The Awareness of Housewives on the Quality of Healthy Food

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ABSTRACT

Housewives' knowledge about healthy food may influence the formation of their eating behaviors. Methods: using collecting sampling, a total of 313 housewives were recruited for the study. A questionnaire consisting of several sections was used for assessing nutrition knowledge where questions were adopted. Demographic data (Education level, age, income, and other Parameters) about nutrition education, the starting date of collection of questionnaire data was for eight months starting from 01/02/2019 to 01/11/2019. Results: the percent of married women was 62.0%, single by 19.0%, widows, by 12.2%, and divorce women by 6.1%, the percent of Economic Situation, the highest percentage for the medium by 91.0%, the graduate level high percentage of 41.2% followed by a high graduated Level of 38.3% then a Medium level with 8.3% and who have no level of education was 12.1%, the mean and respectively, the Correlations between the awareness of housewives about the educational level and Life Style of housewives, and there was no relationship between Knowledge with Life Style & Education level that the P-Value = 0.000, that is significant at the 0.01 level (p-value). The Education level of housewives about the Life Style of housewives that the table illustrated there was no relationship between the Education level of housewives and Life Style p-value = 0.002, which is significant at the 0.01 level (p-value). The Life Style of housewives and the Marital Status of housewives that the P-Value = 0.005, which is significant at the 0.01 level (p-value). Conclusion: From these results, it was found that there is not a strong correlation between the extent of awareness of healthy nutrition, age, school level, and economic level, and that, there is a strong relationship between healthy food awareness and watching TV, and this indicates the importance of Education programs.

INTRODUCTION

World Health Organization (WHO) has developed the Five Keys to Safer Food program as a guide available to provide basic principles that everyone should know to ensure safer food and prevent foodborne illness, cook well, keep food at a safe temperature, and use safe water and raw materials (Ashkanani et al., 2021). The education level of pregnant women and socioeconomic status were positively associated with nutrition knowledge. The study shows satisfactory knowledge and attitude toward nutrition and diet during pregnancy but practices toward nutrition are still lacking among the study population. Thus, a significant gap is there in translating knowledge attitude into practice (Sangwan et al., 2022). The good knowledge of minimum dietary diversity for children 6–23 months old and a very low proportion of children 6–23 months old received diversified meals according to Infant and Young Child Feeding indicators. It was identified that different factors
are responsible for this discrepancy (Hindawi, 2017).

Lower levels of education and people in rural areas benefit more from increased knowledge about food. The policy implications of this study are also discussed. (Sun et al., 2021), the development of consumption of organic food products, many factors that are seen among consumption obstacles is actually related to consumer knowledge (Demirtas, 2018). The differences between how single women and single men experience constrained access to country foods may partially account for previous findings that single women in arctic settlements appear to be at particular risk for food insecurity (Collings et al., 2016). A more effective strategy is needed to increase the awareness of the Malaysian Healthy Plate concept among rural adults (Che Abdul Rahim et al., 2022). The majority of the mothers of children in Jordan with ECC had poor knowledge about their children’s oral health status. Moreover, seeking dental treatment was delayed by a large number of mothers of children with ECC (BaniHani et al., 2021). The most effective nutritional information system to inform consumers about the nutritional quality of foods in Morocco, where could constitute a useful tool to help consumers in their food choices in situations of purchase (Aguenaou et al., 2021).

Public health strategies should focus on encouraging parental healthy-eating attitudes rather than simply educating parents on what to feed their children, recognizing the important influence of parental behavior on children’s practices (Romanos-Nanclares et al., 2018), the mothers have good knowledge of minimum dietary diversity for children 6–23 months old and very low proportion of children 6–23 months old received diversified meal according to Infant and Young Child Feeding indicators. It was identified that different factors are responsible for this discrepancy (Agize et al., 2017). Consumer preference for organic vegetables is still considered quite low. Factors influencing low consumer preference are the price of organic vegetables, which is more expensive than non-organic vegetables, and the unattractive packaging of organic vegetables (Adawiyah et al., 2021). Healthy dietary habits and stress management techniques need to be incorporated from very early life (Kaundal et al., 2022). Adequate knowledge and attitudes of mothers about diet can be a factor that prevents nutritional problems (stunting and malnutrition) (Marchianti et al., 2022), the food safety knowledge of street food vendors and the sanitary conditions of their street food vending environment in the Zululand District, South Africa (Nkosi & Tabit, 2021). Products are the healthiest and most nutritious food products, which can have a significant impact on quality of life and health (Rahnama, 2017). The food safety awareness did not have a simultaneous effect (p>0.05) on the interest in buying frozen food products which indicates the low level of food safety awareness among housewives in D.I (Sari et al., 2022). The food quality of street food showed a stronger influence on utilitarian value among the low-risk perception group than the high-risk perception group depending on the consumers’ level of awareness of food safety (Seo & Lee, 2021). Improved food knowledge and preferences require a positive food environment and time to develop healthy eating behaviors (Sirasa et al., 2021). Knowledge about the product made by internal stimuli and interpretation of the products happen through external stimuli. Internal stimuli are more powerful for women especially when they play the role of mother and caretaker of the family (Nevedida et al., 2022).

METHODS

Study design

Using convenience sampling, a total of 313 housewives were recruited for the study. A questionnaire consisting of several sections was used for assessing nutrition knowledge where questions from data were adapted. Demographic data (Education level, age, income, and other data) about nutrition education, the starting date of collection of questionnaire data was between 03/2019 to 01/2020.

Collecting Data

After obtaining informed consent, the participants were asked to fill out the questionnaire for the first time, and this served as the baseline data. Participants who were not at ease with reading and/or had difficulty writing down the answers were assisted; the questions were read and the answers were jotted down.
Statistical Analysis

The data analyzed the usage of the Statistical Package for the Social Science (SPSS)® model 26.0. Statistical analyses have been done with the usage of different checks and evaluation of variance to evaluate variations in baseline nutrition knowledge.

RESULTS AND DISCUSSION

To measure the Reliability Statistics of the questionnaire, we used Cronbach's Alpha to verify study consistency = 0.586 nearby 1 that's means the questionnaire data are real to accreditation. The following table 1.

Table 1. Frequencies of all parameters and their percent

| Parameter                                | Percent % | Frequency |
|-------------------------------------------|-----------|-----------|
| **Age Categories**                        |           |           |
| 15 - 25 Years                             | 13.4      | 42        |
| 26 - 35 Years                             | 27.5      | 86        |
| 36 - 45 Years                             | 27.8      | 87        |
| 46 - 55 Years                             | 24.9      | 78        |
| 56 - 65 Years                             | 4.8       | 15        |
| 66 - 75 Years                             | 1.6       | 5         |
| **Education level**                       |           |           |
| There is no                               | 12.1      | 38        |
| Graduated level                           | 41.2      | 129       |
| High graduated Level                      | 38.3      | 120       |
| Medium Level                              | 8.3       | 26        |
| **Marital status**                        |           |           |
| Married                                   | 62.0      | 194       |
| Single                                    | 19.8      | 62        |
| Widow                                     | 12.1      | 38        |
| Divorced                                  | 6.1       | 19        |
| **Economic situation**                    |           |           |
| Medium                                    | 91.1      | 285       |
| Weak                                      | 0.6       | 2         |
| High                                      | 8.3       | 26        |
| **Satisfied of Healthy food knowledge**   |           |           |
| Yes                                       | 56.2      | 176       |
| No                                        | 43.8      | 137       |
| **Watching Cooking programs**             |           |           |
| Yes                                       | 49.8      | 156       |
| No                                        | 16.9      | 53        |
| Some times                                | 33.2      | 104       |
| **Awareness by the requirement of Healthy Food** |       |           |
| Yes                                       | 60.4      | 189       |
| No                                        | 39.6      | 124       |
| **Effect of iron absorption by tea drinking** |       |           |
| Yes                                       | 77.6      | 243       |
| No                                        | 1.9       | 6         |
| I 'Don't Know                             | 20.4      | 64        |
Food which contain Ca+
- Dairy, Eggs, Cheese, etc. 99.4 311
- I Don't know 0.6 2

Food which Contain Portion
- Meat, Poultry, Legumes, etc. 99.4 311
- I Don't know 0.6 2

Change mind about nutrition behavior to improve health
- Yes 56.2 176
- No 43.8 137

Content of healthy food
- Correct answers 60.4 189
- I Don’t Know 39.6 124

Total 100.0 % 313

Figure 1 shows that the percentage of married women was 62.0% than single by 19.0%, widows by 12.2 %, and divorce women by 6.1 %

Figure 2 shows the percentage of Economic Situation, that the highest percentage for the medium by 91.0 %

Descriptive Statistics parameters are shown as, the mean and respectively, Education level, Economic Situation, Food which contains Ca+, Food which contains portions, Change mind about nutrition Behavior to improve health, Satisfied of food knowledge, Essential meals, Awareness of the requirement of healthy food, Watching to cooking program, as shown in the table in table 2.
Table 2. Descriptive Statistics parameters, Mean & Std. Deviation

| Parameter                                      | Mean   | Std. D  |
|------------------------------------------------|--------|---------|
| Education level                               | 2.4281 | 0.80986 |
| Economic Situation                            | 1.1725 | 0.55667 |
| Food which contain Ca+                        | 13.0064| 0.07981 |
| Food which contains portion                    | 13.0064| 0.07981 |
| Change mind about nutrition Behavior to improve health | 1.3482 | 0.47718 |
| Satisfied of food knowledge                   | 1.4377 | 0.49690 |
| Essential meals                               | 1.3738 | 0.59718 |
| Awareness by requirement of healthy food      | 1.3962 | 0.48988 |
| Content of healthy food                       | 8.3962 | 0.48988 |
| Watching to cooking program                   | 1.8339 | 0.89758 |

Table 3. Correlations between the attention of housewives concerning the academic level and Life variety of housewives

| Correlations | Life Style (R) | Education level |
|--------------|---------------|-----------------|
| Knowledge    | 0.440        | -0.299          |
| P-Value       | 0.000        | 0.000           |
| N             | 313          | 313             |

Table 4 shows the Correlation between the Education level of housewives about the Life Style of housewives that the table illustrated there was no relationship between the Education level of housewives and Life Style p-value = 0.002, Correlation is significant at the 0.01 level (p-value).

Table 4. Correlation between the Education level of housewives about the Life Style of housewives

| Correlations | Life Style |
|--------------|------------|
| Education level | -0.1711    |
| P-Value       | 0.002      |
| N             | 313        |

Table 5 the Correlations between the Life Style of housewives about the Marital Status of housewives

| Correlations | Marital Status |
|--------------|---------------|
| Life Style   | (R)           |
| P-Value      | 0.005         |
| N            | 313           |

From the data, the responsibility Statistics of the form, we used Cronbach's Alpha to verify study consistency = 0.586 close one which means the questionnaire knowledge is real to enfranchisement. within table 1, for highest % for Graduated level and High graduated Level means the housewives have an honest education, by (41.2%, 38.3%), regarding economic standing the very best percentage for medium (91.1%), the percentage of Awareness by demand of Healthy Food (77.6%). The knowledge of Content for healthy food (60.4%).

In table 2, Descriptive Statistics parameters are shown as, the mean and severally, Education level, Economic scenario, Food that contain Ca+, Food which contain portion, amendment mind regarding nutrition Behavior to boost health, glad of food knowledge, Essential meals, Awareness by demand of Healthy food, looking at to as shown as in table 3 the change of state program, the Correlations between the notice of housewives about the tutorial level and Life variety of housewives, the table illustrated there has been no relationship among information with Life style & Education level that the P-Value = 0.005 that the Correlation is very large on the 0.01 stage (p-value). Table 4 suggests the Correlation between the Education level of housewives regarding the Life variety of housewives that the table illustrated there was no
relationship between the Education level of housewives and Life vogue p-value = 0. 002, the correlation is huge on the 0.01 level (p-value). In table 5 the Correlation between the Life variety of housewives approximately the legal status of housewives is that P-Value = 0.005, that the Correlation is huge on the 0.01 level (p-value).

CONCLUSION
From these results, it was found that there is not a strong correlation between the extent of awareness of healthy nutrition, age, school level, and economic level, and that, there is a strong relationship between healthy food awareness and watching TV, and this indicates the importance of Education programs.

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