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Food Consumption Pattern of Pre – school Children

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Abstract:

The role of parents and teachers is particularly important during this primary socialization as parents are the first to teach their children how to adopt or reject rules and attitudes, with which children have primarily become familiar in their own family environment. Health-related attitudes are the first to be communicated since, during pre-school age, parents are very concerned with their children's health. The present study was carried out to find out the early childhood programs produce benefits in children's cognitive development, socialization and school success is a matter of some controversy. The represent one of the most serious health issue. The sample comprised of 100 (50 mothers and 50 teachers) with at least one child in the age group of 3 to 6 year. They are trained to provide safe, evidence – based dietary advice and management. The aim of this study is to assess the health status and to know about the nutrition and healthy foods factors that lead to nutrition through questionnaire. The present study analyze to aware mother and teachers, regarding healthy eating habits to avoid bad habits. This study conducts by taking 100 school going children 3-6 year.

Key words: Food consumption, mood repair, family meals, child nutrition, fruit and vegetable.

Introduction

Pre-school age is the most significant period in people's lives, as far as all the stages of their growth are concerned. It is the age during which individuals become acquainted with behaviors, attitudes and values of their social environment and, through adults, become familiarized with the culture of the social group in which they grows up. The role of parents is particularly important during this primary socialization as parents are the first to teach their children how to adopt or reject rules and attitudes, with which children have primarily become familiar in their own family environment. Health-related attitudes are the first to be communicated since, during pre-school age, parents are very concerned with their children's health. To ensure a healthy life, experts advise parents to care for a series of specific issues, such as vaccination, a secure and healthy place to live in, a healthy diet etc. As regards diet, nutritionists recommend that both children and adults should follow the Mediterranean type of diet. According to the dietary food pyramid of the Mediterranean type of diet children aged 2-6 require six portions of grains (rice, bread, pasta), three to four portions of vegetables, three to four portions of fruit and three or more portions of dairy products a day. Providing school meals can play a critical role in ensuring that children learn well. Many poor children go to school on an empty stomach and cannot afford to carry a packed lunch. This leads to poor concentration in class. When children's needs are well catered for holistically, they perform well. Providing nutritious meals is an area of concern, as it helps improve their performance in school. Child psychologists have said that growth and development of a child depends on, among other things, nutrition of the mother before and after birth (King, 1966). The development of education and training has been the focus of the Kenya Government since independence in 1963. Education and training have been perceived as the

means through which social, economic and political developments can be achieved. This contributes greatly to economic growth through increased productivity (Republic of Kenya, 1988). All over the world, education and training are investments that open up many opportunities for the citizens to actively participate in national development. Basic education forms the base for further education and training. According to the master plan on education and training 1997-2010, there is overwhelming research evidence that a minimum of education attainment among the majority of a country population is paramount for modern development.

This minimum attainment in many developing countries is confined to pre-primary and primary school courses. This education improves economic productivity in the formal and informal sectors both in rural and urban areas. The outcome of education includes reductions in fertility and infant mortality, improvements of family health and nutrition, and increased awareness in participation in civil wars (Republic of Kenya - 1998). Health, education and nutrition should form an integral part of the early childhood education programmed.

Until recently, this kind of education was seen as less significant in early childhood education. Its importance, however, cannot be over emphasized. Early Childhood Education lays a foundation for creativity, integration, self-reliance and survival (Session Paper, 2005). Provision of this education has been integrative, which means that it nurtures the personality of the child as well as developing him/ her mentally, socially and emotionally (MOEST, 1998). The provision of security, adequate nutrition and promotion of good health is recognized as constituting the foundation of proper growth of these children.

Method & Materials

The research design of this present study was descriptive in nature. The sample size was 100 (50 mothers and 50 teacher) and the sample was collected from Lucknow city using Interview schedule and questionnaire method along with mothers and teachers. The data calculated purposive random sampling techniques. The data calculated was analyzed using frequency, percentage, mean, standard deviation and t-test.

Result & Discussion

Finding of the study, as obtained of the analysis of the data collected by the interview schedule along with questionnaire are described and discussed in this part of paper.

Table 1:- Distribution of respondent is according to mother and teacher.

Respondent	Frequency
Mother	50 (49.0%)
Teacher	50 (49.0%)
Total	100

Data in table.1- discuss distribution of respondents according to mother 49.0 percent and teacher 49.0 percent.

Table 2- Frequency distribution on the basis of according to mother and teacher food consumption pattern of pre-school (3-6) year.

S.No.	Statement	Mother		Teacher		t-value	Sign.
		Mean	SD	Mean	SD		
1.	Minerals, protein, vitamins food	1.27	.452	1.46	.508	.300	.551
2.	Sprouted cereals and oatmeal	1.13	.338	1.08	.282	.076	.880
3.	Give the food which time	1.46	.509	1.42	.504	.016	.016
4.	Chocolate and ice-cream	1.17	.381	1.25	.442	.355	.355
5.	Egg and meat	1.08	.282	1.04	.204	.590	.590
6.	Soft drinks	1.17	.381	1.25	.442	.700	.164

7.	Water	1.08	.282	1.04	.204	.586	.241
8.	Sweets	1.29	.461	1.54	.509	1.778	.045
9.	Green vegetable, fruits	1.15	.368	1.15	.368	.000	1.000
10.	Dairy	1.65	.485	1.46	.508	1.395	1.49

The table 2 shown revealed that, as the t-value (0.000) was higher that then t-value, therefore the value high was rejected. Which means that there exists difference believe the age and reasons for doing thought the difference was not significant shown food consumption pattern of pre-school. Mean values calculated showed that they represent belonging to age group 3-6 year were having maximum reason for doing importance of nutrition and food consumption of pre-school children.

Conclusion

It is not difficult to design an optimal diet for children with moderate malnutrition if the resources are available. The diet used for the treatment of severe malnutrition with a high content of animal food (milk powder) and a low content of fibers and antinutrients will also be effective in the treatment of moderate malnutrition. However, the ingredients in such a diet are expensive, are not available in most settings, and are not appropriate for a low-cost, sustainable, home-based treatment. A main issue is to identify a cost-effective balance between the amount of animal foods—which have a high content of minerals important for growth (e.g., phosphate and zinc) and of protein of high quality (PDCAAS), with virtually no antinutrients, but which also have a high cost—and the amount of plant-based foods. This balance is especially important if the plant based foods are unrefined cereals and legumes with a high content of fibers and antinutrients. Infants and young children are more susceptible to the negative effects of antinutrients such as phytate and fibers, especially insoluble fibers, than older children. This is particularly crucial for malnourished children, who often have a compromised and thereby more vulnerable

gastrointestinal tract. The most used animal-source foods are milk, meat, and eggs. However, there are several other types of animal food sources that are often cheaper and can be valuable ingredients in the diet of moderately malnourished children if they are culturally acceptable. These include fish, especially small fish that are eaten whole and therefore have a high nutrient content, and other animal-source foods, such as insects, snakes, and rodents. Offal may also be an underutilized animal source food. Milk seems to have a special effect in stimulating linear growth through an increased production of IGF-1. When cereals and legumes constitute a large part of the diet, it is important that the contents of antinutrients and fibers are reduced through food processing. Soaking, malting, and fermentation reduce the contents of antinutrients. Milling also reduces the contents of antinutrients, but as the contents of both nutrients and antinutritional factors are high in the outer layer of grains, extensive milling will also reduce the nutrient density. The fat content, and thereby the energy density, is typically low in a traditionally plant-based diet, and increasing the content of fat is a well-known and efficient way to increase nutrient density. To obtain an adequate energy density, the fat energy percentage should be at least 30 E% and preferably, especially for wasted children, between 35 and 45 E%. An issue that needs attention is the fat quality in the diets of children with moderate malnutrition. The content of PUFAs, especially n-3 fatty acids, is low in these plant-based diets and also in many oils. Several of the symptoms seen in children with moderate malnutrition could be caused by PUFA deficiency. Diets for moderately malnourished children should contain at least 4.5 E% of n-6 PUFAs and 0.5 E% of n-3 PUFAs. Soybean, rapeseed oil, and fish have high contents of n-3 fatty acids. Research recommendations there are still many unresolved aspects of the dietary treatment of children with moderate malnutrition that need to be investigated further, as highlighted in the sections with conclusions and recommendations in this review. Among the most important is

a need to identify the minimum quantities of different animal-source foods needed to support the growth and development of children with moderate malnutrition. Furthermore, there is a need to identify appropriate and cost-effective methods for reducing the contents of antinutrients and fibers in plant-based foods. The question of the effect of fat quality on growth and cognitive development in children with moderate malnutrition also needs investigation. When evaluating which foods are effective in treating moderate malnutrition, weight gain has been the traditional outcome. However, more appropriate outcomes to assess healthy physical development should be included, such as increase in lean body mass and linear growth velocity, and functional outcomes, such as physical activity and psychomotor development.

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