Commentary
Volume 10:9, 2022

Journal of Health Education Research & Development

ISSN: 2380-5439 Open Access

Promoting the Instruments, Such as Digital Retail Food Tours and Virtual Reality World Development

Badner Glassey*

Institute of Health and Social Care, London South Bank University, UK

Introduction

Numerous chronic diseases, including cardiovascular disease, are associated with dietary choices. A major objective for public health is to decrease the number of carbohydrates, saturated fat, Trans fat, sodium, and added sugar people consume while boosting the intake of healthy foods including whole grains, fibre, fruits, and vegetables. Food purchases for for domestic use made up 51.9% of all food spending in 2020. As a result, altering consumer behaviour when buying food in markets may be a major goal for enhancing dietary options. A recent scoping analysis identified a variety of retail-based initiatives that have been used to increase consumer food literacy or encourage better food selections.

According to the socio-economic model of health, people interact with their environments and communities rather than acting alone, which affects how they behave. To find suitable targets, this model can be helpful. Policies could be implemented to alter food prices through taxation or subsidies as well as by adding new front-of-package data or warnings. Another strategy is to boost consumer self-efficacy by teaching them so they feel empowered to make better food decisions. For instance, consumers might be instructed on how to use front-of-package labels, ingredient lists, and nutrition labels. Additionally, advice about healthier alternatives for their typical foods or how to include them in the diet might be given. A GST is described as "an educator's movement from aisle to aisle within a market that sells a large variety of food products while disseminating nutrition information/and or purchasing methods to a small group of individuals." The people can ask questions, receive nutrition instruction in the context of their regular food purchases, or be shown more nutritous or economical alternatives to their current purchases.

Discussion

A GST can be tailored to fit the demands of different populations, such as those with diabetes, heart disease, or food allergies, as well as those who are parents or carriers, pregnant women, or athletes. The efficiency of a GST is still mostly unknown. The fact that only one of the studies was founded on behaviour change theory was also mentioned. Therefore, further research is needed to determine how a GST may affect long-term dietary choices and health. Furthermore, it is yet unknown what characteristics make a grocery shop tour successful. A GST may encounter major obstacles, which could restrict its applicability as a diet improvement strategy. First, it could be challenging to acquire access to grocery stores to lead tours because these businesses might not want to provide facilitator access to lead instructional tours. Second, finding a time that works for both the facilitator and the client to come may be challenging. Additionally, it could be challenging for customers to commit up to 90 minutes to a grocery store tour. Third, some individuals could find it challenging to sit for a 90-minute grocery shop tour. Fourth, to reduce the number of trips to the supermarket, it may be most practical to conduct tours that are longer in length due to the practicalities of planning one. Respondents may experience concentration drop if a GST is too lengthy for them to focus and fully comprehend all of the material delivered. This might make learning more difficult. Additionally, anyone taking part in a GST could experience a lack of privacy. Background noise can be eliminated in a virtual GST, and there aren't any other customers around to divert attention and hinder learning. A virtual GST can also provide confidentiality or anonymity, which might tempt visitors to take a GST or enquire during the tour. Digital technologies have been utilised to deliver nutrition instruction and could open up a new channel for doing so. To educate consumers, current methods have utilised audiobooks, computer kiosks, and social media. Using digital technology to construct virtual worlds that may be used to carry out a virtual GST is an alternate to a physical GST. A virtual GST, for instance, may be developed and accessed by anybody with a smartphone, tablet, computer, or immersive virtual reality headset. Because anyone with the necessary technology and an internet connection could access and observe local supermarket tours at any time and from any location, it might increase the accessibility of these tours. The option to add supplementary content, like as movies or computer animations, that promote interaction further or explain topics is provided by the virtual grocery company's virtual online. Additionally, gamification strategies could be used to encourage learning. Additionally, clients can view the virtual tour on several times, giving customers the option to review material or focus on particular portions based on their preferences or as their attention spans or leisure permits. While there has been a rise in interest in many sectors for the use of virtual worlds as a learning tool. There is currently little information available on using virtual worlds to teach nutrition [1-5]. It is probable that there will be tremendous innovation in digital ways to facilitate communication between nutritionists and their customers as a result of the growing need for remote interaction between people. One innovation that could help with the sharing of nutrition information is a virtual GST. Due to their expertise in the relevant fields, dietitians must be involved in the creation of a virtual GST. This paper's goal was to describe the creation of a virtual GST that can be used with a tablet, computer, or virtual reality (VR) headset. The elements that affected the design process are fully discussed.

Conclusion

Prior to establishing a virtual GST, it's essential to set clear objectives for what the GST aims to accomplish. The ultimate goal of a virtual GST should be to alter consumer behaviour surrounding food purchases in order to raise health indicators. Best practises for the creation of a GST have not yet been established, so more research is needed. A GST should be based on theories of behavioural change or learning, such as the theory of planned behaviour, the Transtheoretical Model, or the self-efficacy theory. While learning from a "true" GST can be used to an online GST, the use of technology alters the relationship between the client and the facilitator.

Conflict of Interest

None.

***Address for Correspondence:** Badner Glassey, Institute of Health and Social Care, London South Bank University, UK, E-mail: glasseyb78@gmail.com*

Date of Submission: 16 September, 2022, Manuscript No. jbhe-22-76014; **Editor Assigned:** 19 September, 2022, PreQC No. P-76014; **Reviewed:** 26 September, 2022, QC No. Q-76014; **Revised:** 28 September, 2022, Manuscript No. R-76014; **Published:** 30 September, 2022, DOI:10.37421/2380-5439.2022.10.100045

References

1. Bejon, Philip, James A. Berkley, Tabitha Mwangi and Edna Ogada, et al. "Defining Childhood Severe Falciparum Malaria for Intervention Studies." *PLoS Med* 4 (2007): e251.
2. D'acremont, Valérie, Mary Kilowoko, Esther Kyungu and Sister Philipina, et al. "Beyond malaria–causes of fever in outpatient Tanzanian children." *N Engl J Med* 370 (2014): 809–817.
3. English, Mike and J. Anthony G. Scott. "What is the future for global case management guidelines for common childhood diseases?." *PLoS Med* 5 (2008): e241.
4. Galatas, Beatriz, Quique Bassat and Alfredo Mayor. "Malaria parasites in the asymptomatic: looking for the hay in the haystack." *Trends Parasitol* 32 (2016): 296–308.
5. Bavel, Jay J. Van, Katherine Baicker, Paulo S. Boggio and Valerio Capraro, et al. "Using social and behavioural science to support COVID-19 pandemic response." *Nat Hum Behav* 5 (2020): 460–471.

How to cite this article: Glassey, Badner. "Promoting theInstruments, Such as Digital Retail Food Tours and Virtual Reality World Development." *J Health Edu Res Dev* 10 (2022): 100045