International Journal of Nursing & Midwifery Research
Volume 12, Issue 1&2 - 2025, Pg. No. 45-48
Peer Reviewed & Open Access Journal

Research Article

A Descriptive Study to Assess the Knowledge, Attitude and Expressed Practice regarding Childhood Obesity among Mothers of Children under 14 years

Saliqua Sehar[1], Bandhu Sharma[2]

[1,2]Tutor, Rufaida College of Nursing, Jamia Hamdard (Deemed tso be University), New Delhi, India

I N F O

Corresponding Author:
Saliqua Sehar, Rufaida College of Nursing, Jamia Hamdard (Deemed to be University), New Delhi, India
E-mail Id:
Saliquasehar@jamiahamdard.ac.in
How to cite this article:
Sehar S, Sharma B. A Descriptive Study to Assess the Knowledge, Attitude and Expressed Practice regarding Childhood Obesity among Mothers of Children under 14 years. Int J Nurs Midwif Res. 2025;12(1&2):45-48.

Date of Submission: 2025-01-14
Date of Acceptance: 2025-02-17

A B S T R A C T

Introduction: Childhood obesity is a complex chronic (long-term) condition that happens when the child is above a healthy weight for their age, height and sex assigned at birth. The medical definition of childhood obesity is having a body mass index (BMI) at or above the 95th percentile for age and sex in children aged 2 years and older.

Objectives:

- To assess the knowledge regarding childhood obesity among mothers of children under 14 years of age in selected community, New Delhi.
- To assess the attitude regarding childhood obesity among mothers of children under 14 years of age in selected community, New Delhi.
- To assess the expressed practice regarding childhood obesity among mothers of children under 14 years of age in selected community, New Delhi.

Method: The current study employed a quantitative research approach with a descriptive research design. A total of 106 samples were collected using a purposive sampling technique from a selected community in New Delhi. Data was gathered through a structured questionnaire, utilizing a Likert scale and a checklist. The collected data was analyzed using descriptive statistics.

Result: The results of the study indicate that, out of 106 samples, the majority of mothers (40.56%) demonstrated an average understanding of childhood obesity. Additionally, (33.02%) of mothers had good knowledge, while only 26.42% had poor knowledge regarding the issue. In terms of attitudes toward childhood obesity, a significant majority (88.67%) of mothers had a favorable attitude, while 11.33% exhibited an unfavorable attitude. When it comes to expressed practices related to childhood obesity, only 15.09% of mothers had good practices, 81.14% had average practices, and a mere 3.77% had poor practices.

Conclusion: The study's findings indicated that the majority of mothers had average knowledge about childhood obesity. Additionally, 88.6% of mothers displayed a favorable attitude, while 81.1% of mothers expressed average practices related to childhood obesity.

Keywords: Knowledge, Attitude, Expressed Practice, Childhood Obesity

Copyright (c) 2025: Author(s). Published by Advanced Research Publications

Introduction

The sudden rise in childhood overweight and obesity in both developed and developing countries has become a significant public health issue. According to the definition of obesity, children with a body mass index (BMI) above the 95th percentile are classified as obese, while those with a BMI between the 85th and 95th percentiles are considered overweight. Obesity is a complex condition characterized by an excess of body fat. It is not merely a cosmetic concern; it is a medical issue that increases the risk of various diseases and health problems, including heart disease, diabetes, high blood pressure, high cholesterol, liver disease, sleep disorders, and certain cancers. Childhood obesity is concerning because the extra weight can lead to long-term health problems. The medical definition of childhood obesity is having a body mass index (BMI) at or above the 95th percentile for age and sex in children aged 2 years and older.[1] Children require a specific number of calories for growth and development. However, when they consume more calories than they expend, their bodies store the surplus as body fat (adipose tissue). Several factors influence how much food we eat, the types of food we choose, and how our bodies utilize energy. Each child's body and circumstances are unique, and some children are at a higher risk of weight gain than others. Obesity does not arise from laziness or a lack of willpower. Instead, lifestyle factors—such as insufficient physical activity and excessive calorie intake from food and beverages—are the primary contributors to childhood obesity. Additionally, genetic and hormonal factors may also play a role.[2]

Childhood obesity can lead to several co-morbidities that result in both short-term and long-term complications. It may cause breathing difficulties, obstructive sleep apnea, asthma, musculoskeletal problems, insulin resistance, hypertension, and psychological issues in children. Many of these obesity-related problems can persist into adulthood, increasing the risk of type 2 diabetes, heart disease, and premature death. Since a child's dietary habits, physical activity, and the accessibility and availability of food are largely influenced by their parents, parental involvement is a key risk factor for childhood weight gain and obesity. As parents shape the environmental context for their children, it is essential to address their role in this issue. Additionally, reversing childhood obesity cannot be achieved solely through individual interventions; primary prevention strategies are critical for long-term success.[3]

Methodology

The quantitative research approach was used and the design for the study was Descriptive Research Design. The study was conducted in June – July 2024. The setting of study was a selected of New Delhi. The population comprised of mothers of under 14-year children of selected community.

The sample size included 106 mothers of under 14- year children. Purposive sampling technique was used. Consent was taken from each participant. The tool was developed by an extensive review of literature to develops the items and scoring technique.

The tool was divided into 4 sections: A- Demographic Variables, Section B -structured knowledge questionnaire was used to assess knowledge, section C -5 points Likert scale to assess levels of attitude and Section D- check list to assess the expressed practice.

Section A- Demographic Variables It included 11 questions regarding demographic data of parents such as age, education of parents, occupation of parents, number of children under 14 years of age, family annual income, how often does children eat junk food and preference of home cooked food or not, any previous information regarding childhood obesity and its risk, source of information and number of estimated hours each of the children spends on devices or TV.

Section B- Assessment of knowledge regarding childhood obesity - It consist of 11 multiple choice questions to assess the knowledge regarding childhood obesity among children under 14 years of age.

Section C- Assessment of attitude regarding Childhood Obesity. It consists of a structured 5point Likert scale including 7 questionnaires to assess the attitude regarding childhood obesity among mothers of under 14 years of age.

Section D-Assessment of Practice regarding childhood obesity – It consists of a structured check list including 8 questions to assess the practice regarding childhood obesity among mothers of under 14 years of age.

Results

Findings of the study are discussed in the following sections:

Section: A Findings related to demographic profile

Table 1.Frequency and percentage distribution of demographic data

N=106

S.no	Sample Characteristics	Frequency	Percentage
1.	**Age of mother**		
a)	18-20	1	0.94 %
b)	21-25	22	20.75 %
c)	26-30	39	36.79 %
d)	30 and above	44	41.50 %
2.	**Education of mother**		
a)	5^{th}-8^{th} grade	20	18.86 %
b)	10^{th} pass	26	24.52 %

c)	12th pass	27	25.47 %
d)	Graduate and above	33	31.13 %
3.	**Profession**		
a)	Housewife	68	64.15 %
b)	Private job	23	21.69 %
c)	Government job	9	8.49 %
d)	Business	6	5.66 %
4.	**Number of children under 14 years of age**		
a)	1	67	63.20 %
b)	2	29	27.35 %
c)	3	7	6.60 %
d)	4 and above	3	2.83 %
5.	**Family annual income**		
a)	Less than 10000	10	9.43 %
b)	10000 - 20000	28	26.41 %
c)	20000- 30000	39	36.79 %
d)	Above 30000	29	27.35 %
6.	**Consumption of junk food**		
a)	Everyday	18	16.98 %
b)	Once a week	36	33.96 %
c)	Twice in a week	33	31.13 %
d)	Thrice and above	19	17.92 %
7.	**Child prefers home cooked food or not?**		
a)	Yes	73	68.86 %
b)	No	4	3.77 %
c)	Sometimes	29	27.35 %
8.	**Previous information regarding childhood obesity**		
a)	Yes	66	62.26%
b)	No	40	37.73 %
9.	**Source of information**		
a)	Friends	10	15.15%
b)	Family	23	34.84%
c)	Media	30	45.45%
d)	Health professionals	3	4.54%
10.	**Hours spent-on watching TV, play video games or use of computer on average school days**		
a)	1-2 hours	68	64.15 %
b)	3-5 hours	26	24.52 %
c)	5 or more hours	6	5.66 %
d)	Don't know	6	5.66 %

Section-B Findings related to level of knowledge regarding childhood obesity

Table 2.Frequency and percentage of level of knowledge regarding childhood obesity

N=106

S. No	Level of Knowledge	Frequency	Percentage
1.	Good knowledge	35	33.02 %
2.	Average knowledge	43	40.56 %
3.	Poor knowledge	28	26.42 %

The data presented in the table no.2 represents that only 33.02% mothers were having good knowledge related to childhood obesity while 40.56% mothers' were having average knowledge and 26.42% mothers were having poor knowledge related to childhood obesity.

Section-C Findings related to the level of attitude regarding childhood obesity

Table 3.Frequency and percentage of level of attitude of mothers regarding childhood obesity

N=106

Criteria	Range of Marks	Frequency	Percentage
Favorable	18-35	94	88.67%
Unfavorable	0-17	12	11.33%

The data presented in the table no. 3 shows that 88.67% mothers were having favorable attitude, while 11.33% mothers were having unfavorable attitude related to childhood obesity.

Section-D Findings related to the level of expressed practice regarding childhood obesity

Table 4.Frequency and percentage of level of expressed practice among mothers regarding childhood obesity

N=106

Criteria	Frequency	Perecentage
Good practice	16	15.09%
Average practice	86	81.14%
Poor practice	4	3.77%

The data presented in the table no.4 represents that only 15.9% mothers were having good expressed practice, 81.13% mothers were having average expressed practice and 3.77% mothers were having poor expressed practice related to childhood obesity.

Discussion

Findings of the current study revealed that out of 106 samples, only 33.02% of mothers demonstrated good knowledge about childhood obesity, while 40.56% showed average knowledge and 26.42% had poor knowledge on the topic. The majority of mothers, 88.67%, held a favorable attitude towards childhood obesity, whereas 11.33% had an unfavorable attitude. In terms of expressed practices related to childhood obesity, only 15.09% of mothers exhibited good practices, 81.14% showed average practices, and 3.77% demonstrated poor practices.

This study is similar with study done by Arunachalam ,which was conducted to study mothers' attitude on childhood obesity and its prevention. They have found that the mother's had moderate attitude score (61.67%) on causes and prevention of childhood obesity.[4]

The findings of the study are supported by the results of another study conducted by Patel.A, on assessment of knowledge of childhood obesity. The analysis of score revealed gaps in parental knowledge, with a substantial proportion having only partial or inadequate knowledge of childhood obesity, healthy eating habits, and the importance of physical activity.[5]

Conclusion

The study's findings indicated that the majority of mothers had average knowledge about childhood obesity. Additionally, 88.6% of mothers displayed a favorable attitude, while 81.1% of mothers expressed average practices related to childhood obesity.

Conflict of Interest: None

Source of Funding: None

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process: None

References

1. Popkin BM, Doak CM. The obesity epidemic is a worldwide phenomenon. Nutrition Rev. 1998; 56:106–14.
2. Gupta RK. Nutrition and the Diseases of Lifestyle. In: Bhalwar RJ, editor. Text Book of Public health and Community Medicine. 1st ed. Pune: Department of community medicine AFMC, New Delhi: Pune in Collaboration with WHO India Office; 2009. p. 1199.
3. Bhave S, Bavdekar A, Otiv M. IAP National Task Force for Childhood, Prevention of Adult Diseases: Childhood Obesity. IAP National Task Force for Childhood Prevention of Adult Diseases: Childhood Obesity.
4. Arunachalam. S, Kandasami. M, A primer on early childhood obesity and parental influence. Pediatric nursing. 2003; 29: 13.
5. Patel A, Jain B, Patel B, Chaudhari. Overweight and obesity among adolescents–A comparative study between government and private schools. Indian Pediatr. 2015;52(9):779-81. Doi:10.1007s13312-015-0716-19.