

IMPACT OF MATERNAL NUTRITIONAL AWARENESS ON CHILD HEALTH CARE AN ANALYTICAL PERSPECTIVE

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Abstract

Poor nutritional awareness and education of mothers have been identified as one of the major causes of child malnutrition in many under developed countries across the world. Malnutrition is a multifaceted problem as it is one of the most significant public health concerns. low nutritional awareness in mothers and household socioeconomic deprivation are the main risk factors of child malnutrition. The mother must be given enough awareness not only regarding the type of food items given to the child but also the knowledge of screening malnutrition and diseases for protection. Patterns of food intake which contribute to accelerated weight gain and overweight. In particular, we focus on describing children's predispositions and parents' child feeding practices.

During these early years, children are learning what, when, and how much to eat based on the transmission of cultural and familial beliefs, attitudes, and practices surrounding food and eating. These experiences are linked to children's eating behavior and their weight status. In most families, women still have primary responsibility for feeding

children. Changes in employment patterns and family structure, however, leave women with less time to devote to this activity. More women than men parent and feed their children without the assistance of a spouse: twenty-three percent of children under eighteen years of age live with their mother only. These trends suggest that today's young children spend less time eating at the family table and have routine exposure to large portions of palatable, energy dense foods than in previous generations. Children's acceptance of foods that have less intrinsic hedonic appeal to children (such as vegetables) are shaped by their experience with those foods. Children decide their food likes and dislikes by eating, and associating food flavors with the social contexts and the physiological consequences of consumption.

Therefore, there is a need for well-designed prospective, longitudinal studies examining this association in order to better understand the influence of the early introduction of solids on the development of childhood obesity. Thus, it appears that parents and caregivers need encouragement to repeatedly offer nutrient dense age-appropriate foods (e.g., fruits, dark green and yellow vegetables, and yogurt) as opposed to convenient energy dense foods and snacks. Parents powerfully shape children's early experiences with food and eating, providing both genes and environments for children. Children's eating patterns develop in the early social interactions surrounding feeding. As young omnivores, they are ready to learn to eat the foods of their culture's adult diet, and their ability to learn to accept a wide range of foods is remarkable, especially given the diversity of dietary patterns across cultural groups.

Key Words : Nutritional, Malnutrition, Diseases, Cultural and Familial Beliefs, Attitudes and Practices, Obesity, Environments, Physiological Consequences, Omnivores, etc.

I. Introduction

There are multi-factorial causes of maternal mortality including poverty, lack of access to health-care services and resources, inadequate food and nutrition, and health-seeking behaviors and belief systems. Understanding the relationship between maternal nutrition and health through the lens of wider social determinants requires a deep exploration of how different factors, processes, power constellations, institutions and interests affect the maternal nutrition and health within household, community, culture and region. Maternal nutrition practices, access to resources and food distribution systems which are ultimately impacted by socio-economic, cultural, family and community settings might determine reproductive

health, particularly for vulnerable groups, making them more susceptible to conditions such as anemia, malnutrition, malaria and other illnesses during pregnancy. The relationship and the impact of health and nutrition during pregnancy could be specific to particular situations related to the social status of women.

Local food consumption patterns, food supplementation interventions, women empowerment strategies and maternal nutritional status and health. Therefore, designed to provide an in-depth understanding of the relationships between the social, cultural and economic contexts in such a unique community, with maternal nutrition and health related outcomes. Nutrition has always been a vital component of all living things. The importance of nutrition in the diet is increasing as we are moving towards modernization and globalization. The changing environment and requires changes and manipulation in nutrition intake. The nutritional value of adult women is of great importance and plays a vital role in the development of a child.

II. Objectives of the Study

1. To understand status of maternal awareness about nutritional needs of infants and young children.
2. To identify the level of social anxiety and issues pertaining to dietary habits.
3. To know the roles and responsibility of mothers towards child health care and development.
4. To understand the nutritional habits and practices affects the child's social and emotional development.

III. Methodology

The data is drawn by adopting the collected through the Observation techniques and Secondary Data also from various different newspapers, research reports, journals, and websites and research papers.

IV. Review of literature

Dr. MiralDobariya in 2020 published a journal on a Survey Study on Dietary Habits of School Going Children and its Impact on their General Health and Immunity. She stated that in recent years, children food habit has become a major source of concern. Not only the faulty diet but also irregular time of diet, quality of homemade and outside

prepared food (restaurant and street food), packet food i.e. biscuits, chocolates, this type of food affects the digestion and seems to compromise the body's immunity more in long term. Particular attention should be given by the parents for inaccurate food habits, aiming to correction of dietary habits. This survey reveals that majority of children are taking unwholesome faulty diets which reduce the immunity and lead to severe health issues.

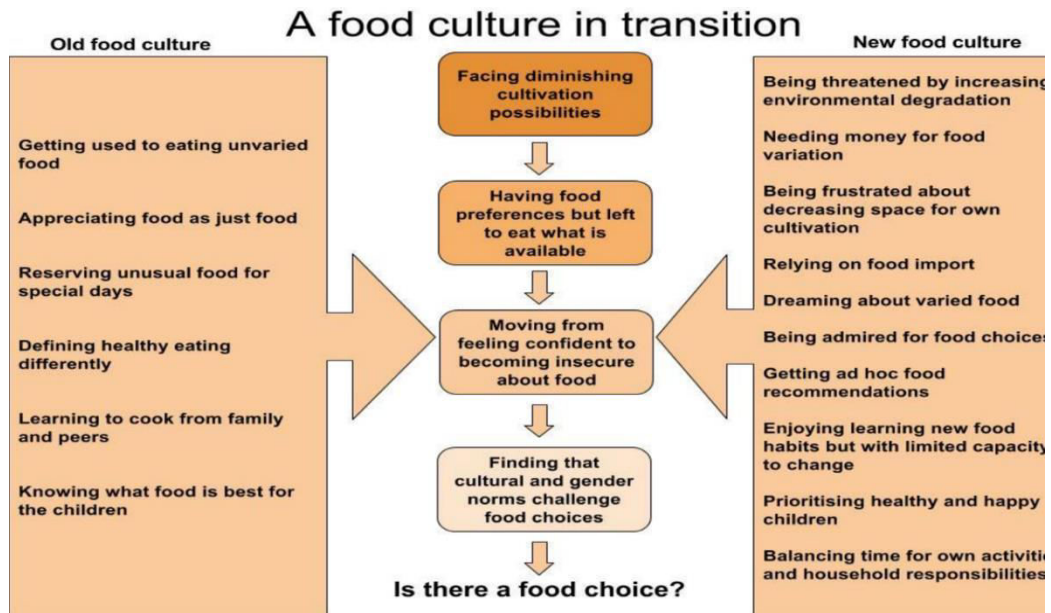
Contento et al., 1993 found a relationship between mothers' health motivation and the quality of children's diets. Food preferences therefore change through watching others eat. Research also indicates that children may not only model their parents' food intake, but also their attitudes to food and their body dissatisfaction.

Despande in 2009 states the food intake plays important role and the most concerning factor is the eating behaviour and how parents and children are affected by their food choices and eating habits in modern society. Nowadays, global consumers are more concerned about the quality of their food they consume. Numerous studies have shown that the children and parents often have poor eating habits. His framework consists of five major levels that influence eating behavior of parents and children, i.e., internal factor (food preference), external factor (friends, media and advertisement), economic factor (food prices), environment factor (fast food and vending machine) and psychological factor(emotional) which motivate or encourage people to eat certain foods that are interlinked with food habits. He examined that poor eating habits are an important public health issue that has a large health and economic implications.

V. Influence of maternal awareness on child's food choices and eating behaviors

The nature of a narrative review makes it difficult to integrate complex interactions when large sets of studies are involved. In the current analysis, parental food habits and feeding strategies are the most dominant determinants of a child's eating behavior and food choices. Relevant factors involved in the creation of some children's food preferences and eating behaviors have been examined in order to highlight the topic and give pediatricians practical instruments to understand the background behind eating behavior and to manage children's nutrition for preventive purposes. The family system that surrounds a child's domestic life will have an active role in establishing and promoting behaviors that will persist

throughout his or her life. Early-life experiences with various tastes and flavors have a role in promoting healthy eating in future life. Parents should expose their offspring to a range of good food choices while acting as positive role models. Prevention programmes should be addressed to them, taking into account socioeconomic aspects and education.



In sharp contrast, today in non-Third World countries children's eating habits develop under unprecedented conditions of dietary abundance, where palatable, inexpensive, ready-to-eat foods are readily available. Eating behaviors evolve during the first years of life as biological and behavioral processes directed towards meeting requirements for health and growth. For the vast majority of human history, food scarcity has constituted a major threat to survival, and human eating behavior and child feeding practices have evolved in response to this threat. Because infants are born into a wide variety of cultures and cuisines, they come equipped as young omnivores with a set of behavioral predispositions that allow them to learn to accept the foods made available to them.

During these early years, children are learning what, when, and how much to eat based on the transmission of cultural and familial beliefs, attitudes, and practices surrounding food and eating. Throughout, we focus on the vital role parents and caregivers play in structuring children's early experiences with food and eating, and describe how these experiences are linked to children's eating behavior and their weight status. In most families, women still have primary responsibility for feeding children. Changes in employment

patterns and family structure, however, leave women with less time to devote to this activity. These predispositions are thought to have evolved to serve a protective function, by encouraging the consumption of energy-rich foods.

VI. Positive effects of food parenting practices

A growing body of evidence suggests that children's eating behaviors are largely influenced by their parents and their home eating structure styles and negative food parenting practices (e.g., subconstructs within Coercive Control).

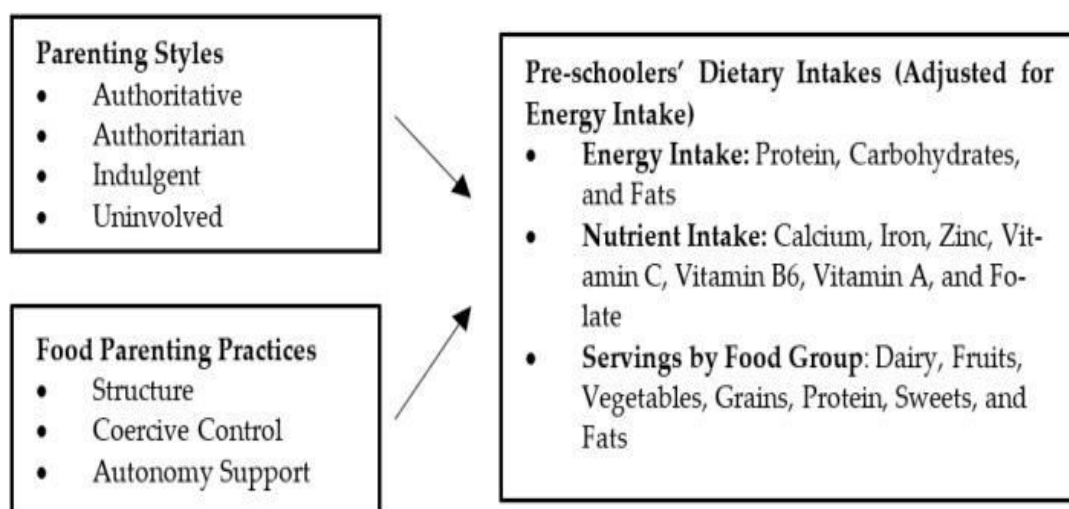


Figure - 1 The current study model of parenting styles, food parenting practices and preschoolers' dietary intakes.

Illustrates the model assessed in this study. Specifically, it was hypothesized that the authoritative parenting style and the positive food parenting practices (e.g., subconstructs within Structure and Autonomy Support), would be related to healthier children's dietary intakes (e.g., protein, selected nutrients, fruits, and vegetables) or less unhealthy dietary intakes (e.g., sweets and fats) than the other three parenting styles and negative food parenting practices (e.g., subconstructs within Coercive Control).

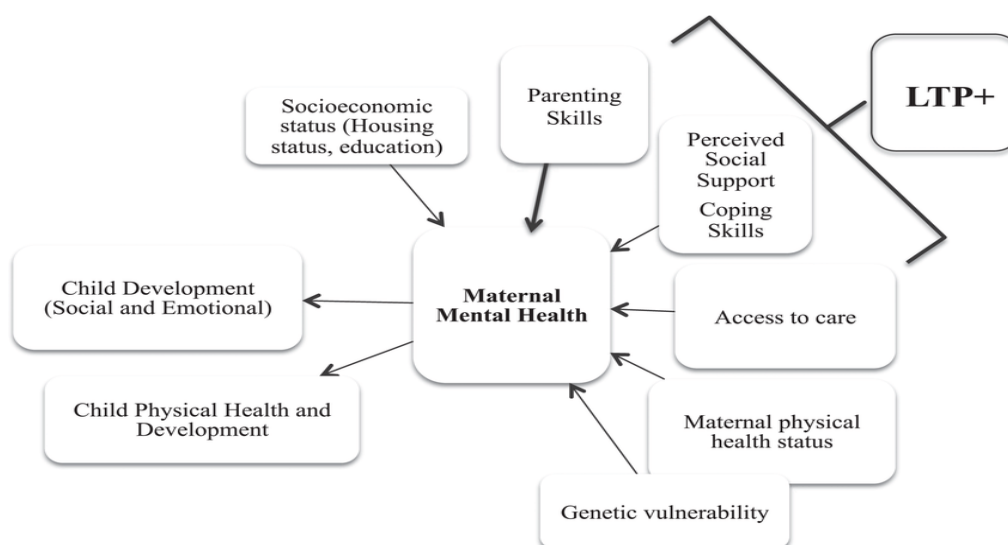
Parents were categorized into parenting style groups by conducting a cross-classification of high and low median scores on the dimensions of nurturance and the amount of control. Four parenting styles include authoritative high on both nurturance and amount of control), authoritarian low on nurturance and high on amount of control, indulgent high on

nurturance and low on amount of control, and uninvolved low on both nurturance and amount of control).

Food parenting practices of interest were those that could be classified into one of the overarching food parenting domains: coercive control, structure, and autonomy support. Some food parenting practices were measured using a combination of items or indicators from multiple food parenting domains. Since structure and autonomy support are considered to have a positive influence on children's eating, and coercive control a negative influence on children's eating, food parenting practices representing a combination of coercive control with structure or autonomy support were excluded. Parenting practices representing a combination of structure and autonomy support.

VII. Impact of maternal mental health conditions on child care

Impact of maternal mental health on child development Most of the studies reported the existence of a significant relationship between maternal stress, depression, and lower scores on mental development” which is evident from literature wherein self-reported maternal mental health conditions have been associated with delayed infant cognitive development. Child growth is the key indicator of child health and nutritional status. Diminished growth in childhood has an irreversible effect on physical growth, educational performance, economic productivity, work capacity and increasing susceptibility to diseases.



While the physical health of women and children is emphasized, the mental aspects of their health are often ignored by maternal and child health programs, especially in low- and middle-income countries. We review the evidence of the magnitude, impact, and

interventions for common maternal mental health problems with a focus on depression, the condition with the greatest public health impact. Child development is a critical and continuous process, but children are unable to choose their own growth environments or avoid harmful exposure. To help the government and caregivers identify possible environmental risks faced by children in their daily lives, children exposed to elevated maternal depressive symptoms and anger showed more behavioral problems and worse prosocial functioning. In contrast, children in high quality child care did not present higher symptoms in relation to elevated mother mental health risks.

Significant moderating effects were found in both concurrent and longitudinal analyses. Results point to potential buffering effects of high quality care for children faced with adverse family factors. There is emerging evidence for the effectiveness of interventions, especially those that can be delivered by non-specialists, including community health workers, in low-income settings. Strategies for integrating maternal mental health in the maternal and child health agenda are suggested.

VIII. Suggestions and recommendations

The government has also intervened in several programmes for improving the nutritional status of maternal and child health particularly and some of them are: Prophylaxis against nutritional anemia, special nutrition programme, ICDS programme and many more. These initiatives have already been taken by the Government of India, but there is a need for further interventions at various to maintain maternal nutrition and prevent impact on child health. Because Woman at the childbearing stage are also at risk of nutrition deficiency.

Essential public health interventions at ground level is needed which includes:

- a) Capacity training & Understanding of health workers of the nutrition value and knowledge about the impact of nutrients.
- b) assessment techniques regular and more precise assessment of the nutritional status of women
- c) information, advocacy, Monitoring and Evaluation awareness and information spreading programme regarding supplementation and nutrients requirement and its importance for child health and regular monitoring and evaluation for the smooth functioning of the system.

- d) The importance of various nutrients and suggests its daily requirement amount, maternal nutrition impact on child health and public health considerations.

IX. Conclusions

In conclusion the maternal education plays important role for child development and wellbeing. A well educated mother gives our child a healthy diet habits like vitamins, proteins and minerals rich foods and specially calcium and phosphorus rich food items are essential for the overall development. A healthy or balance diet can be overcome a protein and energy nutritional deficiency as like a malnutrition. Under nutrition and malnutrition disease are common in developing country like India.

The above facts indicate that many nutritional and health problems of children can be decreased if the mothers of the children are well trained and educated. The ignorance and lack of adequate knowledge and information of mothers can be attributed as one of several causes for prevalence of malnutrition among children. Women have distinct nutritional requirements throughout their life – especially before and during pregnancy and while breastfeeding, when nutritional vulnerability is greatest. Ensuring women have nutritious diets and adequate services and care is fundamental for the survival and well-being of mothers and their children. But in many parts of the world, the nutritional status of women is unacceptably poor. Far too many women – especially adolescents and those who are nutritionally at-risk – are not receiving the nutrition services they need to be healthy and give their babies the best chance to survive, grow and develop.

Malnutrition in women is a result of many interrelated factors, including poor diets, limited knowledge, poor access and use of health and hygiene services, and a weak enabling environment due to harmful social and cultural practices. These gaps need to be filled, as malnutrition before and during pregnancy is a fundamental contributory factor to low birth-weight, which in turn has long-term, adverse consequences on a child's growth. The World Health Organization (WHO) recommends that newborns initiate breastfeeding within one hour of birth, but this recommendation is not supported by an official WHO guideline. Additional evidence is needed to inform public health investment and to facilitate the implementation of breastfeeding promotion programs.

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