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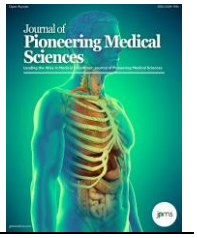

Research Article

Attıtudes of Female Employees In Nutrıtıon of 9 Months-6 Years Old Chıldren In Covıd-19

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Abstract: **Background:** We aimed to determine the factors affecting the nutritional attitudes of female hospital workers toward their children between 9 months and 6 years of age during the COVID-19 pandemic.**Methods:** Our study, which is an original article, was conducted with female employees working in the hospital and having children between the ages of 9 months and 6 years. The impact of changes in work and home life during COVID-19 on changes in child care and child nutrition has been questioned. **Result:** Statistical significance was detected between the scale and questions such as the frequency of anxiety regarding the child's illness during the COVID-19 process, the decrease in the child's appetite, changes in the child's eating pattern, the mother's relationship with the environment and social relations, and the child's sleep pattern. **Conclusion:** A significant relationship was found between inadequate/unbalanced nutrition and educational status and between the reaction to others' opinions sub-dimension and age groups. Moreover, another significant relationship was found between the frequency of anxiety about the child's illness and the scale, and between the change in the child's nutrition pattern and the scale. The COVID-19 pandemic affected the attitudes of female employees towards the nutrition of their children.

KeyWords: COVID-19 Pandemic, 9 Months-6 Years Old Child, Nutrition Process, Mom Attitude, Hospital

INTRODUCTION

In December 2019, there were several cases of pneumonia of unknown cause in the city of Wuhan, Hubei Province, China, largely resembling viral pneumonia. Deep sequence analysis of lower respiratory tract samples showed a novel coronavirus that was later named 2019 novel coronavirus disease (COVID-19). In the framework of epidemiological studies, the incubation period of the virus was determined to be 1-14 days, usually 3-7 days. Fever, dry cough, and malaise were identified as the main symptoms [1]. The disease may be asymptomatic or it may cause respiratory failure [2]. Fever, shortness of breath, and findings consistent with bilateral lung pneumonic infiltration were observed in the cases [3]. With the spread of the epidemic, cases have started to be found in other parts of China and different countries outside of China. The COVID-19 epidemic spread rapidly all over the world, deteriorating the quality of life and harming sleep, psychology, and physical health [2], [4]. As of May 4, 2021, there were a total of 153.187.889 diagnosed cases in the world, and the total number of deaths was 3.209.109 [5]. In a public survey conducted in the first phase of the epidemic in China, it was stated that almost 1/3 of the participants in the study reported that they experienced moderate-to-high anxiety [6]. In a study conducted in Greece, it was understood that there was an increase in the number of patients who showed distress and fear due to uncertainty regarding the epidemic process. In addition, depression, anxiety, etc., in patients with mental disorders. It was determined that panic attacks and psychosomatic symptoms reappeared with fear. It has been reported that patients with cardiovascular disease comorbidity experience symptoms of angina and heart failure decompensation [7]. In a study conducted in Turkey, it was stated that closed educational institutions and isolation at home during the epidemic caused anxiety and loneliness in young people [8].Although studies on mental health in COVID-19 patients are still scarce, some authors state that the expected negative outcomes in terms of mental and physical health can be predicted in vulnerable segments of society [9].Another finding is that infections are associated with patients' mood disorders[10], and the aforementioned disorder

increases with the severity of the infection [11].In the COVID-19 epidemic, many studies have been conducted on the psychological effects of the epidemic on the general population, patients, health personnel, students, children, and the elderly in different countries of the world. In the aforementioned studies, it was concluded that COVID-19, which mostly causes respiratory tract infections, may cause acute and long-term effects on mental health in humans, and pose a threat to physical health. In this context, it is expected that the level of fear, anxiety, stress, and anxiety will increase [12], [13]. The group most affected by the COVID-19 outbreak is undoubtedly healthcare workers. As in all other occupational groups, it has caused many physical and psychological effects on health workers [14], [15].

It can be said that female health workers who have children of nutritional age are more affected. The most important factor for children aged 9 months to 6 years to gain their eating habits is the mother. In the immediate environment, parents and older siblings are role models for children. A balanced distribution of responsibilities between family members and children helps to ensure a positive feeding relationship. In this context, mothers need to show the necessary patience and dedication to consume safe, nutritious, and healthy foods for the development of their children.It is undeniable that the problems experienced by health personnel who have children and who are in first place in the fight against the epidemic can affect the nutritional attitudes of their children [14], [15].This study, aimed to determine the attitudes and influencing factors of female employees in the hospital during the COVID-19 pandemic, in the feeding of their children aged 9 months to 6 years.

MATERIALS AND METHODS

This study was conducted on women working at Istanbul University Istanbul Medical Faculty Hospital. Google survey responses were collected on 02.05.2021-27.09.2021. An online questionnaire was sent to 1977 female employees at Istanbul University Istanbul Medical Faculty Hospital. Female employees with children aged 9 months to 6 years were asked to fill out the questionnaire. A total of 144 female employees filled out the questionnaire. This study faced a low response rate, with only 144 participants out of 1,977 (7.28%). This was due to the heavy workload and time constraints faced by healthcare workers during the COVID-19 pandemic, limiting their availability for survey participation. Future studies should implement strategies like reminder emails or alternative communication methods to improve response rates. Female employees who have children between the ages of 9 months and 6 years at Istanbul University Istanbul Faculty of Medicine and volunteered to participate in the research were included in the data collection process of the study. The questionnaire covering the problems they experienced during the COVID-19 outbreak and the Nutrition Process Mother Attitude Scale (NPMAS) developed by Dilsiz and Dağ[16] were used. The questionnaire had a total of 49 questions.

In the pilot study, it was determined that it took about 10 minutes for the participant to complete the 49-question online questionnaire. After completing the questionnaire and submitting it online, the participants were unable to change their answers. All survey questions were filled in completely. The Nutrition Process Maternal Attitude Scale (NPMAS) and its subscales are the dependent variables, while the sociodemographic characteristics of the participants and the problems they have experienced during the COVID-19 pandemic are the independent variables. The analysis of the data was carried out with the SPSS 21.0 package program. The conformity of continuous data to normal distribution was evaluated by the Kolmogorov-Smirnov test. Student T-Test and Anova T-Test to evaluate normally distributed continuous data; Mann Whitney U-Test and Kruskal-Wallis H-Test were used to evaluate the data that did not fit. The relevant source was used in the evaluation of the correlation results [17]. For statistical significance, a p-value less than 0.05 at the 95% confidence interval was considered significant. Descriptive statistics and continuous data including mean, standard deviation, median, and minimum-maximum values; The data determined by counting are presented with percentages.

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RESULTS

Distribution of sociodemographic characteristics of working women participating in the study presented in Table 1.

Table 1. Participants' sociodemographic features of distribution

Sociodemographic Feature	Number	%
A-) Age		
30 years and under	19	13.2
31-35 years	71	49.3
36-40 years	33	22.9
41 and over years	21	14.6

The proportion of participants aged 30 and under was 13.2%, the proportion of those aged 31-35 was 49.3%, the proportion of those aged 36-40 was 22.9% and the proportion of those aged 41 and over was 14.6%.

B-) Job		
Doctor	16	11.1
Nurse	51	35.4
Other healthcare staff	77	53.5

11.1% of the participants were doctors, 35.4% were nurses, and 53.5% were other healthcare staff.

C-) Civil Status		
Married	142	98.6
Single	2	1.4

98.6% of the participants were married and 1.4% were single.

D-) Education Status		
High school or below	19	13.2
Associate degree	23	16.0
Bachelor's degree	65	45.1
Master's degree and above	37	25.7

13.2% of the participants had a high school degree or below, 16.0% had an associate degree, 45.1% had a bachelor's degree, and 25.7% had a master's degree or above.

E-) Number of children under the age of 6		
1 child	114	79.2
2 child	25	17.3
3 and above child	5	3.5

79.2% of the participants had 1 child, 17.3% had 2 children, and 3.5% had 3 andabove children.

In this study, 37.5% of the female employees with children aged 9 months to 6 years at Istanbul University Istanbul Medical Faculty Hospital worked in COVID-19 emergency (triage), outpatient clinics, service, or vaccination units. Thus, those who do not work in these units during the COVID-19 pandemic period are the majority. A total of 29.9% were diagnosed with COVID-19. Those who have not been diagnosed with COVID-19 are in the majority. COVID-19 symptoms have been severe in 7.0% of those diagnosed with COVID-19. The majority of those diagnosed with COVID-19 have not had severe illness. A total of 11.1% of children had COVID-19. The children of female employees have had COVID-19 to a lesser extent than they do. A lot of 27.8% of female employees have devoted enough time to themselves or their close circle during the COVID-19 pandemic. The majority of female employees have not been able to devote enough time to themselves or their close circle during the COVID-19 pandemic. A lot of 16.7% stated that their relations with their close environment were bad during the COVID-19 period. For the most part, the relationships of female employees with their close environment have not deteriorated. A lot of 64.6% were balanced and adequately nourished during COVID-19. A lot of 16.7% stated that their relations with their close environment were bad during the COVID-19 period. For the most part, the relationships of female employees with their close environment have not deteriorated.

A lot of 64.6% were balanced and adequately nourished during COVID-19. Female employees have mostly been balanced and adequately nourished during the COVID-19 period. A lot of 4.2% received

psychological support due to COVID-19. The majority of female employees did not receive psychological support. A lot of 21.5% said they were no more aggressive than they were before COVID-19. The majority of female employees stated that they behaved more aggressively than before the COVID-19 outbreak. Sixteen percent did not feel more depressed than before COVID-19. The majority of female employees have often felt more depressed than before COVID-19. A lot of 31.9% stated that their sleep patterns were worse than before the COVID-19 outbreak. Compared to before COVID-19, the sleep patterns of approximately one-third of female employees have been affected worse. A lot of 15.3% had worse sleep patterns for their children than before COVID-19. Female employees have been affected to a lesser extent by their child's sleep patterns than before COVID-19. A lot of 57.6% stated that their child's eating patterns have not changed during COVID-19. The responses of female employees to the question of changing the food patterns of their children during the COVID-19 period were found to be similar. A lot of 52.8% stated that they could not spare enough time for their children during COVID-19. The response rates of female employees to the question of devoting enough time to their children during the COVID-19 process were found to be close to each other. A lot of 47.2% have experienced the worry of their child getting sick almost every day during COVID-19. Almost half of the female employees have experienced the worry of their child getting sick almost every day during COVID-19. A lot of 67.4% did not think that their child's appetite decreased during COVID-19. Female employees often did not think that their child's appetite had decreased during COVID-19. A lot of 61.8% stated that their grandmother or grandmother took care of their child during the hours or days they worked during the pandemic. The majority of female employees have had their children cared for by their grandmother or grandmother during the hours or days they worked during the pandemic.

Table 2. Participants' sociodemographic characteristics according to the nutrition process mom attitudes subscale of the scale

Education Status	**Bachelor's degree[3] (n=65)**	**High school or below[1] (n=19)**	**Master's degree or above[4] (n=37)**	**Associate degree[2] (n=23)**	**Group Significant-ness**	**p**
Inadequat/Unbalanced Nutrition	3.44[3]±0.75 3.63(1.25-4.88)	3.97[1]±0.87 4.25(2.135)	3.13 [4]±0.73 3.13(1.88-5)	3.66 [2]±0.81 3.75(2-4.88)	1-4, 2-4; p<0.05	<0.001(k)
Age groups	**30 and under[1](n=19)**	**31-35[2] (n=71)**	**36-40[3] (n=33)**	**41 and above[4](n=21)**	**Group Significant-ness**	**p**
Reaction to the Opinion of Others	3.16 [1]±0.92 3.25(1.25-5)	2.45 [2]±0.89 2.25(1-5)	2.5 [3]±0.85 2.25 (1- 4.5)	1.82 [4]±0.69 1.75 (1-3.25)	1-2, 1-3, 1-4 2-4, 3-4; p<0.05	<0.001(a)

Stats:mean±SD/Median(Min–Max)
(a)ANOVA Test
(k)Kruskal-Wallis Test
Note: Group comparisons are to be done for your answers to their values top numbers have been placed.

In Table 2, according to the sociodemographic characteristics of the participant women, the subscale score distribution of the Nutrition Process Maternal Attitudes Scale is shown.

A statistically significant difference(p<0.001) was found between the attitudes of working mothers regarding inadequate/unbalanced nutrition, which is one of the subdimensions of the NPMAS, and their education levels. According to the results of significance between groups; the attitudes of mothers with a high school degree or below were affected more negatively than the attitudes of mothers with a master's degree or above. The attitudes of mothers with an associate's degree were affected more negatively than the attitudes of mothers with a master's degree or above.

A significant difference was found between the age groups and the reaction to the opinion of others, which is one of the subdimensions of NPMAS (p<0.001). According to the results of significance between groups; the reactions of mothers aged 30 and below were more negatively affected than the reactions of mothers aged 31-35. The reactions of mothers aged 30 and below were more negatively

affected than the reactions of mothers aged 36-40. The reactions of mothers aged 30 and below were more negatively affected than the reactions of mothers aged 41 and above. The reactions of mothers aged 31-35 were more negatively affected than the reactions of mothers aged 41 and above. The reactions of mothers aged 36-40 were more negatively affected than the reactions of mothers aged 41 and above.

Table 3. Distribution of the difficulties experienced by the participants during the COVID-19 process according to the scores of the Maternal Attitudes to the Nutrition Process Scale

The status of relations with the immediate environment during the COVID-19 process					
Bad[1](n=24)	Partly good[2] (n=68)	Very good[3] (n=2)	Good[4] (n=50)	Intergroup significance	p
2.8 [1]±0.8	2.7 [2]±0.6	1.6 [3]±0.5	2.5 [4]±0.5	2-3,1-3;	0.041(k)
2.7(1.6 –5.0)	2.7 (1.3-3.6)	1.57 (1.3-1.9)	2.4 (1.5 -3.5)	p<0.05	
COVID-19 in the process of your child getting sick her concern transport status					
Sometimes[1] (n=62)	Almost every day[2] (n=68)	A lot rare[3] (n=14)			
2.51 [1]± 0.56	2.81 [2]± 0.58	2.2 [3]±0.65		2-1, 2-3;	<0.001(k)
2.5(1.3-3.81)	2.83 (1.52-5)	2.22 (1.26-3.96)		p<0.05	
According to the sleeping pattern of her child before the COVID-19 process					
More good[1] (n=7)	Worse[2] (n=22)	Almost same[3] (n=115)			
2.66 [1]±0.77	2.98 [2]±0,62	2,55 [3]± 0,58		2-3;	0.009(a)
2.74(1.78-3,52)	2.93 (1.96-5)	2.52 (1.26-3.96)		p<0.05	
COVID-19 in the process of your child's appetite is decreasing					
Thinking[1](n=47)	Does not think[2](n=97)				
2.91 [1]±0.6	2.48 [2]± 0.57				
2.93(1.85-5)	2.48(1.26-3.96)			1-2	<0.001(s)
Your child's meal layout during COVID-19					
Changed[1] (n=61)	Has not changed[2](n=83)				
2.75 [1]±0.63	2.53 [2]± 0.58				
2.81(1.3-5)	2.48(1.26-3.96**)**			1-2	0.027(s)

Stats:mean±SD/Median(Min-Max)
(a)ANOVA Test
(k)Kruskal-Wallis Test
(s)Student's t-test

Note: Group comparisons are to be done for your answers to their values top numbers have been placed.

Table3: Shows the distribution of the difficulties experienced by female participants during the COVID-19 process according to the subscale scores of the Nutrition Process Mother Attitudes Scale. When Table 3 was examined, a significant difference was found between the frequency of (NPMAS) and the anxiety that the child would become sick during the COVID-19 process (p<0.001).

A significant relationship was found between (NPMAS) and the decrease in the child's appetite during COVID-19 (p<0.001).
A significant relationship was found between (NPMAS) and the change in the child's eating pattern during COVID-19 (p=0.027).
A significant relationship was found between (NPMAS) and the status of its relations with its immediate environment during COVID-19 (p=0.041).
A significant relationship was found between BSAT and the child's sleep patterns compared to before the COVID-19 outbreak (p=0.009).

DISCUSSİON

Since only a limited number of articles related to this study are available, the following results could be compared with a small number of articles. The COVID-19 pandemic has had a huge impact on infant and toddler malnutrition. It is also thought that the pandemic will adversely affect access to nutrition-related health services. Iron or other mineral deficiencies from malnutrition can lead to an increase in noncommunicable diseases. As a result of irregular and unbalanced nutrition in children, an

increase in overweight or obesity may occur. There is concern that mothers going into isolation due to COVID-19 and not receiving breastfeeding counseling may reduce the prevalence of breastfeeding. In a study on diet and food insecurity among mothers, infants, and young children before and during COVID-19 in Peru 73.6% of caregivers were very much affected by their access to health services, 18.9% were little affected and 5.5% were not affected at all. Almost half of the households in this study had a moderate or severe food insecurity problem. As a result of the negative impact of the pandemic on the economy, food expenditures have decreased. In this study, fewer changes were found in maternal, infant, and young child nutrition findings compared to the COVID-19 period. The authors also considered the reasons that the diets of mothers, infants, and young children were not affected because they were resilient to the social and economic impact of the pandemic or because of the financial support and food aid received. There has been a slight increase in the proportion of exclusively breastfed and complementary feeding (6-23 months) compared to before the pandemic. The reason may be related to the low rate of working women during the pandemic. In infants and young children, the consumption of eggs, meat, nuts, legumes, dairy products, and fruits rich in vitamin A, and vegetables was found to be higher during the COVID-19 period. During the pandemic period, it was found that sweet foods and salty or fried snacks were consumed less. These findings were cited as the reason for the reduced access to unhealthy foods of approximately 61% of households due to the pandemic and the decrease in exposure to social activities that would lead to the consumption of unhealthy foods due to curfews or restrictions **[18].** In our study, a significant difference was found in the food patterns of female employees with children aged 9 months and 6 years at Istanbul University Istanbul Medical Faculty Hospital during COVID-19.

In a study conducted in the United Kingdom on breastfeeding experiences during COVID-19, it was stated that during pregnancy or in the postpartum period, mother-to-baby transmission was low. The likelihood of serious illness and complications was also low, and SARS-CoV-2 results in breast milk were negative. It is also stated in a case study mentioned in the article that the symptomatic mother protects her baby from the disease by taking precautions such as wearing masks and hand hygiene. It has been noted that SARS-CoV antibodies are formed in the milk of the infected mother. In the study, it is stated that it is important that mother and baby are not separated due to COVID-19 unless necessary, taking into account WHO data. Achieving the mother's goal of breastfeeding also protects the mother's mental health. The pandemic has adversely affected the fact that mothers receive personal professional contributions to breastfeeding counseling. At the very least, it was emphasized that breastfeeding counseling via online and telephone support should be continued during the pandemic period. In the absence of peer support, mothers have increased anxiety over the nutrition of their babies. Mothers with low levels of education and economic power have a higher risk of stopping breastfeeding in the first weeks and have a lower risk of receiving support. In this sense, it is stated that governments should take precautions and offer support to mothers against situations that may adversely affect their breastfeeding due to the pandemic [19]. In our study, it was found that working mothers with 9 months-6 years old children at Istanbul University Istanbul Medical Faculty Hospital had high concerns about their children getting sick during COVID-19. However, in line with this article, it can be said that the mother should not worry about feeding her child within the framework of COVID-19 measures. During the pandemic, it is very important to encourage working mothers to breastfeed their children and to provide breastfeeding consultancy to the mother. Providing psychological support to the mother is another important issue. A qualitative study of breastfeeding experience during the COVID-19 pandemic in Spain found that some women spent more time with their children during the pandemic and that quarantine had a positive impact on their own experiences. Some women have been denied enough breastfeeding counseling during the pandemic because of less support and fewer appointments with professionals. Most of the women in the study said that they felt lonely and sad as a result of social isolation due to COVID-19 on both themselves and their children [20]. In our study, it was found that female employees with children aged 9 months to 6 years at Istanbul University Istanbul Medical Faculty Hospital had deteriorated their relations with their close circles during the COVID-19 pandemic. Considering that the COVID-19 process affects the mental health of the working mother, it can be said that it can affect her relationship with her close environment.

LIMITATION

This study has several limitations that should be acknowledged. The low response rate (7.28%) was likely influenced by the demanding schedules of healthcare workers during the COVID-19 pandemic, which may limit the generalizability of the findings. The use of convenience sampling could introduce selection bias, as the sample may not represent all

working mothers. The reliance on an unvalidated online questionnaire and self-reported data may compromise the reliability and accuracy of the results, with response bias being a potential issue. Furthermore, key confounding factors such as socio-economic status, working hours, and childcare resources were not controlled for, and there was a lack of detailed analysis regarding job roles, working hours, and family support systems. The study focused on maternal attitudes rather than actual child health outcomes, and it did not differentiate between subgroups like part-time vs. full-time workers or varying levels of family support, limiting the depth of the analysis. Despite these constraints, the study offers valuable insights into maternal attitudes during a critical period. Future research should address these limitations by employing more rigorous sampling methods, validated tools, and comprehensive measures that include child health outcomes and detailed subgroup analyses, ensuring more robust and generalizable findings.

CONCLUSION

As a result, children's nutrition and maternal attitudes have been adversely affected during the COVID-19 period. It is necessary to explain to the mothers in this group the situations that may negatively affect their attitudes towards the nutrition of their children aged 9 months to 6 years. It can be planned to create awareness in this direction and to ensure that these working mothers participate in information or training. It may be recommended to increase the awareness of institutions and plan improvements for working mothers. In addition, the provision of daycare support by institutions to the children of working mothers aged 6 and under will contribute to the elimination of the mother's anxiety about not being able to take care of her child during working time.

Contributions

Description of the roles played by each author in the content of the article:
Ibrahim Demir; The first author of the article
Ayse Emel Onal; Study design consultant
Ozkan Ayvaz; Literature and article draft
Mehmet Erinc Onal; Literature and article draft
Emel Ruya Onal; Literature and article draft

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Conflict of interest

The authors declared no potential conflicts of interest for the research, authorship, or publication of this article.

Ethics committeeapproval

The Ethics Committee of Istanbul Faculty of Medicine at Istanbul University approved our interviews (Approval: E-171716) on Month 04, 2021. The Ethics Committee of the Ministry of Health of the Republic of Turkey approved our discussions (Approval: T-174022) on Month 02, 2021.

Consent to participate

Participants were sent a consent form for review and approval before completing the survey.

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