

# **Original Research Paper**

# **Biological Science**

# Occurrence of Food Fads among mothers of the slum dwelling preschool aged children and impact of BCC intervention on them

 Vishal Nadkarni
 DPO, Department of Women and Child Development, Indore

**Dr. Munira Husain**Professor, Food and Nutrition, MJB Govt., Girls PG College, Indore (MP), Indore – 452014, India

Food fads are the output of wrong beliefs and mythic attitude. Occurrence of some of the important food fads can significantly affects family's food and nutrition with special reference to child feeding, So present study has been under taken to found out the occurrence of Food Fads among mothers of the slum dwelling preschool aged children and impact of a BCC intervention was done on 300 mothers of 0-36 month's age children selected through purposive sampling method from urban Slums of Indore City. The collection of data was done interview method on a 10 point scale of statements of common food fads. A BCC intervention was imparted to mothers of experimental group. Obtained results indicated that Out of ten common food fads related to maternal and child nutrition eight were found occurring among more than 50% women. However, all studied food fads have been eradicated at post test level to a significant extent. So, BCC has proved effective tool in correction of food faddism in slum mothers.

## **KEYWORDS**: Food Fads, mothers, slum children, BCC intervention

#### Introduction:

Maternal education regularly emerges as a key element of an overall strategy to address malnutrition, having been documented, in studies based in India which showed a strong positive correlation between maternal schooling and her health seeking behaviour and health practices for her child like immunization and management of childhood illnesses; (Gretel H. et al., 2003) in Pakistan which found that raising maternal education up to the primary level can reduce child stunting by 16.5 percent, which is approximately 10 times more than increasing per capita income by 10 percent; (Kasl, E. 2000).

There are many lacunae in the practices of mothers due to social and economic reasons. Level of education has positive impact on infant feeding practices. Overall, a good number of infant morbidity and mortality is attributed to improper new born care practices which depend on the knowledge, attitude and practice of the community in addition to other factors like availability and accessibility of medical services (National Institute of Health and Family Welfare 2000). Hence the social pattern and customs influencing the feeding pattern and rearing practices in a community needs to be understood in order to improve the nutritional and health status of infants at the primary care level. Beliefs and superstitions are very deep rooted in Indian population in almost all aspects of life and living. Food fads are the output of wrong beliefs and mythic attitude. Occurrence of some of the important food fads can significantly affects family's food and nutrition with special reference to child feeding, So present study has been under taken to found out the occurrence of Food Fads among mothers of the slum dwelling preschool aged children and impact of a BCC intervention was done using following material and methods.

**Material and methods:** The study proceeded with the selection of 300 sample subjects (mothers 0-36 month's age children) through purposive sampling method from urban Slums of Indore City by taking their consent to participate in the study. They were divided in two groups as Control **Group** (who have not received BCC intervention) and other is **Experimental Group**, (who have received BCC intervention)

The collection of data was done mainly by a pre-tested and predesigned Performa containing commonly prevailed food fads on a 10 point scale of statements. The belief statements were assessed on the scale 'agree' and 'disagree'. The belief statements were identified and assessed as wrong or right.

The experimental intervention was focused mainly on Behavior Change Communication (BCC). BCC has five major steps including

assessment of social, economic, and behavioral factors blocking or facilitating desired behavior changes in health and nutritional management of the children. Identification of risk factor has been done by a **pilot study**. A pre-testing was conducted on 15 % of subsample (45) of mothers of children, between the age group of 0-3 years. A hedonic scale was used for scoring and

In second step Special BCC training of trainers and planning of main course and follow-up sessions, main course included drawing conceptual framework, making timeline management and implementation plan, prioritization of communication channels and tools. In third step tools were developed which included demonstration and counseling sessions using films, demo, flip cards, demonstration, group discussion and role play. Regular counseling and follow-ups were also planned.

In Fourth step plan has been implemented and community participation was ensured at every level. After imparting main BCC intervention post trial session were organized for trouble shooting and doubt solving. Thereafter after the completion of a period of 300 days, all the baseline data collection were repeated for pot test data collection to assess the impact of BCC intervention on dependable variables.

Obtained data were systematically processed, tabulated and statistically tested for significance of difference at .05 level of probability.

### Results

Obtained results presented in Table – 1 exhibit that as per the obtained chi value food fads were significantly different in their occurrence among slum mothers. The table further clearly showed that more of mothers had food fad of consuming papaya causes abortion (57.7%) and drinking water after delivery causes increase in size of abdomen (70.1%). Moreover it was found more number of people said yes to the questions like - dry fruits are more beneficial than fruits and vegetables (76.9%), jaggery is hot food (97%), eating banana causes cold (81.6), eggs/meat/fish give more strength (93.2%), by eating dry coconut baby becomes fair (69.7%), eating curd causes cold/cough (83.3%), egg yolk is more nutritive than egg white (94.9%) and consuming potato causes flatulence (62.4%) which are also unfavorable. Consuming more garlic leads to more secretion of milk was not known by more number of people (45.7%). But the only favorable thing found was 86.2% person said no to the question that mother's first milk is faulty and so should be threw awav.

Table – 1 Food fads among mothers of slum dwelling preschool aged children

Food fads	Category	%	Chi Value	Df	Sig.
Consuming papaya	Yes	57.7%	167.02	2	0.000
causes abortion	No	19.7%			
	Don't know	22.6%			
Consuming more garlic leads to more secretion of milk	Yes	26.9%	16.17	2	0.000
	No	27.4%			
	Don't know	45.7%			
Drinking water after	Yes	70.1%	143.87	2	0.000
delivery increases	No	18.4%			
size of abdomen	Don't know	11.5%			
Dry fruits are more beneficial than fruits and vegetables	Yes	76.9%	211.38	2	0.000
	No	20.5%			
	Don't know	4.6%			
Jaggery is a hot food	Yes	2.6%	206.83	2	0.000
	No	97.0%			
	Don't know	3.0%			
Eating banana causes cold	Yes	81.6%	255.30	2	0.000
	No	17.5%			
	Don't know	.9%			
Non Veg gives more strength than veg	Yes	93.2%	377.15	2	0.000
	No	2.1%			
	Don't know	4.7%			
By eating dry	Yes	69.7%	264.25	3	0.000
coconut, baby becomes fair	No	11.5%			
	Don't know	18.4%			
Eating curd causes cold/cough	Yes	83.3%	265.10	2	0.000
	No	12.0%			
	Don't know	4.7%			
Desi Egg is more	Yes	94.9%	399.00	2	0.000
nutritive than Minar egg	No	1.3%			
	Don't know	3.8%			
Consuming potato	Yes	62.4%	94.69	2	0.000
causes obesity	No	25.2%			
	Don't know	12.4%	1		
Mother's first milk is	Yes	9.9%	293.12	2	0.000
faulty so should	No	86.2%	1		
threw away	Don't know	3.9%	1		

Table- 3 Percentage Change in food fads of mother after BCC intervention of slum dwelling preschool aged children

Food fads	Cont		Z	Expt		Z
	Pre	Post		Pre	Post	-8.406
Consuming papaya causes abortion	60.6%	59.4%	595 (.952)	79.3%	28.1%	-6.429 (.000)
Consuming more garlic leads to more secretion of milk	19.2%	17.2%	155 (.877)	78.5%	40.0%	-7.800 (.000)
Drinking water after delivery increases size of abdomen	72.7%	71.3%	441 (.356)	83.0%	36.3%	-5.153 (.000)
Dry fruits are better than fruits and vegetables	65.7%	70.4%	230 (.095)	88.1%	60.7%	-9.552
Jaggery is a hot food	96.0%	82.8%	-2.993 (.003)	97.8%	45.2%	-8.194
Eating banana causes cold	73.7%	71.5%	257 (.911)	87.4%	39.3%	-6.909
Non Veg gives more strength than veg	64.8%	62.6%	420 (.199)	95.6%	60.7%	-5.127
By eating dry coconut, baby becomes fair	66.7%	56.6%	-1.401 (.161)	77.0%	46.7%	-11.21 4 (.000)

					110 100	
Eating curd causes	75.8%	65.7%	-1.415	88.1%	20.0%	-8.240
cold/cough			(.157)			(.000)
Desi Egg is more	93.9%	83.8%	-2.148	91.9%	45.2%	-2.417
nutritive than Minar			(.032)			(.016)
egg						
Consuming potato	54.5%	41.4%	-1.649	71.9%	57.8%	-1.601
causes obesity			(.099)			(.109)
Mother's first milk is	22.4%	31.3%	755	46.7%	37.0%	-8.406
faulty so should			(.450)			(.000)
threw away						

According to the results of Table -2 food fads except consuming potato causes obesity, have been changed significantly after BCC. The decrease in percentage food fads among experimental group was found more in eating curd causes cold/cough (88.1% - 20.0%), jaggery is hot food (97.8% - 45.2%) and consuming papaya causes abortion (79.3% - 28.1%). Whereas, in control group there were no significant change was observed in food fads occurrences.

From the obtained results in present study, it is evident that food fads of all kind found prevalent among mothers of slum children. Out of ten common food fads eight were found occurring among more than 50% women, clearly indicating pathetic seen of food faddism and wrong believes. Observations very well indicated that all studied food fads have been eradicated at post test level to a significant extent. Some aspects which were found highly occurred previously among the subjects corrected respectively in higher percentages. Similarly some common notions like colostrums feeding also been cut done by BCC intervention significantly. So, BCC has proved effective tool in correction of food faddism in slum mothers.

Behavioural aspects of child health and nutrition outcomes are complex and are determined by interrelated, multilevel factors present in the environment of the mother. Due to the Significance of maternal health behaviours in affecting her child's health and nutritional status, programmatic interventions have attempted to modify these behaviours in varied contexts and through various platforms. Poor feeding practices are, therefore, a major threat to social and economic development as they are among the most serious obstacles to attaining and maintaining health of this important age group (WHO 2013). The behavioural factors which make for continuing high levels of child mortality in rural Punjab, were examined by Moestue H, Huttly S (2008) that despite favourable conditions in terms of nutrition, income, women's literacy and health care facilities. Women's autonomy, social class, and mothers' education significantly influenced child survival. Bhutta et al., (2008) concludes that it is possible to improve child feeding practices through culturally appropriate behaviour change communication techniques

Research in Social Psychology has indicated that attitudes and beliefs manifest in behaviours of an individual. The translation of the mother's attitude to health behaviour, in turn, is mediated by the belief that the specific behaviour will lead to certain outcomes and her evaluation of these outcomes is positive. Thus, mothers with more accepting attitude will be more likely to use preventive health services like immunization for their children, be more willing to take their children to a healthcare facility, and less likely to attribute the future health of their child to fate.

## References:

- Gretel H. Pelto and Jeffrey R. Backstrand, 2003 "Interrelationships between Powerrelated and Belief-Related Factors Determine Nutrition in Populations". Food and Nutrition Bulletin, vol. 24, no. 1 © 2003, The United Nations University.
- Kasl, E. 2000. "Groups that learn and how they do it" in Learning to manage change: Developing regional communities for a local-global millennium.
- Moestue H, Huttly S. 2008: Adult education and child nutrition: the role of family and community". J Epidemiol Community Health. 2008 Feb;62(2):153-9
- New Delhi: National Institute of Health and Family Welfare; 2000 "Reproductive and Child Health Module for Health Worker Female".
- WHO 2013 "Indicators for Assessing Infant and Young Child Feeding Practices", Conclusions of a consensus meeting held 6-8 November in WHO Washington D.C. USA.
- Z. A. Bhutta, T. Ahmed, R. E. Black 2008, "What works? Interventions for maternal and child undernutrition and survival," Child, vol. 34, no. 3, pp. 404–405