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ACCEPTING EDUCATIONAL RESPONSIBILITY FOR SOCIAL JUSTICE: HOMELESS MOTHERS' AND CHILDREN'S NEED OF EDUCATION ABOUT HEALTH AND NUTRITION

Smita Guha

ABSTRACT

The goal is to improve health and nutrition among new mothers and their children who were living in shelters. The mothers received workshops and booklets consisting of information, quick and healthy recipes, and learned how to prepare home-made meals with a low budget. The mothers realized nutritious foods are important for them and their children. They learned how to manage time to make nutritious food at the residence. Children regardless of their background, are our future and we need to pay attention to their needs now so that future problems could be prevented. The significance of this study is immense from the point of racial equity and social justice to engage families and communities.

Keywords: mothers, children, homeless, shelter, nutrition, health, diet, social justice

INTRODUCTION

I explored the issue of poverty and social injustice for the underprivileged new mothers and their children. The goal was to improve health and nutrition awareness among new mothers and their children who were currently living in shelters.

Becoming a new mother has its challenges. Further, living away from family support, makes it even more difficult. The families of the homeless mothers have abandoned them, and their partners have left them. With a new baby, they are helpless. The shelter took care of their babies during the day when the mothers were working, then after work, the mothers were responsible to take care of their babies in the evening. The mothers had jobs with minimal pay during the day and then attended vocational and educational training to

be self-sufficient. With financial hardships, these vulnerable mothers were living in critically adverse circumstances.

It is important to identify the exact problems that the new homeless mothers and their children were facing and then offer effective solutions. The primary reason is the lack of knowledge among the new mothers in health and nutrition. These mothers were relying on fast food and unhealthy diets.

Consuming nutritious food is a basic need. Nutrition has a huge impact on the health of everyone, but especially of pregnant or new mothers who were still trying to provide proper nutrition for themselves and their child (Maslow, 1943). The homeless and housed poor children experienced high rates of illness, developmental delay (9%) and issues related to being overweight (13%) (Wood, 1990). Consuming an unhealthy diet and depending on fast food results in significant health issues. Some of the common problems include being overweight or obese, tooth decay, high blood pressure, high cholesterol, heart disease and stroke, type-2 diabetes, osteoporosis, some types of cancers and mental depression. The diets of homeless children were frequently imbalanced, dependent on food from “fast-food” restaurants, and characterized by repeated periods of deprivation (Wood, 1990, December; Kelly, 2017, August).

The well-being of adults and society are strongly influenced by experiences in early childhood. This is the most important time to assure the healthy development of all young children and break the cycle of disadvantage for vulnerable children from the very early stages of development (Chase et al., 2018). There is limited knowledge at the national level about child food insecurity

(CFI) among homeless and precariously housed US families. Lee & Lippert (2021) compared the monthly prevalence of CFI for these families to the prevalence for domiciled families and examined the sources of CFI. The authors found that monthly prevalence of CFI in the families far exceeded that of their poor but domiciled counterparts. They suggested that CFI could be more prevalent among homeless and precariously housed families now than in the 1990s.

STRESS DURING THE COVID-19 PANDEMIC

COVID-19 caused severe anxiety or depression among parents and acute stress disorder, post-traumatic stress, anxiety disorders, elevated risk of toxic stress and depression among children. The COVID-19 pandemic exerted a disproportionate burden especially on low-income children and families, magnifying their vulnerability to both food insecurity and pediatric obesity (Tester et al., 2020). COVID-19 also threatened child growth and development (Araújo et. al., 2021) presenting a greater risk of developmental delays and health problems in adulthood, such as cognitive impairment, substance abuse, depression, and non-communicable diseases.

To help families cope with epidemic/pandemic-driven adversity and ensure children's healthy development, I gathered information about the impact of the epidemic on parents and children. Food insecurity is a well-established determinant of chronic disease morbidity and mortality that increased due to the COVID-19 pandemic. I examined the impact of the pandemic-related increase in food insecurity on short- and long-term chronic health outcomes. Research is critical to inform the development of effective programs and policies to address food insecurity and its downstream health impacts during COVID-19 and future pandemics.

The mothers and children living in homeless shelters were vulnerable. To explore homeless mothers' existing knowledge and perspectives about healthy eating and educate them about health and nutrition and also to prevent food

insecurity. I asked: To what extent do the mothers living in shelters learn about the health and nutrition for themselves and their children? By examining the problems associated with health and nutrition of the new mothers and children living in shelters I would then offer them useful information through workshops and hands-on demonstration.

METHOD AND PROCEDURE

Subjects

The subject of the study consisted of 19 mothers and their children from two shelters, selected from Queens, New York. Ten mothers were living in one shelter and the comparative group of nine mothers were living in another shelter. The age range of the mothers were 18-38, and the children were 0-3 years.

The research context was to examine the knowledge of health and nutrition education among the new mothers and then offer suggestions for better food choices. Since this study took place during the COVID-19 pandemic year, the field of health and nutrition was even more important.

The design of the study was qualitative. Data were collected through an open-ended survey questionnaire, observations, and interviews. The questionnaire comprised of demographic characteristics, nutritional knowledge, attitudes, and practices. Observations took place during the workshops, and semi-structured interviews took place after the workshops in the shelter scheduled for 30 minutes. The observation and interview data were analyzed using an inductive thematic analysis approach.

This project was approved by St. John's University's Institutional Review Board. At first, the mothers in both groups were given a pre-test open-ended survey questionnaire. After the pre-test questions, the treatment group were given a bag of resources, offered a series of workshops, provided informational booklets, and were showed how quickly and easily nutritious food could be prepared. All the interviews that took place in

the shelter were recorded and transcribed later. Lastly, all the mothers were given an open-ended post-test questionnaire. The comparative group was not given any of the above materials. The timeline of the study was one year.

Table 1

Procedure and timeline

Timeline	Treatment group	Comparative group
Beginning of Fall session	Pre-test survey	Pre-test survey
	Resources and series of workshops started in face to face mode, then switched to online mode due to pandemic. Items, appliances and videos were sent ahead of time. Perishable food items were delivered on the same day.	
	Observations during workshops	
	Interview after workshops	
End of Spring session	Post-test survey	Post-test survey

The following resources were offered to the mothers via booklets and hands-on demonstration:

1. Selecting healthy food: Home-made food, easy recipes, helpful tips were given.
2. Making healthy food for children: Informational booklets on children’s diets and quick, yet healthy recipes and cooking activities were shared. Kitchen appliances including an air fryer and Instant Pot, were bought for the center. Demonstration of how healthy food could be prepared with these appliances was conducted.
3. Regular exercise: Exercise, dance and Yoga videos were given.
4. Budgeting: Free budget apps were discussed, where users could see how much they were spending and saving.
5. Time management: Planners and calendars were distributed.

RESULTS

From the survey questionnaires, observations, and interviews, two overlapping themes emerged: (1) the knowledge gained by mothers in selecting healthy food, and (2) the impact and practice of eating nutritious food for themselves and their children. This is the key finding, as the comparative group did not show the change.

In the pre-test questionnaire the mothers indicated that they preferred fried food. However, in the post-test questionnaire, they mentioned that they did not know that healthy food could be made so quickly while taking care of their children. One way for mothers to make sure they are meeting these needs was to create a weekly meal plan prepared ahead of time.

The mothers also realized the importance of a healthy diet. They learned how to prepare quick and healthy recipes for themselves and their children. They realized that they do not have to buy organic food, but they could make nutritious

food from what they have. They also learned that it was the way the food was prepared that made the difference. Some of the powerful examples in the post test answers from the treatment group were:

“Healthy foods are nutritious.”

“I would look for the ingredients if not on the packet or the can, then look on Instagram or google.”

“It is important how food are prepared.”

“Some food are more healthy than others.”

“I would look for expiration dates.”

“I want to eat healthy and I want to give my child healthy food as he is growing up and will not become sick too often.”

“I have to check if calcium content in milk is 30% or more.”

“I have to work on time management.”

“I will have to go to the grocery store in the weekends and get organized as a weekly plan.”

“I will make a list of the items I need from the store, check for coupons, and buy only the items I need.”

The direct observations and the focused interviews took place together. As an example, two mothers along with their two-and-three year old children, set up the table for a family style meal which included napkins, placemats, silverware, glasses, and a beverage. As we prepared dinner, we discussed the nutrition needs of the children, gave cooking tips, and the participants shared personal daily struggles. We sat down at the dining table and the mothers and the children joined for dinner. We engaged in this family style meal and went over a handout relating to health and nutrition.

On another day, all the mothers decided to make different smoothies. Some smoothies would be made with spinach, blueberries, banana, and plain yogurt and other smoothies would be made without spinach. The yogurt would be replaced with almond milk. During the process of making smoothies, a child wanted to make her own smoothie. She mixed blueberries, bananas, and

almond milk. All the mothers tasted it and thought the blend was the best of them all. The child was enjoying the milk, spinach, and fruit mix. The mother expressed that “it was a great way to feed her daughter vegetables.” One mother said, “my child does not like vegetables, and I did not know what to do.” Then she added, “Now I am getting so many ideas.”

The interviews indicated how the mothers learned what constitutes a healthy diet for themselves and for their children, and learned the importance of eating a healthy diet. The mothers mentioned that the workshops were extremely helpful, and they also stated that they never had this opportunity to learn from someone who cared about them.

This project continued in late spring and into the beginning of summer. Besides providing online workshops, plants and seeds were bought for the centers. Due to COVID-19 pandemic restrictions, gardening tips were showed online to both mothers and their children (ages 2 and up).

Every week these online workshops helped the mothers improve their diets. Participant quotes from the focused interviews after the workshop are included below, for each topic.

1. Making healthy food for children: “So, I do not have to buy organic food? I could make healthy food from what I have?”
2. Regular Exercise: “I love to do Zumba while watching the videos”.
3. Budgeting: One mother said that the center has a grocery budget so would not allow her to buy organic food that is much more expensive and so had to rely on processed food. Discussion then took place that instead of buying readymade processed food that have preservatives, it is easy to prepare fresh food that could be cooked in the oven. For the workshop, one of the healthy yet quick recipe was chosen and during the cooking activity, discussion took place regarding health and nutrition with low budget. This led to the discussion of preparing more home-made meals yielding to low budget. They realized that it was not necessary to buy all organic

food, but it was important to thoroughly wash the fruits and vegetables with water.

4. Time management: During the interview, one of the mothers explained that she has very little time to cook or maintain any healthy habits. After giving birth she said that she was too consumed about caring her child than worrying about her own health. Her current diet included soda and fast food. She said that she cannot think of herself till the baby is older and is self-sufficient. The mothers were given a calendar, a planner and a meal plan and were explained how to use these items. These items helped the mothers realize that if they manage their time well, they could make meals for themselves and their children.

“The health of new mothers is paramount, in order for them to take care of themselves and their children.”

restaurant and wait in the line than making food at the residence. The most important outcome was the mothers and children learning how to grow vegetables. This was a collaboration when they all took turns and enjoyed planting. They realized the importance of self-sustainability in avoiding food insecurity.

Although the workshop was meant to be a couple of hours, it lasted much longer as the mothers wanted more ideas. Some mothers had to leave during the workshop, if they had to attend to their children. Ideas were further posted

on Instagram and the mothers liked this modality. For future studies, an app could be utilized so that more helpful information could be posted and shared.

The health of new mothers is paramount, in order for them to take care of themselves and their children. Children are our future, and we need to pay attention to their needs now to avoid future problems decreasing health care costs.

DISCUSSION

I focused on improving health and nutrition among mothers and children living in shelters. The treatment group of mothers gained knowledge from the booklets, workshops, and hands-on cooking demonstrations that impacted them and their children.

The answers from the pre-test were much too general and the answers in the post-tests of the treatment group were insightful and rich. The post-tests answers for the comparative group were similar to pre-test answers. From the interviews, it was clear that the mothers realized the importance of a healthy diet and knew how to prepare quick and healthy recipes for themselves and their children after the instruction. They understood that they do not have to buy expensive organic food but could prepare food in a healthy way. The mothers understood that they do not have to rely on processed and frozen food but could make food easily in the oven. They were empowered to make nutritious food with a low budget and then develop time management skills. They realized that it takes more time to take a trip to a fast food

CONCLUSION

This study explored the issue of poverty and social injustice for under-privileged new mothers and their children. The mothers were overworked and had financial constraints. With a new baby, each was overwhelmed with work and family. The educational ideas and information through booklets and Instagram were a guide to the mothers. Being an active participant in the workshops helped them realize how to take the necessary steps in the right direction to provide their children with proper nutrition. They learned about the importance of time management and staying within budget, with a focus on nutritious food and learning to live a healthier way, and ultimately learned how to take care of themselves as well as their children through critical increased support.

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Dr. Smita Guha is a Full Professor at St. John's University in the School of Education. She received her Ph.D. degree from the State University of New York at Buffalo. She has ten years' experience working with young children and over 25 years' experience in teacher education. Her special area of expertise in Elementary and Early Childhood Education are math and science including integrating Technology for effective teaching. She has been working on nutrition education for 19 years and her work had been published in books and scholarly journals Further, she had been presenting in national and international conferences.

APPENDIX

Sample Pre and Post-test survey Questionnaire:

Demographics:

Age:

Child(ren)'s age:

Questionnaire:

1. What do you think a healthy meal consists of?
2. How do you feel about making healthy meals?
3. What kind of food would you like to include to prepare for a healthy meal plan?
4. With your busy schedule, how would you find time to prepare a healthy meal?
5. What are the benefits to eating healthy?

Focused interview questions:

1. What did you like about today's workshop?
2. What did you learn from today's workshop?