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COMPARISON OF PARENTS AND CHILD PERCEPTION: RELATED TO PARENTING EFFICACY AND CHILDHOOD OBESITY LUDHIANA, PUNJAB, INDIA

^{1,*}Premlata Prakash and ²Richa Justin Hans

¹Associate Professor, M.Sc. Child Health Nursing College of Nursing, Christian Medical College and Hospital, Ludhiana, Punjab, India

²Assistant Professor, M.Sc. Child Health Nursing College of Nursing, Christian Medical College and Hospital, Ludhiana, Punjab, India

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ABSTRACT

Parents play an important role in obesity prevention. Children rely on their parents to guide their eating and activity behaviors. Rising prevalence of obesity in children is a critical issue globally. The present study was done to describe child and parents perception of parenting efficacy participating in GOH, Gift of Health through nutrition and exercise intervention program related to BMI. A descriptive cross sectional study done on 100 parents and children selected by convenient sampling. Parenting efficacy and child perception was obtained from data collection packet and correlated with baseline data i.e., BMI. The questionnaire packet included demographic questionnaire and adapted tool to measure parenting self-efficacy (TOPSE). Data were collected by organizing a camp on GOH program. A correlational analysis was done. The overall reliability of the tool is 0.94 and was validated. Based on revised 2002, Health promotion Model by N.J Pander. Findings revealed that parent's efficacy reported 38% average, high 72% and child 37% average and high 63%. ANOVA did not find any significant differences. The mean BMI for child participants was classified as overweight and obese 85th -95th percentile. It was concluded that there is a need to have family intervention for prevention of childhood obesity.

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INTRODUCTION

Childhood obesity is a public health priority as in new era the growing children have their own life style from the last two decades have witnessed tremendous changes in the food habits, dietary habits, food selection, trends of dining out, growing percentage of working mothers outside the home, traditional food replaced with fast food leading to 46% of child population in health hazards of obesity (Noreen Clarke Sheehan, 2006). Prevalence of obesity influenced by certain factors such as psycho-social, socio-economic and parenting, mass media. Parents plays an important role in prevention of obesity. Children rely on their parents to guide their eating and activity behavior.

Although, specific parental behaviors reflecting control and discipline with school children's physical activity, sedentary behavior and dietary pattern relates to parenting self- efficacy (Arena Ramesh, 2007).

Parenting: could be broadly defined as set of skills that occur in a variety of situations

Self-efficacy: has been used as a way to understand and influence all types of behavior.

Parenting self-efficacy: Parental efficacy as "beliefs or judgment a parents hold of their capability to organize and execute set of tasks or limits related to parenting a child.

Parenting and prevention of obesity: Despite of the knowledge increasing about the hazards of obesity, problem has risen to the status of global epidemic. There is a need to

Corresponding author: Premlata Prakash,

Associate Professor, M.Sc. Child Health Nursing College of Nursing, Christian Medical College and Hospital, Ludhiana, Punjab, India.

develop family based intervention to strengthen parental behavior to promote healthy children in a healthy home environment as they are ‘an agent of change’ for their children (Faith *et al* 2012).

Purpose of the study: To describe child and parents perception of parenting efficacy in families participated in the gift of health through physical activity, nutrition and exercise interventional program.

Assumption

The children who have limited physical activity and altered meal pattern and poor parental control, are at risk of childhood obesity.

Conceptual framework

- When writing the paper please remember to use either British, or US, spelling but not a mix of the two, i.e., if you choose British spelling it would be colour not color; behaviour (behavioural) not behavior; [school] programme not program; [he] practises not practices; centre not center; organization not organisation; analyse not analyze, etc.

organizing screening camp related to childhood obesity on the Parents- Teacher meeting. Participants were informed prior to the camp by putting advertisement in the form of posters inside and outside the school. Data collection packet contains demographics questions and parenting self-efficacy tool. Height and weight were obtained on the same day and BMI calculated.

Development and description of tool

An instrument designed to measure level of parenting self-efficacy identified task was chosen in the form of TOOL TO MEASURE PARENTING SELF EFFICACY (TOPSE) with 5 point scales: Dietary pattern, Physical activity, mass media exposure, sedentary behavior and eating habits. The overall scale reliability was 0.89 and validated by appropriate experts. Hence the tool was reliable. The original 11 point scale was modified to a 5 point scale for ease of completion. The range of the total score was 0-30. Same tool was used for parents and children.

Research Approach and Design: A descriptive approach and non-experimental design

Population: School children and parents

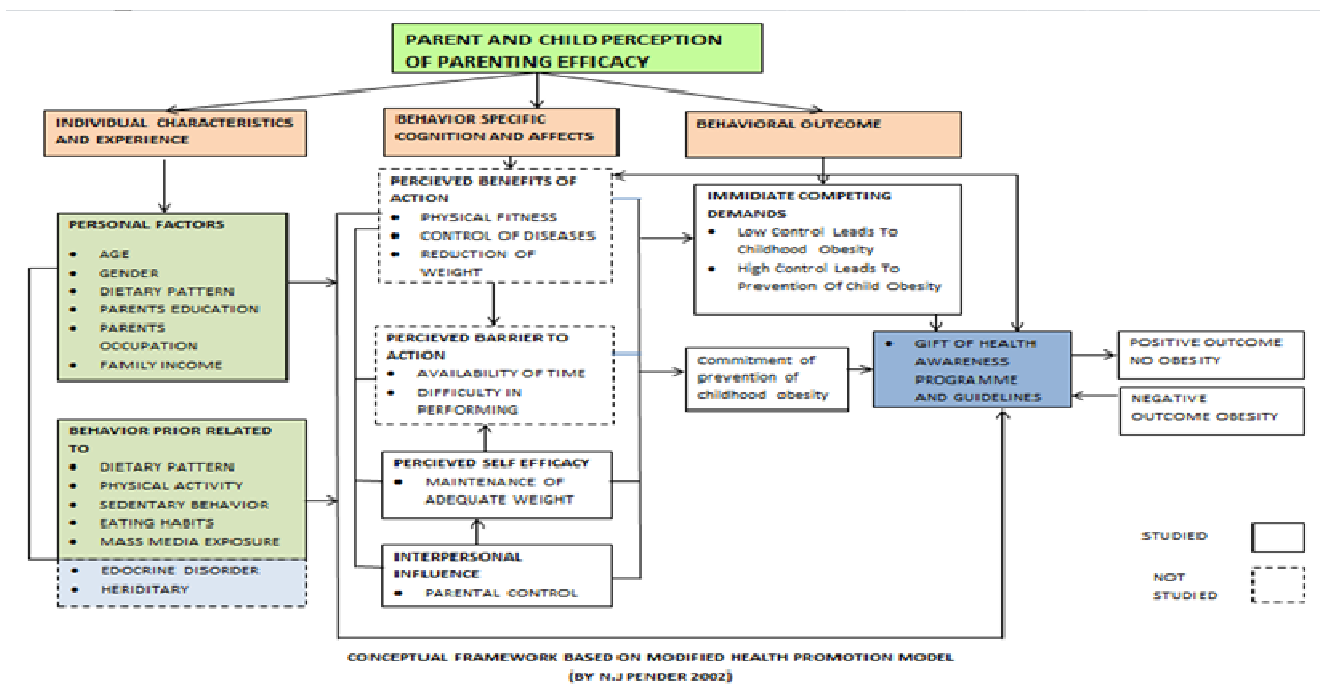


Figure No. 1. Conceptual Framework Based on Modified Health Promotion Model (Pender, 2002)

Page Numbers

- Please don't add any page numbers as they will be added.

Acronyms

- All acronyms should be spelled out the first time they are introduced in text or references. Thereafter the acronym can be used if appropriate, e.g. The work for the Organization of United Nations

METHODS AND MATERIALS

Parents and child duo participated in the GOH program in the local school with the permission school authorities by

Selection of Area: The purpose of selecting the school was convenience, feasibility, proximity and expected co-operation from the authorities.

Table 1. Body Mass Index Scale According to W.H.O.

N=100			
Category	BMI Score	Percentage	Percentile
Healthy	19-24.9	20	45 th
Over-Weight	25-29	40	85-95 th
Obese	>30	30	95 th

Sample and Sampling Technique: 100 school children and 100 parents by convenient sampling



Figure 2 and 3. depict the data collection Procedure i.e., taking of weight for BMI and distribution of data packet



Figure 4. Depicts the health education being given to children regarding prevention childhood obesity

RESULTS

Descriptive and inferential statistics were used to analyze the data in accordance with the objectives.

Table 2. Criterion Measure

Efficacy	Score	Percentage
High	>19	>63
Average	10-19	33-63
Low	<10	<33

Findings related to sample characteristics reveal that:

- Age group of 8-10 years (59%)
- Boys (53%)
- Non veg. (68%)
- Mother’s education graduate (59%)
- Father’s education graduate (44%)
- Mother’s occupation private (41%)
- Father’s occupation private (53%)
- Family income Rs.10,000 above (66%)
- Source of information self (41%) at higher side

1st Objective: To assess the parent and child perception of parenting Efficacy

Table 3. Frequency and percentage distribution of parenting efficacy according to parent’s and child’s perception

Efficacy	Score	Percentage	Parents %	Child %
High	>19	>63	72	63
Average	10-19	33-63	28	37
Low	<10	<33	0	0
Total			100	100

Table 3 depicts that parenting efficacy of parents is high 72% and average 28%. As compared to children high 63% followed by 37% at average. Therefore it is concluded that according to parents and child perception of parenting efficacy at higher side

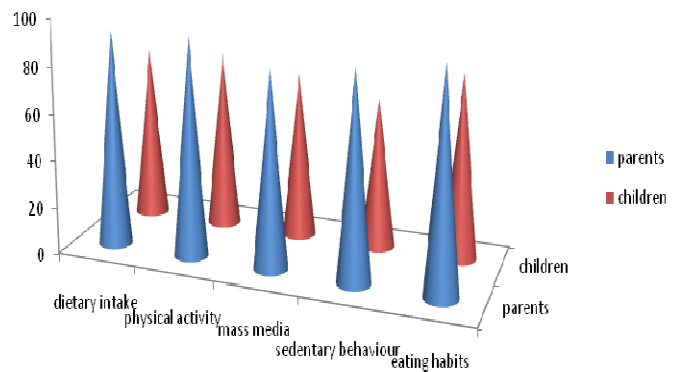


Figure No.2. Percentage Distribution and Rank Order related to Deficits according to Areas Parenting Efficacy in Childhood Obesity

2nd Objective: - Relationship between parents and child perception

There was a weak positive relationship (0.20) between parents and child perception of parenting efficacy related to childhood obesity. Thus, it indicates that parents and child perception increases simultaneously in parenting efficacy.

Table 4. Percentage Distribution and Rank Order according to different Areas

Areas	Max. Score	Parenting Self Efficacy		Rank Order	
		Percentage			
Dietary Intake	8	92	74	3	3
Physical Activity	6	93	76	2	2
Mass Media Exposure	5	84	71	5	4
Sedentary Behaviour	5	88	64	4	5
Eating Habits	6	94	79	1	1

3rdObjective: - Comparative mean score of Parent and Child Perception in Parenting Efficacy according to different variables – age, gender, dietary pattern, parent’s education, parent’s occupation, family income and source information revealed no significant differences.

4thObjective: - To find out the deficit areas of parenting efficacy according to parents and child perception. Table 4 & Figure No. 2, indicate parenting efficacy according to areas which is highly influenced by eating habits (94%) among parents and 79% in children and least influenced by mass media exposure (84%) among parents and 64% among children

DISCUSSION

The first aim of the study was to compare parents’ and Child’s perception of parenting efficacy specifically Under different areas responsible for childhood obesity and parent control which was high efficacy as compared to child’s perception which can be expanded by the child’s more realistic view of parenting skills. Second aim of the study was to determine the relationship between parenting efficacy and child BMI and their Perception that means some of the areas are lacking or need to set limits or boundaries by parents for prevention of childhood obesity.

Conclusion

This study is not only addressing parenting self-efficacy but uniquely brings in a family role by presenting information on efficacy related to parents through child’s perspective. This emphasizes the need to consider a family approach to develop interventions for research and practices related to childhood obesity.

Tailoring a family based intervention is needed to control childhood obesity which can further lead to health related problems such as diabetes, cardiovascular issues and low self-esteem. So parents need to improve parenting skills in child health by maintaining healthy weight in children. There is a need to design interventional material, guidelines to strengthen parental behavior to promote healthy eating and activity in families to prevent childhood obesity.

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