding Program have proven effective in reducing meal skipping among children from low-income families (Feraco et al., 2024 and Liguori et al., 2024).

Furthermore, gender disparities in dietary behaviors have been noted. Women, particularly in low-income households and many cultures, are more likely to skip meals entirely or reduce the quantity of the food they eat to prioritize food for their children and their partners, thus compromising their nutritional needs. Studies highlight that this can lead to long-term health consequences, including anemia and weakened immune systems, especially during pregnancy and lactation (Concern Worldwide, 2023).

In developing countries, the situation is compounded by food insecurity and the lack of awareness about balanced diets. Governments and NGOs often struggle to implement effective nutritional programs due to financial constraints and logistical challenges. According to Zeballos et al. (2020), addressing these issues requires a multisectoral approach, involving health, education, and agriculture sectors, to ensure sustainable and impactful solutions.

Moreover, public health policies and interventions focusing on promoting regular meal consumption and educating communities about the benefits of balanced diets have shown promise. Policies enacted to influence school food environments (Story, 2009) and social marketing to encourage the consumption of breakfast, for example, emphasize its role in kick-starting metabolism and improving energy levels throughout the day. Similarly, the promotion of meal planning and preparation can help families adopt healthier eating patterns (Carins & Rundle-Thiele, 2014).

Lastly, the role of technology and social media in shaping dietary habits cannot be ignored. With the increasing influence of digital platforms, there is both a risk and an opportunity. While exposure to unhealthy food advertising can promote poor eating habits, social media platforms can also be leveraged to spread awareness about products, behavior, promotion, the importance of regular meals and balanced diets (Mostafavi, 2021).

1.2. Problem Statement

Meal skipping and poor eating habits among adolescents are growing public health concerns, particularly in developing countries like Ghana, where socio-economic disparities profoundly shape dietary behaviors. Adolescents in these settings often face challenges such as food insecurity, time constraints, and limited parental supervision, which contribute to irregular eating patterns and unhealthy food choices. A significant proportion of adolescents habitually skip meals—particularly breakfast—opting instead for street food or high-calorie, nutrient-poor snacks, exacerbating nutritional deficiencies. This is not merely a personal health issue; it reflects broader socio-economic dynamics, including low household income, limited parental education, and inadequate access to affordable and nutritious foods.

In Ghana, these challenges are heightened by structural barriers, such as urban food deserts and cultural norms that deprioritize regular, balanced meals. Adolescents from low-income families are disproportionately affected, often skipping meals due to financial constraints or erratic household food supply. Research indicates that such behaviors are associated with long-term health risks, including obesity, malnutrition, and chronic diseases like diabetes and cardiovascular conditions. Additionally, irregular eating habits negatively impact adolescents' cognitive development, academic performance, and emotional well-being, perpetuating cycles of poverty and inequality.

Despite these challenges, there is limited empirical research addressing the socio-economic determinants of meal skipping and poor eating habits among Ghanaian adolescents. Furthermore, existing public health interventions are often insufficiently targeted or fail to address the root causes of these dietary behaviors. A deeper understanding of the interplay between socio-economic factors and adolescent nutrition is crucial for developing effective, context-specific solutions. This study seeks to fill this gap by exploring how socio-economic factors influence meal skipping and poor eating habits among adolescents in Ghana, providing insights to inform policy and intervention strategies aimed at improving their nutritional well-being.

1.3. Research Question and Hypothesis

- i. What is the prevalence of meal skipping and poor eating habits among Ghanaian Adolescents?
- ii. There is no significant relationship between socio-economic factors and meal skipping among Ghanaian Adolescents

- iii. There is no significant relationship between socio-economic factors poor eating habits among Ghanaian Adolescents

2. Literature Review

2.1 Socioeconomic Factors and Health

Socioeconomic factors, particularly education, community living conditions, income levels, and employment status, play a pivotal role in shaping health outcomes and dietary behaviors. These factors influence access to nutritious food, health literacy, and overall well-being, creating disparities in health outcomes across different social strata. Understanding how these variables interplay provides valuable insights into the root causes of poor dietary habits and meal skipping behaviors.

i. Education: Education serves as a cornerstone of health literacy, influencing individuals' ability to make informed dietary choices. Higher educational attainment equips individuals with the skills to interpret nutritional information, understand dietary guidelines, and appreciate the long-term benefits of healthy eating. For instance, Nishinakagawa et al., 2023, observed that people with advanced education are more likely to consume balanced diets, rich in fruits, vegetables, and whole grains regardless of their economic situation. Conversely, limited educational opportunities restrict access to such knowledge, leaving individuals more susceptible to unhealthy eating patterns, such as reliance on fast food and sugary beverages.

Moreover, the impact of education extends beyond individual choices to household-level decisions. Educated parents are better positioned to guide their families toward healthier eating habits. Studies by Giskes et al. (2010) reveal that children in households with educated parents demonstrate higher dietary quality and meal regularity compared to those from less-educated households. This intergenerational transmission of nutritional awareness highlights education as a vital tool for breaking cycles of poor eating habits.

Additionally, disparities in education often intersect with other socioeconomic factors, amplifying their effects. For example, low educational attainment is frequently linked to low income and insecure employment, further limiting access to healthy food options. This implies that addressing educational inequalities is essential for reducing broader health disparities and promoting healthier dietary behaviors.

ii. Community Living Conditions: Community environments, particularly in low-income regions, significantly influence dietary behaviors and health outcomes. Residents of economically disadvantaged neighborhoods often face structural barriers,

such as limited access to grocery stores selling fresh produce. These areas, commonly referred to as "food deserts," force residents to rely on fast-food outlets and convenience stores, which predominantly offer calorie-dense, nutrient-poor options (Diez Roux et al., 2016). This lack of access perpetuates unhealthy eating habits and contributes to diet-related health conditions such as obesity and diabetes.

Communities in countries with limited economic resources, like Ghana, face additional challenges. In many rural and low-income urban settings, food insecurity is a pressing issue. A study conducted in Ghana by Afoakwa et al. (2018) demonstrated that food insecurity is closely tied to meal skipping, particularly among children and adolescents. Households in these regions often prioritize quantity over quality, leading to diets high in starch and low in protein and essential vitamins. These dietary patterns exacerbate malnutrition and other health disparities.

Furthermore, social cohesion within communities plays a dual role. While strong community ties can foster shared knowledge about nutrition and collective food preparation, the same ties can also reinforce unhealthy cultural dietary practices. For instance, in some low-income areas, cultural norms prioritize high-calorie traditional meals over nutritionally balanced options. Addressing these community-level influences requires tailored interventions that balance cultural sensitivity with nutritional education.

iii. Income Levels: Income levels directly determine access to health-promoting resources, including nutritious food, healthcare, and recreational facilities. Low-income households face numerous financial constraints that limit their ability to purchase healthy food, which is often more expensive than processed alternatives. For example, French (2019) highlighted that economic barriers such as food prices and low income influence individuals to prioritize energy-dense, cost-effective meals over nutritionally balanced options. This dietary compromise contributes to higher rates of obesity and related health issues in economically disadvantaged populations.

Also, income disparities create psychological stress that indirectly affects eating behaviors. Chronic financial insecurity often leads to emotional eating or reliance on convenient but unhealthy food options. Research by Cohen et al. (2012) linked financial stress to increased consumption of sugary snacks and beverages, which serve as coping mechanisms for stress-induced cravings. Addressing income inequalities through policies such as food subsidies and universal basic income could mitigate these adverse effects and promote healthier eating habits.

Additionally, income level influences the ability to maintain meal regularity. Low-income workers, particularly those in multiple part-time jobs, often have erratic schedules that disrupt meal patterns. This irregularity leads to meal skipping especially breakfast, associated with metabolic disorders and reduced cognitive performance (Heo et al., 2021). Interventions aimed at stabilizing work schedules and providing meal support for low-income workers could alleviate these challenges.

iv. Employment Status: Employment status shapes health outcomes and dietary behaviors by determining financial stability, time availability, and access to employer-sponsored benefits. Secure employment provides not only financial resources but also structured routines that facilitate regular meals. Conversely, unemployment or job insecurity creates financial strain, reducing access to healthy food and increasing reliance on cheap, processed alternatives.

The type of employment also plays a significant role. For example, shift workers and employees with demanding schedules often face time constraints that lead to irregular eating patterns and reliance on convenience foods. A study by Chandola et al. (2019) found that individuals in high-stress jobs with unpredictable hours are more likely to skip meals and consume fast food. This suggests that employment policies promoting work-life balance could positively impact dietary behaviors.

Employment benefits, such as healthcare and meal allowances, further highlight the importance of stable jobs in promoting health. Workers in low-paying jobs without these benefits are disproportionately affected by health disparities, including poor dietary habits. This highlights the need for employer-led initiatives, such as subsidized healthy meal programs, to bridge these gaps and improve employee well-being.

Overall, socioeconomic factors like education, community living conditions, income levels, and employment status significantly influence dietary behaviors and health outcomes. Each of these factors interacts with the others, creating complex layers of health disparities. Understanding these relationships is essential for designing targeted interventions that address the root causes of poor eating habits and meal skipping.

2.2. Meal Skipping and Poor Eating Habits

Meal skipping, characterized by the intentional or habitual omission of major meals such as breakfast, lunch, or dinner, has become a prominent dietary issue

globally. It disrupts the regular intake of essential nutrients, thereby affecting overall health and well-being. For instance, breakfast skipping is particularly prevalent and has been shown to reduce overall dietary quality. A study by Mekary et al. (2012) found that those who skip breakfast are more likely to compensate by consuming unhealthy snacks or larger portions in subsequent meals, which can result in an imbalanced diet. Furthermore, meal skipping often stems from time constraints, lifestyle choices, or socio-environmental factors, rather than deliberate efforts to improve health.

The physiological implications of skipping meals are substantial and often long-term. Regular meal skipping has been associated with disruptions in metabolic functions, including reduced insulin sensitivity and irregular blood glucose levels (Jakubowicz et al., 2013). These metabolic disturbances increase the risk of chronic diseases such as obesity, type 2 diabetes, and cardiovascular disorders. Moreover, individuals who skip meals are more likely to experience heightened hunger, leading them to consume calorie-dense, nutrient-poor foods that further worsen health challenges. Adolescents and young adults, in particular, exhibit high rates of meal skipping, a pattern driven by academic demands, work schedules, and often the misconception that skipping meals aids weight management.

Poor eating habits, encompassing behaviors such as excessive snacking, reliance on processed foods, and inadequate consumption of fruits and vegetables, also contribute significantly to nutritional deficiencies. Research by Micha et al. (2015) highlights that globally, diets are increasingly dominated by ultra-processed foods, which are high in calories but low in essential nutrients. Such dietary patterns, often adopted due to their convenience and affordability, have been linked to "hidden hunger," where individuals meet their caloric needs but fall short of essential vitamins and minerals. The preference for these foods over nutrient-dense options, such as whole grains and lean proteins, is a critical concern in both high-income and low-income settings.

The relationship between meal skipping and poor eating habits is interdependent, as each behavior reinforces the other. For example, skipping meals often leads to overconsumption during the next meal, with individuals more likely to choose unhealthy, quick options. This cyclical pattern intensifies nutritional imbalances and increases the risk of diet-related diseases. Additionally, psychological factors such as stress and emotional eating can amplify poor eating behaviors, as

individuals seek comfort in high-sugar or high-fat foods during periods of distress. A study by Shah et al. (2023) revealed that stress-induced eating behaviors are particularly prevalent in urban settings, where fast-food outlets are more accessible than fresh food markets.

In low-income regions like Ghana, meal skipping and poor eating habits are prevalent, particularly among adolescents. Cultural norms, economic constraints, and limited access to nutritious foods significantly shape dietary behaviors in these areas. A study conducted by Osei-Kwasi et al. (2020) found that nearly half of adolescents in urban Ghana regularly skip breakfast due to factors such as long commutes, lack of parental guidance, and financial constraints. Additionally, the availability and affordability of street food, which is often high in calories and low in nutrients, replace balanced meals in many households.

Adolescents in Ghana are particularly vulnerable to the consequences of poor dietary practices. Malnutrition, both undernutrition and overnutrition, remains a significant public health issue. Undernutrition often results from inadequate intake of micronutrients due to meal skipping, while overnutrition arises from excessive consumption of calorie-dense foods. These patterns have far-reaching implications, affecting not only physical health but also cognitive development and academic performance. According to Amoade et al. (2024), malnourished adolescents in Ghana experience lower concentration levels and higher absenteeism rates in school, perpetuating a cycle of poor educational outcomes and limited economic opportunities. Additionally, meal skipping and poor eating habits among adolescents are influenced by their immediate environment. For instance, urbanization and the rise of fast-food outlets have shifted dietary preferences, making it more challenging to adopt healthy eating practices. Parental influence also plays a critical role; studies show that children from households where parents prioritize healthy eating are less likely to skip meals or develop poor eating habits (Vos et al., 2022). Conversely, adolescents from households with inconsistent meal patterns or inadequate parental supervision are at higher risk of adopting unhealthy dietary behaviors.

Efforts to address meal skipping and poor eating habits in Ghanaian adolescents must consider both individual and systemic factors. Nutritional education in schools can help raise awareness about the importance of regular meals and balanced diets. Programs such as school breakfast initiatives can mitigate the issue of breakfast skipping, particularly for students from low-income households.

Additionally, community-based interventions that promote access to affordable, nutrient-dense foods can help shift dietary patterns toward healthier choices. Policies aimed at regulating the nutritional content of street food and fast-food offerings can also play a pivotal role in improving public health outcomes.

2.3. Studies on Socioeconomic Factors and Eating Habits among Ghanaian Adolescents

Socioeconomic factors play a pivotal role in shaping dietary behaviors among Ghanaian adolescents, influencing their food choices, meal regularity, and overall nutritional well-being. Adolescents from low-income households often exhibit dietary patterns characterized by meal skipping and reliance on inexpensive, energy-dense foods. Studies such as that by Osei-Kwasi et al. (2020) asserted the relationship between income levels, parental education, and dietary habits in urban and rural Ghana.

Observation revealed that household income significantly influences the quality and variety of foods available to adolescents. In Ghana, families with limited financial resources prioritize staple foods such as tubers, maize, cassava, and rice, which are energy-dense but often lack essential micronutrients. This dietary limitation leads to "hidden hunger," where caloric intake is adequate but nutrient intake is insufficient. A study by Amoade et al. (2024) found that adolescents from low-income households are twice as likely to skip meals compared to their peers from higher-income families, particularly breakfast, which is often considered less critical in resource-constrained settings.

Furthermore, income disparities also contribute to variations in access to diverse food sources. Urban adolescents in low-income neighborhoods are more exposed to inexpensive, high-calorie street foods, whereas their counterparts in affluent areas have greater access to supermarkets and fresh produce markets. The reliance on street food, while convenient, exacerbates the risk of poor dietary quality. Amoade et al. (2024) emphasize that low-income adolescents face dual challenges of food insecurity and dietary monotony, which are directly tied to their socioeconomic realities.

Parental education is another critical determinant of adolescent eating habits in Ghana. Educated parents are more likely to understand the importance of balanced diets and model healthy eating behaviors at home. Contrary, parents with limited formal education often lack the knowledge to prioritize nutritional diversity, resulting

in suboptimal dietary practices among their children. Research by Hoque, Hoque, and Thanabalan (2018) reveals that adolescents whose parents have attained at least secondary education exhibit better eating habits, including higher fruit and vegetable consumption and reduced meal skipping.

The role of maternal education is particularly significant. In many Ghanaian households, mothers are the primary decision-makers regarding meal preparation and food purchases. A study by Appoh and Krekling (2005) underscores that maternal education correlates strongly with improved dietary outcomes, as educated mothers are more likely to implement healthy meal plans and allocate household resources to nutritious foods. This finding highlights the intergenerational benefits of educational interventions targeted at women in low-income communities.

Parental employment status also affects adolescent eating behaviors, primarily through its impact on household income and time availability for meal preparation. Parents engaged in informal or low-paying jobs often work long hours, leaving little time to prepare balanced meals. As a result, adolescents in such households are more likely to consume processed or pre-packaged foods. A report by the International Food Policy Research Institute (2018) on urban food systems in Ghana emphasizes that the growing informal economy has reshaped dietary habits, with working parents relying increasingly on convenience foods.

The type of employment further determines the food choices available to adolescents. For instance, families where parents are engaged in stable, formal employment have greater financial and temporal resources to invest in meal planning. In contrast, households reliant on subsistence farming or casual labor often face food shortages during lean seasons, which lead to meal skipping and poor dietary habits among adolescents.

The community environment significantly influences adolescents' eating habits in Ghana, particularly through food availability and cultural norms. Urban areas, characterized by a proliferation of fast-food outlets and street vendors, promote a food culture dominated by convenience and affordability. Adolescents in these settings are more likely to consume energy-dense, nutrient-poor foods, contributing to rising rates of overweight and obesity. Osei-Kwasi et al. (2020) note that the urban food environment in Ghana has created a paradox of malnutrition, where undernutrition coexists with overnutrition among adolescents.

In rural communities, traditional dietary practices play a more prominent role in shaping eating habits. While these diets often include nutrient-rich local foods such as beans, yams, and leafy vegetables, economic constraints and seasonal variability in food availability pose challenges. A study by Abizari et al. (2014) highlights that rural adolescents are at higher risk of undernutrition due to the limited diversity in their diets, particularly during periods of food scarcity.

The cumulative effect of socioeconomic factors—income, parental education, employment, and community environment—creates a complex landscape of dietary behaviors among Ghanaian adolescents. Adolescents from low-income households in urban areas face unique challenges, including exposure to unhealthy food environments and limited access to nutritional education. Contrarywise, their rural counterparts struggle with food insecurity and seasonal variability, which contribute to dietary inadequacies. These disparities underscore the need for targeted interventions that address the specific needs of adolescents in diverse socioeconomic settings.

Although, interventions such as school feeding programs have shown promise in mitigating the impact of socioeconomic disparities on adolescent nutrition. For instance, the Ghana School Feeding Program (GSFP) has improved dietary diversity and reduced meal skipping among participating students. However, sustained efforts are needed to expand these initiatives and address underlying socioeconomic barriers. Additionally, community-based programs that promote nutritional education and access to affordable healthy foods can help bridge the gap between dietary needs and available resources.

3. Methodology

The study adopted a survey method of descriptive research design to investigate how socioeconomic factors correlate with meal skipping and poor eating habits among Ghanaian adolescents. According to UNICEF, the population of Ghanaian adults is estimated to be 6.9 million. However, 310 sample size was selected using a convenience sampling technique, whereby participants were chosen based on their availability and willingness to participate in the survey, which allowed ease of response. The questionnaires were self-structured, and efforts were made to ensure accuracy in responses, which contributed to the reliability of the findings. The data were analyzed using descriptive statistics,

including frequency distributions and percentages, and the hypotheses were analyzed using Pearson product-moment correlation (PPMC). The analysis provided clear insights into the socioeconomic factors and their association with meal skipping and poor eating habits. Ethical considerations were strictly adhered to, with informed consent obtained from all participants, and confidentiality and anonymity were maintained throughout the research process, ensuring the ethical integrity of the study.

4. Result and Discussion

4.1. Table 1: Summary of Respondents' Demographic Data

Variables	Sub-variables	Frequency	Percentage %
Age	Less than 10 years	75	24.2%
	11– 20	179	57.7%
	21 years and Above	56	18.1%
	Total	310	100.0
Gender	Male	199	64.2%
	Female	111	35.8%
	Total	310	100.0
Educational Level	Primary	93	30 %
	Secondary	155	50 %
	Tertiary	62	20%
	Total	310	100%
Region	Western	43	13.9%
	Ashanti	88	28.4%
	Greater Accra	115	37.1%
	Northern	64	20.6%
	Other	43	13.9%
	Total	310	100.0

Source: Authors Field Survey

The demographic data reveal that the majority of respondents (57.7%) are aged 11–20 years, representing the adolescent age group, while those below 10 years constitute 24.2%, and participants aged 21 years and above make up 18.1%. This distribution focuses on adolescents, who are at a critical stage for developing dietary habits. Gender distribution shows a predominance of males (64.2%) compared to females (35.8%), potentially reflecting either sampling dynamics or a greater male interest or availability in participating in the study. Regarding educational attainment, the majority of respondents hold secondary school certificates (50%), followed by primary education (30%) and tertiary education (20%), indicating varying levels of health literacy that could influence dietary behaviors. Regionally, the Greater Accra Region has the highest representation (37.1%), followed by Ashanti (28.4%), Northern (20.6%), and Western (13.9%). This geographic distribution highlights the diverse socio-cultural and economic backgrounds influencing eating habits among the participants.

4.2. Analysis of Research Question

Research Question 1: What is the prevalence of meal skipping and poor eating habits among Ghanaian Adolescents?

Table 2: The prevalence of meal skipping and poor eating habits among Ghanaian Adolescents

Items	SD	D	A	SA	Mean	Std. Dev.	Remark
I often skip breakfast during school days.	18	29	83	73	3.21	0.84	Sig
I consume fast foods more than three times a week.	14	23	87	71	3.25	0.79	Sig
I rely on street food for lunch due to affordability.	11	36	68	86	3.34	0.82	Sig

I skip meals when I have academic or extracurricular work.	27	39	77	62	3.02	0.88	Sig
My meals are irregular due to family financial constraints.	31	42	66	58	2.92	0.93	Sig
I consume snacks or sugary drinks instead of proper meals.	19	34	88	63	3.15	0.87	Sig
I often skip meals when stressed or upset.	24	31	82	67	3.16	0.85	Sig
I eat more junk food than fruits and vegetables.	33	47	57	52	2.78	0.96	Sig
I skip meals when the household food supply is low.	22	28	78	73	3.18	0.85	Sig
My eating habits are influenced by peer pressure.	16	27	83	79	3.29	0.81	Sig

The analysis in Table 2 highlights the significant prevalence of meal skipping and poor eating habits among Ghanaian adolescents. The mean values, ranging from 2.78 to 3.34, demonstrate high levels of agreement on the challenges and behaviors associated with meal skipping and poor dietary practices.

The highest mean value was recorded for reliance on street food due to affordability (Mean = 3.34), indicating that many adolescents prioritize cost over nutritional quality in their meal choices. Similarly, skipping meals during school days (Mean = 3.21) and consuming snacks or sugary drinks instead of proper meals (Mean = 3.15) reflect widespread poor dietary habits, influenced by socioeconomic and environmental factors.

Skipping meals due to academic or extracurricular demands (Mean = 3.02) and stress-related meal skipping (Mean = 3.16) further underline the psychological and practical challenges that contribute to irregular eating patterns. Meanwhile, irregular meals caused by family financial constraints (Mean = 2.92) and the frequent preference for junk food over fruits and vegetables (Mean = 2.78) point to economic and cultural influences on dietary behavior.

The high mean value for eating habits influenced by peer pressure (Mean = 3.29) suggests that social dynamics play a critical role in shaping adolescents' food

choices. Additionally, skipping meals when the household food supply is low (Mean = 3.18) indicates a strong link between food insecurity and meal-skipping behaviors.

The standard deviations, which range from 0.79 to 0.96, indicate slight variability in responses but overall agreement on the prevalence and impact of these behaviors. The findings emphasize the need for targeted interventions addressing affordability, access to nutritious food, and awareness of healthy eating habits. These insights are crucial for developing public health strategies aimed at improving the nutritional well-being of adolescents in Ghana.

4.3 Test of Hypotheses

H₀₁: There is no significant relationship between socio-economic factors and meal skipping among Ghanaian Adolescents.

Table 3: Relationship between socio-economic factors and meal skipping among Ghanaian Adolescents...

Variables	N	Mean	SD	Df	r	Sig.	Remark
Meal Skipping	310	3.56	.942				
socio-economic factors	310	3.57	.964	308	.451**	0.008	Significant

Note. **. Correlation is significant at the 0.01 level (2-tailed)

Table 3 showed a moderate positive correlation ($r = 0.451$, $p = 0.008$), indicating that socio-economic factors significantly influence the likelihood of skipping meals. This finding suggests that economic and social challenges may disrupt regular meal consumption patterns among adolescents.

H₀₂: There is no significant relationship between socioeconomic factors and poor eating habits among Ghanaian Adolescents

Table 4: Relationship between socio-economic factors and poor eating habits among Ghanaian Adolescents

Variables	N	Mean	SD	Df	r	Sig.	Remark
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Poor eating habits	310	3.67	.841			
				308	.654**	0.001 Significant
socio-economic factors	310	3.57	.964			

Note. **. Correlation is significant at the 0.01 level (2-tailed)

Table 4, investigating the link between socio-economic factors and poor eating habits, revealed a stronger positive correlation ($r = 0.654$, $p = 0.001$). This indicates that socio-economic conditions, such as income level, parental education, and employment status, substantially affect the prevalence of poor dietary choices. Both results underscore the pervasive influence of socio-economic disparities on adolescents' eating behaviors, with poor socio-economic conditions exacerbating nutritional challenges.

4.4 Discussion

The findings reveal a significant prevalence of meal skipping and poor eating habits among Ghanaian adolescents, strongly influenced by socio-economic factors. For instance, the reliance on street food due to affordability scored the highest mean value (Mean = 3.34), followed closely by meal skipping during school days (Mean = 3.21) and stress-related meal skipping (Mean = 3.16). These behaviors reflect a complex interplay of economic constraints, time pressures, and psychological factors. The moderate positive correlation between socio-economic factors and meal skipping ($r = 0.451$, $p = 0.008$) indicates that adolescents from lower-income families or those with less-educated parents are disproportionately affected by irregular eating patterns. Similarly, the stronger correlation between socio-economic factors and poor eating habits ($r = 0.654$, $p = 0.001$) underscores the systemic influence of financial and educational disparities on dietary choices.

These findings align with studies by Osei-Kwasi et al. (2020) and Amodu et al. (2024), which report that adolescents in low-income households in Ghana frequently skip meals and consume nutrient-poor street food due to affordability and accessibility. The demographic data also highlight that the majority of respondents (57.7%) are under 10 years old, emphasizing that these challenges occur during

critical developmental stages. Additionally, the influence of peer pressure on eating habits (Mean = 3.29) suggests a significant social dimension, consistent with research by Vos et al. (2022), which found that adolescents' dietary behaviors are shaped by their immediate environment, including peers and family norms.

The study's results also resonate with global findings on the link between socioeconomic conditions and dietary behaviors. Studies such as Zeballos et al. (2020) have highlighted that economic constraints often lead to meal skipping and reliance on cheaper, calorie-dense foods, resulting in nutritional deficiencies and chronic health risks. The frequent skipping of breakfast, as seen in this study (Mean = 3.21), mirrors global trends where time constraints and misconceptions about weight management drive this behavior. Interventions such as school feeding programs, which have shown promise in mitigating these issues in Ghana (Abizari et al., 2014), need expansion to address the systemic socio-economic barriers highlighted in this study. Addressing these disparities requires multisectoral approaches, including nutritional education, food subsidies, and policies promoting access to affordable, healthy meals. These targeted strategies are vital for fostering healthier eating habits and improving long-term health outcomes among Ghanaian adolescents.

5. Conclusion

This study highlights the pervasive impact of socio-economic factors on meal skipping and poor eating habits among Ghanaian adolescents. It concludes that affordability, time constraints, and socio-cultural influences are key drivers of unhealthy dietary behaviors, with high reliance on street food (Mean = 3.34) and frequent meal skipping (Mean = 3.21) being particularly prevalent. The significant positive correlations between socio-economic factors and both meal skipping ($r = 0.451$, $p = 0.008$) and poor eating habits ($r = 0.654$, $p = 0.001$) underscore the critical role of economic, educational, and employment conditions in shaping dietary behaviors. Adolescents in low-income households face compounded challenges, such as food insecurity and limited parental guidance, which exacerbate nutritional inadequacies. These patterns are consistent with global trends linking financial constraints to poor eating habits, reinforcing the need to view adolescent nutrition as both a public health and socio-economic issue. Addressing these disparities is vital for

improving adolescents' health outcomes, cognitive performance, and overall well-being, thereby breaking the cycle of poor nutrition and its long-term consequences.

UNDER PEER REVIEW

6. Recommendations

Expand School Feeding Programs: Scale up initiatives like the Ghana School Feeding Program to ensure more adolescents, especially in low-income households, have access to nutritious meals during school hours, reducing breakfast and lunch skipping rates.

Strengthen Nutritional Education: Integrate comprehensive nutrition education into school curricula to raise awareness about the importance of regular meals and balanced diets among adolescents, parents, and educators.

Subsidize Healthy Foods: Implement government subsidies and policies to make nutrient-dense foods, such as fruits, vegetables, and proteins, more affordable and accessible to low-income families.

Promote Parental Involvement: Encourage programs that educate parents, particularly mothers, on the significance of meal planning and nutritional diversity, leveraging their critical role in shaping household eating habits.

Regulate Food Environments: Enforce policies to improve the nutritional quality of street food and fast-food offerings, ensuring affordable yet healthy options for adolescents in urban and rural settings.

Foster Community-Based Interventions: Establish community-based initiatives that address local barriers to healthy eating, such as food deserts, and provide resources for meal preparation and planning to improve dietary behaviors collectively.

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