Relationship Between Children's Eating Behaviour and Mental Well-Being of Internally Displaced Children in Anambra State

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ABSTRACT

Research has demonstrated that Children face numerous challenges that affect them. In most cases these factors go unnoticed. Challenges include conflicts, displacement, flood and violence. This study however, investigated relationship between children eating behaviours and mental well-being among internally displaced children-IDC in Anambra state. The participants were 215 children male 84 and 131 female with the age range of 6-14 years and mean age of 10 years, SD of 1.5. They were selected using convenient sampling techniques. Data were collected using the Children Eating Behaviour Questionnaire (CEBQ) by Carnell and Wardle, (2007). And the Stirling Children's Well-being Scale (SCWS) by Lan and Carter (2010) . Data analysis was done using Pearson Product moment correlation to test the relation between the variables. The result indicated a robust relationship between eating behaviour and mental well-being among the displaced children in the IDP camps.The study therefore recommends that government and other agencies should engage the services of Developmental psychologists and nutritionists in order to profile, evaluate and treat the negative symptoms well-being and eating behaviour of internally displacement children.

INTRODUCTION

The challenges of mental well-being among children are palpable and common especially within the low-and middle-income countries. Literature have shown that children who have difficulties in mental well-being related issues suffer emotional distress, behavioural problems and academic under performance. And if untreated, it has the capacity to disturb children's functions at home, school and community (Weisz, et al., 2005). Mental well-being can be construed as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community (WHO, 2018). According to International Society for the study of Trauma and Dissociation (ISSTD), mental well-being refers to children's ability to regulate emotions, manage stress, and develop a positive sense of self. It encompasses their emotional, social, and psychological development and is influenced by their experiences, relationships and environment (ISSTD, 2018). According to UNICEF (2020), mental well-being encompasses children's emotional, social and psychological development (UNICEF, 2020).

The above accounts suggest that the well-being reflects the emotional, social, psychological and ability to realize one's potential, coping with the normal stress of life, being productive and fruitful within a particular environment. But ironically, within the Nigerian environment, a lot of stress have impinged on the children that affect their mental well-being negatively. Like children being overlooked can be predispose them to challenges which can impact their mental well-being (World Health Organization, 2019). Child abuse and neglect are very prevalent in Nigeria, and can have severe and long-lasting effects on a child's mental health (Ojo, 2012). In Nigeria, 50% of the population live below the poverty line, and children are vulnerable to the negative effects of poverty on their mental well-being (Oyedeji, 2015). food insecurity and malnutrition, conflict, displacement, and humanitarian crises all exacerbating the vulnerability of these children (IOM, 2020).

Particularly displacement, many children who are displaced lack adequate shelter, living in informal settlements, uncompleted buildings or make shift-shelters all increasing their vulnerability to poor mental well-being (Michael, Elizabeth & Catherine, 2024). However mental well-being can be categorized into different types namely positive and negative mental well-being.

Positive mental well-being: this factors different sub-types like emotional well-being, psychological well-being, social well-being, cognitive well-being and spiritual well-being. Emotional well-being is described as the ability to recognize, understand and manage one's emotions in a healthy way (Tungade, & Fredrickson, 2004); psychological well-being also described as a state of a well-being that encompasses self-acceptance, personal growth, purpose in life, positive relationships, and environmental mastery (Ryff,1989); social well-being conceptualized by Keyes (1998) as positive relationships, social support and a sense of belonging; cognitive well-being Perkins & Corrigan (2014) describe it as the ability to think critically, solve problems and make informed decisions; and spiritual well-being defined as a sense of connection to something greater than oneself, which can provide meaning, purpose and inner peace (Paloutzian & Park, 2005).

Negative mental well-being includes: This refers to a state where individuals experience distress, negative emotions and difficulty in functioning effectively due to mental health challenges or disorders. Anxiety, trauma, depression, stress, and burnout. Anxiety is described as a state of excessive worry, fear or apprehension that interferes with daily life (APA, 2013); trauma: described as a state of emotional or psychological distress caused by a traumatic events or experience (Van der Kolk, 2014); depression: according to WHO (2019), is a mood disorder characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities; stress: defined by Lazarus and Folkman (1984) as a state of emotional tension caused by external or internal pressures; burnout: according to Maslach and Jackson (1981), is a state of emotional, mental and physical exhaustion caused by prolonged stress, overwork or lack of balance in life. For children in IDP camps especially within the Nigeria environment may be presented with serious health, environmental, nutrition and psychological risks that negatively impact their mental well-being. Such as exposure to violence, according to Owoja, Uchendu & Ajayi et al., (2023) can lead to mental health problems such as post-traumatic stress disorder, stress, anxiety and other mental health issues.

Olanike (2021) observed that Children account for about 60% of the internally displaced persons in Nigeria and many of them live in camps and one in four are under the age of five. These children are vulnerable to abuse, violence and malnutrition which negatively impact their mental well-being. They also lack access to education, healthcare and a safe environment, among other basic amenities. She further added that Children have died of malnutrition and illnesses such as malaria and cholera due to lack of medication and quality food. WHO (2010), earlier noted that one in five displaced persons is affected by mental health disorders; and this estimate simply translates to over 400,000 internally displaced persons in Nigeria.

However, other variable which was also considered in this study is eating behaviour. Eating behaviour is conceptualized as the actions, habits and patterns associated with food consumption, including the physical, emotional and social aspect of eating. APA (2020) defines eating behaviour as pattern and habits of food consumption, including the emotional, cognitive, and environmental factors that influence eating. Poor eating behaviour has been hypothesized to negatively impact mental well-being especially among children.

Significant to these definitions according Russell, Jansen, & Burnett, (2023) is that Children's appetite, including eating behaviours, are profoundly relevant to the health and well-being of individuals, families, and societies. Eating behaviour is one phenomenon that is influenced by many complex like biological, psychological, social and environmental factors, and understanding of this is essential for promoting healthy eating habits, prevent eating disorder and addressing nutrition-related health issues (WHO, 2018). Given the above premise, eating behaviour is not just an act of eating but that which involves emotions, the physical environment, health, and thoughts of the individual persons involved. However, there are factors which can affect eating behaviour in children. Fischer, Stojek, & Hartzell (2010), have shown that high rate of physical abuse, psychological abuse, witnessing of intra-familial violence and other adverse events can cause eating disorder. Mangweth, et al., (2010), observed that childhood trauma has a bearing on the development of eating psychopathology which could be carried into adulthood stage.

This study considered children in the IDP camps in Anambra state because of its volatile nature and the poor capacity of children to adapt in such environment. WHO (2008), observed that IDPs are scarcely provided for, leading to insufficient nutrient rich foods, poor feeding practices, erroneous food intake, and inability of a child to get enough nutritious foods. insufficient intake of necessary nutrients, limited access to food and irregularity in the distribution of foods and nutrients needed for the growth and development of a child in IDP camps may

have caused a high rate of malnutrition in Nigerian IDP camps among children (Adedeji, Adebayo and Udo 2019). However, UN (1996) observed other factors which have grossly contributed to the deplorable food availability for children in the camp includes destruction of agricultural activities, the separation of families, the disintegration of communities, and displacement of the people. Common among the above which have contributed to food shortages especially within the space of the study includes flood, activities of pastoralists that have destroyed agricultural farmland, farm crops and threat to life of farmers which have kept them from their farms. Extant literature has suggested that deplorable facilities and lack of sense of security in the IDP camps also affect the mental well-being of the children in the camp.

According to the United Nations High Commissioner for Refugees-UNHCR (2022), remarked that Nigeria has the largest population of IDPs in sub-Saharan Africa, with an estimated figure of 3.1 million. Some factors that are responsible for this rise vary across the northern and southern regions in Nigeria. For instance, in the north currently, the primary factor causing displacement that has endured over time is the insurgency of the Boko Haram terrorists (BHT) in the north-eastern region of the nation (Eweka & Olusegun, 2016); which has today metamorphosed into arm-bandits, Fulani pastoralists and kidnappers. While in the Southern region, the common factor responsible for displacement was floods and heavy rains with Bayelsa, Anambra and Cross River states recording the highest levels of internal displacements (NEMA, 2022).

Theoretical Implications

Ecological system theory: this theory was developed by Bronfenbrenner (1979). he argued that human development is influenced by multiple levels of environment, which interact and influence one another to shape human development across lifespan. He further, highlighted key components of the theory to include; microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem he described as the innermost layer, comprising of immediate environments such as the family, school, and peers (Bronfenbrenner, 1979), the mesosystem stress the interconnections between microsystems such as relationships between family and school; exosystem he refers to as the external environments that indirectly influence human development such as parental work environment or community resources. Macrosystem, this is broadest layer, encompassing cultural, societal and economic factors that shape human development; and lastly is the chronosystem which he described as the temporal dimension of the environment that influences the developing person's experiences and interactions (Bronfenbrenner, 1979).

However, children in IDP camps often experience changes in family dynamics, such as separation from parents or caregivers, which can lead to emotional distress and anxiety. he argued that the microsystem which includes the family plays a critical role in influencing children's development and mental well-being. Relatively, Ungar (2013), states that families who are able to adapt and cope with adversity are better able to support their childrern's mental health. Further research have revealed family's resilience is important in promoting the mental well-being of internally displaced children. Boyden (2003) emphasized the impact of family separation on the mental well-being of internally displaced children. She posits that children who experience separation from their families are at increased risk of developing mental health problems, including anxiety and depression.

Chan, (2015) explores the role of family dynamics in shaping the mental well-being of internally displaced children in the context of conflict. She argues that families that are able to maintain a sense of coherence and normalcy are better able to support their children's mental health.

Likewise Fazel and Stein (2015) highlights the importance of family factors, including parental mental health and family functioning, in predicting the mental well-being of internally displaced children. They reasoned that families that are able to provide a supportive and stable environment are better able to promote their children's mental health.

It is also observed that the interactions between camp staff, can significantly impact children's mental well-being. Positive interactions can provide emotional support and stability, while negative interactions can exacerbate stress and anxiety (Bronfenbrenner, 1979). Positive interactions with camp staff can provide children with emotional support, reducing feelings of anxiety and stress (Ager et al., 2010). Also, camp staff can create a sense of safety and security for children, which is essential for their mental well-being (UNHCR, 2015).

Conversely, negative interactions with camp staff, such as physical or emotional abuse, can exacerbate trauma and stress in children (Betancourt et al., 2013). Negative interactions can as well lead to a loss of trust in authority figures, making it difficult for children to form healthy relationships in the future (Hagan et al., 2015) . Ager et al., (2010) noted that negative interactions can increase anxiety and stress in children, making it difficult for them to focus on their daily activities.

Further, it is also observed that camp Policies and Procedure, such as those related to food distribution, shelter allocation, and healthcare services, can impact children's mental well-being. Inadequate or unfair policies can contribute to stress, anxiety, and feelings of hopelessness (UNHCR, 2015). Factors, such as conflict, violence, and economic instability, can also impact children's mental well-being in IDP camps.

Finally, the temporal factors that shape the lives of children in IDP camps, such as the duration of stay in the camp, can impact their mental well-being. Longer stays in the camp can contribute to increased stress, anxiety, and feelings of hopelessness (UNHCR, 2015). And transitions and changes that children experience in IDP camps, such as changes in living arrangements or caregivers, can also impact their mental well-being.

Hypotheses

The following hypotheses were raised to guide the study:

1. There will be a significant and positive relationship between food responsiveness and mental well-being among internally displaced children-IDC

2. There will be a significant and positive relationship between food fussiness and mental well-being among IDC.

3. There will be a significant and positive relationship between emotional over eating and mental well-being among IDC.

4. There will be a significant positive relationship between emotional under eating and mental well-being among IDC.

5. There will be a significant positive relationship between satiety response eating and mental well-being among IDC

METHOD

This chapter contains the procedural guidelines adopted in course of the research. It gives an insight regarding the research participants, research instruments, design and statistics adopted in the study.

Participants

The participants of the study were internally displaced children in holding centre at Rev. Fr. Joseph Memorial Secondary School, Eziaguluotu. The participants were Riverine dwellers prior to arriving at the camp. Their means of livelihood include Agriculture-farming, fishing and they are mostly artisans and craft men and women. The children attended the local schools in their community prior to this study. The total number of participants were 215, female 131 while the male is 84. Their age range between 6-14 years (middle and late childhood stages) with a mean age of 10 years and Standard Deviation of 1.5 years

The Children's Eating Behaviour Questionnaire (CEBQ): This scale was developed by Carnell and Wardle, (2007). It is a 35-item parent-report questionnaire assessing eating behaviour in children. Eating behaviour is assessed on eight scales: food responsiveness (4 items), enjoyment of food (4 items), emotional overeating (4 items), desire to drink (3 items), satiety responsiveness (5 items), slowness in eating (4 items), and emotional undereating (4 items), and fussiness (7 items). Informants rate the frequency of their child's behaviors and experiences on a 5-point scale: 1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always. The authors also reported a Cronbach's Alpha coefficient of the CEBQ subscales as follows: food responsiveness: α= 0.83,

emotional overeating: α= 0.78, emotional undereating: α= 0.80, food fussiness: α= 0.86, satiety response: α= 0.75. and the general Cronbach's Alph was α= 0.88

Test-retest reliability for CEBQ: showed 0.6-0.8 for the different subscales.

However, the researcher was particular on the following five sub-scales namely; food responsiveness, emotional overeating, emotional undereating, satiety responsiveness, and food fussiness/ neophobia. This is because of its apparent indication in identifying a shift in eating behaviour of children.

The Stirling Children's wellbeing Scale (MWBS): this scale was developed by Lan and Carter (2010). The Authors are Educational Psychologists from the Stirling Council Educational psychology service. The scale measures children's emotional and psychological well-being in a positive and holistic way. The scale consists of 12 items measuring emotional and psychological wellbeing. The scale consists of two sub-components consisting of 6 items each relating to emotional and psychological wellbeing, namely Positive Emotional State and Positive Outlook. The scale additionally includes a social desirability sub-scale in order to determine whether any participants" scores have a response set – that is, there is a bias in the way they answer – or a predominance of socially desirable answers. The social desirability sub-scale consists of three items. All items on the scale are rated on a 5- point Likert-based scale. The Cronbach's Alpha for positive emotion α= 0.88, positive outlook α= 0.85.

Test-retest reliability: The MWBS showed moderate to high test-retest reliability coefficients, ranging from 0.63 to 0.85, over a 2-week period (Lan & Carter, 2016)

Procedure

Ethical clearance: A letter seeking for approval to conduct the research was issued to the researchers by the HoD, Psychology. Consequently, the letter was presented to the director of the Anambra State Emergency Management Agency-SEMA for approval. On approval. The letter, was sent to the camp Heads/managers informing them of the approval for the research.

Design: The researcher adopted a cross sectional study design for the study and subsequently, Pearson Product Moment correlation was used for analysis.

RESULT

Table 1

Variables	Mean	Std. deviation	1	2	3	4	5
Mental Wellbeing	45.91	4.01	1				
Food Responsiveness	14.56	1.63	-.053	1			
Emotional overeating	10.56	1.52	.400**	-.009	1		
Satiety response	13.80	1.58	.441**	-.062	.124	1	
Food-fussiness	17.00	1.68	.554**	-.260**	.552**	.050	1
Emotional undereating	12.59	1.27	.038	-.077	.067	.400**	.086

**. Correlation is significant at the 0.01 level (2-tailed).

The table above showed a non statistically significant and negative relationship between food responsiveness and mental well-being *r(215)* = -.05, *P* <.05. Therefore, hypothesis I, which stated that there would be a significant relationship between food responsiveness and emotional well-being was rejected. Also, there was a statistically significant and positive relationship between emotional overeating and emotional well-being *r(215)*

= .40, *P* <.05. Therefore, hypothesis II, which stated that there would be a significant relationship between emotional overeating and mental well-being was accepted. Again, there was a non-statistically significant and positive relationship between emotional undereating and mental well-being *r(215)* = .04, *P* <.05. Therefore, hypothesis III, which stated that there would be a significant relationship between emotional undereating and mental well-being was also rejected.

Further, there was a statistically significant and positive relationship between satiety response and mental well-being *r(215)* = .44, *P* <.05. Therefore, hypothesis IV, which stated that there would be a significant relationship between satiety response and mental well-being was also accepted. Likewise, there was a statistically significant and positive relationship between food fussiness and emotional well-being *r(215)* = .55, *P* <.05. Therefore, hypothesis V, which stated that there would be a significant relationship between food fussiness and mental well-being was also accepted.

DISCUSSIONS

This study examined relationship between children's eating behaviour on mental well-being among internally displaced children in Anambra east, Anambra state. The sample were drawn using non-probalistic sampling method. The findings were guided by the study hypotheses. Aptly, the study looked into the five levels of causative variables which were food responsiveness, emotional overeating, and emotional undereating others were food satiety and food fussiness. All measured on mental well-being with three levels; positive emotional outlook, positive outlook, and emotional desirability. Conversely, the findings from the analysis have brought to a clearer understanding types of eating behaviours that impact negatively to the poor mental well-being of the internally displaced children. It was observed that food insecurity and camp environment affected the general food responsiveness of children in the camp.

Relatively, the findings of the research was supported by the work of Ljubičić, Matek, and Klarin,et al., (2023) who confirmed there was a relationship between eating behaviour, emotions and stress. The research regression models established that there were an association between food consumption, emotional conditions, and emotional eating behaviour. Again, in the study conducted by Firth, James, Alessandra, et., al (2020) on Food and mood: how do diet and nutrition affect mental wellbeing? It was established that Healthy eating patterns, such as the Mediterranean diet, are associated with better mental health than "unhealthy" eating patterns, such as the Western diet. Further, the study done by Polivy and Heman (2005) on Mental health and eating behaviours: a bi-directional relation. The result established the relation between eating and mental health is bi-directional: stating that one's mood or psychological state can affect what and how much one eats, and eating affects one's mood and psychological well-being.

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