Research Article

A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF HEALTHY FOOD HABITS AMONG SCHOOL GOING CHILDREN IN SELECTED SCHOOLS IN KOTTAYAM DISTRICT

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A B S T R A C T

The study was conducted "to assess the knowledge and practice of healthy food habits among school going children in a selected schools in Kottayam District. The objectives were to assess knowledge, practice of healthy food habits among school going children, to find association between knowledge and practice and selected sociodemographic variables, to find out relationship between knowledge and practice of healthy food habits among school going children and to prepare a teaching module regarding healthy food habits. Conceptual framework was based on Becker's health belief model. The research design used in the present study is non-experimental descriptive design. The study was conducted among 60 upper primary school students between the age of 6-12 yrs by using non-probability convenient sampling technique. Findings revealed that majority of students have average knowledge, 18.4% of subjects had good knowledge, 70% had average knowledge and 11.6% had poor knowledge regarding healthy food habits. When it comes to practice majority of students had average practice, 33.3% of subjects have good practice, 65% had average practice and 1.7% had poor practice of healthy food habits. There was no significant association between level of knowledge and demographic variables like age, sex etc. and there was significant association between practice and demographic variable like type of food. Proper health education and awareness program will help the Upper Primary School students to became aware about Healthy food habits and to develop a positive attitude towards it. These measures play an important role in reducing the incidence of non-communicable disease.

INTRODUCTION

Children are the wealth of tomorrow. A nation's wealth depends on its healthy citizens. A healthy adult emerges from a healthy child. The childhood period is vital because most of the developments are take place during this period.

Nutritional intake as a pivotal element contributing to human health and wellbeing is of great importance and its role in childhood is more prominent and of greater concern. Nutritional intake has a special direct effect on children health due to their physical and mental growth as well as cognitive development. Furthermore, it has long term effects on general health status through formation of lifelong eating behaviours in children. [1] Food intake patterns and overweight are associated with different immediate complication and major long term consequences including cardiovascular disease, diabetes, high blood pressure, stroke, cancer, dental carriers, asthma and some other psychological disorders like depression [3,4,5] Thus, quality of children's diet has become a major concern for researchers.

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In recent decades there have been considerable changes in diet and type of consumed foods leading substitution of fast foods with solitary traditional meals. However, majorities of children do not meet recommended standards of dietary habits. [2,6] In addition, dietary quality would be exacerbated when children's grow up by not only lower consumption of fruits, vegetables, and milk, but also higher consumption of soft drinks. [7, 8]

In recent years, heath organization have implemented a variety of intervention to promote healthy eating behaviour of young population, yet they have had limited impact which might be attributable to insufficient understanding of dietary habits and necessary intervention implemented in accordance with children's ages. [2, 9] Eating junk foods has become a trend. The children hate homemade healthy foods. Junk food is injurious to health. Eating burger and pizza increases cholesterol in human body. Drinking soft drinks adds dangerous toxins in human body. It affects the bone, skin and kidney. Good nutritious diet or balanced diet is basic need of every child for their growth and development. Most of the children of this age get addicted to the taste of the junk food. Junk foods are tasty but it has low nutritive value and high calories. Junk foods are prepared by adding artificial colour which is often carcinogenic and harmful to the body. Life style diseases are now the leading cause of morbidity and mortality. Unhealthy

food habits have a serious contributing towards this. The government, teachers and parents must seriously consider this facts and train children for healthy food habits. As health care professionals we must take innovative steps to give awareness about the need to develop the healthy food habits and warn children about the long term negative impacts of unhealthy food habits.

Need For the Study

The human being consumes a variety of nutrients to grow, keep healthy and remains active. Several of these nutrients are essential and it has a crucial role in growth and development in all age groups.

The dietary requirement depends on age, sex, and quality of habitual diets. In comparison to adult the nutritional requirement of children are 2-3 times higher because of their additional needs for growth. Knowledge of energy, protein and other nutrients requirements is useful for diagnosis of deficiency, specifying diets for critical age.

Junk foods have certainly carved up the 'third world' due to globalization. [15] It is an integral part of life in the developing world, and coming with it is a massive increase in obesity and associated problems.

Increasing incidence of life style disorders among Indians are largely attributed by unhealthy life style practices, mainly unhealthy food habits. The current epidemiological transition due to rapid urbanization and globalization in India leads to a great concern on increasing prevalence of non-communicable diseases [NCDs]. WHO has reported that at least 80% of the premature heart disease, stroke, type 2 diabetes mellitus and 40% of cancer could be prevented through healthy diet and regular physical activity. [16]

An estimated 50% children between 6-15 years in Kerala have elevated lipid [cholesterol and triglycerides] and low HDL, which is another risk factor for heart diseases. In 2010, a study was conducted among 18,000 school children at Amrita Institute of Medical Science Kochi, had reported high blood pressure among girls just into puberty. [17]

In the modern world, the rate of coronary artery diseases, hypertension and diabetes mellitus were increasing. The major risk factor for these health problems is obesity. Recent studies have shown that there is an association between childhood obesity and further health problems.

In another study conducted in Kerala on healthy food habits and lifestyle diseases, showed that nearly one-third of school going children are currently at risk for lifestyle diseases. [18]So it is important to assess the knowledge of healthy food habits among school going children. It is evident that cardiovascular disease manifest itself in adulthood but it begins in childhood with such factors as elevated blood pressure, excess weight and abnormalities in lipoprotein level. These factors are also associated with atherosclerosis in children and young adults.

Promoting healthy food habits during childhood and making steps to protect young people from health risks are critical for the prevention of health problems in adulthood and country's future health. Thus there is an urgent need to initiate program on health and nutrition education for school going children and to create healthy food habits in them.

Statement of the Problem

A study to assess the knowledge and practice of healthy food habits among school going children in a selected schools at Kottayam District

Objectives

- To assess the knowledge of healthy food habits among school going children.
- To assess the practice of healthy food habits among school going children
- To find an association between the knowledge of healthy food habits and selected demographic variables.
- To find an association between the practice of healthy food habits and selected demographic variables.
- To find out relationship between knowledge and practice of healthy food habits among school going children.
- To prepare a teaching module regarding healthy food habits

Hypotheses

H_1 - There will be significant association between knowledge of healthy food habits among children and selected demographic variables.

H_2 - There will be a significant association between practice of healthy food habits among school going children and selected demographic variables.

H_3 - There will be a significant correlation between knowledge and practice of healthy food habits among school going children

METHODOLOGY

Research Approach: Non experimental descriptive design

Research Design: Descriptive research design

Variables: Study variables are knowledge and Practice

Setting: The study was conducted in Holycross High school, Cherpumkal.

Sample: Sample incude 60 students studying in selected schools in kottayam district

Sampling Technique: Non probability purposive sampling.

Data Collection Tools

A structured questionnaire was prepared by the investigator and it incudes
Tool 1-structured questionnaire to assess the baseline variables
Tool 2-structured questionnaire to assess the knowledge of healthy food habits
Tool 3-Rating scale to assess the practice of healthy food habits.

Method of Data Collection

The formal permission for data collection was obtained from concerned authority. . The actual study was conducted on 22-02-2017to 28-02-2017.By purposive sampling technique, the investigator identified 60 students based upon the inclusion and exclusion criteria. Prior to data collection, Purpose of study was explained to the subjects to gain their cooperation. The written consent was obtained. And the investigator

requested to read the instruction on the questionnaire and fill it. The data was collected and was then complied for analysis.

Data Analysis

The data were analyzed on the basis of the objectives and hypothesis by using descriptive and inferential statistics. Frequency, percentage, chi-square test and karl-pearson's co-efficient correlation were used for the analysis of obtained data.

RESULTS

Table 1 Frequency distribution and percentage of subjects according to socio-demographic variables.

n=60

Sl No.	Demographic variables	Frequency	Percentage (%)
1	Age		
	a. 6-7	0	0
	b. 8-9	0	0
	c. 10-11	16	26.7
	d. 12 and above	44	73.3
2.	Gender		
	a. Male	30	50
	b. Female	30	50
3.	Place of residence		
	a. Rural	57	95
	b. Urban	3	5
4.	Monthly income		
	a. Below 5000	16	26.7
	b. 5001-10000	10	16.6
	c. 10001-15000	8	13.4
	d. Above 15001	26	43.5
5.	Religion		
	a. Hindu	19	31.7
	b. Christian	41	68.3
	c. Muslim	0	0
	d. Other	0	0
6.	Occupation of father		
	a. Agriculture	13	21.7
	b. Government workers	17	28.3
	c. Business	19	31.6
	d. Labour	11	18.4
7.	Occupation of mother		
	a. Housewife	28	46.6
	b. Government workers	22	36.6
	c. Business	5	8.4
	d. Others	5	8.4
8.	Type of family		
	a. Nuclear	44	73.3
	b. Joint	15	25
	c. Others	1	1.7
9.	Type of food		
	a. Non- vegetarian	49	81.6
	b. Vegetarian	11	18.4
10.	Family history of illness		
	a. Diabetes mellitus	28	46.6
	b. Hypertension	6	10
	C. Heart diseases	2	3.4
	D. Others	25	40

Table 2 Frequency distribution and percentage of subjects according to knowledge score

n=60

Range	Level	Frequency	Percentage (%)
<15	Poor	7	11.6
16-22	Average	43	70
23-30	Good	10	18.4

Maximum mark - 30

Table 3 Frequency distribution and percentage of subjects according to practice score

n=60

Range	Level	Frequency	Percentage (%)
<50	Poor	1	1.6
51-75	Average	39	65
76-100	Good	20	33.4

Maximum mark - 100

Table 4 Relationship of knowledge score and practice score of healthy food habits among school going children.

n=60

Variables	Mean	S.D	Correlation
Knowledge	8.416	9.215	
			0.7438
Practice	26.65	31.11	

Table 4 five shows the calculated correlation coefficient (r) was 0.7438 which indicate that there was high positive correlation between knowledge and practice.

DISCUSSION

In the present study school going children are between the age group of 6-12 years. Most of the children choose healthy food habits during this age.

The result of the present study is consistent with the study conducted to assess nutritional knowledge among school going children in Chennai which shows that 52% has average knowledge about nutrition. [24]. In the present study most of the school going children has average Knowledge (70%) regarding healthy food habits

The result of the present study were not consistent with the study conducted in Mumbai in 2016 also showed 78% of children between age 6-12 years do not practice a healthy dietary habit. [38] In the present study most of the school going children has average practice (65%) regarding healthy food habits

The present study showed that there was high positive correlation between knowledge and practice of healthy food habits(r=0.7438). The studies also determine the association between knowledge of healthy food habits and selected demographic variables, among school going children. The result of the present study showed that there was no significant association found between the knowledge of healthy food habits and selected demographic variables.

The findings of the present study were not consistent with a study that was aimed to assess the knowledge of health hazards of junk foods in a selected collage. They found out association between selected demographic variables and knowledge of junk food.

The study also identifies the association between practice of healthy food habits and selected demographic variables among school going children. In the present study, there was significant association between practice of healthy food habits and type of food of school going children.

Recommendations

1. A similar study can be replicated in different settings.
2. Similar study can be conducted in large groups.

3. A comparative study regarding healthy food habits can be conducted among the students of rural and urban areas.
4. A comparative study can be conducted with different intervention program regarding healthy food habits among school going children.

CONCLUSION

The result of the study showed that 70% had average knowledge of healthy food habits. About 18.4% had good knowledge and the remaining 11.6% had poor knowledge of healthy food habits. With respect to practice 65% had average practice of healthy food habits, 33.3% had good practice and 1.6% had poor practice of healthy food habits. The correlation between knowledge and practice results shows that the calculated correlation coefficient (r) was 0.7438, which shows that there was high positive correlation between knowledge and practice.

School going children are always considered to be the most critical and vulnerable group, not only because of the age related physical and psychological maturational issues but also due to the inborn curiosity which detracts them if not properly channelized. Childhood and school going period are critical periods for developing and forming healthy food habits that can last a life time. Healthy food habits during school going period can prevent many of the diseases and disabilities in adulthood and later. So the knowledge and practice of healthy food habits among school going children is very essential.

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