

## Review Article

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## Evaluation of the Commercial, Political and Social Determinants of the Zimbabwean Youths Food Choices and Health Capabilities: A Case of Gweru, Zimbabwe

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### ABSTRACT

Food availability, accessibility, and affordability do have a global impact on health and impair the quality of life of a substantial proportion of the world's population. The Zimbabwean family's eating habits are dependent on food accessibility, availability, and affordability. The youth's eating habits are influenced by taste, cravings, religion, culture, tradition, and access to information on nutrition and health. The eating habits of an individual have a bearing on health. This study focused on addressing the impact of commercial determinants of health and obtaining insight into the personal views, practices, and experiences of the participants on health and health-related issues. The study explored the dynamics of commercial, political, and social determinants of the Zimbabwean youth's food choices and health capabilities. This qualitative study aimed to create knowledge regarding Zimbabwean youth's understanding of health, food choices, and their ability to achieve youth-perceived and desired health goals. A population of one hundred and twenty (120) students were conveniently sampled from six (6) secondary schools/high schools in the Midlands Region (Gweru urban two schools, Gweru peri-urban two schools, and Mkoba high density two schools). Consent forms were signed by participants' parents/guardians for ethical consideration. An interview questionnaire was designed and participant observation was used for information gathering from 6 focus groups which consisted of twenty students per school. The interview questions focused on health, food nutrition, food choices, and sources of health information. The study results showed that the students had a precise understanding of the term health. Their definition captured key aspects of health such as good personal hygiene, being free from diseases, eating a balanced diet, physical fitness, and peace of mind. Varied information on what students considered as health conditions important to achieve health goals were clearly stated. The students sourced information mainly from family and social media platforms. The priority and balance between having enough to eat and eating what they perceived as healthy food were dependent on food accessibility, availability, and affordability, which all fall under commercial, political, and social determinants. The study concluded that the students' school curriculum provided content related to health mostly in science subjects. Their food choices were influenced by age, cost, culture, and food accessibility. The study recommendations are: food intervention programmes to be reintroduced in schools and communities to curb famine, and food companies to provide nutritional information on food products.

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### Introduction

The health of the school-going youth population worldwide is directly dependent on the youth's food choices, which in turn are determined and influenced by commercial, political and social determinants of health. In Zimbabwe, there is a need to put in place sound commercial, political, and social health-related determinants that would assist the youth to make good food choices that enable them to achieve their desired health goals. Commercial and political health determinants impact food availability, accessibility,

distribution, and affordability that has a bearing on food choices and consequently on health status. Stated that commercial determinants are the drivers of inequalities of income levels, education opportunities, occupation, and employment status in families and communities. Furthermore, commercial determinants of health can be viewed as the conditions, actions, and omissions by corporate actors that have the potential to influence and affect health. The health commercial determinants arise in the context of the provision of goods and services for payment of activities in the environment in which commerce takes place. Insinuated that social determinants of health are rooted in the nature of informal and formal education available to the youth, housing or

living environment, social support, the family's income, tradition, norms, values, culture and religion, and the social interactions at family and community levels. What the youth chooses to eat and not to eat is a mirror reflection of the family's/ society's tradition, religion, beliefs, customs, practices, and culture. The youths' family, education, and community do influence youth food choices as well as health [1,2].

It is therefore imperative to build a knowledge base through research focusing on youth food choices and the youth's abilities to achieve desired health-related goals. This study explored how the dynamics of commercial, political, and social health determinants influenced the Zimbabwean youth's food choices and health capabilities. The study also created knowledge regarding Zimbabwean youth's understanding of health, food choices, and their ability to achieve their desired health-related goals.

### The Study's Framework

This study focused on creating knowledge regarding Zimbabwean youth's understanding of health, food choices, and their ability to achieve desired health-related goals. The participants were one hundred and twenty (120) students in six (6) secondary/high schools in the Midlands Region, Gweru, Zimbabwe. The study examined the commercial, political and social determinants as they affect the students' food consumption, experiences, and their ability to achieve desired health goals. The study would explore the dynamics between commercial, political, and social determinants of health impacts on the student's food choices and ultimately on their health. The commercial determinants drive inequalities of income levels, education opportunities, occupation, and employment status within a population. It also complements the in terms of ethics, equity and human rights, and public health programmes to complement food interventions in communities [3,4].

Companies and industries manufacture food products some of which are drivers of non-communicable diseases such as cardiovascular diseases, cancer, chronic respiratory diseases, pulmonary hypertension, and occupational lung diseases which could be related to the economy of the country. The social determinants such as housing and living environments, stress, unemployment, social support, and food transportation are all challenges that require attention in order to achieve health goals. The levels of income shape the overall living conditions and the quality of diet provided by the family. The approaches to address social determinants are awareness, adjustment, assistance, alignment, and advocacy [1,3-6].

Food is vital to life. Food can be defined as any solid or liquid substance that when taken by the body, provides the necessary materials to enable it to grow, replace worn-out and damaged parts, and function normally. The study of nutrients and their relationship with food and living things is called nutrition. Diet can be defined as the food that a person normally eats on a daily basis. There are also special diets for example slimming diets, and low-fat diets and these can influence the youth's food choices. Food choices may be affected by the conditions of the body such as illness, chronic diseases, dental carries, famine, and malnutrition. Food choices can be affected by social determinants such as family income, food cost, availability, affordability, and accessibility. Food choices may depend on healthy eating knowledge sources, family eating habits, taste, cravings, and easy access to junk food. Other factors that affect food choices are family culture, tradition, social interactions with friends and media platforms,

norms, values, and time to prepare food from home.

### Methodology

Focus group interviews were used to gather data. Face-to-face interaction was used to probe the questions. Participant observation was used as a method of collecting data. A checklist was prepared and used to capture observed the focus group's non-verbal communication. Before school visitations to conduct focus-group interviews permission was sort and granted from the Ministry of Primary and Secondary Education. This qualitative study's aim was to create knowledge regarding Zimbabwean youth's understanding of health, food choices, and their ability to achieve youth perceived and desired health-related goals. A population of one hundred and twenty (120) students were conveniently sampled from six (6) secondary schools/high schools in the Midlands Region (Gweru urban two schools, Gweru peri-urban two schools, and Mkoba high density two schools). Consent forms were signed by participants' parents/guardians for ethical consideration. An interview questionnaire was designed and participant observations were used for information gathering from six (6) focus groups (each per school) which consisted of twenty students per school. The interview questions focused on health, food nutrition, food choices, and sources of health information.

### Research Findings and Discussion Health Information

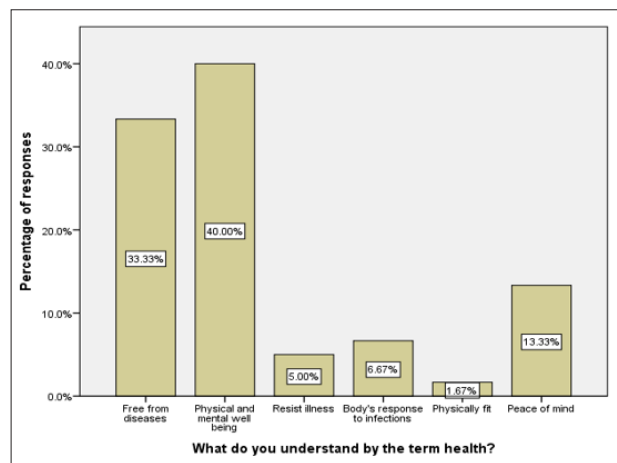


Figure 1: The Students' Responses on their Understanding on the Term Health

The students gave varied responses on the meaning of health as shown on Figure 1. Even their non-verbal cues were engrossed and showed agreement through head nodding and hand clapping. The physical and mental well-being (40%) and free from diseases (33.3%). Some Peace of mind (13.3%), body's response to infection (6.7%), resistance to illness (5.0%). Physical fitness (1.7%). There were some disagreements on treating health as peace mind, shown by doubting and apathetic looks.

### Discussion

The definitions given by the students were based on their educational background as well as their day-to-day experiences in their families and communities. The students possessed a deeper understanding of what health is. The definition captured key terms that define health such as physical and mental well-being, absence of illness, physical fitness, and peace of mind. The noticeable feature given by the students was the physical side of health, the values of a person or group are the moral principles, attitudes,

and beliefs that they think are important. Most students valued health as being free from diseases, resisting illness, and peace of mind. However, translating knowledge about health and health issues into healthy behaviours remains a challenge. The focus group had different health backgrounds on moral norms, values, and political issues from their communities. The clashes came from their cultural and religious practices in terms of totems of which some animals were not consumed in different regions in Zimbabwe thereby affecting food security [7].

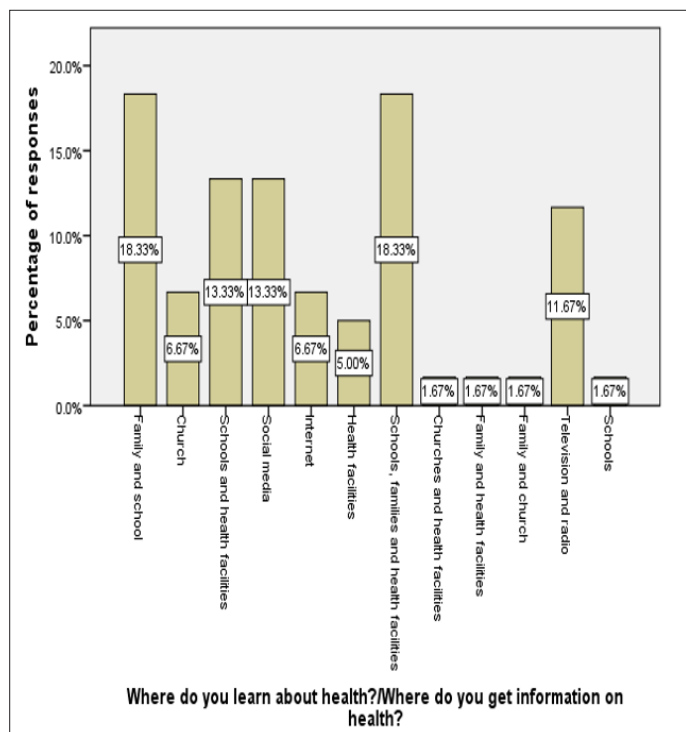


Figure 2: The Students' Sources of Information on Health

Figure 2 shows that the students accessed information on health matters from an array of sources. During the discussion, the students were very alert and enthusiastic indicating how familiar they were with regards to information sources. Family and schools 18.3%, schools, family and health facilities 18.3%, schools, and health facilities 13.3%, social media, and television, and radio 11.07%. Social media platforms include What's App, Facebook, Twitter, and others.

### Discussion

This was almost similar to what found out that students have an array of sources on health issues including the internet. The family was the main source of information to students. The school curriculum offered the students information on health, which shows that the Ministry of Education and Culture in Zimbabwe would like to make sure that students get educated on the importance of a healthy nation. The Ministry of Health also emphasizes the relevance of a healthy nation, it is a matter of policy that in Zimbabwe we have healthy societies and communities regardless of their norms, values, and political issues or differences. The newspapers, televisions, and radios make the nation aware of any health problem that might spread in communities and offer solutions to what can be done to avoid the spread of diseases.

### What students' families consider as healthy living

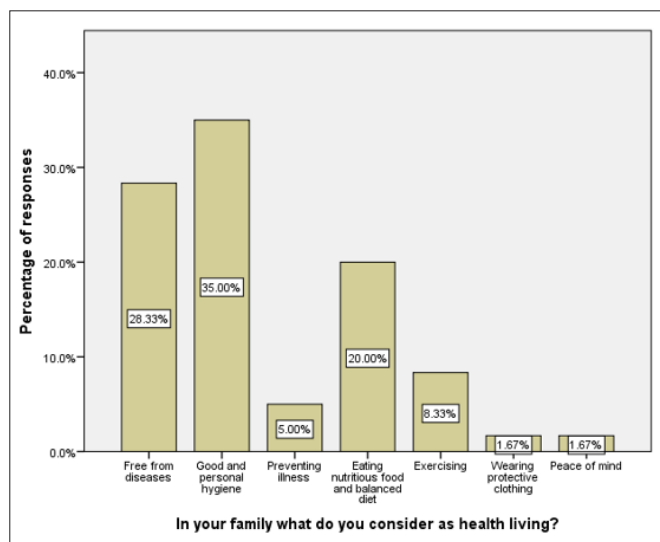


Figure 3: What Students' Families Considered as Healthy Living

Figure 3 The students were very vigilant and motivated. They were confident in family knowledge. Good personal hygiene (35%), free from diseases (28.3%). Eating nutritious food and a balanced diet was cited by (8%). Peace of mind (1.7%) and wearing protective clothing (1.7%).

### Discussion

Most of the students' families understood the concept of healthy living. The students mentioned being free from diseases, good personal hygiene, eating a balanced diet, and peace of mind as attributes of healthy living from the family perspective. The students were able to contribute to creating a more sustainable healthy living by applying subject knowledge from sciences, agriculture, food and nutrition, heritage, and guidance and counselling to everyday life. The students explained the relationships between commercial, political, and social determinants of their food choices. To be free from diseases, the discussion alluded that food must be affordable, accessible, and available. To have peace of mind, the values and ethical conditions of labour relations should prevent the exploitation of people's needs.

### Social Media Provided Students with Information on Health

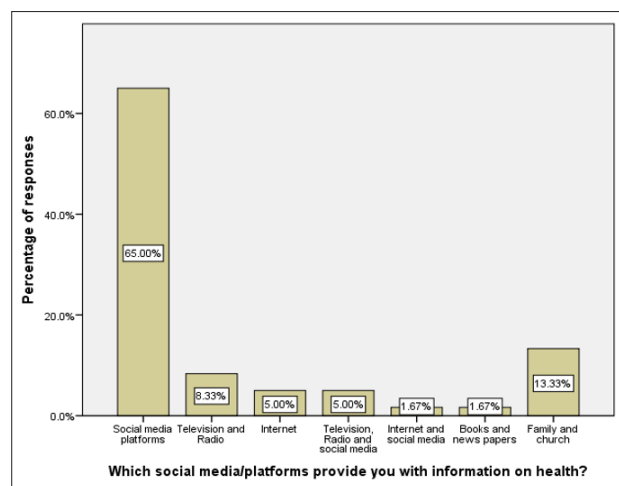


Figure 4: Social Platforms that Provided Students with Information on Health

Figure 4 shows social media which provided students with information on health. Social media platform (65%). The discussion on social media was active, powerful, and interesting. Television and radio (8.3%), family and church gatherings (13.3%), internet (5.0%), and print media such as books and newspapers (1.7%).

### Discussion

The students obtained information on health from a variety of social media platforms available in Zimbabwe. The social interaction from different media provided the students with critical thinking on the youths' food choices. The students were able to deal with sustainable problems of ecological, social, and economic aspects such as food availability in their homes and the funds to purchase those foods. The commercial advertisements from the students' observations, sometimes are not based on the truth they are meant to serve.

Stated that information from various social media Instagram, WhatsApp, Twitter, and Facebook enabled the students to identify sustainable development goals to achieve their health needs and relative values for making choices connected to the purpose of their food choices [8].

### What Students Consider as Goals of Good Health

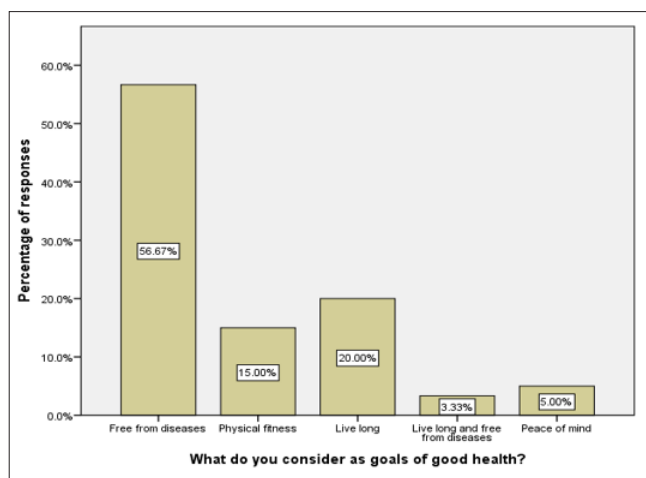


Figure 5: What Students Consider as Goals of Good Health

The students' views on what they considered as goals of good health were diverse as shown in Figure 5. Free from diseases (56.7%). Living long (20%), physical fitness (15%), and peace of mind (5%).

### Discussion

The students were able to contribute actively, that free from diseases, living long, physical fitness, and peace of mind were considered as goals of good health in their communities. They were able to identify the knowledge needed to reach the identified goals and to determine objectives of different types of knowledge on indigenous cultural values. The students identified traditional foods that enabled them to achieve the goals of good health. Among the identified traditional foods were mopane worms, flying ants, crickets, and locusts all of which are found in their ecological areas. They were able to project benefits regarding both nutritional and social aspects of food choices.

### The Conditions the Students Perceived as Important to Achieving the Health Goals

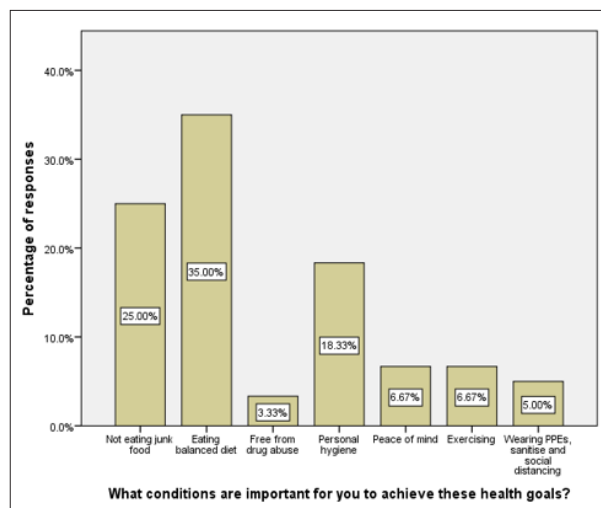


Figure 6: Responses on What Conditions Were Important for the Students to Achieve Health Goals

The students displayed varied knowledge on conditions important for them in order to achieve what they perceived as health goals as depicted in Figure 6. Eating a balanced diet (35%), not eating junk food (25%), and good personal hygiene (18.3%). Peace of mind (6.7%), exercising (6.7%), wearing PPEs, sanitizing, and social distancing (5%), and free from drug abuse (3.3%).

### Discussion

The problem related to food consumption at the community level is linked to commercial, political, and social dynamics of food availability based on students' focus group discussion. The food policies of Zimbabwe, natural disasters such as drought impact on food production, food sourcing, and deliveries. The students noted that food consumption was also affected by the ability of both commercial and subsistence farmers to produce enough for the country. The students noted that the knowledge on food nutrition was another condition that affects the achievement of good health. Personal hygiene and social distancing rooted in the cultural and religious practices of the community affected good health. The consumption of junk food that is affordable affected the achievement of health goals [9].

### Does the Students' Education Help Them to Understand Health, Health Conditions and to Achieve Health Goals?

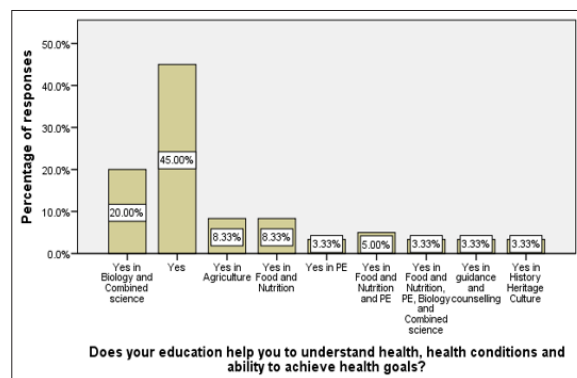


Figure 7: Responses on the Role of Respondents' Education on Understanding Term Health, Health Conditions, and Achievement of Health Goals

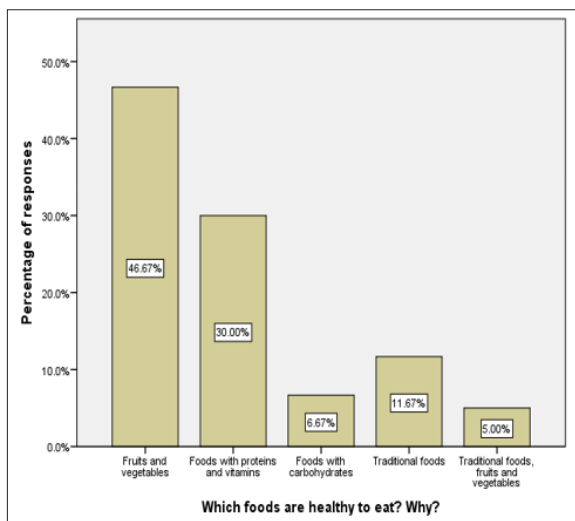


All students assertively indicated that their education assisted them to understand what health entails and good health conditions. Figure 7 Most assistance was from Combined Science (27%), Biology (20%). Agriculture (8.3%) and. Food and Nutrition (5%). Guidance and Counselling (3.3%) and History, Heritage and Culture (3.3%).

**Discussion**

The education being offered in schools helps the students to understand health, and health conditions to achieve health goals. The students in the focus groups were able to contribute and create more meaningful solutions to their community problems. The students were able to identify suitable developmental issues to be used in their local communities. There was adequate evidence that knowledge gathered from the school curriculum was useful to students to navigate their everyday life and societal problems related to health. The students identified the purpose and specific ways to achieve health goals considering the technical problems for ethical and political situations such as resolving to eat a balanced diet from selected foods in their communities.

**Food Nutrition in relation to Health. Foods that Are Healthy to Eat to Students and Why.**



**Figure 8:** Foods Identified as Healthy by Students

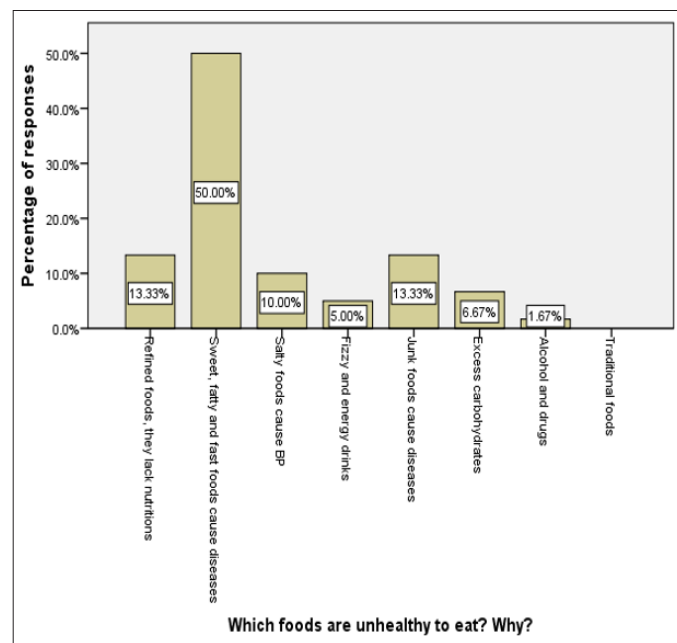
The foods that were identified as healthy to eat were categorized as shown in Figure 8. Fruits and vegetables (46.7%). Proteins and vitamins scored 30%. Carbohydrate foods (6.7%). Traditional foods (11.7%).

**Discussion**

The students were able to apply the knowledge they learned from their curriculum to come up with foods that are healthy to eat. Fruits and vegetables and traditional foods are essential for the provision of minerals and vitamins for body protection from diseases. The students were supported by in emphasizing that, B-complex vitamins are important for normal growth, pantothenic acids oxidize fats, carbohydrates, and some amino acids, and pyridoxine cobalamin is essential for red blood cell formation and maintenance of the immune system. Folic acid is essential for erythrocytes production. The folic acid and magnesium stimulate enzymes that catalyse the reaction between phosphate ions and adenosine triphosphate (ATP). Magnesium assists in cardiac and skeletal muscle contraction and transportation of sodium

and potassium across cell membranes. Vitamin C influences potassium and calcium absorption. Calcium influenced potassium and phosphorous absorption. Vitamin C also heals wounds since it is an antioxidant that donates electrons to free radicals in the body. Vitamin D regulates serum calcium phosphorous levels, parathyroid hormone and aids the function of magnesium, iron, and phosphate. The vitamin maintains cell membrane and red blood cell integrity. The minerals and the vitamins work together for normal growth of the body and control of body processes [10].

The proteins are vital for body growth, repair, and maintenance. Carbohydrates supply energy to the body. Fats provide energy and fat-soluble vitamins A, D, E, and K, but need to be taken in moderation.



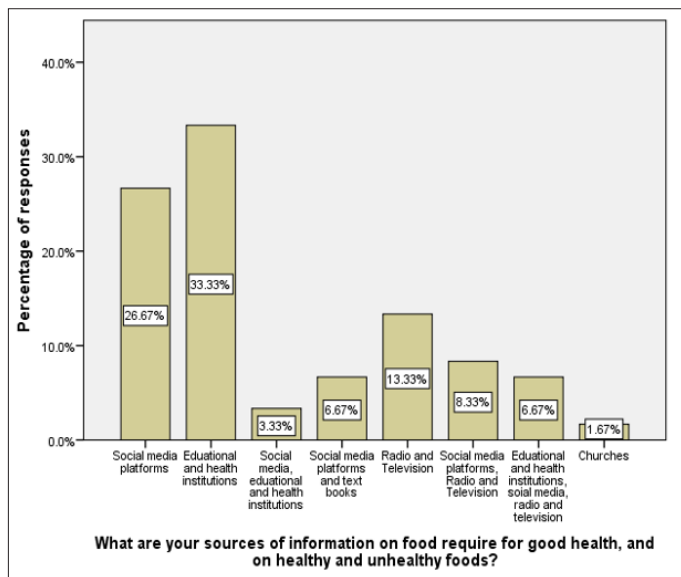
**Figure 9:** Foods Identified as Unhealthy to Eat by Students

The discussion on unhealthy foods was enthusiastic. Figure 9 shows foods that were listed as unhealthy to eat, sweet, fatty, and fast foods (50%). Junk foods (13.3%), excess carbohydrates (6.7%), and fizzy and energy drinks (5%). Salty foods (10%). Alcohol and drug substances (1.7%).

**Discussion**

The students indicated that refined food, sweet, fatty, salty, fizzy, energy drinks, and junk foods were unhealthy to eat. The information on why these were unhealthy was captured in the raw data after probing questions. Fizzy drinks were said to have the potential to cause acid accumulation in the body. Junk foods, excess carbohydrates, and fatty acids would cause obesity and diabetes mellitus. Diets that contain a large proportion of saturated fatty acids may lead to increased blood cholesterol that may cause people to suffer from coronary heart disease (CHD). A high intake of salt may cause high blood pressure (hypertension). Sweet food like chocolates, sweets, candy floss, cakes, and ice creams cause dental carry. Teeth decay when food, in particular sweet, sticky food, is left as deposits on the teeth after eating. Plaque is formed when there is no regular and thorough cleaning of teeth [11].

### Students' Sources of Information on Food Required for Good Health, And Healthy and Unhealthy Foods



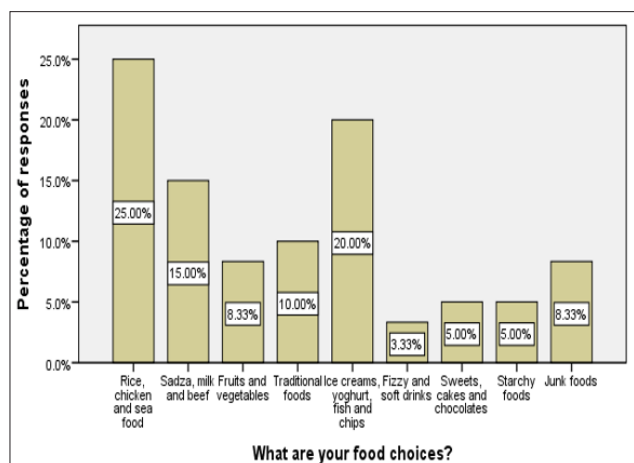
**Figure 10:** The Students' Sources of Information on Food Requirements for Good Health, And on Healthy and Unhealthy Foods

The students sourced information on good health, healthy foods, and unhealthy foods from a variety of sources as shown in Figure 10. The students obtained information mainly from educational and health institutions (33.3%) and social media platforms (26.67%). 33.3% of students sourced information from radio and television and 1.67% from church gatherings.

#### Discussion

The students indicated that their sources of information were their school education, social media, textbooks on health, magazines, radio, and television. Social media such as YouTube, Instagram, WhatsApp, and Facebook provided information on healthy eating and body maintenance. They also provide diets and drinks that are good for health as well as methods of preparing the food and the amounts of foods needed. Textbooks offer information on meal planning for different ages, during illness and convalescence. Radios and televisions provide programmes for good nutrition and health.

### Students' Food Choices



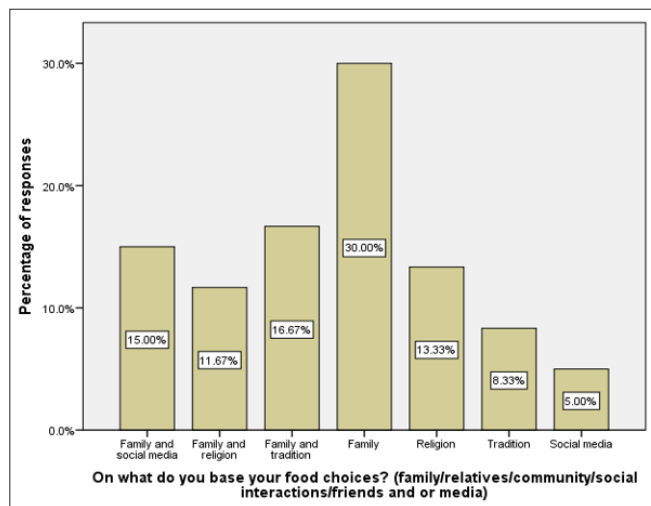
**Figure 11:** The Students' Food Choices

The students preferred different food as shown in Figure 11. Students' participation in food choices was high and interesting. The mainly preferred foods were rice, chicken, and seafood (25%), ice cream, yoghurt, fish and chips (20%), and (thick porridge) sadza, milk, and beef (15%). Healthy foods such as traditional foods (10%) and fruit and vegetables (8.3%) were within the students' choices. A considerable number of the students liked sweet foods such as sweets, cakes, and chocolates (5%) and fizzy and softy drinks (5%). Junk foods (8.3%).

#### Discussion

Most of the students' eating habits were influenced by age, cost, taste, cravings as well as foods that were easy to access such as junk food and fast foods. Food advertising on television and radios also influenced their food choices. The behaviour and the outlook of models, actors, and people that are successful in different sports fields such as basketball, tennis, and athletics did influence the students' food choices. Some of the students' food choices were influenced by family eating habits, family culture, tradition, and religious norms and values. From the focus group discussions, it was also clear that the economy of the country and family finances affected students' eating habits. The students indicated that choosing cheap junk foods and drinks was in most cases due to the unavailability of adequate family finances.

### Factors That Influenced Students' Food Choices



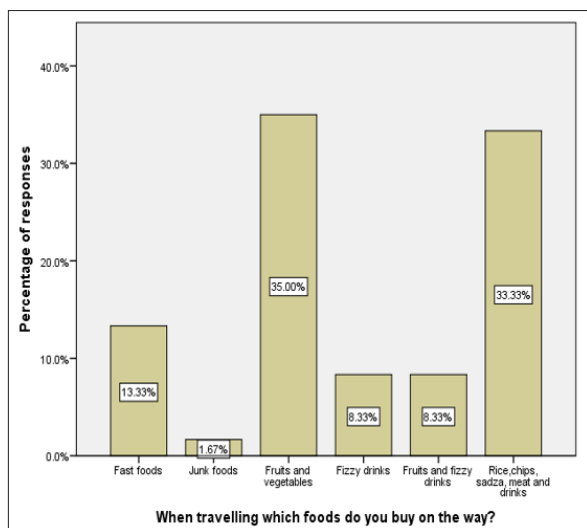
**Figure 12:** Factors That Influenced Students' Food Choices

A combination of factors influenced students' food choices as shown in Figure 12. However, family (30%), Family and tradition (16.7%) family and social media (15%), religion (13%), and tradition (8.3%).

#### Discussion

The students agreeably indicated that family cultural values and beliefs mostly had a greater influence on their food choices. The family's ability to provide food would be dependent on food affordability, accessibility, and availability, all of which are based on the commercial and political situation in the country. The food the family provides would also be influenced by family tradition and religion. The students also indicated that social media and social interactions within communities may influence the family on what food to source for the family. In situations where food was in abundance peer influence on food choices was possible.

### Food Students Buy on the Way When Traveling



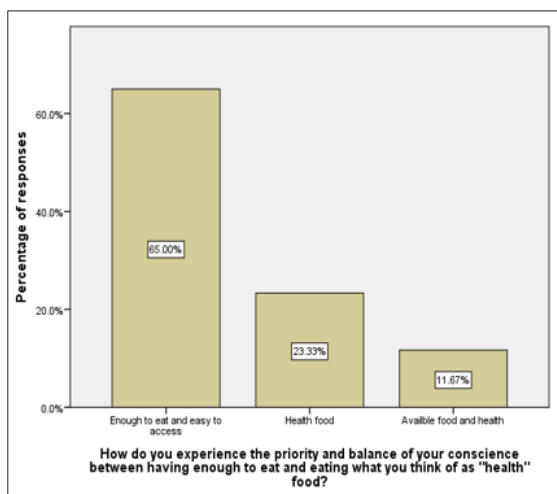
**Figure 13:** Foods Preferred by Students to Buy on the Way When Traveling

The students were of different opinions on food preferences to buy on the way when traveling (Figure 13). The students mainly preferred foods to buy on way during traveling where fruits and vegetables (35%), rice, chips, (thick porridge) sadza, meat and drinks (33.3%), and fast foods (13,3%). Some students preferred fizzy drinks (8.3%) and fruits in combination with fizzy drinks (8.3%).

### Discussion

When traveling most of the students preferred to buy ready-to-eat foods like fast foods, junk foods, and fizzy drinks. Very few students indicated eating a balanced diet and home-cooked foods. The availability and the cost of food on the way were the key points that influenced what food to buy during traveling. The student's head shaking and hand throwing nonverbal communication gestures relayed how economic determinants influenced food choices.

### How Students Used Their Experience to Balance Their Conscience Between Having Enough to Eat and Eating Healthy Food



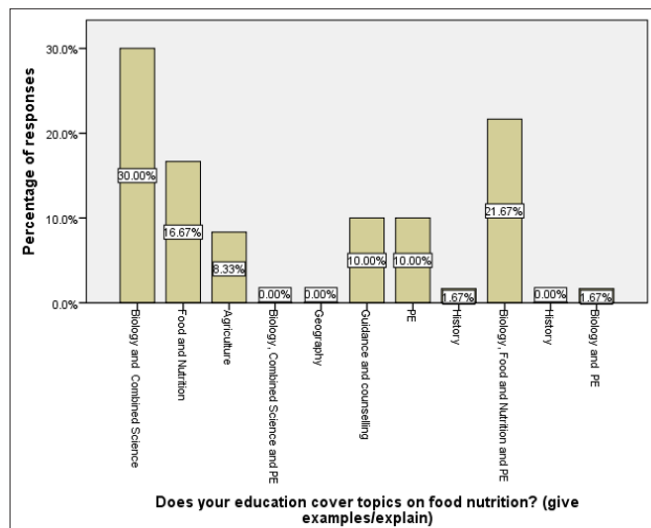
**Figure 14:** How the Students used their Experience to Balance their Conscience Between Having Enough to Eat and Eating Healthy Food

The students were hesitant in their responses mostly probably due to the current economic situation. Figure 14 shows that having enough to eat and being easy to access (65%) was students' priority as compared to healthy benefits (23.3%).

### Discussion

The students were very clear on the fact that their major priority was on having enough food more than eating what they thought was healthy food. Having enough to eat was dependent on food availability, accessibility, and affordability. Eating food on the basis of its health status would become a priority when the food is available and also funds are permitting to buy food for a balanced diet. Some cultural foods and traditional foods are seasonal and this would also affect their accessibility for selection. Good health is more important than anything else but when the ethical, economic, and political dimensions do not meet the people's health requirements it becomes a problem. Nutritional and social aspects of food choices and consumer behaviour change with the situation presented to them. Students experienced feelings of worry and hopelessness, but also indicated hope in sustainable issues regarding health-promotion interventions addressing economical determinants. The students indicated that government should source funds for food interventions in schools and communities to curb famine. The students suggested that labour relations should be able to prevent the exploitation of workers by giving them wages and salaries that are reasonable in relation to the inflation of food commodities in the country.

### Whether Students' Education Cover Topics on Food Nutrition



**Figure 15:** Responses on Whether the Students' Education Cover Topics on Food Nutrition

The information in Figure 15 evidenced that the students' education covered topics on food nutrition. Students' contributions in the role of the curriculum in health and nutrition information were focused and knowledgeable. The amount of coverage differed within school curriculum subjects. Most coverages on food nutrition were in subjects Biology and Combined Science (30%), Food and Nutrition (16.67%), Agriculture (8.33%) Guidance and Counselling (10%), and Physical Education (10%).

### Discussion

The students indicated that their school education covered topics on food nutrition. Biology and Agriculture subjects cover topics on animal disease management, prevention, and treatment. The biology course also covers topics on nutrition which includes

food nutrients and their significance to the body, balanced diet and deficiency diseases, and health issues. The Food and Nutrition subject complements Biology on food nutrients, food composition, the role of nutrients to the body, digestion, and nutrient absorption. The course provides students with information on the harm that may be caused by eating food not well cooked, contaminated by pests, rodents, and cockroaches as well as eating meat and meat products from diseased livestock. The human gut health may be affected by eating unhealthy and diseased foods. The students learned the importance of the natural flora in the human digestive system help in the releasing of vitamins and minerals in the food. The Guidance and Counselling and Physical Education (PE) subjects covered topics on healthy living that encompasses personal hygiene, exercising, and living in well-ventilated homes [12].

### Eating Habits

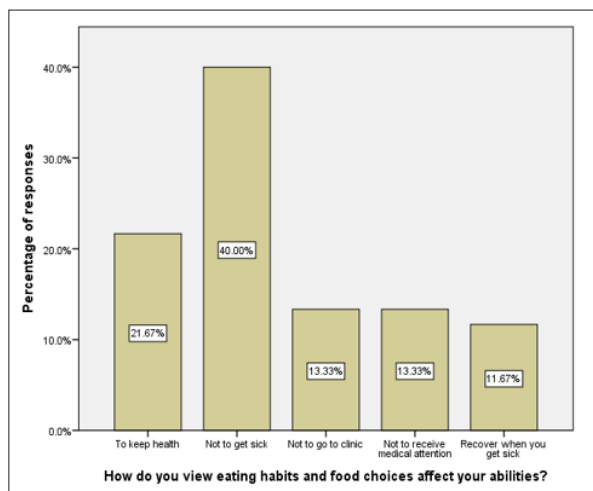


Figure 16: The Students' Responses on Their Views on How Their Eating Habits and Food Choices Affect Their Abilities

Figure 16 shows what students viewed as the benefits of correct eating habits and food choices on their abilities. Their views positively pointed to the fact that correct eating habits and food choices contributed to the assurance of good health. The students stated that correct eating habits and food choices prevented getting sick (40%), kept them healthy (21.7%), reduced the need for medical attention (13.3%), reduced clinic visitation (13.3%), and enabled quick recovery from sickness (11.7%).

### Discussion

Eating foods that support your body and its needs is very important to achieve health goals. The students indicated that eating food for 'fun', that does not necessarily give nutritional benefits will affect the ability to keep healthy. The students stated that unhealthy eating habits such as eating when not hungry, skipping meals, eating too fast, emotional eating, under or overeating food, eating food high in fat, salty foods, and sugary foods could cause health problems. During the discussion, the students also indicated the factors that had an influence on food choices were cost, income, and food availability. The biological determinants such as appetite, taste, and hunger were listed. The students also stated that family, peers, meal patterns, skills, and time of food cooking had an influence on the ability to achieve health goals. It was clear from the discussion that good eating habits lower the risk of having diseases such as type 2 diabetes, obesity, coronary heart diseases, and some cancers [5].

### Summary of Findings

The study results showed that the students possessed a deeper understanding of what health is. The definition was based on students' school educational background influenced by the social determinants of health from family culture, tradition, norms and values, and community experiences and interactions. The students' and their families' definitions captured key aspects of health such as good personal hygiene, free from diseases, eating a balanced diet, physical fitness, and peace of mind. The social determinant of health: the family with its cultural/ traditional norms and values, and social media platforms, were the students' major sources of information on health matters. Students' views on goals of good health were diverse but hinged on societal (social determinants) expected goals of good health that include; being free from diseases, living long, and being physically fit. The students' school curriculum subjects Biology, Combined Science, Food and Nutrition, and Agriculture provided extensive content coverage on health and food nutrition. The students' food choices were influenced mainly by both economic and political determinants of food affordability, availability, and accessibility. The students acknowledged the role of correct eating habits and food choices in the assurance of good health. The priority and balance between having enough to eat and eating what students perceived as healthy food were dependent on economical determinants.

### Conclusion

The study concluded that the students had a deep and correct understanding of the term health for their definitions captured key aspects of health such as good personal hygiene, free from diseases, eating a balanced diet, physical fitness, and peace of mind. The students' school curriculum provided content related to health and food nutrition. Their food choices were influenced by age, cost, culture, and food accessibility. The students sourced information mainly from family and social media platforms. The priority and balance between having enough to eat and eating what they perceived as healthy food depended on commercial, political, and social determinants.

### Recommendations

- Intensify feeding interventions in schools to curb famine.
- Food industries to provide correct nutritional labels that include side effects resulting from food consumption.

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