

Conventional Food: Its Impact on Wellness Promotion and Illness Prevention

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Submission Date: 23.12.2024

Accepted Date: 18.01.2025

Published Date: 28.01.2025

DOI: 10.65188/nurexus.1011

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Abstract

The prevalence of non-communicable diseases is rising in contemporary societies due to poor dietary habits and sedentary lifestyles. This study examines the role of parental influence on children's dietary and activity choices in maintaining health. Healthcare professionals must consider parental perspectives on nutrition and exercise when addressing childhood health and obesity prevention. To explore these issues, a qualitative, ethnographically-based study was conducted using in-depth semi-structured interviews with 50 parents (35 mothers and 15 fathers) of children aged 6-8. The findings revealed that parents were concerned about their children's low food intake, potential eating disorders, and what they perceived as excessive physical activity. Believing that their children were not consuming enough for healthy growth, parents encouraged eating and controlled their children's diets. Conversely, they did not promote and sometimes limited physical activity, assuming their children were already sufficiently active. The parents' responses indicated a lack of awareness regarding the risks associated with overeating and insufficient exercise. Parental perceptions shaped both the choices made for their children and their parenting approaches. The study highlights a conflict between public health objectives to reduce caloric intake and increase physical activity, and parental concerns about undereating and overactivity in their children.

Keywords: Traditional foods, healthy lifestyle, disease, inactivity, diets.

Introduction

Traditional foods, often prepared using local, seasonal, and unprocessed ingredients, are deeply rooted in cultural heritage and nutritional wisdom. These foods provide essential vitamins, minerals, and bioactive compounds that contribute to a balanced diet and overall well-being [1-3]. Their natural preparation methods help retain nutritional value while avoiding artificial additives, promoting better health outcomes. Regular consumption of such foods has been linked to the prevention of chronic conditions like obesity, diabetes, and cardiovascular diseases [4].

The concept of food as medicine dates back to ancient civilizations, which recognized the role of diet in disease prevention and health promotion. Nutrient-rich diets support immune function, regulate body weight, and lower the risk of metabolic disorders [5]. Additionally, traditional food practices strengthen cultural identity and foster social well-being, highlighting their broader significance beyond nutrition.

This study explores parental perspectives on food choices and lifestyle decisions for their children, assessing their impact on dietary habits, physical activity, and overall health. Understanding these influences is essential for shaping healthier future generations.[6-8]

Research has underscored the importance of diet in disease prevention, emphasized the need for health professionals to overcome challenges in promoting well-balanced diets, analyzed modern dietary trends, while highlighting the therapeutic properties of fenugreek. Studies have stressed the importance of dietary modifications in managing non-communicable diseases (NCDs). Furthermore, noted that professional guidance is essential in dietary planning for individuals with chronic kidney disease.[9-12]

Research has investigated the impact of fermented foods on intestinal health and disease prevention. Studies have explored their potential advantages, while other research has emphasized the enduring health benefits associated with Mediterranean-style diets. Lignans have been recognized as bioactive compounds that may help reduce the risk of cardiovascular diseases, osteoporosis, and certain types of cancer.[13,14]

With the increasing incidence of diseases related to lifestyle choices, diet plays a critical role in determining long-term health outcomes. This research seeks to deepen our understanding of how parents influence their children's nutritional habits and lifestyle choices, with the ultimate aim of encouraging healthier eating patterns from childhood onward.[15]

Materials and methods

This research employs interviews with parents to explore their perceptions of their children's nutrition and physical activity habits. It is part of a broader investigation into student behavior at school, incorporating viewpoints from both parents and children. The objective of this paper is to examine dietary and exercise preferences in families with children between 6 and 8 years old, focusing on the critical period of obesity rebound and the establishment of eating and activity patterns. Participants were deliberately selected from a public school located in a neighborhood where parents had low socioeconomic and educational backgrounds, placing their children at higher risk for weight-related health issues. All 91 families associated with the school were invited to participate. Parents were contacted either during parent-teacher meetings or through letters sent home with their children. Of the 50 parents from 35 families who agreed to take part in the study, 26 fathers were initially chosen, with additional participants included to ensure diversity in factors linked to overweight and obesity.

Ethical approval for the present study was obtained from the Institutional Ethics Committee of Vinayaka Missions College of Nursing, affiliated to Vinayaka Missions Research Foundation (VMRF), Salem, AVMC Campus, Puducherry (Ref No: EC/VMCN/2023/648). A Participant Information Sheet was provided to all participants, and written informed consent was obtained prior to their inclusion in the study.

Statistical Analysis: The analysis process involved several steps: encoding interviews, identifying thematic clusters, extracting general concepts and structures, and documenting personal observations and insights. The research oscillated between these phases. To preserve the participants' intended meanings, most data analysis was conducted. Upon identifying patterns and categories, the final categories and relevant quotations were translated into English. The software Nvivo 2.0 facilitated data coding, retrieval, and analysis. Each interview was examined at least four times. During the initial reading, first-level coding was used to highlight terms that seemed to indicate key aspects of dietary and exercise choices. In subsequent readings, these highlighted words were used to create descriptive codes, which were

meaningful labels assigned to different sections of the interview transcripts and later guided the identification of other categories and themes within the data. Along with coding, memos containing code explanations or research reflections were recorded in Nvivo and utilized to develop concepts from raw data.

Results

The research identified three primary themes through interviews: Healthy Lifestyle Perceptions of Parents: Interviewees shared their opinions on what they considered a wholesome lifestyle for their children, considering elements such as diet and physical activity. Family Priorities for Children's Nutrition and Exercise: Households discussed their main concerns regarding their children's eating habits and physical activities. Parental Influence on Nutritional and Activity Choices: This theme explored how parents viewed their influence and responsibility in making decisions about their children's food intake and physical pursuits.

Table 1: Interviews with participants were conducted

Participants	Both parents	Mother alone	Father alone	Total
Number of interviews	10	20	5	35
Number of parents taking part	25	20	5	50

Most families consisted of two adults and their children, though some were headed by divorced or separated women. The respondents were primarily stay-at-home mothers, with over half engaged in part-time or full-time employment. Approximately half of the participants had completed secondary education, while the rest had attended trade schools or colleges. Among the participating families, four had overweight children, six had obese children, and the remaining 25 had children of healthy weight. The study examined various family characteristics, eating and activity habits, and social factors to identify contributors to overweight and obesity. Table 1 presents the interviews with participants.

Table 2: Examples of the subjects discussed in the interview

Topics used to examine parental perspectives
The children's consumption of certain foods, or their absence
Children's unstructured or structured, solo or group activities
How they raised their kids' food-related decisions
choosing extracurricular activities
Children's unstructured or structured, solo or group activities
Information and other requirements for keeping their kids at a healthy weight

The research involved 35 in-depth, informal discussions with parents. Some couples (12) chose joint interviews, while most preferred individual sessions. The conversational nature allowed parents to freely share experiences and perspectives. Interviews were conducted at convenient locations, either at parents' homes or the school. To initiate dialogue, researchers often began with questions like, "Could you describe a typical day with your children?" Follow-up questions were used to delve deeper into responses. A topic list was developed to ensure comprehensive coverage of relevant topics, facilitating

the interview flow when answers were brief or lacked detail. Interviews averaged 40 to 50 minutes. Participants provided verbal consent before their interviews were recorded using a digital device. Recordings were transcribed verbatim for analysis. Examples of topics discussed are presented in Table 2.

Table 3: Theme 1, Divisions and subdivisions for “healthy lifestyle”

Healthy lifestyle	Divisions	Subdivisions
	Healthy diet	Variety, harmony, and fullness
		Nutritional good and bad
		Traditional foods have value
	Being active	Engaging in routine activities
		Playing outside and participating in extracurricular activities

As additional readings revealed patterns in beliefs, attitudes, and decisions, descriptive labels tended to consolidate into smaller groups with more general and abstract categories. Categories were adjusted to accommodate contradictory, negative, and confirmed cases. Table 3 illustrates the categories and subcategories for a "healthy lifestyle".

Table 4: Theme 2, Divisions and subdivisions of participants' preferences for children's food and activity

Participants preference	Divisions	Subdivisions
	Eating patterns	Picky eating is a frequent habit.
		Under eating causes anxiety.
		positive perception of being a heavy eater
	Activity patterns	Being calm, quiet, acting properly, and maintaining equilibrium.
		It's normal for kids to be active

Parents believe a nutritious diet should be well-rounded, focusing on the nature, composition, and proportion of each food item rather than overall quantity. They categorize foods as either beneficial or detrimental. A wholesome diet includes vegetables, fruits, legumes, fish, dairy products, and olive oil. It's crucial to limit the consumption of sweets, candies, commercially produced baked goods, and fast food, as well as reduce salt, sugar, and fat intake. Parents strongly value and trust traditional foods, organically grown produce from home gardens, or regional dishes they consumed while growing up (such as chorizo, pork, legumes, vegetables, local fruits, and cow's milk). They associate industrially produced, quick, and pre-made foods like hamburgers and pizza with fast food establishments, contemporary culture, and obesity-related health problems. Table 4 illustrates parental perspectives on a healthy lifestyle.

Being active

For parents, an energetic child was primarily defined by their involvement in daily activities, ability to

move and play without issues, and academic success. They associated engagement with outdoor play in public areas like schoolyards, plazas, and streets, as well as participation in school gymnastics and other extracurricular pursuits. Being active also included limiting excessive use of electronic devices. Surprisingly, many parents didn't consider organized sports or structured fitness routines necessary for a child to be deemed active. They also didn't view typical daily activities like walking to school or opting for stairs over elevators as essential for being active.

Table 5: Theme 3 ‘Parental role’: divisions, subdivisions

Parental role	Divisions	Subdivisions
	Assuring intake	Understanding the needs of their kids
		Ensuring a large and varied supply
		Education (teaching principles, self-discipline, and self- regulation)
	Promoting the psychological and emotional health of kids	Assisting Others In Finding Activities
		The Promotion Of Socialization

Parents observed that children can be selective and picky eaters, often rejecting certain foods. Interestingly, they hypothesized an inverse relationship between parental classification of meals and children's preferences, with kids often favoring items their parents considered less nutritious. Parents were worried about the quantity and variety of food their children consumed, expressing satisfaction when meals were finished and diverse foods were tried. Being a hearty eater was viewed positively, and parents became worried if they felt their children weren't eating enough. Undereating was perceived as a potential threat to children's growth, development, and health, with concerns about possible connections to eating disorders. Parents of picky eaters often worried about their children's eating habits, while those with well-fed, robust children felt proud. Some parents saw their children's large appetites as a reflection of their successful parenting. Table 5 illustrates the parental role in their children's eating habits.

Table 6: Healthcare promotion at base, mid, and end of the decade for various disciplines

Disciplines	Percentage (%)		
	Baseline	Mid-decade	End of Decade
Baccalaureate nursing	98	98	97
Nurse practitioner	95	85	93
Medicine-DO	97	99	97
Medicine-MD	99	99	97
Pharmacy	95	90	96
Physician Assistant	97	85	99

Most parents believed their children were active due to observing them moving and engaging in various activities. However, when considering children's self-reports and school activities, it appeared that kids were less energetic than their parents assumed. Parents noted varying degrees of physical activity, and occasionally viewed having "very active" children positively. They associated excessive activity with restlessness, indicating potential concern about hyperactivity. Parents valued calm and quiet behavior in

children, or minimal movement and inactivity. This conduct was perceived as a desirable trait, as parents linked it to good behavior and balance. Table 6 illustrate healthcare promotion across different disciplines at the beginning, middle, and end of the decade.

Perceived roles of parents Ensuring ingesting

Caregivers encouraged their children to consume all their meals, feeling responsible for their nutritional intake. They believed they were best equipped to determine the appropriate types and quantities of food for their offspring, assuming that if left to their own devices, children would not make healthy dietary choices. Those who valued food beyond its monetary worth also saw mealtime as an opportunity to educate their children about avoiding waste. Their aim was to instill self-discipline and autonomous eating habits in their children. In this context, self-regulation meant adapting to the portions provided by parents without constant prompting to finish meals. However, children were not given the freedom to decide their own portion sizes. This approach appears to prioritize compliance over genuine self-control.

Table 7: Report rate for the health promotion and disease

Discipline	Rate (%)			
	Inadequate	Problematic	Sufficient	Excellent
Health care	23.4	38.2	33.7	5.4
Disease prevention	28.7	33.9	31.4	8.4
Health promotion	28.6	31.7	23.4	8.9

Caregivers believed their children were sufficiently active and didn't need additional exercise. Rather than focusing on physical exertion, they prioritized guiding and supporting their kids in exploring activities that enhanced socialization, safety, and overall well-being. The suggested alternatives didn't emphasize exercise, as concerns about screen time were more associated with isolation and reduced creativity than physical inactivity. At home, parents provided opportunities for imaginative and collaborative play through toys, board games, artistic activities, reading, or academic tasks. Since children were considered too young to venture out alone, adults made decisions about indoor or outdoor activities, necessitating constant supervision in a specific area. Proposed activities for children had to fit into parents' busy schedules, with coordinating various after-school commitments for siblings proving even more challenging. Consequently, children's participation in activities was influenced by both their siblings' obligations and their parents' timetables. Figure 3 and Table 7 are showing the Report 2022 in health promotion and disease.

Discussion

The present study sought to examine negative and divergent cases to enhance variability within a socioeconomically challenged population, an approach consistent with qualitative research principles described by Patton et al. [12]. Theoretical saturation was achieved when no additional cases could be included without altering the core constructs under investigation, supporting analytical generalizability through maximum variation sampling. Such an approach strengthens the interpretive depth of qualitative inquiry and has been widely applied in health and behavioral research contexts [11,12].

Although the study explored food and physical activity decisions within a specific local setting, the

findings have broader relevance. Prior research by Budreviciute et al. emphasized that socioeconomic disadvantage plays a critical role in shaping lifestyle behaviors that contribute to non-communicable diseases, including childhood obesity [1]. Similarly, Chen et al. proposed conceptual models of food choice that highlight the interaction between individual preferences, social environment, and economic constraints, reinforcing the importance of contextual factors observed in our study [5].

The emphasis on parental beliefs and preferences aligns with evidence presented by Chowdhury et al., who demonstrated that culturally embedded food beliefs strongly influence dietary behaviors and health decision-making in socioeconomically marginalized communities [6]. These findings underscore the need for culturally sensitive health promotion strategies rather than universal dietary prescriptions, as also advocated by Cena et al. in defining healthy dietary patterns across diverse populations [4].

Socioeconomic position has consistently been linked to children's dietary quality and activity levels. Studies by Patja et al. highlighted the importance of incorporating health promotion principles into professional education to address structural determinants of health, including family affluence and environmental barriers [11]. Furthermore, Scoditti et al. and Lăcătușu et al. emphasized that diet-related behaviors are deeply influenced by social and economic contexts, which can either facilitate or hinder healthy lifestyle adoption [10,15].

The findings of this study also resonate with broader nutritional research demonstrating the role of food environment and accessibility. Investigations by Carrero et al. and Cupisti et al. illustrated how dietary choices are shaped not only by knowledge but also by affordability and availability, particularly among low-income populations [2,3]. Likewise, functional and traditional foods examined by Rojas-Rivas et al., Rodríguez-García et al., and Ganesan et al. highlight the cultural dimensions of food acceptance and the potential for culturally relevant nutrition interventions [9,13,14].

Additionally, dietary diversity and food processing practices influence health outcomes, as described by Dimidi et al. and Devaraj et al., who reported that fermented and fiber-rich foods may promote metabolic health when integrated into culturally acceptable dietary patterns [7,8]. These insights support the study's emphasis on aligning health promotion strategies with parental preferences and lived realities rather than imposing externally defined norms.

Overall, the present findings corroborate existing literature indicating that socioeconomic factors are strongly associated with children's dietary and physical activity behaviors. Family affluence has been shown to be inversely related to unhealthy lifestyle practices, reinforcing the importance of addressing structural and environmental determinants alongside individual behavior change. By integrating parental perspectives, cultural context, and socioeconomic realities, this study contributes to a more nuanced understanding of childhood health promotion and obesity prevention, consistent with evidence across diverse public health and nutrition research [1–15].

Conclusions

Parental approaches to children's nutrition and physical activity vary widely. Some parents harbor unwarranted concerns about their children's eating habits and activity levels, often due to a lack of understanding regarding the risks of overeating and sedentary behavior. This anxiety can lead to excessive control over food intake and discouragement of exercise. These perceptions significantly shape parenting strategies and decisions. Interestingly, parental worries about under- and over-consumption, as well as activity levels, often conflict with public health initiatives aimed at reducing

calorie intake and promoting physical activity. To gain a more comprehensive understanding of the challenges faced by families across different socioeconomic backgrounds, future studies should explore diverse populations and gather insights from households with varying economic circumstances, particularly comparing the experiences of lower-income families to those of more affluent households.

Conflict of Interest: Nil

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