

Impact of Mother's Knowledge, Attitude & Practice on Their Children Nutritional Behavior

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Abstract

The Growth and development of any child depend upon the type of nutrition, the child gets during his early childhood the mother's knowledge and attitude also affect the child's nutritional behavior. As during early childhood the children depends on the mother support for their well being, so it becomes very necessary that the mother is taking proper attention towards the nutrition of her child.

Present study is done in Etawah on the basis of census of India, 2011 on male of female literacy rate. The nutritional behavior of children was also studied on the basis of knowledge attitude and practices of mother. On the basis of study it was concluded that the kids were born normal and healthy whose mothers had got good knowledge, attitude & practice in parenting and poor parenting leads to unhealthy children.

Keywords: Knowledge, Attitude, Nutrition behavior, Parenting

INTRODUCTION-

Nutrition is a significant factor in the growth, development, and overall functioning of a child. Good nutrition provides the energy and nutrients essential to sustain life and promote physical, social, emotional, and cognitive development. During early childhood, the body is growing at an alarming rate. This rate slows down after age 1 year and may occur in spurts throughout childhood, adolescence, and puberty. A child needs adequate dietary intake to provide enough nutrients and energy for him to grow, without reducing his body's ability to stay healthy. In addition, almost half of the adult skeletal mass is built during adolescence. A healthy diet, rich in calcium and other essential vitamins and minerals, will enable optimal skeletal and physical growth. Children's poor diet does not only have direct negative effects on their weight and health, but also results in significant deficiencies in those nutrients playing an essential role in cognitive development.

In early childhood children depend on their mothers to support their well-being and promote positive development, including eating behaviors. Children's food preferences and willingness to try new foods are influenced by the people around them. Eating behaviors of children practice early in life affect their health and nutrition which are significant factors in childhood overweight and obesity, and may continue to shape food attitudes and eating patterns through adulthood. Child-feeding practices determine the availability of various foods, the portion sizes that children are offered, the frequency of eating occasions, and the social contexts in which eating occurs. Mothers can influence children's dietary practices in many areas: availability and accessibility of foods; meal structure and environment; adult food modeling; food socialization practices; and food-related parenting styles. Family meals may also contribute positively to children's nutrition beliefs and attitudes as well as to the

onset and persistence of overweight in elementary school children. Although children seem to possess an innate ability to self-regulate their energy intake, their food environment affects the extent to which they are able to exercise this ability. Offering large food portions (especially of high calorie, sweet, or salty foods), feeding practices that pressure or restrict eating, or modeling of excessive consumption can all undermine self-regulation in children. Perhaps, the best advice regarding child-feeding practices continues to be the division of responsibility between adult and child advocated by Setter and Madison. According to this division, the role of parents and other caregivers in feeding is to provide positive structure, age-appropriate support, and healthful food and beverage choices. Children are responsible for whether and how much to eat from what adults provide. Mothers' attitudes of serving foods may influence children's attitude concerning likes and dislikes.

METHODOLOGY

Proposed research paper is a survey work. Survey is the most commonly used method of primary data collection in research.

Survey is defined as-“survey research is defined as the collection of information from a sample of individuals through their responses to questions.” Check & Schutt, 2012, P.160
A survey is defined as a research method used for collecting data from a pre-defined group of respondent to gain information and insights on various topics of interest.

A means of gathering information by asking a set of questions to a sample of respondents who represent a population with specific characteristics.

The primary data was collected by interview schedule method. An interview schedule containing appropriate list of questions was used to collect answers from the respondent by personal interview in which the investigators questioned the respondent is a face to face meeting.

To fulfill the objectives of the present study the work procedure was designed as under:

Preparing of interview schedule - To obtain the necessary information about the impact of mother's knowledge, attitude & practices on physical development during early childhood, a structured interview schedule was prepared. The questions were mainly of the closed type except for few open types, which were designed to allow mothers express their ideas on the certain issues.

The interview schedule was constructed in three parts.

Pre testing of interview schedule for establishing reliability and validity:

A schedule questionnaire is crux of data collection and when applied to population.

Testing the reliability of the interview schedule becomes indispensable. When coupled with an adequate schedule of pre tested worth, the interview schedule is a potent and indispensable research tool, yielding data that no other research tool can generate.

Reliability is the accuracy of precision of measuring instrument. Reliability refers to the consistency of score of measurement, which is reflected in the reproducibility of the scores.

In the present investigation test-retest reliability method is used for the judgment of the research tool i.e. interview schedule. In the test retest reliability method, the single form of the test is administered twice in the same sample with a reasonable time gap. The most appropriate and convenient time gap between the two administration is a fortnight (Singh,1998). Two administration of the same test yield two independent set of the scores. Two sets when correlated, give the value of reliability. High value of retest reliability coefficient indicates that the test is sufficiently reliable. The coefficients of correlation always varies between the two limits of +1 and -1, when there is perfect positive correlation its value is +1 and when there is perfect negative correlation its value is -1; its mid point 0, which indicates absence of correlation.(Elhance,2000)

To accomplish this, interview schedule was administered on 25 subjects after the purpose of study was explained to them. There were no difficulties encountered with the interview schedule. Second administration of the schedule on the same group was performed after a period of fifteen days; two sets of scores obtained were correlated using Karl Pearson's formula commonly known as product moment (PM) correlation method.

The correlation for the schedule was +0.77, therefore, the schedule was considered significantly reliable.

Pretesting helped to modify some open type questions into closed types, because the most answers fitted in different groups, which were later created to simplify the questionnaire.

Selection of samples-

As of 2011 India census (census of india,2011),Etawah had population of 1,581,810 of which male and female were 845856 and 735954 respectively.

Average literacy rate of Etawah in 2011 were 78.41 compared to 69.37 of 2001. If things are looked out at gender wise, male and female literacy were 86.06 and 69.6 respectively. For 2001 census, same figures stood at 79.92 and 57.38 in Etawah district.

With regards to sex ratio in Etawah, it stood at 870 per 1000 male compared to 2001 census figure of 858. The average of national sex ratio in India is 940 as per latest reports of census 2011. In 2011 census child sex ratio are 875 girls per 1000 boys compared to figure of 875 girls per 1000 boys compared to figure of 895 girls per 1000 boys of 2001 census data.

Etawah has a total area of 2,311.59 km and the city can be divided in 9 blocks. A sample of 400 mothers of child aged 3 to 6 years will be selected by stratified random sampling method.

Hindi is main language spoken here.

RESULT

Table no. -1 Summary of one way ANOVA of scores of *clinical symptoms* of kids whose mothers had good, average and poor knowledge in parenting
ANOVA

Tests of Between-Subjects Effects

Dependent Variable: Clinical_Symptoms

Source	Type III Sum of Squares	df	Mean Square	f	p value
Know ledge Range	99.277	2	49.639	148.728	.000
Error	132.500	397	.334		
Total	1517.000	400			
Corrected Total	231.777	399			

from the table no: 1, it is evident that the f value for *clinical symptom* among kids who were differentiated in three groups on the basis of their mothers' knowledge in parenting being **148.728** is significant with df= 2/397. It indicates that the mean scores of *clinical symptom* of kids of the three groups do differ significantly. Thus the null hypothesis, stated, "There shall be no significant difference in the mean scores of *clinical symptom* of kids whose mothers' parenting knowledge were good, average and poor" is rejected. It is thereby concluded that *clinical symptom* of kids were different and the descriptive statistic table shows that kids were found more normal and healthy in their skin, eyes, hair and so on whose mothers had good knowledge in parenting. Poor parenting knowledge mothers had infants whose *clinical symptoms* of health didn't come up to the mark and were found unhealthy

Table No: 2 Summary of post hoc test through LSD (Least significant difference) method of multiple comparisons of *clinical symptoms* of kids whose mothers had good, average and poor knowledge in parenting

Post Hoc Tests

(I) Know ledgeRange	(J) Know ledgeRange	Mean Difference (I-J)	Std. Error	p value	95% Confidence Interval	
Good	Average	.7428(*)	.07532	.000	.5947	.8908
	Poor	1.1495(*)	.06708	.000	1.0177	1.2814
Average	Good	-.7428(*)	.07532	.000	-.8908	-.5947
	Poor	.4068(*)	.07329	.000	.2627	.5509
Poor	Good	-1.1495(*)	.06708	.000	-1.2814	-1.0177
	Average	-.4068(*)	.07329	.000	-.5509	-.2627

* The mean difference is significant at the .05 level.

This table evidently show s that there is a significant difference in the mean difference

of *Clinical symptoms* of kids and it is high in case of mothers who had good and poor parental knowledge

Summing up, mothers who have sound parental knowledge create a better influence in the physical health of children the most

Table No:3 Summary of one wayANOVA of scores of *Clinical Symptoms* of kids whose mothers had good, average and poor attitude towards parenting
Tests of Between-Subjects Effects

Dependent Variable: Clinical_Symptoms

Source	Type III Sum of Squares	df	Mean Square	f	p value
AttitudeRange	95.993	2	47.997	139.731	.000
Error	136.367	397	.343		
Total	1514.000	400			
Corrected Total	232.360	399			

from the table no: 3, it is evident that the f value for *Clinical Symptoms* among kids who were differentiated in three groups on the basis of their mothers'attitude towards parenting being **139.731** is significant with df= 2/397. It indicates that the mean scores of *Clinical Symptoms* of kids of the three groups differ significantly. Thus the null hypothesis, stated, "There shall be no significant difference in the mean scores of *Clinical Symptoms* of kids whose mothers' parenting attitude was good, average and poor" is rejected. It is thereby concluded that *Clinical Symptoms* of kids were different and the descriptive statistic table shows that kids were found more normal and healthy especially with their physical fitness parameters or the *Clinical Symptoms* weight whose mothers had good attitude towards parenting. Poor parenting attitude mothers had infants with weak *Clinical Symptoms*

Table No: 4 Summary of post hoc test through LSD (Least significant difference) method of multiple comparisons of *Clinical Symptoms* of kids whose mothers had good, average and poor attitude towards parenting
Post Hoc Tests
Multiple Comparisons

Dependent Variable: Clinical_Symptoms LSD

(I) Attitude Range	(J) Attitude Range	Mean Difference (I-J)	Std. Error	p value	95% Confidence Interval	
Good	Average	.5799(*)	.07942	.000	.4237	.7360
	Poor	1.1829(*)	.07161	.000	1.0421	1.3237
Average	Good	-.5799(*)	.07942	.000	-.7360	-.4237
	Poor	.6030(*)	.07039	.000	.4646	.7414
Poor	Good	-1.1829(*)	.07161	.000	-1.3237	-1.0421
	Average	-.6030(*)	.07039	.000	-.7414	-.4646

* The mean difference is significant at the .05 level.

This table evidently shows that there is a significant difference in the mean difference of *Clinical Symptoms* of kids and it is high in case of mothers who had good and poor parental attitude. Summing up, mothers who have sound parental attitude had children with better health and physical composition like eyes, hair, skin, etc. than the other three grades of mothers

Table No: 5 Summary of one way ANOVA of scores of *Clinical Symptoms* of kids whose mothers had good, average and poor in parenting practice
Tests of Between-Subjects Effects

Dependent Variable: Clinical_Symptoms

Source	Type III Sum of Squares	df	Mean Square	f	p value
Practice Range	99.890	2	49.945	145.915	.000
Error	135.888	397	.342		
Total	1521.000	400			
Corrected Total	235.777	399			

from the table no: 5, it is evident that the f value for *Clinical Symptoms* among kids who were differentiated in three groups on the basis of their mothers' parenting practice being **145.915** is significant with df= 2/397. It indicates that the mean scores of *Clinical Symptoms* of kids of the three groups differ significantly. Thus the null hypothesis, stated, "There shall be no significant difference in the mean scores of *Clinical Symptoms* of kids whose mothers' parenting practice was good, average and poor" is rejected. It is thereby concluded that *Clinical Symptoms* of kids were different and the descriptive statistic table shows that kids were found more normal and healthy especially with their physical fitness parameters or the *Clinical Symptoms* weight whose mothers had good parenting practice. Poor parenting practice mothers had infants with weak *Clinical Symptoms*

Table No: 6 Summary of post hoc test through LSD (Least significant difference) method of multiple comparisons of *Clinical Symptoms* of kids whose mothers had good, average and poor practice towards parenting

Post Hoc Tests
Multiple Comparisons

Dependent Variable: Clinical_Symptoms
LSD

(I) PracticeRange	(J) PracticeRange	Mean Difference (I-J)	Std. Error	p value	95% Confidence Interval	
Good	Average	.6876(*)	.07803	.000	.5342	.8410
	poor	1.1830(*)	.06925	.000	1.0469	1.3192
Average	Good	-.6876(*)	.07803	.000	-.8410	-.5342
	poor	.4954(*)	.07230	.000	.3533	.6375
poor	Good	-1.1830(*)	.06925	.000	-1.3192	-1.0469
	Average	-.4954(*)	.07230	.000	-.6375	-.3533

* The mean difference is significant at the .05 level.

This table evidently shows that there is a significant difference in the mean difference of *Clinical Symptoms* of kids and it is high in case of mothers who had good and poor parental practice.

Summing up, mothers who have sound parental practice had children with better health and physical composition like eyes, hair, skin, etc. than the other three grades of mothers

CONCLUSION

Clinical symptoms of kids were different and the descriptive statistics table shows that kids were found more normal and healthy in their clinical symptoms whose mothers had good knowledge, attitude and practice in parenting. Poor parenting had infants whose clinical symptoms of health did not come up to the mark and were found unhealthy.

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