

**PARENTS' PERCEPTION ON EATING BEHAVIOUR AND FOOD HABITS OF THEIR CHILDREN**

M. Karthika, Dr. S Uma Mageshwari  
 PhD Scholar, Professor & Head , Department of Food Service Management and Dietetics  
 Avinashilingam Institute for Home Science and Higher Education for Women

**ABSTRACT**

**Background:** Healthy eating habits in childhood are crucial for growth, development, and long-term health. Parental influence and children’s own ability to regulate food intake are key determinants of dietary behaviours.

**Objective:** This study aimed to assess parental self-efficacy in managing children’s diets and examine eating self-efficacy among school-going boys and girls.

**Methods:** A cross-sectional study was conducted among 200 school-going children (110 boys, 90 girls) and their parents. Parental self-efficacy was assessed using a structured questionnaire on confidence in promoting balanced diets and restricting unhealthy foods. Children’s eating self-efficacy was measured using the Eating Self-Efficacy Brief Scale, evaluating responses in social and emotional situations. Descriptive statistics were used to analyse confidence levels and self-efficacy scores.

**Results:** Parents showed low to moderate confidence in ensuring children to consume enough cereals, whole grains, fruits, and vegetables, with higher confidence for low-fat dairy and lean meats. Both boys and girls demonstrated moderate eating self-efficacy, but faced challenges in controlling intake during emotionally stressful or socially stimulating situations such as parties, restaurants, or peer gatherings. Low parental self-efficacy was associated with children’s decreased ability to self-regulate their eating behaviors.

**Conclusion:** The study highlights a strong relationship between parental self-efficacy and children’s eating self-efficacy. Interventions targeting both parents and children, including nutrition education, emotional regulation strategies, and mindful eating practices, may enhance healthy dietary behaviours and establish sustainable eating habits during childhood.

**Keywords:** Parental self-efficacy, eating self-efficacy, school-going children, dietary behaviour, healthy eating habits.

**INTRODUCTION**

Healthy eating habits established during childhood are essential for optimal growth, cognitive development, and long-term health outcomes. Nutritional behaviours during these formative years influence not only physical development but also the risk of chronic diseases such as obesity, type 2 diabetes, and cardiovascular disorders later in life. School-going children are particularly vulnerable to unhealthy dietary practices due to multiple factors, including peer influence, exposure to energy-dense and nutrient-poor foods, limited knowledge of nutrition, and increased autonomy in food choices outside the home. Consequently, promoting healthy eating habits during childhood is a critical public health priority. Parents serve as primary agents of influence in shaping children’s dietary behaviours. Through meal planning, food selection, and modelling of eating practices, parents can significantly impact children’s food preferences, portion control, and overall nutritional quality. Parental self-efficacy, defined as a parent’s confidence in their ability to guide and manage their child’s diet, has emerged as a key determinant of effective dietary management in children. Parents with higher self-efficacy are more likely to provide balanced meals, encourage fruit and vegetable consumption, limit unhealthy fats and added sugars, and promote structured mealtimes. Conversely, limited parental confidence may result in inconsistent dietary guidance, permissive feeding practices, and reliance on convenient but less nutritious foods. In parallel, children’s own eating self-efficacy, or their perceived ability to regulate food intake across different social and emotional contexts, plays a crucial role in dietary decision-making. Children with higher eating self-efficacy can resist unhealthy foods, control portion sizes, and maintain balanced nutrition despite external pressures such as peer influence, social gatherings, or emotional triggers like stress and sadness. Low eating self-efficacy has been linked to emotional eating, overeating in social situations, and preference for energy-dense foods, which may compromise overall nutritional status. Although the influence of parents on children’s dietary behaviours is well-recognised, limited research has examined the interaction between parental self-efficacy and children’s eating self-efficacy, particularly among school-going populations. Understanding this dynamic is critical because parental confidence may directly affect the development of children’s self-regulatory capacities, shaping their ability to make healthier food choices independently. Examining both constructs concurrently provides a comprehensive perspective on the determinants of dietary behaviours in children. Therefore, this study aims to assess parental self-efficacy in managing children’s diets and to evaluate eating self-efficacy among school-going boys and girls. By exploring the relationship between these two constructs, the study seeks to identify key areas for intervention that can enhance parental guidance, strengthen children’s self-regulatory eating skills, and ultimately promote sustainable, healthy dietary habits during adolescence.

**OBJECTIVES**

- To assess parental perceptions of their children’s eating behaviours.
- To evaluate children’s eating self-efficacy in social and environmental contexts.

**METHODOLOGY**

The study was conducted in Coimbatore among parents of school-going children in the 6th and 7th standards, aged 11 to 13 years. One school was purposively selected to represent the target population. Ethical approval for conducting the study was obtained from the Institutional Human Ethics Committee of Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore (Ethical Approval No: IHEC/19-20/FSMD/31). A total of 200 children, comprising 110 boys and 90 girls, were included based on predefined inclusion and exclusion criteria. Demographic information, including age, gender, and relevant socioeconomic details, was collected, and anthropometric measurements such as height, weight, and body mass index were recorded to assess growth and nutritional status. Parental perceptions of their children’s dietary habits and food-related behaviours were assessed using the Parental Self-Efficacy Scale (Decker, 2012), which consists of 28 questions divided into dietary behaviour (21 questions) and food behaviour (7 questions). The dietary behaviour questions were further categorised into four food groups: cereals (2 questions), fruits and vegetables (7 questions), milk and milk products (4 questions), and fats and sugars (8 questions). Responses were recorded on an 11-point scale ranging from 0 to 10, where 0 represented “not at all confident,” 1–5 indicated “moderately confident,” and 6–10 indicated “highly confident” The eating self-efficacy of the selected parents’ children was assessed using the Eating Self-Efficacy Scale developed by Lombardo (2021). This tool consists of eight questions that measure individuals’ perceived control over their eating behaviours in various social and emotional situations. Responses were scored on a 5-point scale: 0 = “not easy,” 1 = “somewhat easy,” 2 = “near completely not easy,” 3 = “some easy and some not easy,” 4 = “near completely easy,” and 5 = “completely easy.” The questionnaire was administered to the students to collect data, and the results were analysed statistically using an independent t-test.

**RESULTS AND DISCUSSION**

**Background Information among School-Going Children**

**Table 1: Age And Gender of Selected School-Going Children**

Gender	11 years		12 years		13 years	
	N=77	%	N=64	%	N=59	%
Boys (N=110)	35	31	36	32	39	35
Girls (N=90)	42	47	28	31	20	22

Among the selected 200 school-going children, 11 and 13 years were found to be high, with 31% and 39% among boys, and 47% and 31% of girls in 11 and 12 years, respectively. The selected children were studying the 6<sup>th</sup> & 7<sup>th</sup> standards.

**Table 2: BMI classification of the selected school-going children**

Age (years)		Underweight		Normal		Overweight		Obesity	
		N=21	%	N=97	%	N=46	%	N=36	%
11	Boys	4	19	16	16.2	5	10.9	8	22.2
	Girls	2	9.52	11	11.1	7	15.2	3	8.33
12	Boys	6	28.6	15	15.2	13	28.3	7	19.4
	Girls	4	19	17	17.2	6	13	5	13.9
13	Boys	2	9.52	19	19.2	9	19.6	9	25
	Girls	3	14.3	21	21.2	6	13	4	11.1

**\*IAP Classification 2015**

Among the 200 children, 49% had a normal body mass index. Overweight was seen among 23% (46), while obesity was seen among 18 % (36) of the selected children. Underweight was seen among 10% (21) of selected children, respectively. The Prevalence of overweight and obesity was high among boys.

**Table 3: Parents' perception of eating behaviour for boys**

CONSUMPTION OF FOOD GROUPS	Not at all confident		Moderately Confident		Highly Confident	
	N=110	%	N=110	%	N=110	%
<b>CEREALS</b>						
1. I am confident that my child eats only 3 servings of grains	86	78.1	10	9.0	14	12.7
2. I am confident that at least half of my child's total grain servings each day are whole grains	90	81.8	16	14.5	4	3.6
<b>FRUITS AND VEGETABLES</b>						
1. I am confident that my child eats at least 2 servings of vegetables every day.	84	76.3	18	16.3	8	7.2
2. I am confident that my child eats vegetables even if they do not enjoy the taste.	88	80.0	12	10.9	10	9.0
3. I am confident that my child eats only 3 servings of starchy vegetables each week.	90	81.8	12	10.9	8	7.27
4. I am confident that my child eats a variety of vegetables.	86	78.1	-	-	24	21.8
5. I am confident that my child eats 2 servings of whole fruit or drinks 100% pure fruit juice every day.	90	81.8	8	7.2	12	10.9
6. I am confident that the juice my child drinks contains 100% fruit juice.	88	80.0	12	10.9	10	9.0
7. I am confident that the juice my child drinks is limited to one small glass (3/4 cup) per day.	86	78.1	16	14.5	8	7.2
<b>MILK AND MILK PRODUCTS</b>						
1. I am confident that my child eats at least 2 servings of milk or an equivalent dairy product every day	84	76.3	8	7.2	18	16.3
2. I am confident that the dairy products my child eats are fat-free (skim) or low-fat (1%).	80	72.7	22	20.0	8	7.2
3. I am confident that my child eats 2 servings of meat, beans, or eggs every day.	86	78.1	16	14.5	8	7.2
4. I am confident that the meats or poultry (chicken) my child eats are low-fat or lean.	82	74.5	20	18.1	8	7.2
<b>FATS AND SUGARS</b>						
1. I am confident that when cooking with oils, I use vegetable oils	76	69.0	24	21.8	10	9.0
2. I am confident that my child eats very few solid fats and foods that contain these.	76	69.0	18	16.3	16	14.5
3. I am confident that my child eats saturated fats or trans fats.	78	70.9	24	21.8	8	7.2
4. I am confident that my child eats food with low sodium (salt) content.	78	70.9	14	12.7	18	16.3
5. I am confident that my child eats very few foods with added sugar	80	72.7	18	16.3	12	10.9
6. I am confident that my child drinks very few beverages with added sugar	78	70.9	14	12.7	18	16.3
7. I am confident that the cereals my child eats are unsweetened.	84	76.3	18	16.3	8	7.2
8. I am confident that my child drinks mostly water or fat-free milk and not fruit juices, soda, or sports drinks.	78	70.9	20	18.1	12	10.9

The study results indicate varied confidence levels among parents regarding their children's food consumption. About 78.1% of the parents reported low confidence in ensuring adequate intake of cereals, and 81.8% reported the same for whole grains. Similar patterns were in fruit and vegetable consumption, with 76.3%–81.8% showing low confidence. Confidence was relatively higher in providing low-fat dairy (72.7%) and lean meat (74.5%). In contrast, confidence levels were lower in limiting fats and sugars, with 69–72.7% indicating low confidence. The table highlights insufficient parental confidence in maintaining balanced and healthy dietary practices across different food groups.

CONSUMPTION OF FOOD GROUPS	Not at all confident		Moderately Confident		Highly Confident	
	N=90	%	N=90	%	N=90	%
<b>CEREALS</b>						
1. I am confident that my child eats only 3 servings of grains	52	57.7	25	27.7	13	14.4
2. I am confident that at least half of my child's total grain servings each day are whole grains	57	63.3	25	27.7	8	8.8
<b>FRUITS AND VEGETABLES</b>						
1. I am confident that my child eats at least 2 servings of vegetables every day.	61	67.7	19	21.1	10	11.1
2. I am confident that my child eats vegetables even if they do not enjoy the taste.	62	68.8	12	13.3	16	17.7
3. I am confident that my child eats only 3 servings of starchy vegetables each week.	61	67.7	10	11.1	19	21.1
4. I am confident that my child eats a variety of vegetables.	49	54.4	12	13.3	29	32.2
5. I am confident that my child eats 2 servings of whole fruit or drinks 100% pure fruit juice every day.	57	63.3	14	15.5	19	21.1
6. I am confident that the juice my child drinks contains 100% fruit juice.	56	62.2	10	11.1	24	26.6
7. I am confident that the juice my child drinks is limited to one small glass (3/4 cup) per day.	62	68.8	15	16.6	13	14.4
<b>MILK AND MILK PRODUCTS</b>						
1. I am confident that my child eats at least 2 servings of milk or an equivalent dairy product every day	65	72.2	12	13.3	13	14.4
2. I am confident that the dairy products my child eats are fat-free (skim) or low-fat (1%).	62	68.8	17	18.8	11	12.2
3. I am confident that my child eats 2 servings of meat, beans, or eggs every day.	63	70	12	13.3	15	16.6
4. I am confident that the meats or poultry (chicken) my child eats are low-fat or lean.	64	71.1	17	18.8	9	10.0
<b>FATS AND SUGARS</b>						
1. I am confident that when cooking with oils, I use vegetable oils	59	65.5	14	15.5	17	18.8
2. I am confident that my child eats very few solid fats and foods that contain these.	57	63.3	22	24.4	11	12.2
3. I am confident that my child eats saturated fats or trans fats.	51	56.6	29	32.2	10	11.1
4. I am confident that my child eats food with low sodium (salt) content.	51	56.6	34	37.7	5	5.5
5. I am confident that my child eats very few foods with added sugar	53	58.8	27	30.0	10	11.1
6. I am confident that my child drinks very few beverages with added sugar	55	61.1	21	23.3	14	15.5
7. I am confident that the cereals my child eats are unsweetened.	58	64.4	20	22.2	12	13.3
8. I am confident that my child drinks mostly water or fat-free milk and not fruit juices, soda, or sports drinks.	57	63.3	19	21.1	14	15.5

**Table 4: Parents' perception of eating behaviour for girls**

The parental confidence in girls' food consumption varied across food groups. Low confidence was in ensuring adequate intake of cereals (57.7%) and whole grains (63.3%). Similar patterns were observed for fruits and vegetables, with 54.4%–68.8% not at all confident. Confidence was moderately better for milk and milk products, where 68.8%–72.2% provided low-fat and lean options. However, the confidence in controlling fats and sugars, with 56.6%–65.5% reporting not all confident, the results indicate that parents exhibit limited confidence in maintaining balanced dietary practices among girls across major food categories.

**Table 5: Comparison of Parental Confidence among Boys and Girls related to consumption of Food Groups**

\*p<0.05 significant

Parental confidence was highest for boys in the intake of cereals and fruits and vegetables, and lowest for fats and sugars, whereas for girls, confidence was highest for milk and milk products and fruits and vegetables, and lowest for cereals and fats and sugars. Parents generally felt capable of providing cereals, fruits, vegetables, and dairy, but perceived greater difficulty in regulating fats and sugars. Gender-based differences were observed, with higher confidence reported for boys. The parental self-efficacy is strong, and food categories that require additional guidance to promote balanced dietary habits among school-going children. The analysis of parental confidence across food groups revealed significant differences for both boys and girls. Confidence in cereals and fruits and vegetables, cereals and fats and sugars, and milk and milk products and fats/sugars differed significantly (p < 0.05). For girls, significant differences were observed between cereals and fruits/vegetables, cereals and fats/sugars, fruits/vegetables and milk/milk products, and milk/milk products and fats/sugars (p < 0.05). These results indicate that parents feel less confident in ensuring the intake of cereals, fruits, vegetables, and dairy, while confidence is moderate and high confident fats and sugars. Overall, parental self-efficacy varies significantly across food groups, with consistent challenges in managing less healthy foods.

**Table 6: Food Habits among the selected boys**

Consumption of Food Groups	Parents of Boys N =110			Parents of Girls N=90				
	Not at all confident (0)	Moderately Confident (1-5)	Highly Confident (6-10)	Not at all confident (0)	Moderately Confident (1-5)	Highly Confident (6-10)		
	Mean	Mean	Mean	Mean	Mean	Mean		
I Cereals	88.	13	9	55	25	10		
II Fruits and Vegetables	87.4	11.1	11.5	58.2	13.1	18.7		
III Milk and Milk Products	83.0	16.5	10.5	63.5	14.5	12		
IV Fats and Sugars	78.5	18.75	12.75	55.1	23.2	11.6		
	t-value		p-value		t-value		p-value	
I & II	2.45		2.3		6.56		0.04*	
I & III	2.67		8.65		2.45		9.45	
I& IV	6.25		0.02*		6.52		0.01*	
II& III	2.78		1.34		5.46		0.03*	
II&IV	5.67		0.03*		2.67		6.45	
III&IV	2.76		0.04*		6.56		0.04*	

FOOD HABITS	Not at all confident(0)		Moderately Confident(1-5)		Highly Confident(6-10)	
	N=110	%	N=110	%	N=110	%
	1. I am confident that my child drinks mostly water or fat-free milk and not fruit juices, soda, or sports drinks.	78	70.9	20	18.2	12
2. I am confident that we eat meals together as a family.	78	70.9	16	14.5	16	14.5
3. I am confident that my child chooses healthy foods at fast food restaurants.	80	72.7	18	16.4	12	10.9
4. I am confident that my child chooses healthy foods at sit-down restaurants.	84	76.4	16	14.5	10	9.09
5. I am confident that my child chooses healthy food at school.	80	72.7	16	14.5	14	12.7
6. I am confident that my child chooses healthy foods when eating with friends.	78	70.9	18	16.4	14	12.7
7. I am confident that unhealthy snacks (i.e., candy, cookies, cakes, chips) are limited in my child's snacks or meals.	82	74.5	16	14.5	12	10.9

The data indicate varied parental confidence regarding boys' food behaviour. 70.9% of parents are not at all confident in ensuring their children primarily consume water or fat-free milk and in maintaining family meal patterns. 72.7%–76.4% reported low confidence in their children choosing healthy foods at fast food, school, or sit-down restaurants. Confidence was slightly higher in limiting unhealthy snacks, with 74.5% expressing low confidence, indicating that parents of boys do not have all confidence in influencing healthy eating choices and meal behaviours, particularly in settings outside the home and during social or restaurant-based eating occasions.

**Table 7: Food Habits among the selected Girls**

FOOD BEHAVIOUR	Not at all confident(0)		Moderately Confident(1-5)		Highly Confident(6-10)	
	N=90	%	N=90	%	N=90	%
	1. I am confident that my child drinks mostly water or fat-free milk and not fruit juices, soda, or sports drinks.	56	62.2	19	21.1	15
2. I am confident that we eat meals together as a family.	50	55.5	26	28.8	14	15.5
3. I am confident that my child chooses healthy foods at fast food restaurants.	53	58.8	30	33.3	7	7.7
4. I am confident that my child chooses healthy foods at sit-down restaurants.	62	68.8	22	24.4	6	6.6
5. I am confident that my child chooses healthy food at school.	58	64.4	22	24.4	10	11.1
6. I am confident that my child chooses healthy foods when eating with friends.	57	63.3	23	25.5	10	11.1
7. I am confident that unhealthy snacks (i.e., candy, cookies, cakes, chips) are limited in my child's snacks or meals.	55	61.1	20	22.2	15	16.6

Table 6 shows that parental confidence regarding girls' food behaviour varied across different situations. 55.5%–68.8% of parents show not at confidence in ensuring healthy eating habits, particularly when girls ate at restaurants, school, or with friends. Confidence was relatively better for family meal patterns (55.5%) and limiting unhealthy snacks (61.1%). A moderate level of confidence was observed in promoting the consumption of water or fat-free milk (62.2%). The results indicate that parents' confidence in influencing girls' healthy food choices, especially high in external eating environments such as restaurants, schools, and peer settings.

**Table 8: Eating Self-Efficacy Brief Scale Among School-Going Children Among Boys**

The findings indicate that boys displayed varied levels of eating self-efficacy across both social and emotional situations. In social situations,

Boys (N=110)												
SOCIAL SITUATIONS	Not easy (0)		Somewhat easy(1)		Near completely not easy(2)		Some Easy & some not easy(3)		Near Completely Easy(4)		Completely Easy(5)	
	N	%	N	%	N	%	N	%	N	%	N	%
	1. I eat when I am worried about work or studies.	13	11.8	10	9	28	25.4	33	30	5	4.5	21
2. I eat when I feel sad or depressed.	21	19	11	10	26	23.6	18	16.3	32	29	2	1.8
3. I eat when I am very upset or angry.	18	16.3	11	10	20	18.1	32	29	23	20.9	6	5.4
4. I eat when I am nervous for personal reasons.	21	19	12	10.9	14	12.7	38	34.5	10	9.09	15	13.6
EMOTIONAL SITUATIONS	Not easy (0)		Somewhat easy(1)		Near completely not easy(2)		Some Easy & some not easy(3)		Near Completely Easy(4)		Completely Easy(5)	
	N	%	N	%	N	%	N	%	N	%	N	%
	1. I eat more when I am eating outside (e.g., at a restaurant) with friends.	18	16.3	15	13.6	23	20.9	19	17.3	19	17.3	16
2. I eat when I am with someone who eats foods that I like.	20	18.1	11	10	18	16.4	13	11.8	27	24.5	21	19.1
3. I eat more when I am at a party with a buffet full of food.	14	12.7	21	19.1	6	5.45	19	17.3	28	25.5	22	20.0
4. I eat when I am in company and preparing food.	19	17.2	12	10.9	20	18.2	26	23.6	20	18.2	13	11.8

many parents find it difficult to control their eating behaviour when influenced by emotions such as worry, sadness, or anger. 25.4% eat when worried about work or studies, while 23.6%–34.5% eat when sad, upset, or nervous. Only 13.6%–19% reported that they found it completely easy to resist eating under these emotional situations, suggesting moderate emotional eating tendencies among boys.

In emotional situations, similar patterns emerged. 16.3%–25.5% of the students admitted difficulty in maintaining control when exposed to social eating environments such as restaurants, parties, or buffets, where food availability and peer influence were high. Eating behaviour with 20%–24.5% indicating they tended to eat more when surrounded by preferred foods or while preparing meals with others.

Boys exhibit moderate self-efficacy in regulating eating behaviour, with difficulty managing food intake under emotional stress or in socially stimulating environments. Strengthening emotional regulation and promoting mindful eating strategies could improve eating self-control among school-going boys

**Table 9 Eating Self-Efficacy Brief Scale Among School-Going Children Among Girls**

The girls exhibited diverse levels of eating self-efficacy across both social and emotional situations. In social situations, 21.1%–34.4% of the girls found it not easy to resist eating when worried, sad, or angry, while only 15.6%–26.7% reported finding it completely easy to control eating in such circumstances. Emotional situations like anger (34.4%) and nervousness (30%) appeared to have a stronger influence on eating behaviour, suggesting that stress-related emotions may significantly affect girls’ food intake patterns. In emotional situations, eating behaviours were similarly affected by social environments. 12.2%–22.2% of participants found it difficult to resist eating when with friends, at restaurants, or during social gatherings involving preferred foods. Nearly one-third (32.2%) reported increased food intake at parties or buffets, highlighting susceptibility to external food cues and peer influence. Only a small proportion (8.9%) found it completely easy to resist eating when preparing or surrounded by food. The girls display moderate to low eating self-

Girls (N=90)												
SOCIAL SITUATIONS	Not easy (0)		Somewhat easy(1)		Near completely not easy(2)		Some Easy & some not easy(3)		Near Completely Easy(4)		Completely Easy(5)	
	N	%	N	%	N	%	N	%	N	%	N	%
	1.I eat when I am worried about work or studies.	19	21.1	16	17.8	12	13.3	15	16.7	8	8.89	20
2. I eat when I feel sad or depressed.	22	24.4	14	15.6	13	14.4	15	16.7	8	8.89	18	20
3. I eat when I am very upset or angry.	31	34.4	8	8.89	10	11.1	11	12.2	6	6.67	24	26.7
4.I eat when I am nervous for personal reasons.	27	30	14	15.6	14	15.6	16	17.8	5	5.56	14	15.6
EMOTIONAL SITUATIONS	Not easy (0)		Somewhat easy(1)		Near completely not easy(2)		Some Easy & some not easy(3)		Near Completely Easy(4)		Completely Easy(5)	
	N	%	N	%	N	%	N	%	N	%	N	%
	1 I eat more when I am eating outside (e.g., at a restaurant) with friends.	11	12.2	13	14.4	10	11.1	17	18.9	15	16.7	24
2. I eat when I am with someone who eats foods that I like.	11	12.2	12	13.3	20	22.2	12	13.3	15	16.7	20	22.2
3. I eat more when I am at a party with a buffet full of food.	12	13.3	15	16.7	12	13.3	13	14.4	9	10	29	32.2
4. I eat when I am in company and preparing food.	26	28.9	31	34.4	12	13.3	8	8.89	5	5.56	8	8.89

efficacy, with greater emotional responsiveness and reduced control in social and food-rich settings. Interventions focusing on emotional awareness and mindful eating may enhance self-regulation among adolescent girls.

**DISCUSSION**

The study reveals a strong interrelationship between parental self-efficacy in dietary management and children’s eating self-efficacy across social and emotional situations. Parents play a crucial role in shaping children’s eating behaviours, food choices, and attitudes toward nutrition. In the present study, both boys’ and girls’ parents exhibited generally low to moderate confidence levels in ensuring balanced diets, particularly concerning whole grain, fruit, and vegetable consumption. The parents showed relatively higher confidence in providing low-fat dairy and lean meat options, but their ability to limit children’s intake of fats, sugars, and processed foods remained limited. This insufficient parental confidence likely influences children’s own capacity to self-regulate food intake and make healthier food decisions. The eating self-efficacy results support this connection. Among boys, difficulties were observed in controlling food intake during emotionally charged or socially stimulating situations. A significant proportion reported eating when feeling worried, sad, or surrounded by peers in food-rich environments. Similarly, girls demonstrated moderate to low eating self-efficacy, with a noticeable tendency to eat when experiencing emotions such as anger, nervousness, or sadness. Girls also reported greater susceptibility to external food cues, particularly in social settings such as parties, buffets, or restaurants. These patterns suggest that emotional states and social influences substantially impact food-related self-control among adolescents. When viewed together, low parental self-efficacy may translate to less effective modelling and healthy eating behaviours at home, thereby reducing children’s confidence in managing their own dietary choices. Parents with limited assurance in planning balanced meals, regulating portion sizes, or restricting unhealthy foods may inadvertently contribute to children developing poor eating control and higher emotional responsiveness to food. Children with higher eating self-efficacy are often associated with parents who consistently encourage healthy food practices. The importance of strengthening both parental and child self-efficacy in nutrition-related behaviours. Interventions that engage parents through nutrition education, behavioural modelling, and positive strategies can enhance their confidence and, in eating self-efficacy among children. Encouraging mindful eating, emotional regulation, and shared family meals may further support the development of sustainable healthy eating habits during adolescence.

**CONCLUSION**

The study highlights a significant association between parental self-efficacy of school-going children. Parents who do not have all confidence in managing balanced diets and regulating unhealthy foods have children. Eating self-efficacy in controlling their food intake, particularly in emotionally or socially challenging situations. Both boys and girls have moderate to low eating Self-efficacy, emotional situations, and social influences. Strengthening parental confidence, through education, behavioural modelling, and supportive strategies can enhance children’s ability to make healthier food choices and develop sustainable eating habits, emphasising the critical role of parents in shaping long-term nutritional behaviours.

**REFERENCE**

1. UNICEF. (2021). *The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children’s mental health*. United Nations Children’s Fund. <https://www.unicef.org/reports/state-worlds-children-2021>
2. World Health Organization. (2024). *Obesity and overweight*. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
3. Sahoo, K., Sahoo, B., Choudhury, A. K., Sofi, N. Y., Kumar, R., & Bhadoria, A. S. (2015). Childhood obesity: Causes and consequences. *Journal of Family Medicine and Primary Care*, 4(2), 187–192. <https://doi.org/10.4103/2249-4863.154628>
4. Gellman, M. D., & Turner, J. R. (Eds.). (2013). *Encyclopedia of Behavioral Medicine*. Springer. <https://doi.org/10.1007/978-1-4419-1005-9>
5. Birch, L. L., & Ventura, A. K. (2009). Preventing childhood obesity: What works? *International Journal of Obesity*, 33(S1), S74–S81. <https://doi.org/10.1038/ijo.2009.22>
6. Glatz, T., Lippold, M., Chung, G. et al. A Systematic Review of Parental Self-efficacy Among Parents of School-Age Children and Adolescents. *Adolescent Res Rev* 9, 75–91 (2024). <https://doi.org/10.1007/s40894-023-00216-w>. Gray, H. L., Buro, A. W., & Sinha, S. (2023). Associations
7. Among Parents' Eating Behaviors, Feeding Practices, and Children's Eating Behaviors. *Maternal and child health journal*, 27(2), 202–209. <https://doi.org/10.1007/s10995-022-03572-6>.
8. Kothari, C. R. (2014). *Research Methodology: Methods and Techniques* (2nd ed.). New Age International Publishers.
9. Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. (1982). *Eating Attitude Test--26 (EAT-26)*
10. Decker, J. W. (2012). Initial development and testing of a questionnaire of parental self-efficacy for enacting healthy lifestyles in their children. *Journal for Specialists in Pediatric Nursing*, 17(2), 147–158.1
11. Lombardo, C., Cerolini, S., Alivernini, F., Balleisio, A., Violani, C., Fernandes, M., & Lucidi, F. (2021). Eating self-efficacy: validation of a new brief scale. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, 26(1), 295-303.
12. Papini, N. M., Jung, M., Cook, A., Lopez, N. V., Ptomey, L. T., Herrmann, S. D., & Kang, M. (2022). Psychometric properties of the 26-item eating attitudes test (EAT-26): an application of rasch analysis. *Journal of eating disorders*, 10(1), 62. <https://doi.org/10.1186/s40337-022-00580-3>
13. Shashank KJ, Gowda, P. ., & Chethan TK. (2016). A Cross-sectional Study to Assess the Eating Disorder Among Female Medical Students in A Rural Medical College of Karnataka State. *National Journal of Community Medicine*, 7(06), 524–527. Retrieved from <https://njcmindia.com/index.php/file/article/view/>