

Fruit and Vegetables Consumption among Adolescents: A Study from a Developing Country

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Abstract: A diet rich in fruit and vegetables as an optimal eating behavior is recommended for adolescent health. Therefore, the aim of this cross-sectional study was to identify factors related to daily fruit and vegetables consumption among 402 adolescents in Tabriz, Iran. A general self-administrated questionnaire was used to assess demographic characteristics, subscale perceived family support and self efficacy. A valid food frequency questionnaire was also used to measure daily consumption of fruit and vegetables. Both univariate and multivariate logistic regression tests were performed to examine the association of fruit and vegetables daily intake with psychosocial predictors and gender. The mean age of adolescents was 12.93±0.49 year and 51.5 % were girl. Overall, the average serving size was 2.58±0.96 for fruit and 2.67±0.99 for vegetables. Only one third (30.3% and 34.6%) of adolescents had the optimal consumption of fruit and vegetables, respectively. Compared to boys, girls recorded high level of fruits (35.7 % *versus*. 24.6%) and vegetables (36.2 % *versus*. 32.8%) intake. Male gender (OR =2.03, 95% CI= 1.04-2.52, P=0.030), employed mothers (OR= 2.11, 95% CI=0.92-3.88, p=0.083), high-fat foods (OR= 2.11, 95% CI=1.01-4.21, p=0.045), perceived emotional family support (OR=1.10, 95%CI= 1.01-1.15, p=0.014) and practical family support (OR=1.04, 95% CI =1. 10-1.11, p=0.029) showed significant relationship with low consumption of fruits and vegetables. It was found that the boys were at risk of low levels of daily fruit and vegetable consumption. The lack of family support represents an increased risk for lacking in daily fruit and vegetable consumption. It seems that family support should be an integrated part of any health education/promotion programs to improve daily fruits and vegetables consumption among adolescents.

Key words: Fruit and vegetables consumption • Family support • Adolescents • Iran

INTRODUCTION

Children and adolescents are victims of unhealthy behaviors: poor nutrition, insufficient daily fruit, vegetables consumption, excessive high dense food intake, inactivity, smoking, etc [1].

Evidence show that adequate daily fruit and vegetables intake are necessary for adolescents health [2]. It is estimated that optimal daily fruit and vegetables consumption (3-5 servings per day) [2] will protect against the main non communicable diseases [3, 4].

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Adherence to a healthy eating is multidimensional matter, which may be affected by the different personal, Social economical and cultural determinants [5, 6]. The main determinants of high consumption of fruit and vegetables among adolescents were previously well recognized. It was shown that high consumption of fruit and vegetables among adolescents were varied based on gender [7], age [5, 8], Preference [5, 9], self efficacy [10, 11], family socio economical status [5, 7, 12], parental characteristics [6, 13].

Due to the family potential resources, intimacy and reciprocal relationships, family is recognized as one of the most important determinants of children and adolescents healthy eating behavior [11, 12]. Social and family environment can affect adolescents choice, accessibility to healthy foods on preferable modes [14, 15], through providing facilities [16, 17], role modeling [16, 18], encouragement, reinforcement [6, 8, 17], parenting styles [19, 20], accompaniment [15, 18, 21], indirectly through communicating knowledge, belief, attitude [14, 22], that all referred as “family support” [23]. Family support as an extensive and meaningful concept, can involve parents, siblings and other caregivers at home [23]. Interventional studies showed controversial results concerning family support [24, 25], however, Positive direct and indirect effects of family support were revealed via descriptive studies [5, 6, 13].

A national survey [26] about Iranian students eating behaviors indicated that in comparison with high level of salty, high fat snack and deep fried food intake, the frequency of fruit and vegetables consumption was lower than the amount recommendation by USDA [2], surprisingly shown that eating behavior among adolescents did not affect by their nutritional knowledge [27]. There may be some potential determinants, influencing the adolescents eating behaviors.

As limited evidence exist regarding the Iranian adolescents fruit and vegetables consumption determinants, the current study was developed to identify daily fruit and vegetables consumption differences also examine factors such as supportive environments that contribute to daily fruit and vegetables consumption among Iranian adolescents. It is hoped that the findings from this study might add to the existing literature on the topic and perhaps provide essential information intend to develop tailored interventions.

MATERIALS AND METHOD

Design and Data Collection: This cross sectional study of eating behaviors predictors was carried out among

7th grade student adolescents in Tabriz center of East Azerbaijan province, Iran. After obtaining written consent letter from authorities, schools administrators and one of the parents, timetable to collect data was developed jointly with the school officials. All of the adolescents completed the questionnaire by themselves at their classroom during lesson times on the third week of starting academic year in October 2010. The main investigator (BS) and Maryam Saghafi-Asl administered the survey questionnaires and was available to answer possible questions. All adolescents had given about 45 minutes to fill-in the questionnaires.

Participants: The participants were 12 to 15 years old adolescents (n = 402). Who studied at 7th grade during the investigation time. There were 183 government, urban schools of which 4 schools randomly were selected (2 boys' school and 2 girls' school). The only similarity between the boy school and girl school was their being in 7th grade and the same school shift.

Measures: A comprehensive questionnaire consisting of four sections were used to collect data:

- A demographic 10- item questionnaire covering age, gender and items on parental information (age, education, employment, and marital status)
- Family Affluence Scale (FAS) used to identify the socio-economic status of adolescents [28]. The measure consisted of five different items including the family car ownership (0, 1, 2, 3 or more), the participant computer and laptop ownership (0, 1, 2, 3 or more), number of rooms excluding kitchen and bathroom (0, 1, 2, 3 or more), number of telephone line(s) (0, 1, 2, 3 or more) and unshared bedroom (no = 0, yes = 1). Participants were asked to report the number of items. Then, the FAS score was calculated by summing the responses giving a score ranging from 0 to 12. For the analysis, the FAS score was categorized into: low (0-4), intermediate (5-8) and high (9-12).
- Self-efficacy questionnaire consisted of an 8-item using questions from an instrument developed by Watson *et al.* [29]. Participants were asked: if they were requested to increase the level of their daily serving fruit and vegetables consumption or reduce unhealthy foods how confident they were do so. Respondents rated the perceived self-efficacy on a 5-point Likert scale (very unsure = 1 to very sure = 5) giving a possible score ranging from 10 to 50.

- Family support specific to healthy eating consisted of a 16-item questionnaire containing questions about perceived informational family support specific to healthy eating (PIFSHE-3 items), perceived emotional family support specific to healthy eating (PEFSHE- 3 items) and perceived practical family support specific to healthy eating (PPFSHE-11 items). The questions were derived from a very well known instruments developed by Sallis *et al.*, Stanton *et al.* [20, 30]. Participants were asked: how often their mother would advise, tell, give them information about advantages of fruit and vegetables daily servings and disadvantages of unhealthy foods (informational support); how often their mother would encourage them to eat fruit and vegetables, admire them during eating fruit and vegetables, or watch their consumption (emotional support); and shared consumption fruit and vegetables with them, provide fruit and vegetables so they could eat whenever they want, provide fruit and vegetables as snack for them to take to school. (practical support). There were also 3 items to assess the negative aspect of practical support to reveal how often their mother would buy high fat foods, ate high fat foods in front of their adolescents, criticized or punished them for taking too much fruit vegetables. Each respondent rated the perceived support on a 5-point Likert scale (never, rarely, sometimes/usually, always) giving a possible score ranging from 3-15 for informational support, 3-15 for emotional support and 11-55 for practical support, respectively.

The cornerback's alpha reliability coefficient was valued for the total scales and test retest reliability (ICC) was valued 0.63-0.79

- Outcome measures: A valid, semi-quantitative food frequency questionnaire (FFQ) that included 118 food items from three main food groups and subgroups (fruit, vegetables, milk and dairy foods, high fat foods, salty and sweetened foods) [27, 31]. were used to measure eating behaviors. Which data of fruit and vegetables and high fat foods were elicited for analysis.

Fruit and vegetables items included all kinds of usual fresh, dried fruit and vegetables (potato and fruit juice not included). High-fat food items as an unhealthy foods include red meats, tallow, animal fat, chicken wings, chicken skin, fast food and snacks, sausage, hamburger,

hotdog, nugget, egg, Kentucky, pizza, fried foods : fried vegetables, French fries, fried potato, chips, fried red meat, burgers, high fat milk, high fat yoghurt, creamy cheese, ice cream, creamy sweets high fat bread, creamy cake, Crème caramel, caster, traditional high fat desserts, halva., butter, dressing containing mayonnaise.

Participants were asked to recall the frequency of the mentioned fruits, vegetables and high fat foods that they consumed during previous week. They were also requested to estimate the serving size of each food item according to common and domestic scales [27, 31], based on the USDA recommended Portion size [2].

The possible responses were ranged from never, to times per day and times per week. All the responses for each food group were recoded into daily consumption (never=zero serving, smaller than one serving, one serving, two servings, three servings and/or more servings per day). Average daily consumption for each food group, were computed by summing the related each food groups servings selected by adolescents.

Comparative Validity of the FFQ was carried out using a 3- day food recall questionnaire among 40 adolescents as the nutrition criterion. (ICC valued =0.57- 0.87). Also the test- retest reliability for 2 week interval as it was checked and came up as 0.64-0.76.

Analysis: Descriptive statistics including frequency, percentage, mean and standard deviations were used to represent the data. Both univariate and multiple logistic regression analysis were performed to examine the association between dependent variable (fruit and vegetables consumption) and independent variables including age, gender, mother's age and employment, parental education and marital status, the FAS, high fat foods intake, family support and self-efficacy. To perform logistic regression analysis, the dependent variable (fruit and vegetables consumption) was categorized into two levels: equal or greater than 3 servings per day (pleasant outcome) and less than 3 servings per day (unpleasant outcome). All analyses were performed for entire sample and separately for girls and boys. Data were analyzed using SPSS statistics software version 11.5. $P < 0.05$ was considered significant.

Ethics: The study was approved by the ethics committee of Tehran University of Medical Sciences. An informed written consent was taken from all the adolescents as well as one of their parents. The aim of the study explained to adolescents and their parents. Adolescents could withdraw from the study at any time before or during the completion of the questionnaire.

Table 1: The characteristics of the study sample

	Total(n= 402) No. (%)	girl (n = 207) No. (%)	boy (n= 195) No. (%)	P
Age (yrs)				0.452*
≤ 12	65 (16.1)	35 (16.9)	30 (15.4)	
13	301 (74.9)	157(75.8)	144(73.8)	
≥ 14	36 (9)	15(7.2)	21(1.08)	
Mean (SD)	12.93 (0.49)	12.90 (0.47)	12.95 (0.50)	0.302**
Mother age (yrs)				0.163*
20-34	120(29.9)	61(29.5)	59(30.3)	
35-39	143(35.6)	82(39.6)	61(31.3)	
40-55	139(34.6)	64(30.9)	75(38.5)	
Mean (SD)	37.4(5.13)	36.97(4.50)	37.83(5.69)	0.091**
Mother employment				<0.001*
Housewife	341 (84.8)	161(77.8)	180 (92.3)	
Employed	61 (15.2)	46 (22.2)	15 (7.7)	
Parent marital status				0.052*
Married	385 (95.8)	202(97.6)	183 (93.8)	
Widowed	17 (4.2)	5 (2.4)	12 (6.2)	
Mother education (yrs)				0.020*
0-12	352 (87.6)	174 (84.1)	178 (91.3)	
> 12	50 (12.4)	33 (15.9)	17 (8.7)	
Mean (SD)	10.36(3.39)	10.99 (3.03)	9.89 (3.62)	<0.001**
Father education(yrs)				0.020*
0-12	320 (79.6)	156 (75.4)	164 (84.1)	
> 12	82 (20.4)	51 (24.6)	31 (15.9)	
Mean (SD)	10.89(3.66)	11.48(3.31)	10.27 (3.90)	<0.001**
F A S				0.158*
Low	61 (15.2)	25 (12.1)	36 (18.5)	
Medium	309 (70.9)	163 (78.7)	146 (74.9)	
High	32 (8)	19 (9.2)	13 (6.7)	
Self-efficacy				0.923**
Mean (SD)	29.01(7.09)	29.04(7.25)	28.97(7.04)	
PIFS				0.611**
Mean (SD)	18.55(5.62)	18.68(6.64)	18.4(4.28)	
PEFS				0.754**
Mean (SD)	9.31(3.2)	9.35(3.31)	9.25(3.15)	
PPFS				<0.001**
Mean (SD)	25.46(5.50)	26.61(5.62)	24.25(5.07)	

#significant at 0.05 level.< 0.05 , * Derived from chi-square.** Derived from t-test

FAS: Family affluence scale

PIFS: Perceived informational family support

PEFS: Perceived emotional family support

PPFS: Perceived practical family support

RESULTS

Participants Characteristics: In all 402, with 51.5% girl students completed the questionnaire. The average age of the participants was 12.93 (SD=0.49). There were significant differences between boys and girls in some characteristics including their self-efficacy, their mothers' education and employment status. Overall, only 15.2 % of adolescents' mothers were employed. sample details and descriptive statistics for demographic characteristic by

gender was shown on Table 1. There were significant differences between parental occupation, marital status, parental education level.(p<0.05).

Daily Fruit and Vegetables Consumption of the Adolescents: The average daily fruit intake among adolescents was 2.58 (SD=0.96), the figure for vegetables was 2.67 (SD=0.99) servings. Only 30.3%, 34.6% of the adolescents met the daily fruit and vegetables recommendation, respectively.

Table 2: Distribution and comparison of daily fruit and vegetables consumption by gender

	Total (n=402)	Girl (n=207)	Boy (n=195)	P#
Fruit intake (servings/ day)				
Mean(SD)	2.58(0.96)	2.69(0.98)	2.47(0.94)	0.020*
Frequency(%) for optimal intake of daily fruit ($\geq 3-5$ servings)	122(30.0)	74 (35.7)	48(24.6)	
Vegetables intake (Servings day)				
Mean(SD)	2.68(0.99)	2.70(0.99)	2.65(0.96)	0.616*
Frequency (%) for optimal intake of daily vegetables ($\geq 3-5$) servings	139(34.6)	75(36.2)	64(32.8)	
High fat Foods intake(servings/day)				
Mean(SD)	3.56(0.82)	3.53(0.82)	3.48(0.82)	0.560*
Frequency (%) for optimal intake of daily high fat foods(< 2)servings))	50(12.4)	24(11.6)	26(13.3)	

significant at 0.05 level. * Derived from t-test

+ One serving of the fruit is equal to one medium apple ,Pear, apricot, cherry, peach, nectarine, green plum, fig, grapes, kiwi, grapefruit, orange, persimmon, tangerine, pomegranate, dates, prune (yellow and red), sour cherry, strawberry, banana, sweet lemon, lime lemon, mulberry, dried fruits (fig, mulberry, peach and apricot), A slice of Cantaloupe, Persian melon, watermelon, one cup Cranberry, pineapple (raw and canned) , one can Canned fruits,.

++ One serving of vegetables is equal to one medium cucumber, carrot tomato or other fresh vegetable; one cup of raw and cooked leafy vegetables, shredded lettuce, celery, green pea, spinach, mushroom; one tablespoon of raw and cooked tomato, cucumber, squash, eggplant, carrot, garlic, onion, green pepper, turnip, green chilies number, cooked green bean, fried onion, cruciferous vegetables (including cauliflower, red and white cabbage);one slice of pumpkin.

Table 3: Results obtained from logistic regression analysis for low servings fruit and vegetables consumption among adolescents

	*Odds(95%CI)a	P	**Odds(95%CI)	P
Girl (n=207)				
Age(yrs)				
≤ 12	Ref.		Ref.	
13	1.93(0.57-6.56)	0.291	1.63(0.72-3.71)	0.241
≥ 14	1.71(0.81-3.64)	0.161	1.47(0.37-5.74)	0.474
Mother Age(yrs)				
20-34	Ref.		Ref.	
35-39	1.10(0.38-1.51)	0.439	1.10(0.52-2.17)	0.866
40-55	1.11(0.41-1.81)	0.702	1.04(0.29-1.39)	0.266
Mother employment				
Housework	Ref.		Ref.	
Employed	2.01(0.88-3.33)	0.112	1.73(0.77-3.88)	0.183
Marital status				
married	Ref.		Ref.	
widowed	4.42(0.48-40.21)	0.187	3.96(0.39-39.83)	0.242
Mother education(yrs)				
> 12	Ref.		Ref.	
0-12	1.01(0.47-2.12)	0.983	1.11(0.26-1.71)	0.398
Father education(yrs)				
> 12	Ref.		Ref.	
0-12	1.15(0.61-2.16)	0.660	1.10(0.37-1.63)	0.507
FAS				
High	Ref.		Ref.	
Medium	1.29(0.49-3.38)	0.600	1.11(0.38-3.23)	0.850
Low	1.49(0.45-4.95)	0.516	1.50(0.39-5.78)	0.555
High fat food				
Lower	Ref.		Ref.	
Higher	3.20(1.04-9.66)	0.042	3.34(1.05-10.63)	0.041
Self efficacy	1.10(0.91-0.98)	0.011	1.10(0.91-0.99)	0.014
PLFS.	1.10(0.92-1.03)	0.311	1.10(0.88-1.05)	0.377
PEFS	1.02(0.94-1.11)	0.634	1.03(0.91-1.21)	0.688
P PFS.	1.10(1.01-1.14)	0.033	1.10(1.021-1.21)	0.018
Boy (n=1950)				
Age (yrs)				
≤ 12	Ref.		Ref.	
13	1.57(0.71-3.46)	0.262	2.32(0.97-5.18)	0.057
≥ 14	1.63(0.52-5.11)	0.402	4.55(1.21-17.72)	0.029
Mother age(yrs)				
40-55	Ref.		Ref.	
35-39	1.21(0.59-2.33)	0.637	1.20(0.55-2.41)	0.710
20-34	1.99(0.97-4.11)	0.059	1.96(0.91-4.24)	0.084

Table 3: Continue

	*Odds(95%CI)a	P	**Odds(95%CI)	P
<i>Mother employment</i>				
<i>Housewife</i>	<i>Ref</i>		<i>Ref</i>	
<i>Employed</i>	1.02(0.35-2.99)	0.966	1.99(0.46-8.50).	0.350
<i>Mother education (yrs)</i>				
>12	<i>Ref</i>		<i>Ref</i>	
0-12	1.74(0.64-4.71)	0.279	0.41(0.10-1.42)	0.148
<i>Father education(yrs)</i>				
>12	<i>Ref</i>		<i>Ref</i>	
0-12	1.07(0.49-2.36)	0.860	1.03(0.38-2.26)	0.876
<i>FAS</i>				
<i>High</i>	<i>Ref</i>		<i>Ref</i>	
<i>Medium</i>	1.26(0.40-3.95)	0.687	1.11(0.26-4.31)	0.929
<i>Low</i>	1.35(0.37-4.84)	0.648	1.20(0.33-3.920)	0.822
<i>High fat food</i>				
<i>Low</i>	<i>Ref</i>		<i>Ref</i>	
<i>High</i>	1.40(0.55-3.50)	0.493		
<i>Self efficacy</i>	1.0(0.96-1.04)	0.982	1.01(0.97-1.10)	0.560
<i>PI.FS.</i>	1.11(0.93-1.06)	0.902	1.04(0.96-1.13)	0.306
<i>PEFS.</i>	1.03(1.04-1.12)	0.025	1.11(0.77-1.29)	0.049
<i>PPFS.</i>	1.80(0.97-1.05)	0.613	1.10(0.92-1.11)	0.782
Total (n=402)				
<i>Girl</i>	<i>Ref</i>		<i>Ref</i>	
<i>Boy</i>	2.10(1.05-2.33)	0.025	2.03(1.04-2.52)	0.030
<i>Age(yrs)</i>				
≤12	<i>Ref</i>		<i>Ref</i>	
13	1.65(0.95-2.83)	0.071	2.11(0.93-2.92)	0.085
≥14	1.85(0.81-4.22)	0.144	2.11(0.73-4.31)	0.210
<i>Mother age(yrs)</i>				
20-34	<i>Ref</i>		<i>Ref</i>	
35-39	1.18(0.74-1.88)	0.484		
40-55	1.17(0.72-1.91)	0.529		
<i>Mother employment</i>				
<i>Housewife</i>	<i>Ref</i>		<i>Ref</i>	
<i>Employed</i>	1.28(0.74-2.24)	0.370	2.11(0.92-3.88)	0.083
<i>Marital Status</i>				
<i>married</i>				
<i>widowed</i>	1.11(0.05-13.99)	0.921	1.44(0.33-6.33)	0.626
<i>Mother education(yrs)</i>				
>12	<i>Ref</i>		<i>Ref</i>	
0-12	1.92(0.56-2.87)	0.734	1.64(0.78-3.43)	0.189
<i>Father education(yrs)</i>				
>12	<i>Ref</i>		<i>Ref</i>	
0-12	1.13(0.54-1.82)	0.963	1.04(0.48-1.44)	0.516
<i>FAS</i>				
<i>High</i>	<i>Ref</i>		<i>Ref</i>	
<i>Medium</i>	1.32(0.63-2.73)	0.461	1.37(0.54-3.45)	0.504
<i>Low</i>	1.53(0.65-3.61)	0.336	1.18(0.54-2.56)	0.672
<i>High fat food</i>				
<i>Lower</i>	<i>Ref</i>		<i>Ref</i>	
<i>Higher</i>	3.34(1.05-10.63)	0.041	2.11(1.0-14.21)	0.045
<i>Self efficacy</i>	1.10(0.95-1.21)	0.058	1.11(0.95-1.26)	0.112
<i>PIFS</i>	1.11(0.94-1.92)	0.224	1.10(0.94-1.14)	0.742
<i>PEFS</i>	1.10(0.91-1.13)	0.0444	1.10(1.01-1.25)	0.014
<i>PPFS</i>	1.03(0.98-1.07)	0.278	1.04(1.01-1.10)	0.029

*=Univariate Odds Ratio based on unadjusted regression logistic model.

**=Multivariate Odds Ratio based on adjusted for all independent variables including age, gender, mother's age and employment, parental education and marital status, the FAS, high fat foods intake, perceived family support and self-efficacy all variables.

FAS=family affluence scale

PIFS=Perceived informational family support.

PEFS= Perceived emotional family support

PPFS= Perceived practical family support

Daily Fruit And Vegetables Consumption By Gender:

Average daily fruit and vegetables consumption was higher among girls compared to boys [fruit = 2.69 (SD=0.98) versus. 2.47(SD=0.94), vegetables = 2.70 (SD=0.99) versus. 2.65 (SD=0.96)]. Significant association between food intake with gender was recognized ($p=0.02$).

Compared to boys, a higher percentage of girls (%35.7> %24.6) and (%36.2>%32.8) reported the recommended 3 servings fruit and vegetables consumption respectively.

Predictors of Adolescents' Daily Fruit And Vegetables

Consumption: Univariate and multivariate logistic regression analysis were performed to indicate the factors that contribute to low-level consumption of fruit and vegetables for whole sample and for girls and boys separately. For the purpose of logistic regression the dependent variable (fruit and vegetables consumption) was categorized into two levels: equal or greater than 3-5servings /day (attained the guideline) and less than 3 serving/day (did not attain the guideline) [2]. For measuring multiple logistic regression, the age of adolescents, parental characteristics, high fat foods, self- efficacy, perceived family support have been taken into consideration Overall the results obtained from multiple logistic regression analysis indicated that male gender (OR=2.03, 95% CI=1.04-2.52, $P=0.030$), high-fat food consumption (OR=2.11, 95% CI=1.01- 4.21, $P= 0.045$), perceived emotional family support (OR=1.10, 95% CI= 1.01-1.15, $p=0.014$) and practical family support (OR=1.04, 95%CI=1.10-1.11, $p=0.029$) had significant relationship with low levels of daily fruit and vegetables consumption. Having employed mother was not associated significantly with daily fruit and vegetables consumption (OR=2.11, 95%CI= 0.92-3.88, $p=0.083$).

Predictors of Girls' Daily Fruit And Vegetables

Consumption: High-fat food intake (OR =3.34, 95% CI= 1.05-10.63, $P=0.014$), perceived practical family support (OR=1.10, 95%CI= 1.02-1.21, $P=0.018$) and self-efficacy (OR=1.10 95%CI= 0.91-0.99, $P=0.014$) had significant association with low levels of girls daily fruit and vegetables consumption.

Predictors Of Boys' Daily Fruit And Vegetables

Consumption: Boy adolescent age i.e. being more than 14 years old (OR= 4.55 95%CI=-1,21-17.22, $P=0.029$), perceived emotional family support (OR= 1,11 95%CI= 1.07-1.20, $P=0.050$) had marginally significant association with boy daily fruit and vegetables intake.

DISCUSSION

This cross-sectional study showed that average daily fruit and vegetables consumption among boys and girls were lower than the daily recommended servings per day. Only one third of the adolescents reported consumption of fruit and vegetables over 3 servings in the last week. In comparison with Chinese adolescents [32], our findings showed that the level of fruit and vegetables consumption among Iranian adolescents were lower, but fairly higher than American adolescents [33].

Low level consumption of fruit and vegetables among adolescents during school times is common and might be explained by several factors including exposure to unhealthy foods, their autonomy to select and intake the preferable, favorable snacks, eating away from home, peer influences, higher school assignments, lack of time or experiences to make healthy snacks by parents or by themselves [14, 21]. In addition, Iran is in its transition period from traditional to modern society. New and modern life styles substitute for traditional methods and thus fast foods and unhealthy dietary behaviors are emerging among adolescents and families [26, 27].

Comparing the average daily fruit and vegetables intake of boys and girls show that girls reported more daily consumption of fruit and vegetables, girls also had daily high-fat food intake compared to boys. Like previous studies [8, 34, 35], Boys especially older boys were recognized as the vulnerable group whom would not comply with daily recommendation of fruit and vegetables servings intake. Gender consumption differences might reflect the fact that boys have more autonomy than girls in their food choice, eating away from home, however the adolescence autonomy were recognized as a risk factor to attach unhealthy foods [21]. In contrast, some studies showed that girl adolescents had poorer dietary habits than males [35].

Some subgroups also had different daily intake of fruit and vegetables. Adolescents who had over 14 years old were detected as high-risk group. This finding is consistent with previous studies [35]. It seems that the more adolescents advance in age and cognition, the more their authority to select and consume preferred food may increase [14, 21]. Community settings and peer influences may emerge. Therefore age as a personal factor would make them adhere to unhealthy behaviors as recognized in most of studies [5, 36].

Adolescents who had employed mother were more at risk of lacking in daily fruit and vegetables intake; however, it was not significant ($P= 0.08$). It seems that

presence of mother at home or unemployed mother had positive effects on adolescents food intake. Mother is traditionally responsible for meal preparation. Mother employment may change or intervene with their practical support like healthy food/ fruit and vegetables preparation, home availability, parental supervision, positive role modeling. this results are consistent with the previous findings [15, 21].

Girls with low self-efficacy were recognized as high-risk group of lacking daily fruit and vegetables serving consumption. This finding is consistent with previous studies [10, 11, 16]. There were no significant associations between low perceived self-efficacy adolescents and their health interest. However, among 11th graders, self-efficacy was strongly associated with interest in healthy eating [10].

Food, fruit and vegetables intake among 7th grade adolescents was not a psycho rather a social issue. It was found that family support had a significant contributing role to daily fruit and vegetables consumption among adolescents. In fact, when data were analyzed separately, low perceived emotional support for boys and low practical support for girls were found to be significant predictors of low fruit and vegetables consumption. Boys with low perceived emotional family support and girls with low perceived practical family support were at risk of lacking in daily fruit and vegetables intake. Numerous studies have shown the similar result [6, 20, 21]. This positive association shows that those adolescents who perceived any kind of encouragement from mothers may be those who had more than 3 servings of fruit and vegetables consumption.

Pearson *et al.* [8, 37], reported that there was a strong association between parental support and adolescents healthy eating, confirming that practical and emotional support were the most important type of family support that associated with adolescents' fruit and vegetables consumption. Studies found that family support had strong effects on adherence to daily fruit and vegetables servings consumption dependently and independently via accessibility or exposing to fruit and vegetables at home or at school [15, 16].

Limitations: The reliance on self-reported daily fruit and vegetables intake and perceived family support by adolescents are considered as the limitations of the present study. In addition, we did not collect data on father, sibling and peers support. Additional research is needed to determine and compare the predictive values of other potential social support sources including father, siblings and peers to better understand the influences of

parental support on adolescent fruit and vegetables consumption and other kinds of healthy behaviors. As this study was designed to perform an interventional program, these brief findings present preliminary step to realize the relationship between mothers' support specific to the limited intake of fruit and vegetables of participants. We can't take any conclusion about causal relationship from results of this cross-sectional study. We suggest that future studies also include parameters of cultural measures.

CONCLUSION

The findings of the current study indicate that male students are at higher risk of getting less fruit and vegetables. However, both girl and boy students did not meet the recommended daily fruit and vegetables servings (more than 3-5 serving per/day). The results also showed that perceived emotional support for boy adolescents and perceived practical family support for girls highly affect their healthy eating. Thus, family support is a significant contributing factor for adequate fruit and vegetables consumption. To achieve optimal eating among young adolescents, it seems that family support, especially practical and emotional support, should be an integrated part of any health education/ promotion programs.

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