



## NUTRITIONAL ATTITUDES AMONG SCHOOL CHILDREN: A STUDY FROM SOUTH INDIA

### Home Science

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### ABSTRACT

Present School children are the future citizens whose care is of major concern especially in nutrition to maintain good health. For this purpose, understanding their attitudinal perspective may be helpful to adopt best nutritional attitudes and practices. The survey was conducted among school going children of three local schools and one central both in two classes of 8th and 9th. The results indicated that central school children were far better than the remaining schools studied. However, the mean scores of central school were also less probably due to the associated false attitudes on the relationship of food, nutrition and health. The findings thus highlighted the need of appropriate nutrition education to the school children and incorporation into the regular curriculum which would be beneficial to develop positive attitudes on nutrition and health.

### KEYWORDS:

Nutrition, Attitudes, School Children, South India

### Introduction

School age is a strategic point of entry for improving attitudes and well being of children. It is a detrimental period of nutritional care. A correct dietary practice of an individual notably appears to enhance their living state as well as society's development. It is a critical period of nutritional care. During this period the nutritional needs indeed are increased as the adolescents weight gain marks up to 50% of their adult weight and more than 20% skeletal mass of their adult height. Peer pressure, parent's relationship, dietary habits and media exposure markedly noted to have an influence on nutritional status, growth and development among children (Spear, 2002).

School-based nutrition education has shown positive success in promoting appropriate dietary behaviors in children. As such, nutrition education is an important tool that enables the children to learn about nutrition during school age and the importance of healthy eating. It is an effective tool of changing the food habits of the children as well as community members. It is a process by which knowledge, attitudes and practices about food and health are channelized into actual practices which are sound and consistent with the individual needs, food preference, eating habits, health and socio-cultural background (Ruzita et.al 2007).

Many of the diseases and cases of malnutrition that have a negative impact on school-age children are preventable and/or treatable. Realizing the adversity of the problem several recommendations were made by WHO in order to minimize the nutrition related problems of adolescent population and one of these emphasizes, "Mass information and awareness programmes are needed to alert government and communities about the importance of health and nutrition". As part of an intervention approach, the attitudes of children towards nutrition also affect the dietary habits which need to be considered for inculcating good nutrition practices (Maiti et al, 2011; Edith and Priya, 2016).

### Methodology

Rapid survey was conducted to know different schools running successfully in Tirupati town. The random sampling technique was adopted in the selection of respondents studying 8th and 9th classes in the age group of 13 to 15 years. Among different schools surveyed, three local schools and one central school were selected for comparative study.

The nutrition attitudinal assessment schedule comprised of four units containing questions related to their attitudes towards nutrition in achieving good health. The students were instructed to express their opinion on five point scale rated as strongly disagree to strongly agree which were assigned as 1 to 5 rating respectively. Unit-I consisted of the dealt with the attitudinal levels towards the relationship of nutrition in view of health, tonics, preferred foods, difficulty in balanced diet. Unit-II comprised of attitudinal questions related to cereal-pulse combination, parboiled rice, millet preparations, energy yielding fatty foods etc. Unit-III included the attitudinal statements in relation to growth and development, immunity, taking low cost green leafy vegetables, vitamin tablets etc. Unit-IV had questions on foods and

blood formation, beauty when pale, anemia and diseases, gruel intake and angular stomatitis, citrus foods and bleeding gums, fruit and juices intake at cold, sprout intake, food habits change, nutritious home preparations etc. The data thus gathered was interpreted and found comparative assessment through t-value and coefficient variance. Results and discussion

The attitudinal questionnaire comprised of four units denoting their attitudes towards their food, nutrition and health. The mean scores of three local schools and one central school surveyed for each unit were presented in the table no -1. Correspondingly the total scores for all units along with mean values were also represented in the same table. The results were expressed separately for three local schools as well as central school both from 8<sup>th</sup> and 9<sup>th</sup> classes aged 13 to 15 years.

**Table No-1: Mean Nutritional Attitudinal scores on Nutrition among school going children**

School	Mean Nutrition Knowledge Score				
	Unit-I (8)*	Unit-II (18)*	Unit-III (12)*	Unit-IV (42)*	Total Mean± SD (80)*
<b>Central School</b>					
8 <sup>th</sup> Class	5.44	14.08	10.04	24.04	54.00±4.20
9 <sup>th</sup> Class	6.00	14.16	10.31	24.08	54.16±4.30
<b>Local School-1</b>					
8 <sup>th</sup> Class	2.70	11.39	7.80	14.40	36.50±9.10
9 <sup>th</sup> Class	2.76	12.56	7.04	15.04	37.44±5.80
<b>Local School-2</b>					
8 <sup>th</sup> Class	4.52	11.12	8.00	12.38	35.92±12.60
9 <sup>th</sup> Class	5.24	14.08	9.44	13.76	42.52±8.00
<b>Local School-3</b>					
8 <sup>th</sup> Class	4.64	12.08	8.40	18.96	43.90±10.20
9 <sup>th</sup> Class	5.04	12.36	8.92	17.52	43.84±4.30

Note: \*=Expected Maximum Score for the corresponding unit

The results from the table indicated that local school children scored relatively poor scores than central school children. However, even the central school children were also observed to be not consistently had appropriate attitudes in determining the exact association of foods, nutrition, health and wellbeing. The scores obtained on unit-I represented that children had poor knowledge on right food in achieving health. Instead, they believed that tonics were needed to impart healthiness as they expressed difficulty in achieving balanced diet through natural foods. The condition highlighted the necessity of educating children the role of foods in achieving good health.

The mean scores on the unit-2 results also revealed low scores denoting that school children had little knowledge on the beneficial aspects of certain food ingredients and their preparations such as cereal-pulse combinations, parboiled rice, millet preparations etc. On the other hand, they had false prejudices like excess fatty foods and sweets were essential in providing energy, negative opinion on

parboiled rice and millets as more positive towards rice intake. The findings highlighted the basic requirement of educating children on the importance of mutual supplementary effect of combination foods, encouragement of parboiled rice instead of raw milled rice, millet preparations and awareness towards protein intake instead of greater focus on energy dense foods solely.

Whereas, unit-3 results implied that all the school children had low mean scores even though central school children scored better. The main fact was that they had little knowledge towards the foods that involved growth, bone formation and immunity. In fact they expressed that low cost green leafy vegetables were not good and vitamin tablets were better than green leafy vegetables though actually greens were crucial in providing vitamins and minerals and also enhancing immunity levels.

The important observation of major concern was that comparatively very low scores were noticed in unit-4 than the remaining three units. This probably attributed with their certain false thinking that paleness added beauty, non-consumption of fruits and fruit juices when cold, only expensive foods were healthy etc. In fact, they preferred fast foods rather than nutritious home preparations and less aware of variety of foods to be included in blood formation, growth and development and also preventing nutritional deficiencies like anaemia, angular stomatitis, bleeding gums through proper diet. The picture clearly stated that the school children were facing several lacunae due to their ignorance which need to be corrected.

The mean attitudinal percentage scores for different schools in the two classes were presented in table no-2. As the findings well demonstrated higher mean scores in central school for both the classes, comparative study was conducted by expressing through t-value against each local school and each class and denoted in the same table. Coefficient variance values for attitudinal scores were also expressed and presented in the table.

**Table No-2: Mean percentages of nutrition attitudinal scores among different schools along with t-values against central school and coefficient of variance**

School	Mean Percentage	t-values	Coefficient of variance
<b>Central School</b>			
8 <sup>th</sup> Class	67.5	-	7.8
9 <sup>th</sup> Class	67.7	-	7.9
<b>Local School-1</b>			
8 <sup>th</sup> Class	45.4	8.80**	25.0
9 <sup>th</sup> Class	46.8	11.60**	15.5
<b>Local School-2</b>			
8 <sup>th</sup> Class	44.9	6.83**	35.0
9 <sup>th</sup> Class	53.1	6.46**	18.8
<b>Local School-3</b>			
8 <sup>th</sup> Class	54.8	4.59**	23.2
9 <sup>th</sup> Class	54.9	8.59**	9.8

Note: \*\*=significant at one percent level

Similar trend of results were observed when mean percentages were calculated and compared. It was also evident from the mean percentage that local school children had less than 50 percent score except 9<sup>th</sup> class from local school-2 and local school-3 which was also around nearer to the half of the percentage. It was interesting that better positive attitudinal scores by central school children as evidenced by 67.5 and 66.7 percentages respectively in 8<sup>th</sup> and 9<sup>th</sup> classes respectively. The calculated t-values for the mean differences revealed significant differences in nutrition attitudinal scores between the central school and local school children. The data clearly indicated that central school children always fared better than the local schools in every aspect of nutrition.

The higher scores in central school might be attributed to the fact that central school children had a set syllabus on nutrition with a prescribed text book and a constant and regular touch with the subject probably had contributed to the higher scores in positive attitude. Learning in a formal school system will definitely lead to a better building of concepts and development in total comprehensive of the subject.

The overall results implicated that suitable nutrition intervention

approaches through Nutrition education in schools offers a unique opportunity to integrate the teaching of nutrition and the application of that knowledge to achieve a change in behavior. Nutrition education often likely brings out a permanent and favorable solution to the problem of malnutrition. It is an effective tool of changing the food habits of the children as well as community members. It is a process by which knowledge, attitudes and practices about food and health are channeled into actual practices which are sound and consistent with the individual needs, purchasing power, food availability, health and socio-cultural background.

### Conclusion

The nutritional attitudes of school children were evaluated from three local schools and one central school. The central school children were far better than the remaining local school children surveyed. The findings clearly demonstrated that the attitudes towards food and nutrition in achieving positive health were relatively poor which focused on the relevance of inclusion of suitable nutrition education as part of school curriculum.

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