

**SOCIOECONOMIC PROFILE AND NUTRITIONAL BELIEFS IN
RELATION TO PRACTICES AND OUTCOMES AMONG
PRESCHOOL CHILDREN OF RURAL HOUSEHOLDS**

RACHEL JOY MACARO

SHAIRA MEGAN D. MENDOZA

MERVIN JAY MICULOB

SUSIE MARIE S. MUAÑA

JYVH B. OCTAO



MISAMIS UNIVERSITY

June 2024

**SOCIOECONOMIC PROFILE AND NUTRITIONAL BELIEFS IN
RELATION TO PRACTICES AND OUTCOMES AMONG
PRESCHOOL CHILDREN OF RURAL HOUSEHOLDS**

An Undergraduate Thesis
Presented to the Faculty of the College of Nursing,
Midwifery, and Radiologic Technology
Misamis University,
Ozamis City

In Partial Fulfillment of the
Requirement for the Degree
Bachelor of Science in Nursing

RACHEL JOY MACARO

SHAIRA MEGAN D. MENDOZA

MERVIN JAY MICULOB

SUSIE MARIE S. MUAÑA

JYVH B. OCTAO

MISAMIS UNIVERSITY

June 2024



**MISAMIS UNIVERSITY
Ozamiz City**



College of Nursing, Midwifery, and Radiologic Technology

CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this research output entitled **"SOCIOECONOMIC PROFILE AND NUTRITIONAL BELIEFS IN RELATION TO PRACTICES AND OUTCOMES AMONG PRESCHOOL CHILDREN OF RURAL HOUSEHOLDS"**, prepared and submitted by **Rachel Joy Macaro, Shaira Megan D. Mendoza, Mervin Jay Miculob, Susie Marie S. Muaña, and Jyvh B. Octao**, has been examined and recommended for acceptance and approval.

MERASOL O. DUYAG PhD, RN, LPT
Adviser

Approved by the College of Nursing, Midwifery, and Radiologic Technology
Thesis Committee.

SUSAN NG SANTOS, MAN, RN
Member

MAEBIL MARIE B. GO, MAN, RN
Member

GINALYN C. ELMEDULAN, MAN, RN
Chairman

Accepted and Approved in Partial Fulfillment of the Requirements for the
Degree of Bachelor of Science in Nursing

Oral Defense Date: June 2024

JESUS G. OCAPAN JR., PhD, RN, JD
Dean, CNMRT

ABSTRACT

Nutrition is crucial for health and development, significantly impacting child health, immune systems, and disease risk. Despite its importance, malnutrition remains a global challenge. This study investigates the relationship between socioeconomic profile (SEP), nutritional beliefs, practices, and outcomes among preschool children in rural households. SEP includes ethnicity, education, and income, while cultural and social factors shape nutritional beliefs and practices and refer to dietary habits. Outcomes are measured by stunting and wasting. Data was collected using a modified questionnaire and analyzed using mean, standard Deviation, and Pearson correlational study in a non-experimental correlational study. Respondents included mothers and direct caregivers of 42 preschool children in a Non-governmental Foundation Feeding Program at a Molave, Zamboanga del Sur school. Key findings indicate a Cebuano-dominated sample, mostly housewives with a monthly income of 1,000-5,000 pesos. While nutritional beliefs and practices were high, no significant relationship was found between dietary practices and SEP factors such as income, education, or ethnicity. Half of the children had normal nutritional status, but a significant portion experienced stunting. A notable correlation existed between nutritional beliefs and food choices. The study underscores the need for strategies that consider economic status and cultural beliefs to improve nutritional practices among rural preschoolers. Recommendations include community involvement, school collaboration, and targeted health programs to bridge the gap between nutritional beliefs and actual practices.

Keywords: *dietary practices, educational attainment, ethnicity, food choices, income, nutritional beliefs, nutritional outcomes*

This research paper is dedicated to those whose support, guidance, and encouragement have been essential throughout this journey.

To our parents, for their steadfast love, sacrifice, and faith in our dreams.

To our classmates, for their camaraderie, support, and the shared experiences that have enriched our academic lives. To our friends, for their encouragement, understanding, and the joy they bring into our lives.

To our mentor, Mrs. Merasol O. Duyag, for her insightful guidance, patience, and dedication. Above all, to Almighty God, for His divine guidance and blessings.

The Researchers

ACKNOWLEDGMENTS

This study would not be fulfilled without the strength given by our Almighty God and with the support and guidance of the following people:

We extend our heartfelt thanks to Dr. Jesus G. Ocapan Jr., Dean of the College of Nursing, Midwifery, and Radiologic Technology, for his unwavering encouragement and guidance.

Our sincerest and heartfelt gratitude to Ma'am Merasol O. Duyag our research adviser, for guiding us along the way, giving her wisdom, and making admirable efforts in the hope of making our research successful and the best possible.

To our families, who gave us financial support financially, and our friends and co-researchers, who were there, answered relatable questions, and gave updates on each one.

To Ma'am Judy Jane S. Revelo, our statistician, who helped us in the construction of our statement of the problem, analyzed our data and gave us guidance on how to interpret our findings.

To our panel members, Ma'am Ginalyn C. Elmedulan, Susan Ng Santos, and Maebil Marie B. Go, who thoroughly examined our paper and gave us meaningful comments, suggestions, and appreciation for our work.

To all faculty members, who provided and assisted us with validating the academic performance of the students. We are very grateful and appreciate your kindness and assistance. Thank you!

The Researchers

TABLE OF CONTENTS

	Page
TITLE PAGE.	i
CERTIFICATE OF PANEL APPROVAL.	ii
ABSTRACT	iii
DEDICATION.	iv
ACKNOWLEDGMENT.	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
 INTRODUCTION	
Rationale of the Study.	1
Theoretical Framework	3
Conceptual Framework.	5
Research Gap.	11
Statement of the Problem	11
Significance of the Study	11
 RESEARCH METHODOLOGY	
Design.	12
Environment.	12
Unit of Analysis, Respondents and Sampling Procedure.	13
Data Gathering Instruments and Procedure.	13
Validity and Reliability of the Instrument.	14
Scoring Guidelines.	14
Mode of Analysis, Statistical Instruments/Procedure.	16
Ethical Considerations	17
RESULTS AND DISCUSSIONS.	18

CONCLUSIONS, AND RECOMMENDATIONS

Conclusions	31
Recommendations	31
REFERENCES.	33
CURRICULUM VITAE	64

LIST OF TABLES

Table	Page
1 Respondents' Profile in Terms of Ethnicity, Educational Attainment, and Income	20
2 Respondents' Nutritional Belief	21
3 Respondents' Nutritional Practices in Terms of Food Choices and Dietary Practices	23
4 Respondents' Nutritional Outcomes	24
5 Significant Relationship Between Socioeconomic Income and Nutritional Practice	26
6 Significant Relationship Between Socioeconomic Income and Nutritional Outcome	27
7 Significant Relationship Between Nutritional Belief and Nutritional Practice	29
8 Significant Relationship Between Nutritional Belief and Nutritional Outcomes	30

LIST OF FIGURES

Figure		Page
1	Schematic Presentation of the Study.	10

LIST OF APPENDICES

Appendix	Page
A Research Questionnaire (Blank). . . .	36
B Sample of Filled Out Questionnaire. . . .	47
C Sampling Computation. . . .	55
D Informed Consent Form. . . .	56
E Approved Letters of Request . . .	57
F Statistical Computations . . .	60
G Documentations (Photos). . . .	61
H Grammarly Report, and Turnitin Results. . .	62

INTRODUCTION

Rationale/Background of the Study

Nutrition plays a vital role in health and development. A healthy diet consists of a sufficient, balanced food intake and regular exercise, which is fundamental to overall wellbeing. Enhanced nutrition is linked to better health outcomes for infants, children, and mothers, more robust immune systems, safer pregnancies and deliveries, reduced chances of chronic diseases like diabetes and heart disease, and increased lifespan (WHO, 2023). Approximately 45% of fatalities among children under the age of 5 are associated with undernutrition, primarily occurring in low- and middle-income nations. Concurrently, these same countries are witnessing an increase in the prevalence of childhood overweight and obesity. As of 2020, it was estimated that 149 million children under five were stunted (short for their age), 45 million were wasted (underweight for their height), and 38.9 million were classified as overweight or obese (WHO, 2021). Research has indicated that environmental and dietary aspects contribute to malnutrition, particularly among children. The main factors influencing this issue are diet and diseases, with sociodemographic affecting access to healthcare services, nutritious food, a healthy physical environment, nutrition education, parenting practices, education level, household income, and food security (Zheng et al., 2022).

Poverty generates unstable and detrimental circumstances that may exacerbate malnutrition. Poor individuals frequently encounter financial obstacles, making it difficult to obtain safe, adequate, and nutritious food (Siddiqui, 2020).

Various kinds of food taboos and cultural beliefs exist, differing from one society to another and encompassing adult and child nutrition (Shackleton et al., 2019). A particular study indicated that taboos, customs, and beliefs impact malnutrition differently (Komokoti et al., 2019). Another study noted that food taboos hinder progress in combating undernutrition due to prevailing cultural beliefs. These beliefs restrict vital nutrient consumption (Chakona et al., 2019).

Dietary habits change over time, influenced by various social and economic elements that interact in multifaceted ways to form personal eating patterns. These elements encompass income, food costs (which impact the accessibility and affordability of nutritious foods), individual preferences and beliefs, cultural customs, and geographical and environmental factors (including climate change) (WHO, 2020).

Socioeconomic profile (SEP) and nutritional beliefs play crucial roles in shaping nutritional practices and outcomes among preschool children, ultimately influencing their overall nutrition. SEP encompasses economic factors, educational attainment, and occupational status, while nutritional beliefs encompass values, traditions, and practices within a specific community. The intersection of these factors significantly impacts the access to, affordability, and utilization of nutritious food, as well as the cultural context in which dietary choices are made (Jarman et al., 2022).

Nutritional practices among preschool children significantly influence their overall nutrition, with lasting implications for health and development. During the formative preschool years, dietary habits are established, laying the foundation for lifelong wellbeing. Key factors contributing to nutritional practices include dietary patterns, food choices, access to nutritious foods, and geographical and environmental aspects (Preschooler et al.).

Nutritional outcomes like stunting, wasting, and underweight have far-reaching consequences, reflecting both short-term and long-term health challenges. These indicators signify immediate nutritional deficiencies and contribute to compromised cognitive development, increased susceptibility to diseases, and hindered educational and economic potential. Addressing these outcomes is crucial for breaking the cycle of poor nutrition, promoting overall wellbeing, and fostering a foundation for sustainable development (Stanford Medicine Children's Health. (n.d.).

Various studies explore the relationship between different structural and contextual elements, including community-level poverty, obstacles related to

health facilities (both physical and financial), and a range of cultural and local contexts that contribute to disparities in child health across regions (Hasan et al., 2020). This research explores the obstacles to delivering sustainable nutrition care for children facing malnutrition, especially in the rural areas supported by a Feeding Program run by a Non-governmental Organization.

Theoretical Framework

This research employed the Health Promotion Model (HPM) as a fundamental framework throughout the investigation. The Health Promotion Model (HPM), created by Nola J. Pender, a nursing theorist, emerged in the late 1970s and early 1980s. It was initially presented in her book "Health Promotion in Nursing Practice," published in 1982 and revised in 1996 (Petiprin, 2023).

The Health Promotion Model in nursing emphasizes how individual behaviors and lifestyle choices significantly influence health outcomes. It also acknowledges the significant impact of social and environmental elements on health. Central to this model is the belief in individuals' capacity to make informed health decisions and actively engage in actions that enhance their wellbeing (Gonzalo, 2023).

Two vital social determinants of health, socioeconomic profile (SEP) and nutritional beliefs play significant roles in influencing health promotion efforts. SEP represents an individual's economic and social standing within society, affecting their access to crucial resources like healthcare, education, and other essentials for good health. Nutritional beliefs, meanwhile, influence an individual's perspectives on health, healthcare practices, and perceptions of illness and wellness. Pender suggests that by using the HPM, health promotion interventions can be guided to consider and accommodate these social determinants of health. This approach involves tailoring interventions to address SEP-related disparities in access to resources and designing programs that respect and integrate diverse nutritional beliefs. By recognizing and incorporating these

factors, the HPM can enhance the effectiveness and inclusivity of health promotion initiatives (Iwelunmor & Airhihenbuwa, 2017).

The Health Promotion Model (HPM) is crucial for sustainable nutrition as it offers a framework to understand and encourage health behaviors, particularly dietary choices that benefit individual wellbeing and the environment. In sustainable nutrition, the HPM highlights the importance of self-efficacy, perceived benefits, and the barriers to adopting health-promoting behaviors. Nurses can use the HPM to encourage individuals to make sustainable and healthy food choices by helping them recognize the benefits of sustainable nutrition for their health and the environment. The model underscores the importance of individual beliefs, motivation, and perceived control over behavior, which are critical factors in promoting sustainable eating habits (Khoshnood et al., 2018).

The Health Promotion Model (HPM) suggests that an individual's actions and health-related behaviors are shaped by their personal experiences, specific knowledge about behaviors, emotions, and the results of those behaviors. When exploring how these fundamental concepts of the HPM impact the socioeconomic profile (SEP), nutritional beliefs, practices, and outcomes for children between the ages of 2 and 5 years, various factors come into consideration (Gonzalo, 2023).

The socioeconomic profile plays a crucial role in shaping children's living conditions and environments. Key elements such as income, education, occupation, and wealth influence how children experience their upbringing. Children hailing from lower socioeconomic backgrounds often face heightened exposure to environmental stressors. This can manifest as reduced access to nutritious food, insufficient healthcare services, and living conditions that do not meet basic standards, ultimately affecting their growth and development. These adverse individual experiences associated with lower SEP can contribute to disparities in nutritional beliefs, practices, and outcomes for children aged 2 to 5, including higher rates of food insecurity, inadequate dietary intake, and higher prevalence of nutrition-related health issues (Ahmad et al., 2020).

Children from households with higher SEP may have greater exposure to nutrition education, access to diverse food options, and positive role modeling of healthy eating behaviors from caregivers, leading to more positive nutritional beliefs. Conversely, children from households with lower SEP may have limited access to nutrition education, fewer opportunities to experience a variety of nutritious foods, and potentially negative emotional associations with food due to experiences of food insecurity or deprivation, influencing the formation of less favorable nutritional beliefs (Gonzalo, 2023).

Conceptual Framework

Nutritional practices encompass the actions and behaviors related to food choices, meal preparation, and dietary habits. Children from households with higher SEP may have access to a broader range of nutritious foods, regular meals, and a supportive mealtime environment, leading to healthier dietary practices and more positive nutritional outcomes such as appropriate growth and development, lower rates of nutrient deficiencies, and better overall health. In contrast, children from households with lower SEP may experience food insecurity, limited access to nutritious foods, and less stable mealtime routines, resulting in poorer dietary practices and adverse nutritional outcomes such as stunted growth, micronutrient deficiencies, and increased risk of obesity and related health issues (Serasinghe et al., 2023).

Health promotion focuses on assisting individuals in attaining physical health and overall wellness. This approach aims to enable individuals to recognize and fulfill their complete potential for human health by increasing their motivation to adopt health-enhancing behaviors (Walker et al., 1987).

An individual's engagement in behaviors that promote health is shaped by personal attributes and previous experiences, which include biological, psychological, and socio-cultural elements. Biological factors involve age, gender, physical strength, aerobic fitness, agility, balance, body mass index, and developmental stage (Pender, 2011).

Psychological elements include self-worth, motivation, perceived health condition, and individual interpretation of a healthy lifestyle (Pender, 2011). Socio-cultural influences include culture, race, ethnicity, awareness of health-promoting actions, general education, socioeconomic status, and acculturation (Walker et al., 1987).

Regarding health-promoting actions, a person's specific thoughts and feelings significantly influence their involvement in a Health-Promoting Lifestyle (HPL). Within the framework of the Health Promotion Model (HPM), the relevant thoughts include an individual's perception of the advantages and obstacles associated with engaging in health-promoting behaviors, their belief in their ability to carry out these actions, and their reflections on the interpersonal and situational factors that shape their surroundings (Pender, 2011).

Perspectives related to activities encompass the belief in one's ability to act and the perceived advantages and obstacles to taking action. Perceived self-efficacy signifies an individual's confidence in integrating health-promoting practices into their everyday routine (Pender, 2011). The perceived benefits of engaging in health-promoting practices are the favorable results an individual expects to gain from their involvement (Pender, 2011). In contrast, perceived barriers are the possible, imagined, or real challenges that a person thinks may prevent them from participating in health-promoting activities. Additionally, the perceived obstacles to participation are shaped by an individual's anticipated personal costs associated with engaging in healthy behaviors.

Socioeconomic profile refers to an individual's or group's socioeconomic standing on an economic scale, which is influenced by various social and economic factors, including income, the level and type of education, the nature and status of occupation, location of residence, and, in certain societies or segments, ethnic background or religious Socioeconomic (Socioeconomic Profile, n.d.).

Ethnicity is the classification of a group characterized by its perceived cultural uniqueness, which defines the group as a distinct entity. This uniqueness

is thought to manifest in various aspects such as language, music, values, art, literature, family dynamics, religion, rituals, cuisine, naming conventions, public behavior, and material possessions (Delaney, 2023).

Educational attainment denotes the highest degree of education that an individual has completed successfully. The successful completion of an educational level signifies the achievement of the learning goals associated with that level, which is usually confirmed by evaluating the knowledge, skills, and competencies acquired (Statistics Canada, 2021). Individuals with lower educational attainment tend to have diets rich in carbohydrates but lacking fiber. Additionally, this demographic often consumes more sweets and red meats, whereas those with higher educational backgrounds are likelier to eat more fruits, vegetables, and fish (Mejova et al., 2021).

Income represents the total earnings generated from wages and salaries, investment returns, pension distributions, and other receipts. Income plays a significant role in influencing health throughout a person's life. Individuals with low income tend to have poorer dietary quality. Compared to those with higher incomes, lower-income people consume fewer fruits and vegetables, have a higher intake of sugar-sweetened beverages, and exhibit lower overall diet quality (U.S. Department of Health and Human Services, 2020).

Nutritional beliefs consist of individuals' ideas, attitudes, and knowledge regarding food and nutrition. These beliefs may encompass views on specific foods' health advantages or dangers, nutrition's role in preventing or managing disease, and the significance of certain nutrients or dietary habits. Misconceptions about food and food taboos contribute to elevated rates of undernutrition. They significantly influence the diets of pregnant and nursing women, infants, and young children. In the studied community, there are food taboos, although many people no longer adhere to them. Some families or members of particular religions categorize certain food items as suitable for consumption while deeming others less appropriate (Lokossou et al., 2021).

Nutritional practices encompass the habits and decisions individuals make regarding their food consumption. They are crucial to sustaining a healthy way of life (WHO, 2020).

Food choices can be understood as decisions people make about what to eat, influenced by a range of factors, including taste preferences, sensory qualities, cost, availability, convenience, cultural familiarity, and personal beliefs and attitudes toward food. Individuals' food selections are vital for wellbeing and longevity, yet poor dietary choices contribute to millions of fatalities each year (Fard, 2021).

Decisions made about food significantly influence the type and quality of nutrition that children receive at home. Furthermore, parental consumer behavior, such as purchasing specific unhealthy items, can affect their children's diets since parents serve as gatekeepers. Therefore, parents' feeding practices may be a promising target for interventions aimed at preventing unhealthy eating habits (Morago et al., 2023).

Dietary practices are intentional and repetitive behaviors related to food choices, intake, and usage. These practices encompass the kinds and quantities of food consumed, meal frequency and timing, and compliance with specific dietary guidelines or plans. In the Philippines, dietary habits among children are changing, characterized by a decline in fruit and vegetable consumption and an increase in sugary, salty, and fatty foods. A significant proportion of children aged 13 to 15 (74%) eat fewer than three servings of vegetables daily, while over a third (38%) consume at least one soft drink daily. The rate of overweight children aged 5 to 10 rose notably from 10.4% in 2019 to 14% in 2022. Likewise, overweight rates in adolescents aged 10 to 19 increased from 10.7% in 2019 to 13% in 2022 (UNICEF, 2022).

Nutritional outcomes are determined by dietary intake and nutritional status, which can be evaluated through various methods and indicators. Malnutrition includes deficiencies or excesses in nutrient consumption, imbalances of essential nutrients, or challenges in nutrient utilization. The dual

challenge of malnutrition involves both undernourishment and overweight/obesity, as well as diseases associated with dietary factors. Undernourishment manifests in four main forms: wasting, stunting, underweight, and deficiencies in essential micronutrients (WHO, 2019). Numerous individual risk factors contributing to malnutrition include age, gender, birth weight, breastfeeding practices, and health conditions in childhood. Elements like teenage pregnancies, lower maternal education levels, low birth weight, lack of breastfeeding, and individual food preferences also play a significant role in malnutrition among children under five years of age. Although low birth weight is a personal factor, it is closely connected to maternal health, nutritional status, and the degree of food security in households or communities (Socioeconomic, 2021).

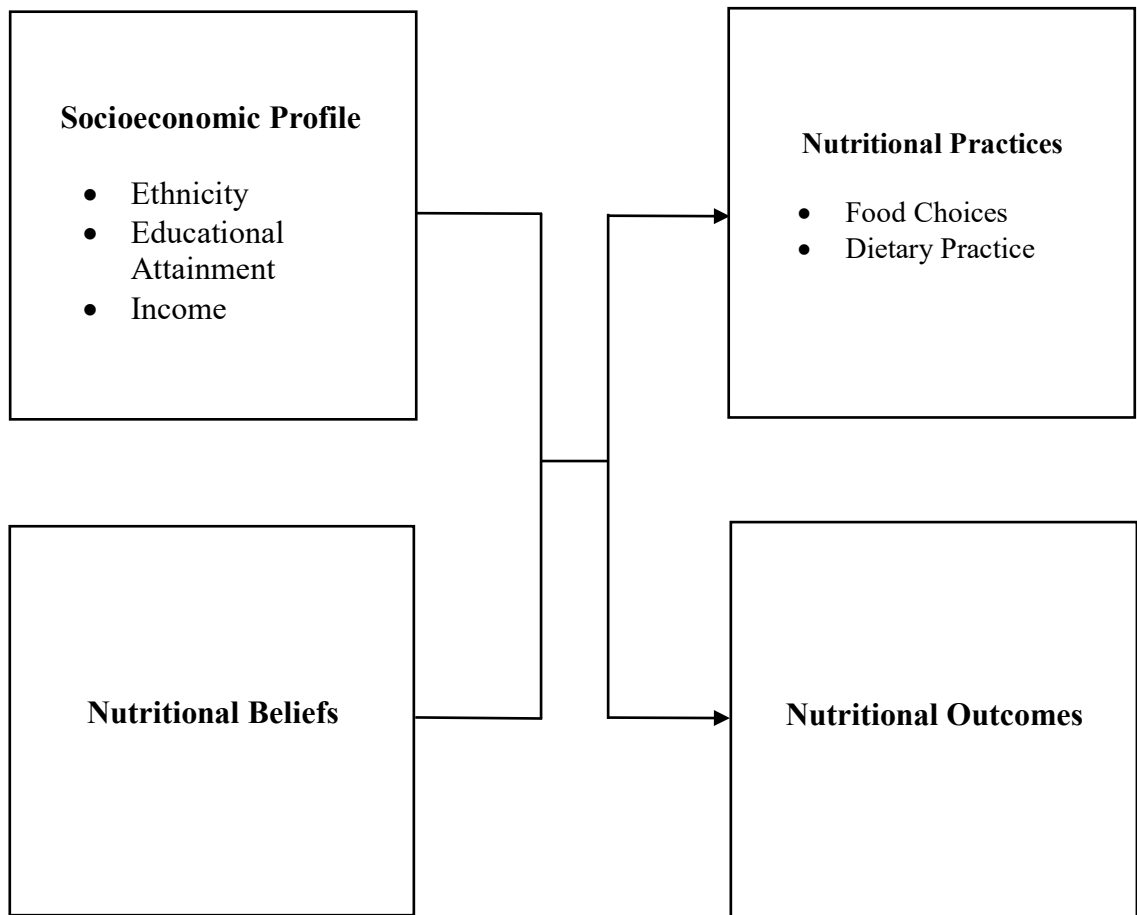


Figure 1. Schematic Diagram of the Study

Objectives of the Study

The socioeconomic assessment assesses the socioeconomic and nutritional beliefs in relation to practices and outcomes among preschool children of rural households' recipients of a Non-governmental Organization Foundation Feeding Program. Specifically, it seeks to: 1) socioeconomic respondents' socioeconomic profile as to ethnicity, education, attainment, and income; 2) determine the respondents' nutritional beliefs; 3) assess the respondents' nutritional practices in terms of food choices and dietary practices; and 4) identify the respondents' nutritional outcomes; 5) explore significant relationship between socioeconomic profile and nutritional practice; 6) assess correlation between socioeconomic profile and nutritional outcomes; 7) determine the relationship between nutritional belief and nutritional practice; 8) determine the relationship between nutritional belief and nutritional outcomes.

This study hypothesized that H01: There is no significant relationship between socioeconomic profile and nutritional practice. H02: There is no significant relationship between socioeconomic profile and nutritional outcomes H03: There is a statistically significant relationship between nutritional belief and nutritional practice. H04: There is a statistically significant relationship between nutritional belief and nutritional outcomes.

Significance of the Study

This study is designed to assess families' socioeconomic conditions and nutritional beliefs, practices, and outcomes. Furthermore, it underscores the necessity for interventions and policies aimed at overcoming these obstacles to enhance the nutritional outcomes of children residing in rural households.

RESEARCH METHODOLOGY

Research Design

This research is quantitative and specifically utilizes a non-experimental correlational design. A non-experimental correlational study explores the relationship among two or more variables without implementing controlled interventions. This research design involves observing and analyzing pre-existing patterns and relationships. Its goal is to determine whether variations in one variable correspond with variations in another variable.

This non-experimental correlational study explores socioeconomic relationships between socioeconomic profile, nutritional beliefs, nutritional practices, and outcomes among preschool children in rural households. The early years are crucial for child development, and nutrition plays a pivotal role in shaping health and socioeconomic standing. How socioeconomic factors and caregivers' nutritional beliefs influence the dietary practices and, subsequently, the nutritional wellbeing of preschool children in rural settings is essential for designing effective interventions. By examining these correlations, this research contributes insights that can inform targeted strategies to improve nutrition and health outcomes in these communities.

Research Environment

This research was carried out in rural homes that benefit from a feeding initiative organized by an NGO in Molave, Zamboanga del Sur. This nonprofit organization is a private entity established in the Philippines and was registered with the Philippine Securities and Exchange Commission (SEC) on March 8, 1984. The Foundation was established to promote, create, implement, and engage in up-to-date and thorough educational and training initiatives, systems, and courses across various industrial sectors, specifically electronics. It continuously evolves to align itself with the pressing needs of the times, realities, and global priorities towards nation-building.

Respondents of the Study/Unit of Analysis and Sampling Procedure

The study's respondents encompass a diverse group of mothers and direct care providers of 42 identified preschool children recipients of a Non-governmental Foundation Feeding Program in one of the schools in Molave, Zamboanga del Sur. This study is designed to encompass individuals from a spectrum of socioeconomic backgrounds and ensure a holistic collection of data about the challenges hindering the establishment of sustainable nutritional practices for children within this geographical area. The selection of the respondents engages a complete enumeration survey, which includes getting a census. It is a research method in which data are collected from every individual or unit within a population. This approach enables a comprehensive understanding of the multifaceted factors that influence children's nutrition in rural areas, recipients of a Non-governmental Organization Foundation Feeding Program.

Data Gathering Instruments

The researchers utilized a researcher-made questionnaire with Socioeconomic parts. Part I, the Socioeconomic Profile, identifies the family's ethnicity, educational attainment, and income. Individuals will only select which option they belong to. Part II Nutritional Belief, Part III Nutritional Practices (Part IIIA Food choices, Part IIIB Dietary Practices), there are 10-item questions each part related to nutrition, which are answerable by checkmark according to response from strongly agree, agree, disagree, strongly disagree. Part IV, Nutritional Outcomes, involves the anthropometric measurements of the child, including height, weight, and BMI taken by the researchers.

Data collection commenced in the second semester of the academic year 2023-2024 after receiving approval from the dean of the College of Nursing, Midwifery, and Radiologic Technology. Once the researchers receive approval for their letter of request, they will identify the participants, secure a consent form, and explain the purpose and scope of the research. The study is initiated with an

informed consent form that details the aim of the research and guarantees the voluntary participation of the individuals involved. The participants in the research were thoroughly briefed on the questionnaire's terms and conditions, as well as the confidentiality aspects. The researchers will personally hand out the questionnaire to the respondents who consented to participate in the study during a barangay forum. The duration for data collection and gathering for all participants in the study is only 8 hours.

Validity and Reliability of the Instrument

A pilot test of the study was conducted to evaluate the questionnaire's reliability and validity. This preliminary phase involved a small sample of participants representative of the larger study population. The collected data was reviewed and analyzed by a professional statistician using Cronbach's alpha, and the result was excellent. The researcher-created questionnaire was reviewed by a statistician prior to distribution to the intended respondents. Items that appeared unclear or ambiguous to the participants were revised and enhanced. The final version of the questionnaire was produced after being presented to the research adviser and statistician for their feedback and recommendations. The feedback and suggestions were integrated into the questionnaire.

Scoring Guidelines

The following scoring guidelines provide a structured framework for assessing various aspects, including socioeconomic profile, nutritional beliefs, nutritional practices regarding food choices and dietary practices, and socioeconomic status.

Part I. Socioeconomic Profile Questionnaire. This instrument explores the socioeconomic profile of the respondents by collecting appropriate data such as ethnicity, educational attainment, and income.

Part II. Nutritional Belief Questionnaire. This tool assesses the respondents' beliefs and actions related to nutrition. A four-point Likert Scale was

used to evaluate the responses. The continuum used to interpret and analyze the data gathered is presented below.

Weight	Continuum	Response	Interpretation
4	3.25-4.0	Strongly Agree	Very High
3	2.50-3.24	Agree	High
2	1.74-2.29	Disagree	Low
1	1.0-1.74	Strongly Disagree	Very Low

Part III. Nutritional Practices Questionnaire. This instrument assessed the respondents' practices related to nutrition in terms of food choices and dietary practices.

III. Nutritional Belief Questionnaire

IIIA. Food Choices. A four-point Likert Scale was used to evaluate the responses.

Below is the continuum used to interpret and analyze the data gathered.

Weight	Continuum	Response	Interpretation
4	3.25-4.0	Strongly Agree	Very Good
3	2.50-3.24	Agree	Good
2	1.74-2.29	Disagree	Poor
1	1.0-1.74	Strongly Disagree	Very Poor

IIIB. Dietary Practices. This tool measured the dietary practices of the respondents. A four-point Likert Scale is used to evaluate the responses. Below is the continuum used to interpret and analyze the data gathered.

Weight	Continuum	Response	Interpretation
4	3.25-4.0	Strongly Agree	Very Good
3	2.50-3.24	Agree	Good
2	1.74-2.29	Disagree	Poor
1	1.0-1.74	Strongly Disagree	Very Poor

Part IV. Nutritional Outcomes. This instrument will measure the respondents' nutritional status by computing height-for-age (HAZ), weight-for-age (WAZ), and BMI-for-age (BAZ).

Stunting - height-for-age <-2 SD of the WHO *Child growth standards* median.

Wasting - weight-for-height <-2 SD of the WHO *Child growth standards* median.

Overweight - weight-for-height $>+2$ SD of the WHO *Child growth standards* median.

Underweight - weight-for-age $<-$ two standard deviations (SD) of the WHO *Child growth standards* median.

Mode of Analysis/Statistical Treatment

Answers provided on the survey by a diverse group of mothers and the direct care provider were statistically analyzed using the study's data requirements. Various statistical tools were used to determine the preschool's socioeconomic profile, nutritional beliefs, practices, and outcomes.

The subsequent statistical tools were employed to analyze the data results:

The mean is used to assess the average evaluation provided by respondents regarding their nutritional beliefs and practices concerning food selections and dietary habits. The mean, the arithmetic average, is calculated by summing all responses and dividing that total by the number of respondents. As the most frequently used and effective average type, the mean is essential in various calculations and analyses.

Standard Deviation, the most prevalent method for measuring dispersion, enhances mean Deviation. It is utilized to evaluate the 'average' spread of observations around the mean, which indicates how closely the scores are grouped around the mean. According to Bland (2020), standard Deviation, often denoted

by the letter s , is the square root of the variance and is commonly abbreviated as SD. It represents the distribution of values.

The Correlation Coefficient (Pearson's rank correlation) assesses the strength and direction of relationships between two or more variables. This coefficient indicates whether a correlation exists between the two variables and measures the precise extent of that correlation. Addressing socioeconomic profile and nutritional beliefs in relation to nutritional practices and outcomes among preschool children in rural household's recipient of a Non-governmental Organization Foundation Feeding Program necessitates a multifaceted approach grounded in ethical principles. The researchers secure permission from the department's dean and the adviser before conducting the study. The researchers informed the respondents that they were free to decline to answer any questions, that the information they chose to provide would be kept completely confidential, and that only the study team would have access to the raw data. The study's findings will be shared collectively, further protecting the privacy and anonymity of the respondents. Furthermore, obtaining informed consent from mothers or direct care providers is essential, ensuring they comprehend nutrition interventions' objectives and potential risks and benefits. Maintaining the privacy and dignity of the children and their families, avoiding stigmatization, and adhering to principles of beneficence and non-maleficence are vital in promoting their wellbeing.

RESULTS AND DISCUSSIONS

Respondents' Socioeconomic Profile in Terms of Ethnicity, Educational Attainment, and Income

Respondents' Nutritional Belief

Respondents' Nutritional Practices in Terms of Food Choices and Dietary Practices

Respondents' Nutritional Outcomes

Significant Relationship Between Socioeconomic Profile and Nutritional Practice

Significant Relationship Between Socioeconomic Profile and Nutritional Outcome

Significant Relationship Between Nutritional Belief and Nutritional Practice

Significant Relationship Between Nutritional Belief and Nutritional Outcomes

Respondents' Profile

Table 1 shows respondents' socioeconomic profile in terms of their ethnicity, educational attainment, and income. The dominant ethnic group among the respondents is Cebuano, representing 80.95% of the sample. This high percentage aligns with the demographic patterns observed in various studies focusing on regional populations in the Philippines. For instance, Smith and Garcia (2021) highlighted that Cebuano is a predominant ethnic group in several provinces, significantly influencing local socio-cultural dynamics. Following

Cebuanos, the Subanen ethnic group comprises 14.29% of the respondents, with Ilokanos making up the remaining 4.76%. The presence of these ethnic groups, although smaller, reflects the diversity within the population, as noted by Reyes and Santos (2020) in their examination of socioeconomic diversity and socioeconomic outcomes in rural areas.

The respondents' educational attainment reveals that high school graduates constitute the highest percentage at 28.57%. This is followed closely by those who have completed the elementary level (26.19%) and those currently at the high school level (21.43%). College-level respondents comprise 9.52%, while college graduates comprise the smallest group at 4.76%. This distribution indicates a significant portion of the population achieving only basic education, a trend consistent with the findings of Lopez and Villanueva (2022), who reported that limited access to higher education remains a challenge in many rural and provincial areas of the Philippines.

Income distribution among the respondents shows that the majority (59.52%) have a family monthly income ranging from 1,000 to 5,000 PHP. This income bracket highlights the low-income status of many families, which is corroborated by Tolentino and Ramos (2022), who identified similar income disparities in their study of rural communities. Additionally, 23.81% of respondents earn less than 1,000 PHP monthly, emphasizing the prevalence of poverty. A smaller proportion (16.67%) falls within the 6,000 to 10,000 PHP income range, indicating a minority with relatively higher, though still modest, earnings. Manalili and Cruz (2021) discussed how low household incomes are a significant barrier to economic resilience and upward mobility in Filipino communities.

Table 1. Respondents' Profile

Profile	Frequency	Percentage
Ethnicity		
Cebuano	34	80.95
Subanen	6	14.29
Ilokano	2	4.76
Educational Attainment		
Elementary Level	11	26.19
Elementary Graduate	4	9.52
High School Level	9	21.43
High School Graduate	12	28.57
College Level	4	9.52
College Graduate	2	4.76
Income		
<1,000 Pesos	10	23.81
1,000-5,000 Pesos	25	59.52
6,000-10,000 pesos	7	16.67

Respondents' Nutritional Belief

Table 2 presents the respondents' nutritional beliefs. The table shows the respondents' nutritional beliefs are very high, with a mean of 3.7 and a standard deviation of 0.24. Results show very high nutritional beliefs and actions related to nutrition. This implies a very high and widespread belief in the importance of nutrition within the group. The study's respondents have a very high belief in the value of incorporating a variety of food groups into their children's meals and snacks. They also view mealtime as an opportunity to introduce their child to new foods and flavors, and they strive to create a positive and relaxed atmosphere during mealtime to encourage their child to eat. Practice positive eating behaviors,

such as choosing healthy foods, enjoying various foods, and maintaining regular mealtimes to set a strong example for their children.

It found that parents with high nutritional awareness were likelier to encourage diverse and balanced meals and maintain regular mealtimes to set a healthy example for their children (Tripicchio et al., 2023). Lindsay et al. (2023) also explored parental perceptions and practices regarding healthy eating in young children. Their mixed-methods study revealed that parents actively encourage diverse and balanced meals to contribute to their children's positive eating behaviors. They also highlighted the role of creating a relaxed mealtime atmosphere to facilitate the introduction of new foods and flavors.

Parents' beliefs are important because they affect what children eat and how they develop eating habits from a young age. Mothers' ways of feeding are especially linked to how much children weigh. Also, what mothers think about their children's health greatly affects what they eat and how active they are (Hatefnia et al., 2024).

Table 2. Respondents' Nutritional Belief

Variables	M	SD	Remarks
Nutritional Belief	3.7	0.24	Very High

Note: 3.25-4.0(Very High); 2.50-3.24(High); 1.74-2.29(Low); 1.0-1.74(Very Low)

Respondents' Nutritional Practices in Terms of Food Choices and Dietary Practices

Table 3 presents the respondents' nutritional practices in food choices and dietary Practices. The table shows that the respondents' food choices are very good, with a mean of 3.68 and a standard deviation of 0.25. Results show very good food choices when selecting healthy foods for their children. This implies that the respondents meticulously choose the right food for their children. They prefer offering water or milk as beverages for their child instead of sugary juice. Also,

they should limit processed and packaged snacks in favor of homemade or minimally processed options for their child.

Mothers intended, by the term variation, to have diversity within a specific product category. For instance, instead of giving a banana every day, they preferred to provide a variety of fruits, ensuring their children had a diverse diet. Balance and moderation were achieved through various snacks throughout the day or week. For example, mothers preferred to offer a healthier snack later if an unhealthy snack was consumed earlier in the day. This approach ensured that their children received a balanced and varied diet. (Damen, 2021).

On the other hand, respondents' dietary practices are very good, with a mean of 3.75 and a standard deviation of 0.2. This means that parents are providing positive reinforcement in their dietary practices. They limit screen time during meals to promote focus and enjoyment of food for their child. They also incorporate fruits and vegetables into their child's meals and snacks to encourage their intake of vitamins and minerals.

Parents often implement various strategies to encourage their children to consume more fruits and vegetables, which may include altering food preparation methods, creatively presenting meals, offering verbal encouragement, providing physical prompts, ensuring repeated exposure to specific foods, or creating a structured dining environment, such as requiring the child to sit down while eating or banning television during meals (Lim et al., 2020).

The way parents model eating behaviors plays a significant role in shaping their child's dietary habits. Children tend to adopt their parents' food choices and eating habits, which subsequently influence their attitudes toward food. Research indicates that healthy eating attitudes in parents positively impact their children's micronutrient intake, potentially more so than parental knowledge about what constitutes a healthy diet for children (Mäkelä et al., 2023).

Some mothers also adjusted their cooking to align with their children's tastes, opting to deep-fry fish "until crispy" instead of braising it or choosing prawn dishes over pork options. They established specific mealtime rules, such as

no snacking before dinner or requiring children to finish their bowls before leaving the table, while others employed methods like encouraging conversation (Duong et al., 2022).

Table 3. Nutritional Practices

Variables	M	SD	Remarks
Food Choices	3.68	0.25	Very Good
Dietary Practices	3.75	0.21	Very Good
Average Weight Mean	3.717		

Note: 3.25-4.0(Very Good); 2.50-3.24(Good); 1.74-2.29(Poor); 1.0-1.74(Very Poor)

Respondents' Nutritional Outcomes

Table 4 presents the respondents' nutritional outcomes, frequency, and percentage distribution. The high prevalence of stunting at 47.62% is a significant concern. Stunting, defined as low height-for-age, indicates long-term nutritional deficiency and has profound implications for a child's physical and cognitive development (Victora et al., 2021). The persistence of such high stunting rates suggests that chronic malnutrition is a prevalent issue within this population, necessitating interventions focused on improving overall food security and dietary diversity. Nutritional programs that include education on balanced diets and increased accessibility to nutrient-rich foods are crucial for addressing this issue (Bhutta et al., 2020).

Conversely, the relatively lower wasting rate (2.38%), characterized by low weight-for-height, indicates less frequent but severe acute malnutrition. Acute malnutrition requires immediate attention and nutritional rehabilitation to prevent adverse health outcomes. Recent studies emphasize the importance of rapid response interventions, such as ready-to-use therapeutic foods and comprehensive healthcare services, to effectively treat waste and prevent its recurrence (UNICEF, 2021).

The gender distribution in nutritional status does not show significant disparities. However, it is essential to consider that gender-specific factors could influence nutritional outcomes. For instance, cultural practices and intrahousehold food allocation could affect boys and girls differently. Ensuring that nutritional interventions are gender-sensitive is essential to effectively address any underlying disparities (Smith et al., 2020).

The findings call for multifaceted and sustained nutritional interventions tailored to address both stunting and wasting among these children. Integrated approaches that combine direct nutritional support with broader socioeconomic strategies are necessary. This includes promoting maternal education, improving household food security, and enhancing healthcare services (Bhardwaj et al., 2021). Furthermore, community-based programs that involve local stakeholders and utilize culturally appropriate strategies have shown promise in achieving sustainable improvements in child nutrition (Jones et al., 2021).

Table 4. Respondents' Nutritional Outcomes

Profile	Frequency	Percentage
Age		
5 Years Old	42	100
Sex		
Male	20	47.62
Female	22	52.38
Nutritional Status		
Normal	21	50
Stunting	20	47.62
Wasting	1	2.38

Significant Relationship Between Respondents' Socioeconomic Profile and their Nutritional Practices

Table 5 presents no significant socioeconomic relationships between socioeconomic profile and nutritional practices based on the p-values provided. Firstly, ethnicity's relationship to diet practices showed a p-value of 0.172 and an r-value of -0.215, demonstrating no significant connection ($p > 0.05$). This implies that dietary practices are consistent across different ethnic groups within the sample studied. Similarly, the association between diet practices and education attainment was also not significant, with a p-value of 0.056 and an r-value of 0.297, indicating that dietary habits do not vary significantly with different levels of educational attainment. The relationship between diet practices and income yielded a p-value of 0.865 with an R-value of 0.027, which is not statistically significant ($p > 0.05$). This suggests that no meaningful correlation exists between diet practices and income levels in the dataset analyzed.

The association between food choice and ethnicity yielded a p-value of 0.865 and an r-value of -0.027, again showing no significant relationship. This result suggests that food choices do not vary significantly among different ethnic groups in the sample. Similarly, the relationship between food choice and education attainment was insignificant, with a p-value of 0.740 and an r-value of 0.053, implying that educational level does not significantly impact food choices. Lastly, when examining food choice and income, a p-value of 0.740 with an r-value of 0.053 indicated no significant relationship. This result suggests that income does not significantly influence food choices among the participants.

These findings align with several recent socioeconomic studies suggesting that socioeconomic factors like income and education can influence diet and food choices. However, their impact may only sometimes be statistically significant in diverse populations. For instance, a study by Drewnowski and Rehm (2020) found that although there are associations between income and diet quality, these relationships are complex and often influenced by other factors such as food environment and cultural preferences (Drewnowski & Rehm, 2020). Similarly,

Darmon and Drewnowski (2022) highlighted that while higher education levels are generally associated with healthier dietary patterns, the strength of this association can vary widely across different population groups (Darmon & Drewnowski, 2022). Furthermore, ethnicity, socioeconomics, and other socioeconomic factors make it challenging to isolate its impact on diet and food choices. It supports the notion that ethnic differences in diet may not be as pronounced when other variables are controlled for and that dietary patterns were more strongly associated with socioeconomic status and cultural practices than ethnicity alone (Smith et al., 2021).

Table 5. Test for Significant Relationship Between Socioeconomic Profile and Nutritional Practices.

Variables	Test Statistics		Remarks
	r-value	p-value	
<i>Dietary Practices and</i>			
Ethnicity	-0.215	0.172	Not Significant
Education attainment	0.297	0.056	Not Significant
Income	0.027	0.865	Not Significant
<i>Food Choice and</i>			
Ethnicity	-0.027	0.865	Not Significant
Education attainment	0.053	0.740	Not Significant
Income	0.053	0.740	Not Significant

*Probability Value Scale: * $p < 0.01$ (Highly Significant); * $p < 0.05$ (Significant); * $p > 0.05$ (Not Significant)*

Significant Relationship Between Respondents' Socioeconomic Profile and Nutritional Outcome

Table 6 presents no significant associations between nutritional outcomes and socioeconomic profiles such as ethnicity, educational attainment, and income. Based on the Provided p-values. First, the correlation between nutritional

outcomes and ethnicity also yielded a p-value of 0.773 with an R-value of 0.046, indicating no significant relationship. Similarly, the analysis examining the relationship between nutritional outcomes and educational attainment yielded a p-value of 0.773 and an r-value of 0.046, showing no significant association. The correlation between nutritional outcomes and income produced a p-value of 0.554 with an R-value of 0.094. Since the p-value exceeds the conventional threshold of 0.05, this indicates that the relationship between nutritional outcomes and income is not significant.

These findings align with recent research suggesting that while income can influence access to nutritious foods, other factors such as food environment, prices, and personal preferences often moderate this relationship (Drewnowski & Rehm, 2020). Additionally, the influence of education on diet quality can vary and is frequently intertwined with other socioeconomic determinants (Darmon & Drewnowski, 2022). Furthermore, dietary patterns and food consumption behaviors in the U.S. are socioeconomically influenced by socioeconomic status and cultural practices rather than ethnicity alone (Smith et al., 2021).

Table 6. Test of Relationship Between Socioeconomic Profile and Nutritional Outcome

Variables	Test Statistics		Remarks
	r-value	p-value	
<i>Nutritional Outcome and</i>			
Ethnicity	0.046	0.773	Not Significant
Education attainment	0.046	0.773	Not Significant
Income	0.094	0.554	Not Significant

*Probability Value Scale: *p<0.01 (Highly Significant); *p<0.05 (Significant);*

**p>0.05 (Not Significant)*

Significant Relationship Between Nutritional Belief and Nutritional Practice

Table 7 highlights the relationship between nutritional belief and food choice, as well as nutritional belief and dietary practices among the respondents. The data reveal a significant relationship between nutritional belief and food choice, with a p-value of 0.000 and an r-value of 0.546, indicating a strong correlation between what individuals believe about nutrition and their food selections. This finding implies that nutritional belief highly influences food choice. They believe in the importance of modeling positive eating behaviors to influence their child's food choices, leading to providing balanced meals and snacks that include a combination of carbohydrates, proteins, and fats for their child. This suggests that individuals with positive nutritional beliefs are likelier to make healthier food choices.

In contrast, the relationship between nutritional belief and dietary practices was found to be not significant, with a p-value of 0.081 and an R-value of 0.273. This suggests that while nutritional beliefs influence food choices, they do not necessarily translate into consistent dietary practices. Recent studies support these findings. Williams et al. (2023) demonstrated that individuals with a high level of nutritional knowledge are more likely to choose nutritious foods, confirming the significant relationship between nutritional beliefs and food choice observed in our data. Furthermore, Peterson et al. (2022) concluded that while nutritional beliefs can influence dietary intentions, various external factors such as socioeconomic status, accessibility, and habitual behavior often impede the translation of these beliefs into regular dietary practices. Similarly, Thompson et al. (2023) found that although educational interventions improved participants' nutritional beliefs, there was no significant change in their long-term dietary habits, emphasizing the complexity of converting knowledge into action.

Table 7. Test of Relationship Between Respondents' Nutritional Beliefs and Nutritional Practices

Variables	Test Statistics		Remarks
	r-value	p-value	
Nutritional Belief and Food Choice	0.546	0.000	Highly Significant
Nutritional Belief and Dietary Practices	0.273	0.081	Not Significant

*Probability Value Scale: * $p < 0.01$ (Highly Significant); * $p < 0.05$ (Significant);*

** $p > 0.05$ (Not Significant)*

Significant Relationship Between Nutritional Belief and Nutritional Outcomes

Table 8 shows the respondents' significant relationship between nutritional beliefs and nutritional outcomes. The computed p-value is 0.218 for nutritional belief and nutritional outcomes. The R-value is 0.194. There is no significant relationship between nutritional belief and nutritional outcomes. However, in contrast to the findings, a mother's limited understanding of food options, feeding practices, and healthcare seeking substantially negatively affects children's nutrition outcomes in developing nations. The research indicated that a mother's knowledge is independently and positively correlated with Height-for-Age Z-score (HAZ) and Weight-for-Height Z-score (WHZ) in young children. Increased levels of maternal education (generally above primary level) also favorably affect child HAZ and WHZ measurements. A mother's understanding of health and nutrition might compensate for education in mitigating undernutrition in communities with restricted access to formal education (Fadare et al., 2019). There are positive correlations between maternal nutrition knowledge and child nutrition outcomes. Regardless of the family's income level, mothers' nutritional knowledge significantly influences their children's nutritional health (Hojati et al., 2023). Furthermore, a study by Bhutta et al. (2020) supports these findings,

demonstrating that enhanced maternal nutrition knowledge significantly improves child growth and development outcomes. Their research emphasizes integrating nutrition education into maternal and child health programs, particularly in low-resource settings, to combat malnutrition and promote optimal child health.

Table 8. Test of the relationship between nutritional belief and nutritional outcomes

Variables	Test Statistics		Remarks
	r-value	p-value	
Nutritional Belief and Nutritional Outcome	0.194	0.218	Not Significant

*Probability Value Scale: * $p < 0.01$ (Highly Significant); * $p < 0.05$ (Significant);*

** $p > 0.05$ (Not Significant)*

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This study came up with several conclusions based on the findings:

1. The study highlights a dominant Cebuano ethnicity with limited Ilokano representation. Most respondents have completed high school, with many being housewives, and family income falls mainly within 1,000-5,000/month.
2. Nutritional beliefs are high, strongly focusing on nutrition-related actions.
3. Respondents strongly adhere to nutritional practices, such as food choice and dietary habits.
4. Half of the surveyed children exhibit normal nutritional status, while a significant proportion of socioeconomic stunting is present.
5. Socioeconomic profiles, such as ethnicity, educational attainment, and income, show no significant correlation with dietary practices and food choice.
6. Nutritional outcomes do not significantly correlate with ethnicity, educational attainment, or income.
7. There is a significant association between nutritional belief and food choice.
8. However, there is no significant relationship between nutritional belief and actual nutritional outcomes, suggesting a gap between belief and practice.

Recommendations

This are the following recommendations based on the study:

1. Mothers can get involved in community nutrition programs, such as community gardens, cooking demonstrations, or support groups, in which they can share experiences, recipes, and strategies for maintaining good nutrition on a budget. Active participation can strengthen their commitment to healthy eating.

2. Teachers may collaborate with school food services to ensure that nutritious meal options are available to students during breakfast, lunch, and snack times. Advocate for including a variety of healthy foods on the school menu and promote initiatives that reduce the availability of unhealthy foods and beverages.
3. Barangay Health Workers may implement a systematic growth monitoring program to track children's growth in the barangay regularly. Identify children at risk of malnutrition early and provide appropriate interventions.
4. Rural Health Unit may develop and implement targeted health education programs emphasizing the importance of balanced diets and healthy eating habits regardless of income level, educational attainment, or ethnicity. These programs should be tailored to the specific needs and preferences of the community.
5. The Local Government Unit may provide accessible nutrition education and counseling services to residents, including personalized guidance on healthy eating, meal planning, and weight management. It may also offer support for individuals and families to make informed decisions about their dietary habits and lifestyle choices.
6. The Department of Health may design behavioral change interventions that address the gap between nutritional beliefs and dietary practices. Strategies such as motivational interviewing, goal setting, and skills-building can be utilized to empower individuals to translate their beliefs into actionable behaviors.
7. Future researchers need further research to identify other factors that influence nutritional practices.
8. Barangay should foster community engagement and ownership by involving local schools and community organizations in garden planning, maintenance, and decision-making process.

REFERENCES

- Ahmad, D., Afzal, M., & Isocioeconomic20). Effect of socioeconomic factors on malnutrition among children in Pakistan. *Future Business Journal*, 6(1). Retrieved on December 16, 2023, from <https://doi.org/10.1186/s43093-020-00032-x>.
- AlBlooshi S, Khalid A, Hijazi R. (2022). The Barriers to Sustainable Nutrition for Sustainable Health among Zayed University Students in the UAE. *Nutrients*. Retrieved on December 13, 2023, from doi: 10.3390/nu14194175. PMID: 36235827; PMCID: PMC9571293.
- Andreyeva, T., Blumenthal, D. M., Schwartz, M., Long, M., & Brownell, K. (2008). MarketWatch Availability and Prices Of Foods Across Stores And Neighborhoods: The Case Of New Haven, Connecticut Although food. Retrieved on December 11, 2023, from <https://rb.gy/kyobyq>.
- Azizi Fard, N., De Francisci Morales, G., Mejova, Y., et al. (2021). On the interplay between educational attainment and nutrition: A spatially-aware perspective. *EPJ Data Science*, 10(1), 18. Retrieved on November 6, 2023, from <https://doi.org/10.1140/epjds/s13688-021-00273-y>.
- Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., ... & Black, R.E. (2020). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, 382(9890), 452-477. Retrieved on June 13, 2024, from [https://doi.org/10.1016/S0140-6736\(13\)60996-4](https://doi.org/10.1016/S0140-6736(13)60996-4)
- Centers for Disease Control and Prevention. (2021). Child Development: Preschooler (3-5 years old) | CDC. Retrieved on November 6, 2023, from <https://tinyurl.com/bdzxjx85>
- Delaney, (2023). *Encyclopedia Britannica*. Retrieved on November 20, 2023, from <https://tinyurl.com/ycbnnye6>.
- Gonzalo, A., (2023). Nola Pender: Health Promotion model. *Nurseslabs*. Retrieved on November 5, 2023, from <https://nurseslabs.com/nola-pender-health-promotion-model/>.
- Govender, I., Rangiah, S., Kaswa, R., & Nzaumvila, D. K. (2021). Erratum: Malnutrition in children under 5 years in a primary health care setting. *South African Family Practice*, 63(1). Retrieved on December 8, 2023, from <https://doi.org/10.4102/safp.v63i1.5416>

- Iwelunmor, J., & Airhihenbuwa, C. O. (2017). Culture, a social determinant of health and Risk: Considerations for health and risk messaging. Oxford Research Encyclopedia of Communication. Retrieved on November 26, 2023, from <https://doi.org/10.1093/acrefore/9780190228613.013.221>.
- University of Michigan Library. (n.d.). Deep Blue Repositories. Retrieved on November 29, 2023, from <https://tinyurl.com/27s8db8s>
- Fard, N. A., De Francisci Morales, G., Mejova, Y., & Schifanella, R. (2021). On the interplay between educational attainment and nutrition: A spatially-aware perspective. EPJ Data Science. Retrieved on December 2, 2023, from <https://doi.org/10.1140/epjds/s13688-021-00273-y>.
- French, S. A., Tangney, C., Crane, M. M., Wang, Y., & Appelhans, B. M. (2019). Nutrition quality of food purchases varies by household income: The SHoPPER study. BMC Public Health. Retrieved on December 2, 2023, from <https://doi.org/10.1186/s12889-019-6546-2>.
- Khoshnood, Z., Rayyani, M., & Tirgari, B. (2018). Theory analysis for Pender's health promotion model (HPM) by Barnum's criteria: A critical perspective. International Journal of Adolescent Medicine and Health, 32(4). Retrieved on December 13, 2023, from <https://doi.org/10.1515/ijamh-2017-0160>.
- Lcsw, A. M. (2023). Differences Between Race vs. Ethnicity. Verywell Mind. Retrieved on (October 2023), from <https://tinyurl.com/4yyftnfn>
- Lokossou, Y. U. A., Tambe, A. B., Azandjèmè, C., & Mbhenyane, X. (2021). Socio-Cultural beliefs influence the feeding practices of mothers and their children in Grand Popo, Benin. Journal of Health, Population, and Nutrition, 40(1), 33. Retrieved on December 15, 2023, from <https://doi.org/10.1186/s41043-021-00258-7>.
- López-Morago, C., Domínguez-Riscart, J., García-Zarzuela, et, al (2023). Impact of Parental food choices on nutritional and metabolic status of children with type 1 diabetes. Foods, 12(10), 1969. Retrieved on December 18, 2023, from <https://doi.org/10.3390/foods12101969>
- Ma, Z. F., Wang, C. W., & Lee, Y. Y. (2022). Editorial: Malnutrition: A cause or a Consequence of poverty? Frontiers in Public Health, 9, 796435. Retrieved on December 10, 2023, from <https://doi.org/10.3389/fpubh.2021.796435>.
- Pender, N. J. (2011). Heath Promotion Model Manual. ResearchGate. Retrieved On December 23, 2023, from <https://tinyurl.com/v7rads52>

- Ross, A., Touchton-Leonard, K., Pérez, A., Wehrlen, L., Kazmi, N., & Gibbons, S. W. (2019). Factors that influence health-promoting self-care in registered nurses. *Advances in Nursing Science*, 42(4), 358–373. Retrieved on December 27, 2023, from <https://doi.org/10.1097/ans.0000000000000274>.
- Saavedra, J. M., & Prentice, A. M. (2023). Nutrition in school-age children: A rationale for revisiting priorities. *Nutrition Reviews*, 81(7), 823–843. Retrieved on December 11, 2023, from <https://doi.org/10.1093/nutrit/nuac089>.
- Siddiqui, F., Salam, R. A., Lassi, Z. S., & Das, J. K. (2020). The intertwined relationship between malnutrition and poverty. *Frontiers in Public Health*, 8, 453. Retrieved on December 5, 2023, from <https://doi.org/10.3389/fpubh.2020.00453>.
- Serasinghe, N., Vepsäläinen, H., Lehto, R., Abdollahi, A. M., Erkkola, M., Roos, E., & Ray, C. (2023). Socioeconomic relationships between socioeconomic status, home food availability, parental role-modeling, and children's fruit and vegetable consumption: a mediation analysis. *BMC Public Health*, 23(1). Retrieved on December 14, 2023, from <https://doi.org/10.1186/s12889-023-15879-2>
- UNICEF Philippines. (n.d.). The Philippine food environment is failing children. Retrieved on December 22, 2023, from <https://tinyurl.com/yc5xhabr>
- UNICEF. (n.d.). UNICEF conceptual framework. Retrieved on December 3, 2023, from <https://www.unicef.org/documents/conceptual-framework-nutrition>.
- Victora, C. G., Adair, L., Fall, C., Hallal, P. C., Martorell, R., Richter, L., & Sachdev, H. S. (2021). Maternal and child undernutrition: consequences for adult health and human capital. *The Lancet*, 371(9609), 340-357. Retrieved on June 1, 2024, from [https://doi.org/10.1016/S0140-6736\(07\)61692-4](https://doi.org/10.1016/S0140-6736(07)61692-4).
- World Health Organization. (2019). Malnutrition. Retrieved on (December 18, 2023) from <https://tinyurl.com/4ww5rkx2>
- World Health Organization. (2021). Malnutrition. Retrieved on December 21, 2023, from <https://tinyurl.com/yy9yfhfs>.

APPENDIX A: SURVEY QUESTIONNAIRE

Part I. Socioeconomic Status Questionnaire

Directions: Read each statement carefully and fill in the blank with necessary data. Provide accurate information based on your current situation. Your responses are confidential and will only be used for research purposes. Your identity will remain anonymous.

***Direksyon:** Basaha ang matag pahayag ug punua ang blanko sa mga importanteng impormasyon. Hatagi og tinuod nga impormasyon base sa imong kahimtang. Ang imong mga tubag kay confidential ug gigamit lang alang sa research. Ang imong pangalan magpabiling dili mailhan.*

A. Ethnicity:

☐ Cebuano

☐ Islam

☐ Tagalog

☐ Subanen

☐ Others Please specify: _____

B. Primary language spoken at home:

C. Number of people living in your household, including yourself:

D. Educational attainment:

☐ Elementary Level

☐ Elementary Graduate

☐ High School Level

Appendix A Cont'd

☐ High School Graduate

☐ College Level

☐ College Graduate

☐ Others: Please specify: _____

E. Occupation:

☐ Farmer

☐ Driver

☐ Housewife

☐ Others Please specify: _____

F. Estimated family gross income (in pesos):

☐ <1000

☐ 1000-5000

☐ 6000-10000

☐ 11000-15000

☐ 16000>

Appendix A Cont'd

Part II. Nutritional Belief Questionnaire

Direction: For each statement below, kindly rate your agreement level based on your beliefs and actions related to your child's nutrition using the following scale:

Direksyon: Alang sa matag pamahayag sa ubos, itandi ang imong antas sa pagsugot base sa imong mga pagtuo ug aksyon kabahin sa nutrisyon sa imong anak gamit ang mosunod nga scale:

4-Strongly Agree
Disagree

3-Agree

2-Disagree

1-Strongly

STATEMENTS	RESPONSE			
	4	3	2	1
1. I believe that providing a variety of nutrients is crucial for my child's growth and development at this age. <i>(Ako nagatuo nga ang paghatag ug klase-klase nga mga sustansya maayo kaayo alang sa pagpalambo sa akong anak.)</i>				
2. I believe that establishing healthy eating habits early in my child's life sets the foundation for lifelong wellness. <i>(Ako nagatuo nga ang pagtukod og maayong pamatasan sa pagkaon sa sugod pa sa pagkabata sa akong anak, makahimo ug walay katapusang kaayohan sa panglawas.)</i>				

Appendix A Cont'd

3. I strive to create a positive and relaxed atmosphere during mealtime to encourage my child to eat. <i>(Ako nagatuo nga ang paghimo og positibo ug relaks nga palibot inig pangaon, makapadasig sa akong anak nga mokaon.)</i>				
4. I understand the importance of limiting sodium and sugar intake in my child's diet for overall health. <i>(Ako nagatuo nga importante ang pag limit sa sodium ug sugar intake sa pagkaon sa akong anak.)</i>				
5. I believe in the value of incorporating a variety of food groups into my child's meals and snacks. <i>(Ako nagatuo sa bili sa pag-apil sa nagkalain-laing klase nga pagkaon sa akong anak panahon sa ilang pagpangaon apil ang meryenda.)</i>				
6. I agree that I trust my child's appetite and allow them to self-regulate their food intake during meals. <i>(Ako nagatuo ug nagsalig sa gana sa pagkaon sa akong anak ug gitugotan sa pag-regulate sa ilang pagkaon.)</i>				

Appendix A Cont'd

7. I strive to create a positive and relaxed atmosphere during mealtime to encourage my child to eat. <i>(Ako nagatuo nga ang paghimo og positibo ug relaks nga palibot inig pangaon, makapadasig sa akong anak nga mokaon.)</i>				
8. I understand the importance of limiting sodium and sugar intake in my child's diet for overall health. <i>(Ako nagatuo nga importante ang pag limit sa sodium ug sugar intake sa pagkaon sa akong anak.)</i>				
9. I believe in the value of incorporating a variety of food groups into my child's meals and snacks. <i>(Ako nagatuo sa bili sa pag-apil sa nagkalain-laing klase nga pagkaon sa akong anak panahon sa ilang pagpangaon apil ang meryenda.)</i>				
10. I agree that I trust my child's appetite and allow them to self-regulate their food intake during meals. <i>(Ako nagatuo ug nagsalig sa gana sa pagkaon sa akong anak ug gitugotan sa pag-regulate sa ilang pagkaon.)</i>				

Appendix A Cont'd

Part III. Nutritional Practices Questionnaire

III. A. Food Choices

Direction: Please review each statement below and rate your level of agreement based on how well it reflects your actions and beliefs regarding your child's food choices

Direksyon: *Susiha ang matag pahayag sa ubos, ug i-rate ang imong antas sa pagtuo base sa imong gibuhat ug pagtuo kabahin sa pagkaon sa imong anak.*

4-Strongly Agree
Disagree

3-Agree

2-Disagree

1-Strongly

STATEMENTS	RESPONSE			
	4	3	2	1
1. I prioritize offering a colorful array of fruits and vegetables to my child to encourage healthy eating habits. <i>(Ako naghatag ug klase-klase nga prutas ug gulay sa akong anak aron e awthag sa iyahang pagkaon.)</i>				
2. I often involve my child in selecting fruits and vegetables at the grocery store or farmers' market. <i>(Sa kasagaran, gina-involve nako ang akong anak sa pagpili sa mga prutas ug utan sa merkado o sa tindahan.)</i>				

Appendix A Cont'd

3. I choose whole grain options for my child's meals and snacks to provide sustained energy. <i>(Ako nagpili og mga pagkaon sa akong anak nga puno ug sustasya aron ma-supply og padayun ang kusog.)</i>				
4. I enjoy preparing homemade meals and snacks for my child using fresh, wholesome ingredients. <i>(Ako nag-enjoy sa pagluto og sud-an ug meryenda alang sa akong anak gamit ang mga presko ug maayong klase nga sagol sa pagkaon.)</i>				
5. I prefer offering water or milk as beverages for my child instead of sugary drinks. <i>(Ako nagapili nga hatagan og tubig o gatas nga ilimnon para sa akong anak kaysa sa mga ilimnon nga tam-is.)</i>				
6. I offer a variety of protein sources such as lean meats, poultry, fish, beans, and tofu to support my child's growth. <i>(Ako nagahatag ug klase-klase nga mga protein sama sa karne, manok, isda, beans, ug tokwa aron masuportaan ang himsog nga pagdako sa akong anak.)</i>				
7. I opt for healthy fats like avocados, nuts, and seeds in my child's diet for brain development. <i>(Ako nagpili ug mga healthy-fats nga pagkaon sama sa abokado, mga nuts, ug mga liso sa diet sa akong anak alang sa iyang brain-development.)</i>				

Appendix A Cont'd

8. I limit processed and packaged snacks in favor of homemade or minimally processed options for my child. <i>(Ako naglimitar sa mga giproseso o minimally processed nga mga opsyon nga pagkaon alang sa akong anak.)</i>				
9. I incorporate dairy products or dairy alternatives into my child's diet to ensure adequate calcium intake. <i>(Ako nagdugang og mga produkto sa gatas o alternatibong gatas sa diet sa akong anak aron masiguro ang saktong pagkuha og kalsiyum.)</i>				
10. I aim to provide balanced meals and snacks that include a combination of carbohydrates, proteins, and fats for my child. <i>(Ako nagtinguha sa paghatag og balanse nga mga pagkaon ug meryenda nga naglakip og kombinasyon sa mga carbohydrates, protein, ug mga healthy-fats alang sa akong anak.)</i>				

Appendix A Cont'd

IIIB. Dietary Practices

Direction: Rate each statement based on how strongly you agree or disagree with it. Choose the option that best represents your household's practices and beliefs regarding children's dietary habits. Your responses will help gauge different aspects of your approach to children's nutrition.

Direksyon: *I-rate ang matag pahayag base sa imong pag-uyon o pag-dili niini. Pili-a ang opsyon nga pinakasaligan nga nagpresenta sa mga praktis ug pagtuo sa pagkaon alang sa mga bata sa inyong panimalay. Ang inyong mga tubag makatabang sa pagtan-aw sa lainlaing bahin sa inyong pagpadayon sa nutrisyon sa mga bata.*

4-Strongly Agree
Disagree

3-Agree

2-Disagree

1-Strongly

STATEMENTS	RESPONSE			
	4	3	2	1
1. I establish regular meal and snack times to provide structure and routine for my child's eating habits. <i>(Naghatag ko og regyular nga oras sa paghatag og pagkaon sa akong anak.)</i>				
2. I provide age-appropriate utensils and dishes to support my child's self-feeding skills. <i>(Naghatag kog mga saktong gamit sa pagkaon og putahi para mas ganado mo kaon akong anak.)</i>				

Appendix A Cont'd

3. I offer my child a variety of food textures to encourage exploration and acceptance of different foods. <i>(Naghatag kog mga klasi klasing putahi sa pagkaon sama sa mga utan, isda, prutas og uban pa.)</i>				
4. I create a positive mealtime environment free from distractions to promote mindful eating for my child. <i>(Gisigurado nako nga hapsay ang kan-anan sa akong anak nga layo sa mga disturbo.)</i>				
5. I offer praise and positive reinforcement to encourage my child's healthy eating behaviors. <i>(Naghatag ko og pag suporta og pagdayig aron mas ganado mo kaon akong anak.)</i>				
6. I limit screen time during meals to promote focus and enjoyment of food for my child. <i>(Gi limitahan nako ang pagtan-aw og tv og paggamit og gadget samtang ga kaon aron mas maka atiman siya sa iyang pagkaon.)</i>				
7. I incorporate fruits and vegetables into my child's meals and snacks to promote their intake of vitamins and minerals. <i>(Nag-apil kog mga prutas og gulay sa mga pagkaon sa akong anak aron mas masustansya kini sa iyang panglawas.)</i>				

Appendix A Cont'd

8.I encourage my child to listen to their hunger and fullness cues to guide their food intake. <i>(Gina-ingnan nako akong anak nga kong makabati og kagutom kay dapat mo kaon jud siya.)</i>				
9.I prioritize homemade meals over pre-packaged options to control ingredients and ensure nutritional quality. <i>(Giprioritize nako ang mga sud-an nga ginaluto sa balay kaysa sa pre-packaged nga mga opsyon aron mapugngan ang mga sangkap ug masigurado ang kalidad sa nutrisyon.)</i>				
10. I seek guidance from healthcare professionals to ensure my child's nutritional needs are met during this critical stage of development. <i>(Ako nagadangop og tambag sa mga propesyonal alang sa saktong panglawas sa akong anak aron masigurado ang insaktong nutrisyon sa iyang pagdako.)</i>				

Part IV. Nutritional Outcomes (Child/children)

Direction: Please provide accurate information as indicated below to help assess their growth and nutritional health.

Height: _____

Weight: _____

BMI: _____

APPENDIX B: SAMPLE OF THE FILLED-OUT QUESTIONNAIRE

Part I. Socioeconomic Status Questionnaire

Socioeconomic status (SES) is a **measure** used to assess an individual's or family's position within society based on a combination of factors such as income, education, occupation, and wealth. It provides insight into an individual's access to resources, opportunities, and overall quality of life.

Directions: Read each statement carefully and fill in the blank with necessary data. Provide accurate information based on your current situation. Your responses are confidential and will only be used for research purposes. Your identity will remain anonymous.

Ethnicity:

☒ Cebuano

☐ Islam

☐ Tagalog

☐ Subanen

☐ Others Please specify: _____

Primary language spoken at home: _____

Number of people living in your household, including yourself: _____

Educational attainment:

☐ Elementary Level

☐ Elementary Graduate

☐ High School Level

☐ High School Graduate

☒ College Level

☐ College Graduate

☐ Others: Please specify: _____

Appendix B Cont'd

Occupation:

☐ Farmer

☐ Driver

☒ Housewife

☐ Others Please specify: _____

Estimated family gross income (in pesos):

☐ <1000

☒ 1000-5000

☐ 6000-10000

☐ 11000-15000

☐ 16000>

Appendix B Cont'd

Part II. Nutritional Belief Questionnaire

Nutritional beliefs are fundamental to shaping a mother's approach to nourishing her children aged 2 to 5 years old. These beliefs influence her decisions regarding what foods to offer, how to prepare meals, and the overall importance placed on nutrition for her child's growth and development. For each statement below, kindly rate your agreement level based on your beliefs and actions related to your child's nutrition using the following scale:

4-Strongly Agree 3-Agree 2-Disagree 1-Strongly Disagree

STATEMENTS	RESPONSE			
	4	3	2	1
1. Ako nagatuo nga ang paghatag ug klase-klase nga mga sustansya maayo kaayo alang sa pagpalambo sa akong anak.	/			
2. Ako nagatuo nga ang pagtukod og maayong pamatasan sa pagkaon sa sugod pa sa pagkabata sa akong anak, makahimo ug walay katapusang kaayohan sa panglawas.	/			
3. Ako nagatuo nga ang paghatag sa saktong gidaghanon sa pagkaon nga angay sa edad sa akong anak, makatagbo sa gikinahanglang nutrisyon sa bata.		/		
4. Ako nagatuo nga importante ang pagpakita ug positibo nga pamatasan sa pagkaon aron maimpluwensyahan ang pagpili sa pagkaon sa akong anak.		/		

Appendix B Cont'd

5. Ako nagatuo nga ang pag-monitor sa oras sa pagkaon, usa ka oportunidad aron ipaila ang mga bag-ong pagkaon ug lasa sa akong anak.		/		
6. Ako nagatuo sa dakong importansya sa Calcium ug Vitamin D alang sa kalig-on sa bukog niining edara.	/			
7. Ako nagatuo nga ang paghimo og positibo ug relaks nga palibot inig pangaon, makapadasig sa akong anak nga mokaon.		/		
8. Ako nagatuo nga importante ang pag limit sa sodium ug sugar intake sa pagkaon sa akong anak.		/		
9. Ako nagatuo sa bili sa pag-apil sa nagkalain-laing klase nga pagkaon sa akong anak panahon sa ilang pagpangaon apil ang meryenda.		/		
10. Ako nagatuo ug nagsalig sa gana sa pagkaon sa akong anak ug gitugotan sa pag-regulate sa ilang pagkaon.		/		

Appendix B Cont'd

Part 3. Nutritional Practices Questionnaire

3.A. Food Choices

A mother's food choices for her children aged 2 to 5 years old play a pivotal role in shaping their nutritional intake and dietary habits. These choices encompass the selection of ingredients, meal preparation methods, and the overall approach to providing balanced and nourishing meals. Please review each statement below and rate your level of agreement based on how well it reflects your actions and beliefs regarding your child's food choice.

4-Strongly Agree

3-Agree

2-Disagree

1-Strongly Disagree

STATEMENTS	RESPONSE			
	4	3	2	1
1. Ako magpili kasagara prutas ug utan para sa akong anak aron e awthag sa iyahang pagkaon.		/		
2. Sa kasagaran, gina-involve nako ang akong anak sa pagpili sa mga prutas ug utan sa merkado o sa tindahan.			/	
3. Ako nagpili og mga pagkon nga puno ug sustasya ug meryenda sa akong anak aron ma-supply og padayun nga kusog.		/		
4. Ako nag-enjoy sa pagluto og sud-an ug meryenda alang sa akong anak gamit ang mga presko ug maayong klase nga sagol sa pagkaon.		/		
5. Ako mas gipili nga hatagan og tubig o gatas nga inumin sa akong anak kaysa mga ilimnon nga may asukar.	/			

Appendix B Cont'd

3.B. Dietary Practices

Dietary practices are the habits and routines a mother establishes to ensure her children aged 2 to 5 years old receive adequate nutrition and develop healthy eating behaviors. These practices encompass meal planning, portion control, mealtime structure, and strategies for promoting positive eating experiences. Rate each statement based on how strongly you agree or disagree with it. Choose the option that best represents your household's practices and beliefs regarding children's dietary habits. Your responses will help gauge different aspects of your approach to children's nutrition.

4-Strongly Agree

3-Agree

2-Disagree

1-Strongly Disagree

STATEMENTS	RESPONSE			
	4	3	2	1
1. Itukod ang matinud-anon nga oras sa pagkaon ug snacks aron ma-give nga kahinaman ug rutina.	/			
2. Hatagan ang akong anak og mga gamit sa pagkaon nga sakto alang sa iyang edad aron suportahan ang iyang kaugalingon nga pagkaon.		/		
3. Ako nagahatag sa akong anak og lainlaing kahumayan sa pagkaon aron pahimangno ug pag-angkon sa lainlaing klase sa pagkaon.		/		
4. Buhaton ko ang positibong kahimtang sa oras sa pagkaon nga libre sa mga distraksyon aron ma-promote ang kahinaman ug kalipay sa pagkaon.		/		

Appendix B Cont'd

5. Ako nagahatag og pagdayeg ug positibong reforsmento aron pahimangno sa malamboong batasan sa pagkaon sa akong anak.		/		
6. Limitahan nako ang oras sa pagtan-aw sa screen sa panahon sa pagkaon aron ma-promote ang konsentrasyon ug kalipay sa pagkaon sa akong anak.		/		
7. Ako nagasalmot og prutas ug utan sa mga pagkaon ug snacks sa akong anak aron ma-promote ang ilang pagkaon sa bitamina ug mineral.		/		
8. Ako nag-ehemplo sa akong anak nga maminaw sa ilang signal sa kagutom ug kabusbus sa pagtuyok sa ilang pagkaon.		/		
9. Giprioritize nako ang mga sud-an nga gibuhad sa balay kaysa sa pre-packaged nga mga opsyon aron mapugngan ang mga sangkap ug ma-ensure ang kalidad sa nutrisyon.		/		
10. Ako nagadangop sa mga propesyonal sa panglawas aron ma-ensure nga nasulayan ang kinahanglanon sa nutrisyon sa akong anak sa kritikal nga yugto sa ilang paglambo.	/			

Appendix B Cont'd

Part 4. Nutritional Outcomes (Child/children)

Nutritional outcomes in children aged 2 to 5 years old are often assessed using various measures, including Body Mass Index (BMI), height, and weight. These measurements provide valuable insights into a child's growth and development, as well as their overall nutritional status. This section aims to gather specific data related to the nutritional status of your child/children. Please provide accurate information to help assess their growth and nutritional health.

BMI:

Height:

Weight: 70 cm
10 kg

n-

march 29 - 2022

APPENDIX C:

SAMPLING COMPUTATION

The research employs a complete enumeration method, involving all 42 mothers or direct care providers of preschool children who are recipients of the Non-governmental Foundation Feeding Program. This method ensures data collection from the entire population, providing a comprehensive and inclusive dataset. The unit of analysis includes the mothers or caregivers, with data collected on their socioeconomic profiles (ethnicity, education, income), nutritional beliefs, and practices. This approach ensures diversity by representing the varied socioeconomic backgrounds of program participants, offering a holistic view of the factors influencing children's nutrition. With straightforward criteria—respondents must be caregivers of the enrolled children—the method eliminates sampling bias, guaranteeing inclusivity. This makes complete enumeration the ideal procedure for achieving a thorough understanding of the nutritional challenges faced by preschool children in Molave, Zamboanga del Sur.

APPENDIX D:

INFORMED CONSENT



MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

MISAMIS UNIVERSITY
Ozamiz City
College of Nursing, Midwifery and Radiologic Technology

RESEARCH INFORMED CONSENT FORM (PORMA SA NASABTAN NGA PAGTUGOT)

Title

This study is titled Socioeconomic “Status and Nutritional Beliefs in Relation to Practices and Outcomes Among Preschool Children of Rural Households”.

Researchers

This study is to be conducted by Macaro, Rachel Joy, Mendoza, Shaira Megan D., Miculob, Mervin Jay, Muaña, Susie Marie S., Octao, Jyvh B. who is pursuing the degree in Bachelor of Science in Radiologic Technology at Misamis University College of Nursing, Midwifery and Radiologic Technology with Dr. Merasol O. Duyag as the adviser. The researcher can be contacted through this mobile number 0939802186 or email address jyvhuco@gmail.com.

Purpose of the Research

The goal of our research is to gather insights into the socioeconomic status and nutritional beliefs in relation to practices and outcomes among preschool children of rural households, specifically focusing on socioeconomic status (SES) and nutritional beliefs that influence preschool children’s nutrition. SES, covering economic, educational, and occupational factors, along with nutritional practices, impact access to nutritious food and shape dietary choices.

Description of the Research

This study will utilize a quantitative descriptive correlational design that is used to examine the relationship between two or more variables without manipulating them in a correlational study investigating the relationship between socioeconomic status and nutritional beliefs in relation to practices and outcomes among preschool children of rural households.

Potential Benefits

The future result of this study will be beneficial to the child.

Appendix D cont'd

Confidentiality

In the conduct of the study, full confidentiality will be assured. No information that discloses your identity will be released or published without your specific consent to the disclosure and only imperatively necessary. The materials that contained the raw information derived from you will be destroyed after data processing within a given period.

Publication

The results of this study may be published in any form for public and scholarly consumption or used in classrooms instruction to enrich learning and generate more knowledge for future research.

Participation

Your participation in this study must be voluntary and you have the right to withdraw if you feel uncomfortable in the process of gathering information from you.

Informed Consent

Given the information above, I confirm that the potential harms, benefits, and alternatives have been explained to me. I have read and understood this consent form, and I understand that I am free to withdraw from my involvement in the study any time I deem it to be necessary or to seek clarifications for any unclear steps in the research process. My signature indicates my willingness to participate in the study.

Printed Name and Signature of the Research Respondent

Date

APPENDIX E: APPROVED LETTER OF REQUEST



Misamis University
Ozamiz city 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 088 521- 0367 / telefax No. +63 088 521-2917
E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 9001: 2015 Quality Management System – DNV-GL
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

February 28, 2024

DR. JESUS G. OCAPAN

Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Ocapan:

Greetings of Peace and Prosperity!

We, the third-year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing would like to formally request permission to conduct research entitled “SOCIOECONOMIC STATUS AND NUTRITIONAL BELIEFS IN RELATION TO PRACTICES AND OUTCOMES AMONG PRESCHOOL CHILDREN OF RURAL HOUSEHOLDS ” This study aims to investigate the barriers in providing sustainable nutrition care in child malnutrition particularly in the recipient Feeding Program Funded by an NGO Foundation in Molave, Zamboanga del sur.

Rest assured that all data collected will be handled with utmost confidentiality and will be used solely for academic purposes.

Thank you very much and God bless.

Sincerely yours,

RACHEL JOY MACARO

MERYIN JAY MICULOB

JYVIR E. OCTAO

SHAIRA MEGAN D. MENDOZA

SUSIE MARIE S. MUANA

Researchers

MERASOL O. DUYAG, PhD, RN
Research Adviser

Approved by:

DR. JESUS G. OCAPAN
College Dean of Nursing, Midwifery and Radiologic Technology

Appendix E Cont'd



Misamis University
Ozamiz city 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 088 521- 0367 / telefax No. +63 088 521-2917
E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 9001: 2015 Quality Management System – DNV-GL
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

May 23, 2024

Mrs. Myraluna B. Obineta
School Principal
Blancia Central School

Dear Ma'am:
Greetings!

We, the undersigned, are third year students of Misamis University College of Nursing taking up Bachelor of Science in Nursing and are currently working on a research study entitled "Socioeconomic Status and Nutritional Beliefs in Relation to Practices and Outcomes Among Preschool Children of Rural Households".

In this connection, the researchers would like to request your approval to allow them to conduct the study in your school. The children and their direct provider will be the respondents of the proposed research study. Moreover, the researchers will observe and adhere to safety protocols during the conduct of the study. A questionnaire will be given to the identified respondents to gather the desired data. Rest assured that all information derived will be treated with utmost confidentiality.

Sincerely yours,


RACHEL JOY MACARO

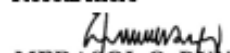
MERVIN JAY MICULOB

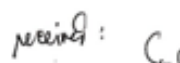
JYVIE B. OCTAO


SHAIRA MEGAN D. MENDOZA

SUSIE MARIE S. MIANA

Researchers


MERASOL O. DUYAG, PhD, RN
Research Adviser

received: 
MYRALUNA B. OBINETA
Sch. Principal

Approved by: 
DR. JESUS G. OCAPAN

College Dean College of Nursing, Midwifery and Radiologic Technology

APPENDIX F: STATISTICAL COMPUTATION

Table 5. Test for Significant Relationship Between Socioeconomic Profile and Nutritional Practices.

Variables	Test Statistics		Remarks
	r-value	p-value	
<i>Dietary Practices and</i>			
Ethnicity	-0.215	0.172	Not Significant
Education attainment	0.297	0.056	Not Significant
Income	0.027	0.865	Not Significant
<i>Food Choice and</i>			
Ethnicity	-0.027	0.865	Not Significant
Education attainment	0.053	0.740	Not Significant
Income	0.053	0.740	Not Significant

*Probability Value Scale: *p<0.01 (Highly Significant); *p<0.05 (Significant); *p>0.05 (Not Significant)*

Table 6. Test of Relationship Between Socioeconomic Profile and Nutritional Outcome

Variables	Test Statistics		Remarks
	r-value	p-value	
<i>Nutritional Outcome and</i>			
Ethnicity	0.046	0.773	Not Significant
Education attainment	0.046	0.773	Not Significant
Income	0.094	0.554	Not Significant

*Probability Value Scale: *p<0.01 (Highly Significant); *p<0.05 (Significant); *p>0.05 (Not Significant)*

Table 7. Test of Relationship Between Respondents' Nutritional Beliefs and Nutritional Practices

Variables	Test Statistics		Remarks
	r-value	p-value	
Nutritional Belief and Food Choice	0.546	0.000	Highly Significant
Nutritional Belief and Dietary Practices	0.273	0.081	Not Significant

*Probability Value Scale: *p<0.01 (Highly Significant); *p<0.05 (Significant); *p>0.05 (Not Significant)*

Table 8. Test of the relationship between nutritional belief and nutritional outcomes

Variables	Test Statistics		Remarks
	r-value	p-value	
Nutritional Belief and Nutritional Outcome	0.194	0.218	Not Significant

*Probability Value Scale: *p<0.01 (Highly Significant); *p<0.05 (Significant); *p>0.05 (Not Significant)*

APPENDIX G:

DOCUMENTATION



APPENDIX H: GRAMMARLY REPORT, AND TURNITIN RESULT



Report: Socioeconomic-Profile-and-Nutritional-Beliefs-in-Relation-to-Practices-and-Outcomes-Among-Presch...

Socioeconomic-Profile-and-Nutritional-Beliefs-in-Relation-to-Practices-and-Outcomes-Among-Preschool-Children-of-Rural-Hous

by Misamis University

General metrics

64,939	8,864	706	35 min 27 sec	1 hr 8 min
characters	words	sentences	reading time	speaking time

Score



This text scores better than 99% of all texts checked by Grammarly

Writing Issues

37	10	27
Issues left	Critical	Advanced

Plagiarism

This text hasn't been checked for plagiarism

Appendix H Cont'd

Miculob, Mervin Jay.docx

Misamis University

Document Details

Submission ID
trn:old:::28447:72486740

Submission Date
Nov 28, 2024, 10:29 AM GMT+8

Download Date
Nov 28, 2024, 10:32 AM GMT+8

File Name
Miculob, Mervin Jay.docx

File Size
81.1 KB

45 Pages

9,588 Words

60,542 Characters

24% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

Bibliography

Exclusions

1 Excluded Source

Match Groups

- 146 Not Cited or Quoted 19%
Matches with neither in-text citation nor quotation marks
- 33 Missing Quotations 4%
Matches that are still very similar to source material
- 5 Missing Citation 1%
Matches that have quotation marks, but no in-text citation
- 0 Cited and Quoted 0%
Matches with in-text citation present, but no quotation marks

Top Sources

- 13% Internet sources
- 8% Publications
- 22% Submitted works (Student Papers)

Integrity Flags

0 Integrity Flags for Review

No suspicious text manipulations found.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.

CURRICULUM VITAE

Personal Data:

Name : Rachel Joy Macaro
Date of Birth : December 30, 2002
Parents : Mr. & Mrs. Charita Macaro
Religion : Roman Catholic
Address : Tubod, Lanao del Norte
Contact Number: 09367140343
Email : rachelmacaro77@gmail.com



Educational Background:

Elementary : Baroy Central Elementary School
Baroy, Lanao del Norte
S.Y. 2014-2015
Secondary : Lanao del Norte National Comprehensive
High School, Baroy, Lanao del Norte
S.Y. 2018-2019
Senior High School : Lanao del Norte National Comprehensive
High School, Baroy, Lanao del Norte
S.Y. 2020-2021
Tertiary : Misamis University, Ozamis City
S.Y. 2024-2025

CURRICULUM VITAE

Personal Background

Name : Shaira Megan D. Mendoza
Date of Birth : January 8, 2002
Parents : Mr. & Mrs. Johanna D. Blaya
Religion : Roman Catholic
Address : Brgy. Blancia, Molave, Zamboanga del Sur
Contact Number: 09177197805
Email : shairamegan2003@gmail.com



Educational Background:

Elementary : Blancia Central School
Blancia, Molave, Zamboanga del Sur
S.Y. 2014-2015
Secondary : Sacred Heart Diocesan School, Inc.
Kamagong Street, Molave, Zamboanga del Sur
S.Y. 2018-2019
Senior High School : Sacred Heart Diocesan School, Inc.
Kamagong Street, Molave, Zamboanga del Sur
S.Y. 2020-2021
Tertiary : Misamis University, Ozamis City
S.Y. 2024-2025

CURRICULUM VITAE

Personal Background

Name : Susie Marie S. Muaña
Date of Birth : February 27, 2003
Parents : Mr. & Mrs. Marcial C. Muaña
Religion : Assembly of God
Address : Purok 3, Camp 5, Tubod, Lanao del Norte
Contact Number: 0968178075
Email : muanasusie265@gmail.com



Educational Background:

Elementary : Juan Ardon, Camp 5 Elementary
Camp 5, Tubod, Lanao del Norte
S.Y. 2014-2015
Secondary : Tangub City National High School
Mantic, Tangub City
S.Y. 2018-2019
Senior High School : Lala National High School
Maranding, Lala, Lanao del Norte
S.Y. 2020-2021
Tertiary : Misamis University
Ozamis City
S.Y. 2024-2025

CURRICULUM VITAE

Personal Background

Name : Mervin Jay Miculob
Date of Birth : November 2, 2002
Parents : Ms. Merchy P. Miculob
Religion : Roman Catholic
Address : Purok 3, Cabasagan, Lala, Lanao del Norte
Contact Number: 09260936238
Email : mervinjaymiculob64@gmail.com



Educational Background:

Elementary : Francisco Bolante Elementary
Cabasagan, Lala, Lanao del Norte
S.Y. 2014-2015
Secondary : Lala National High School
Maranding, Lala, Lanao del Norte
S.Y. 2018-2019
Senior High School : Lanipao Catholic High School
Lanipao, Lala, Lanao del Norte
S.Y. 2020-2021
Tertiary : Misamis University
Ozamis City
S.Y. 2024-2025

CURRICULUM VITAE

Personal Background

Name : Jyvh B. Octao
Date of Birth : March 3, 2002
Parents : Mr. & Mrs. Joel G. Octao
Religion : Roman Catholic
Address : Poblacion Sominot, Zamboanga del Sur
Contact Number: 09398021286
Email : jyvhbuco@gmail.com



Educational Background:

Elementary :Sominot Elementary School
Sominot, Zamboanga del Sur
S.Y. 2014-2015
Secondary :Sominot National High School
Sominot, Zamboanga del Sur
S.Y. 2018-2019
Senior High School : West Prime Horizon Institute Inc.
Pagadian City, Zamboanga del Sur
S.Y. 2020-2021
Tertiary : Misamis University
Ozamis City
S.Y. 2024-2025