Araştırma Makalesi (Research Article)

Annelerin Çocuklarının Sağlıklı Beslenme Alışkanlıkları Edinmesi Konusundaki Farkındalığının Değerlendirilmesi

An Evaluation of Awareness of Mothers About Having Their Children to Acquire Healthy Nutrition Habits

Fatma Ilknur VAROL[1], Burcu KAYHAN TETİK[2], Cemil COLAK[3]

[1]Inonu University, Faculty of Medicine, Department of Pediatric Gastroenterology, Hepatology, and Nutrition, Malatya, Turkey

[2]Inonu University, Faculty of Medicine, Department of Family Medicine, Malatya, Turkey

[3]Inonu University, Faculty of Medicine, Department of Biostatistic, Malatya, Turkey

Özet

Amaç: Beslenme sadece ideal büyüme yönüyle değil bebek, çocuk hem de erişkin dönem sağlığının belirleyicisi olması ve erişkin dönemde devam eden sağlıklı beslenme alışkanlığını kazanılması yönüyle de çok önemlidir. Bu çalışma annelerin bebeklerini besleme alışkanlıklarıyla ilgili bilgi düzeylerini ve hatalı uygulamalarını ölçmek amacıyla planlanmıştır.

Gereç ve Yöntemler: Analitik kesitsel olarak planlanan çalışma, Ocak-Mart 2020 tarihleri arasında İnönü Üniversitesi Tıp Fakültesi Çocuk Gastroenteroloji, Hepatoloji ve Beslenme polikliniğine herhangi bir sebeple başvuran hastaların annelerine anamnez alınırken beslenme ile ilgili bilgi formu uygulanmıştır.

Bulgular: Annelerin bebeklerine tuz ve şeker kullandırma oranları kıyaslandığında, eğitim düzeyi arttıkça sadece şeker kullanma oranı ve tuz+şeker kullanma oranları azalmakta idi (sırasıyla; $p<0.05$, $p<0.001$). Annelerin bebeklerini beslerken telefon, tablet ve/veya televizyon kullanımı kıyaslandığında eğitim düzeyi arttıkça televizyon, tablet, telefon (TTT) kullanımı istatistiksel olarak artmaktaydı ($p=0.023$).

Sonuç: Çalışmamızda annelerin bebeklerini doğru besleme, tuz ve şeker kullanımı konusunda bilgi eksiklikleri olduğu görülmüştür. Çağımızın hastalığı olan obezite, hipertansiyon ve multimedya bağımlığı annelerin bilinçlendirilmesi ve doğru beslenme alışkanlıklarının kazandırılması ile önlenebilir hastalıklar olacaktır.

Anahtarkelimeler: Ek gıda, Şeker, tuz, Multimedia.

Abstract

Objective: Nutrition is essential not only in terms of ideal growth of the baby, but also in terms of being the determinant of the healthiness during infancy, childhood, and adulthood and adopting healthy eating habits that continue a lifetime. This study aims to evaluate the level of knowledge and misapplications of mothers about babies' feeding habits.

Material and Methods: This was planned as an analytical cross-sectional study and was applied to the mothers of the patients who were admitted to Inonu University Faculty of Medicine Pediatric Gastroenterology, Hepatology, and Nutrition outpatient clinic, between January-March 2020, for any reason.

Results: When evaluated according to the education level of the mothers, the rate of using only sugar and the use of salt and sugar decreased as the education level increased ($p <0.05$; $p<0.001$, respectively). When evaluated according to mothers' educational status, the use of television, tablet, telephone (TTT) increased statistically as the education level increased ($p = 0.023$).

Conclusion: In our study, we observed that mothers' knowledge about feeding their babies correctly, avoiding salt and sugar is suboptimal. Obesity, hypertension, and multimedia addiction, which are the common diseases of our age, can be prevented by raising mothers' awareness about correct eating habits.

Keywords: Supplementary food, Sugar, Salt, Multimedia.

Yazışma Adresi: Fatma İlknur VAROL, İnönü Üniversitesi Tıp Fakültesi Pediatrik Gastroentereoloji Bilim Dalı, Malatya, Türkiye

Telefon: +90 422 3410660, Mail: drivarol@yahoo.com

ORCID No(sırasıyla): 0000-0001-5212-218X,0000-0002-3976-4986, 0000-0001-5406-098X

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INTRODUCTION

Although nutrition is essential in every life period, it is important in infancy, when growth is the fastest. The period beginning from birth to the end of two years, when the growth is high-speed, the need for micro and macronutrients is high, 90% of the brain development is completed, the intestinal microbiota maturates, and the eating behavior developed is of critical importance. Nutrition in this period is vital in terms of the baby's ideal growth and the determinant of the healthiness during infancy, childhood, and adulthood and adopting healthy eating habits that continue lifetime (1,2). The most critical causes of shortness of stature compared to the targeted height, lower academic performance, cardiovascular diseases, Type 2 diabetes, hypertension, and obesity are inappropriate nutrition in infancy (1,3).

The parents play the most crucial role in the development of the nutritional habits of the children. The food preference of babies can be modified by parents (4). Using salt and sugar in babies' supplementary foods turns into habits in adulthood and provides a basis for obesity, diabetes, and hypertension. Only 1-2% of childhood obesities develops due to underlying diseases and syndromes, whereas a considerable percentage of it is exogenous obesity. Exogenous obesitybasically develops when the calorie intake exceeds the energy consumption and is a preventable situation (5,6). In scientific studies, it has been stated that mothers use tablet computers or smartphones when feeding their babies and often think that their babies do not eat anything without these technologies (7). On the contrary, the screen time should be kept under control by the parents;children should be avoided from watching television, tablet, mobile phone, a computer at the first two years of age; the screen exposure should not exceed 2 hours/day, after two years of age; children should not watch television or screen while eating; and there should be no television, mobile phone, and tablet in children's room. It has been shown that every 1 hour spent on the screen increases the risk of being obese in adulthood by 7% (7,8).

This study aims to evaluate mothers' level of knowledge and misapplications about the feeding habits of their babies.

MATERIAL and METHODS

This analytical cross-sectional study was applied to the mothers of the patients admitted to the Inonu University Faculty of Medicine Pediatric Gastroenterology, Hepatology, and Nutrition outpatient clinic for any reason. Mothers volunteer to participate in the study of the children over six months of age who do not have any chronic illness and are included in the study. Mothers with babies younger than six months of age, children with chronic illness, who do not agree to participate in the study, mothers who could not understandthe questions, and foreign mothers were not included. An information form including 15 questions, based on a review of the studies on infant nutrition in Turkey prepared by the investigator and was applied to the voluntary participants by face to face interview technique (9-14).The first part of the information form includedquestions about demographic and social and educational status; the second part included questions about baby nutrition (How soon the baby should be fed after birth? What should be given first to the baby? In which month should supplementary food should be started? How many meals of supplementary food should be given? Do you need your baby to watch TV, tablet, phone (TTT) while feeding? Do you haveyour baby on the family table while feeding your baby during the main meals? Do you use salt or sugar in your baby's supplementary foods?).

All procedures performed in the study were approved by the ethical standards of the institutional research committee of Inonu University (2019/187) and with the 1964 Helsinki declaration and its later amendments. Informed consent was obtained from all individual participants included in the study.

Statistical Analysis

Quantitative data are expressed by mean and standard deviation; qualitative data by number and percentage. The Kolmogorov Smirnov test evaluated the suitability of the data for normal distribution. In the data analysis, the Pearson Chi-square test or Bonferroni corrected Chi-square test, and one-way analysis of variance was used based on the exact approach where appropriate. Relations between quantitative variables were evaluated usingthe Pearson Correlation coefficient. IBM SPSS Statistics version 26.0 for the Windows package program was used in the analysis. A value of $P < 0.05$ was considered statistically significant.

RESULTS

A total of 491 mothers participated in the study. The average age was 33 ± 7.7 years; 34% (n = 167) were university graduates, and 63.1% (n = 310) of the mothers were housewives. The average number of children was 2.4 ± 1.4, and 65.6% (n = 322) reside in the city center. The demographic characteristics of the mothers in the study are given in **Table 1**. The changes of body mass index and weights of both patients during the follow-up period were summarized in **Figure 1**.

The mean age of first motherhood was 23.84 ± 4.85 years. The percentage of mothers who gave breast milk only for 4-6 months was 70.3% (n = 345). The average duration of starting supplementary food was 6.3 ± 2.1 months, and 31% of the mothers (n = 152) started supplementary food with a single meal. During the transition to supplementary food, 81.7% of the mothers (n = 401) had their babies on the family table; 9.4% (n = 46) added salt to the additional food, 8.4% (n = 41) used sugar, and 36.7% (n = 180) stated that he added both salt and sugar.

The question "How soon the baby should be fed after birth?" was answered as after the first 30 minutes, by 71.1% (n = 349) of the mothers, and 11.8% (n = 58) of the mothers answered after one hour.The rate of those who used television, tablets, and telephones while feeding the baby with supplementary food was 37.1% (n = 182).

When the answers given to the question "How soon the baby should be fed after birth?" were evaluated according to the age of first motherhood, we found that as the age of first motherhood increased, the rate of those who answered as "The baby should be breastfed 0-30 minutes after the delivery", increased statistically significantly. However, as the number of children increased, the rate of those answering as "The baby should be breastfed 0-30 minutes after the delivery" statistically decreased ($p < 0.05$ for both). When the age of first motherhood compared with the number of meals at the beginning of different food, there was a weak negative relationship between these parameters (Pearson's Correlation $(r) = -0.175$; $p < 0.001$).

When the answers were evaluated according to the education level of the mothers, the rate of the answer "The baby should be breastfed 0-30 minutes after the delivery" was significantly higher in the high school graduate mothers than in the other groups ($p < 0.05$). The rate of the answer "Supplementary food should start in the 6th month" was significantly higher in university graduates ($p < 0.05$) **(Table 2).**

When the rate of using salt and sugar in supplementary foods was evaluated according to the education level of the

Table 1. Demographic characteristics of the study group

Variable n	**(%)**
Mother's age	
<20 18 21-25 71 26-30 111 >30 years 291	years (3.7) years (14.5) years (22.6) years (59.3)
Educational status	
Non-educated 14 Primary school 119 Secondary school 74 High school 117 Unıversity 167	(2.9) (24.2) (15.1) (23.8) (34)
Working status	
Working 181 Non-working 310	(36.1) (63.1) (65.6) (24.8)
Place od residence	
City center 322 County 122 Village 47	(9.6) (28.3) (36.9) (24.4)
Number of children	
1 139 2 181 3 120 >3 51	

Table 2. Distribution of answers according to the education level of mothers

Variable	Category	Non-educated n (%) or Mean±SD	Primary school n (%) or Mean±SD	Secondary school n (%) or Mean±SD	High school n (%) or Mean±SD	University n (%) or Mean±SD
How soon should the baby be fed after birth?	0-30minute	9a,b (64.3%)	65a (54.6%)	49a,b(66.2%)	89b (76.1%)	137b,c(82.0%)
More 1 hour minute	30-60	31a (26.1%)	17a,b(23.0%)	18a,b (15.4%)	18b (10.8%)	
	1a,b (7.1%)	4a,b (28.6%)	23a (19.3%)	8a,b(10.8%)	10a,b(8.5%)	12b (7.2%)
Only breast milk	0-2 month	2a (14.3%)	4a (3.4%)	1a (1.4%)	3a (2.6%)	5a (3.0%)
	2-4 month	2 (0.0%)	8a (6.7%)	3a (4.1%)	5a (4.3%)	3a (1.8%)
	4-6 month	10a,b (71.4%)	68a (57.1%)	50a,b(67.6%)	85a,b (72.6%)	132b (79.0%)
	6-12 month	2a,b (14.3%)	39a (32.8%)	20a,b(27.0%)	24a,b(20.5%)	27b (16.2%)
In which month should supplementary food be started? Month		6.57a±2.53	6.72a±2.55	6.27a±2.02	6.25a±2.37	6.05a±1.39

[a, b, c] Values in the same row not sharing the same superscript are significantly different at p< 0.05 in the two-sided test of equality for column proportions by Bonferroni-corrected chi-square test based on APA style.
[a] Values in the same row sharing the same superscript are not significantly different at p>0.05 in the two-sided test of equality for means by one-way ANOVA test based on APA style.

Table 3. Distribution of salt/sugar and TTT usage according to educational level

		Educational status									
		Non-educated		Primary school		Secondary school		High school		University	
Variable	Categories	n	%*	n	%*	n	%*	n	%	n	%*
SALT-SUGAR	Salt	0	0.0	10	8.4	7	9.5	8	6.8	21	12.6
	Sugar	4	28.6	7	5.9	8	10.8	15	12.8	7	4.2
	Salt and sugar	4	28.6	55	46.2	35	47.3	40	34.2	46	27.5
	No use of salt and sugar	6	42.9	47	39.5	24	32.4	54	46.2	93	55.7
TTT	Yes	5	35.7	27	22.7	28	37.8	54	46.2	69	41.3
	No	9	64.3	92	77.3	46	62.2	63	53.8	98	58.7
TTT: Television, tablet, telephone; *: Column percentage											

mothers, the rate of using only sugar and the using of salt and sugar decreased as the education level increased (Pearson's Chi-Square test; p <0.05, p<0.001, respectively).

When the rate of using the telephone, tablet, and/or television while feeding babies was evaluated according to mothers' educational status, the use of television, tablet, telephone (TTT) increased statistically as the education level increased (Pearson's Chi-Square test; p = 0.023) **(Table 3).**

DISCUSSION

Supporting breastfeeding studies in Turkey began with the Growth Monitoring Program in 1987. It has been conducted with UNICEF cooperation under the title of "The Promotion of Breastfeeding and Baby-Friendly Health Institutions Program", since 1991. The primary purpose of this program is to protect, encourage, and support breastfeeding. In the study of Şahin and Özyurt, the rate of starting breastfeeding in the first 30 minutes was reported to be 59% (15). Similarly, in the study of Çalık et al., the rate of starting breastfeeding within the first 30 minutes was found to be 45.6% (10). In Yıldız et al. 's study, this rate was found to be 75% (16). In our study, 71.1% of the mothers startedbreastfeeding in the first 30 minutes after the delivery, while 70.3% of the mothers gave breast milk only for 4-6 months. According to WHO, the rate of 0-29% for starting breastfeeding in the first hour considered inadequate, the rate between 30-49% medium, 50-89% good, and the rates over 89% were considered very good. Our results reveal that Turkey is in a good group, according to this classification.

However, the Ministry of Health's incentive suggesting exclusively breastfeeding in the first 6 months and starting supplementary food after the 6th month has not been achieved yet. In the study of Şahin and Öyurt, the time to start supplementary food was found to be 4.8 ± two mont-

hs (15). In the study of Yıldız et al., this time was found to be 4.8 months (16). In the study of Çalık, the time to start supplementary food was found to be 4-5 months, with a rate of 52% (10). In thestudy of Bolat et al., this timeof starting supplementary food was six months, with a rate of 47% (12). In other similar studies conducted in our country, the time of starting supplementary food was found to vary between 3.5 and 4.6 months (14,17-19). In our study, the longer duration ofstarting supplementary food can be attributed to our participants' higher education level.

In the study of Tampah-Naah et al., it was found that the success of feeding their babies with breast milk increased as the education level of the mothers increased (20). Similarly, in the study of Chudasama et al., the success of mothers feeding their babies with breast milk increased as the level of education increased (21). Similarly, in Turkey, the rate of breastfeeding only for 4-6 months andthe rate of starting supplementary food were significantly higher in university graduates compared to other groups. In the study of Kurnaz, the success of breastfeeding decreased as the number of children increased (22). Similarly, in our study, the rate of starting breastfeeding in the first 0-30 minutes decreased significantly as the number of mothers increased.

The parents play the most essential role in the development of the nutritional habits of the children. In a study, 25% of babies who were given sugary water in feeding preferredsugary water when they were six months old;there was not such a preference in those fed with breast milk or formulas for six months (4,23). Those who were given starchy food were found to prefer salty food when they were six months of age and during the preschool period (4,24). In the studies conducted on salt's effects on health, there is a consensus that salt is harmful (25-27).Breast milk includes the necessary amount of salt to meet the needs of the baby. However, children's amount of salt increases dramatically after complementary feeding started (28). For example, in the literature, children's daily salt intake between 12-24 months is 4.1 g / day (28), 5.2g / day for 4-6-year-old girls, and 4.6g / day for boys (29). In our study, the rate of using salt was found to be 9.4%. Our study's findings suggest that mothers should be informed about salt's harmful effectsin childhood, and avoidance of salt should become an attitude.

Another issue to be considered in child nutrition is the use of sugar. The literature found that primary school children consume sugary foods more frequently while watching television (30). However, sugary foods thathave no nutritional value cause unnecessary energy loading rather than the growth of children. It is known that the malnutrition habit (salt, sugar use) gained in childhood continues throughout life (31). In our study, the rate of using salt was 9.4% (n = 46), using sugar was 8.4% (n = 41), andusing both salt-sugar was 36.7% (n=180). The rate of 36.7% (n = 180). Since salt and sugar lead to obesity and hypertension predisposition, mothers should be encouraged to avoid salt and sugar when they start supplementary food.

The first year of life is crucial in terms of both physical and neurological development. In this process, interaction with the environment and early contact with technological devices may negatively affect neurological development. In the literature, it has been suggested that meeting with technological devices early, especially in the first two years, may adverse effects on individual and behavioral development (32,33). Since the period between 18 and 24 months of age is the time for a baby to prepare to eat independently and explore around with finger movements by touching and moving, interaction with technological devices should be considered carefully (34). In this period, meeting with tablets and phones may lead to negative results in terms of health. In the thesis study of Öz, it was found that tablets were used while feeding children to a statistically significant level (35). In our study, the rate of babies fed in front of the television, tablet, and telephone was found to be 37.1% (n = 182). Meeting with technological devices such as television, tablet, and phone prematurely and in excessive time may cause developmental pathologies in children (36). In addition, the mothers feeding their babies in front of the screen may develop the habit of using the screen as a caregiver in the future,which may diminish the emotional bond between child and mother. In this process, children accustomed to eating in front ofthe television, tablet, orsmartphone may develop obesity.In the literature, 25% of babies up to 2 years of age, and 36% of children between 3 and 5 years of age have found to have tablets (37). This situation is sufficient to reveal the future problem, primarily because meeting smartphones earlier increasesbabies' risks. It is necessary to raise awareness of mothersabout avoiding smartphones, tablets, and/or televisions while feeding their babies in order to avoid social media addiction to start at an early age.

In conclusion, in our study,we observed that mothers' knowledge about feeding their babies correctly and avoiding salt and sugar is suboptimal. Obesity, hypertension, and multimedia addiction, which are the common diseases of our age, can be prevented by raising mothers' awareness about correct eating habits.

Conflict of Interest and Financial Status

Our study has not been financed by an institution and institution. In this study, there is no conflict of interest among the authors on any subject.

Research Contribution Rate Statement Summary

The authors declare that, they have contributed equally to the manuscript.

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