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Dietary Challenges and Nutritional Awareness Among Parents of Children with Autism Spectrum Disorders: A Survey-Based Study

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ABSTRACT

Background: Children with Autism Spectrum Disorder (ASD) often experience dietary challenges, including food selectivity and sensory sensitivities, which can lead to nutritional deficiencies. Parental knowledge and attitudes play a crucial role in shaping children's eating behaviors, yet the extent of their influence remains underexplored.

Aim: This study aimed to assess the dietary habits of children with ASD, evaluate parental nutritional awareness, and examine the association between parental knowledge, attitudes, and feeding challenges.

Materials and Methods: A cross-sectional survey-based study was conducted among parents of children aged 4–14 years with ASD. Participants were recruited from the Department of Pediatric Dentistry, Saveetha Dental College, SIMATS University, and autism support centers. A validated 20-item questionnaire assessed parental knowledge, dietary habits, feeding challenges, and gastrointestinal concerns. Data were analyzed using descriptive statistics, Pearson's Chi-Square test, multivariate analysis, and regression modeling.

Results: Parental attitudes significantly influenced children's eating behaviors, particularly food refusal and dietary variety. While knowledge alone had a limited impact, meal planning difficulties and dietary challenges strongly correlated with restricted eating patterns. Regression analysis confirmed that parental attitudes and dietary challenges were key predictors of children's food acceptance.

Conclusion: The study highlights the importance of targeted parental education programs to improve meal variety and reduce food refusal in children with ASD. Future research should explore interventions focusing on parental attitudes and strategies to manage dietary challenges effectively.

Keywords: *Autism Spectrum Disorder, Parental Nutrition Knowledge, Feeding Behavior, Food Preferences*

1. INTRODUCTION

The early years of a child's life have been recognized as critical for establishing healthy eating habits and creating a foundation for their overall growth and development. During this period, parents and caregivers have played a significant role in shaping children's dietary behaviors and making informed food choices. However, navigating the complex and often contradictory dietary guidelines has proven to be a challenging task for many caregivers.

Autism Spectrum Disorders (ASD) have been identified as a group of neurodevelopmental disorders characterized by deficits in social communication and the presence of restrictive, repetitive behaviors. Over the past few decades, the global prevalence of ASD increased significantly, leading to heightened concerns about the health and well-being of affected individuals, particularly regarding their dietary habits and nutritional status(1).Research suggested that children and adolescents with ASD exhibited unique feeding challenges, including food selectivity, sensory sensitivities, and repetitive eating patterns. These behaviors frequently contributed to poor dietary diversity and nutritional imbalances (2), with significant implications for growth, development, and overall health outcomes (3).

Food selectivity, one of the most commonly reported dietary challenges among children with ASD, often involved a strong preference for high-calorie, nutrient-poor foods, such as those rich in carbohydrates, sugars, and fats, while avoiding nutrient-dense options like fruits and vegetables (4). These restrictive preferences were linked to insufficient intake of essential nutrients, such as vitamins and minerals, increasing the risk of micronutrient deficiencies, obesity, and other metabolic disorders (5). Moreover, gastrointestinal issues such as constipation, diarrhea, and abdominal pain were commonly observed in children with ASD, complicating efforts to manage their diets effectively [6].

Parental involvement played a pivotal role in managing these challenges, as caregivers shaped their children's eating behaviors and food choices. However, studies revealed that many parents of children with ASD lacked the necessary knowledge or resources to address their child's nutritional needs effectively(6). This gap in nutritional awareness often worsened existing dietary challenges, making it more difficult to meet the nutritional requirements of children with ASD. Despite these challenges, prior research demonstrated that nutritional education and individualized dietary guidance could improve the dietary habits and health outcomes of children with ASD (7).

The relationship between parental nutritional awareness and dietary habits of children with ASD had remained underexplored. Existing research highlighted the need for a deeper understanding of how parental knowledge influenced dietary challenges and nutritional deficits in children with ASD (8). Addressing this gap, the present study aimed to assess the dietary habits of children and adolescents with ASD, evaluate the nutritional awareness of their parents, and examine the connection between parental knowledge and their child's dietary behaviors.

Through a survey-based approach, the study sought to identify key areas where parental education and nutritional interventions could be most impactful. The findings aimed to enhance existing knowledge and provide practical insights for healthcare professionals and caregivers, ultimately improving the health outcomes of children and adolescents with ASD.

2. MATERIALS AND METHODS

Study Design and Participants

This cross-sectional study aimed to assess dietary habits, parental feeding practices, and nutritional awareness in parents of children aged 4–14 years with Autism Spectrum Disorders (ASD). Participants with Autism Spectrum Disorder (ASD) were recruited from the Department of Pediatric Dentistry, Saveetha Dental College, SIMATS University, as well as autism support groups and therapy centers. The study was conducted between January 2023 and December 2024, and all participants had a confirmed ASD diagnosis.

Inclusion Criteria

1. Parents or primary caregivers of children aged 4–14 years diagnosed with Autism Spectrum Disorders (ASD).
2. Ability to read and understand the language of the questionnaire in the English language.
3. Willingness to participate in the study and provide informed consent.
4. Parents or caretakers who are primarily responsible for preparing and serving meals to their child.

Exclusion Criteria

1. Children with severe food allergies or dietary restrictions unrelated to ASD (e.g., celiac disease, lactose intolerance).
2. Children with chronic medical conditions unrelated to ASD (e.g., diabetes, obesity).
3. Parents who are not fluent in the language of the questionnaire.
4. Parents who are not the primary caregivers or decision-makers for their child's diet.
5. Parents who have previously participated in a similar study or have received nutrition counseling in the past six months.
6. Children who are not living with their parents or primary caregivers.

Data Collection Instruments

Survey Design and Data Collection: A structured, validated questionnaire was used to collect data, incorporating elements from established dietary assessment tools. The survey consisted of four key sections, focusing on parental knowledge, children's eating behaviors, feeding challenges, and health concerns.

1. Parental Awareness and Confidence in Nutrition: This section assessed parents' understanding of balanced diets, ability to identify essential nutrients, and frequency of checking food labels. Questions measured familiarity with different food groups and confidence in ensuring a nutritionally adequate diet. Responses were recorded on a 5-point Likert scale.
2. Children's Dietary Patterns: The dietary habits of children were evaluated based on their food variety, preferences,

reluctance to try new foods, and intake of specific food groups such as dairy and sugary snacks. The section aimed to assess common dietary behaviors, using a 5-point Likert scale for responses.

3. Challenges in Managing Diet and Nutrition: This section explored parental difficulties in meal planning, time constraints, sensory sensitivities, and the introduction of healthier food options. It aimed to identify factors that impact a child's diet and feeding practices, with responses captured on a 5-point Likert scale.
4. Gastrointestinal and Health-Related Concerns: This section focused on digestive issues (such as bloating and constipation), dietary influences on behavior and sleep, and any professional dietary recommendations received. Parents provided insights into observed health impacts related to their child's diet, with responses measured on a 5-point Likert scale.

Survey Development

A 20-item questionnaire (excluding demographic data) was developed, combining closed- and open-ended questions. The survey was pretested with 15 parents to ensure clarity and reliability. Modifications were made based on feedback. The questionnaire provided a comprehensive evaluation of parental knowledge, child dietary behaviors, and associated challenges, ensuring a detailed understanding of feeding practices and their impact on child health.

Data Collection

Surveys were distributed in person, and data collection spanned two years. Participants completed paper forms with assistance from trained staff. Data were collected on participants' age, gender, and socioeconomic status (SES) and any diagnosed eating-related disorders were also collected.

Data Analysis

Descriptive statistics, including means, standard deviations, and frequencies, were used to summarize participant demographics and characteristics. The Pearson Chi-Square test assessed associations between parental knowledge, attitudes, and dietary challenges with children's food-related behaviors. Multivariate analysis, incorporating Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root, evaluated the combined effects of parental factors on children's dietary habits. Regression analysis was conducted to determine the predictive influence of parental knowledge, attitudes, and challenges on children's eating behaviors. Histograms and Normal P-P plots were performed to check the normality of the regression model. These statistical methods were chosen to provide a comprehensive understanding of the impact of parental factors on children's dietary patterns and to support further research in parental education and intervention strategies.

Ethical Considerations

The study protocol was approved by the Institutional Ethics Committee (Approval Number: IHEC/SDC/FACULTY/22/PEDO/112). Written informed consent was obtained from all participants. Data confidentiality and anonymity were maintained throughout the study.

Validity and Reliability Analysis of the 20-Item Questionnaire

The factor analysis conducted for this study on parental influence in child nutrition confirmed that the 20 selected questionnaire items were successfully grouped into four constructs: Parental Knowledge and Confidence in Nutrition, Dietary Habits of Children, Perceived Challenges in Managing Diet and Nutrition, and Frequency of Gastrointestinal Issues and Other Health Concerns. Items related to parental knowledge (Q1–Q5), dietary habits (Q6–Q10), perceived challenges (Q11–Q15), and health concerns (Q16–Q20) were appropriately clustered, establishing the construct validity of the questionnaire. The Content Validity Index (CVI) was calculated as 0.85, indicating strong content validity, with 17 out of 20 items deemed highly relevant by expert pediatric nutritionists. The questionnaire was reviewed by 10 nutritionist experts to assess its appropriateness.

Reliability analysis demonstrated a Cronbach's Alpha value of 0.832 for the 20-item questionnaire, indicating high internal consistency. This confirmed that the questionnaire reliably measured the constructs with stable responses across participants. The Kappa value of 0.821, obtained from the Symmetric Measures table, reflected strong agreement among expert reviewers regarding the relevance of the items. The statistical significance ($p = 0.001$) further validated the consistency of expert evaluations. These results collectively affirm that the questionnaire is both a valid and reliable tool for assessing parental knowledge, dietary habits, and associated challenges in children's nutrition.

3. RESULTS

The study found that parental attitudes and dietary challenges significantly influenced children's eating behaviors. While parental knowledge alone had little impact, attitudes toward food and meal planning played a key role in shaping dietary habits. The findings underscore the need for parental education programs focused on meal variety and strategies to address dietary challenges. Future research should explore interventions to improve parental attitudes and promote healthier eating behaviors in children.

Variable	N	Mean ± SD
Age	100	7.31 ± 1.542
Valid N (listwise)	100	

Table 1 shows the descriptive statistics for age wise distribution

Variable	Category	Frequency	Valid %
Age	6	47	47
	7	11	11
	8	24	24
	9	6	6
	10	6	6
	11	6	6
Gender	Male	55	55
	Female	45	45
SES Index	Low income	40	39.6
	Middle income	46	45.5
	High income	15	14.9

Table 1 shows the descriptive statistics of study participants

The study included 100 participants aged 6–11 years, with a mean age of 7.31 ± 1.542 years. The majority (47%) were 6 years old, and males comprised 55% of the sample. Most participants came from the middle-income group (45.5%), and 48% had parents with a college education. (As shown in Table 1 & 2)

Question Pair	Total	Pearson Chi-Square Value	Asymptotic Significance (2-sided)
q1 * q6	100	3.114	0.539
q1 * q7	100	6.708	0.152
q1 * q8	100	12.056	0.017
q2 * q6	100	9.673	0.046
q2 * q7	100	4.828	0.305
q2 * q8	100	26.408	0

q3 * q6	100	2.307	0.679
q3 * q7	100	5.539	0.236
q3 * q8	100	14.275	0.006
q4 * q6	100	1.003	0.909
q4 * q7	100	2.307	0.679
q4 * q8	100	40.116	0
q5 * q6	100	2.307	0.679
q5 * q7	100	5.539	0.236
q5 * q8	100	40.116	0

Table 3 : Pearson chi-square test results for question pairs

The Pearson Chi-Square test results shown in table 3 revealed several significant associations between various parental factors and children's eating behaviors. Key findings include a notable connection between parental knowledge of balanced diets and children's refusal to eat new foods (q1 * q8), confidence in identifying nutrients and food refusal (q2 * q8), and meal planning difficulties and food refusal (q5 * q8). Additionally, meal variety was significantly linked to food refusal (q6 * q8), suggesting that more varied meals may reduce food refusal in children. However, other factors like food selectivity and the frequency of checking meals for food groups did not show significant associations with meal variety or food refusal. These findings highlight the importance of parental knowledge and meal planning in addressing children's dietary challenges, particularly in terms of encouraging food variety and reducing food refusals.

Variable	Test Type	Value	F-Value	Sig. Value
Intercept	Pillai's Trace	0.982	976.825	0
	Wilks' Lambda	0.018	976.825	0
	Hotelling's Trace	55.032	976.825	0
	Roy's Largest Root	55.032	976.825	0
q1 (Parental Knowledge)	Pillai's Trace	0.14	1.36	0.219
	Wilks' Lambda	0.864	1.345	0.226
q5 (Parental Attitude)	Pillai's Trace	0.246	2.527	0.013
	Wilks' Lambda	0.764	2.561	0.012
q9 (Dietary Challenges)	Pillai's Trace	0.117	2.358	0.062
q12 (Parental Action)	Pillai's Trace	0.134	1.29	0.253
Interactions (q1 * q5)	Pillai's Trace	0.192	1.913	0.062

Interactions (q5 * q9)	Pillai's Trace	0.189	1.876	0.068
q1 * q5 * q9	Pillai's Trace	0.013	0.239	0.915

Table 4: summary of multivariate test and between-subjects effects for parent-child dietary associations

Table 4 presented the results from multivariate tests and between-subjects effects for the dietary associations between parental knowledge, attitudes, and actions, and children's dietary behaviors. Significant results were observed for the variable q5 (Parental Attitude), showing an effect on children's eating behaviors (q10, q11, and q13). Additionally, significant interactions were found between q5 (Attitude) and q9 (Dietary Challenges), influencing children's behavior (q10). While some variables (e.g., q1 (Parental Knowledge) and q12 (Parental Action)) did not show significant effects, the overall model highlighted the key role of parental attitudes in shaping children's dietary outcomes, with interactions suggesting that certain parental practices or challenges had an amplified impact on specific behaviors.

Model	**Variables Entered**	**Method**	**Dependent Variable**	**R**	**R^2**	**Adj. R^2**	**Std. Error**	**F**	**Sig.**
1	q14, q13, q1, q9, q12, q5	Enter	q10	0.454	0.206	0.155	1.157	4.024	0.001
Source	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**				
Regression	32.309	6	5.385	4.024	0.001				
Residual	124.441	93	1.338						
Total	156.75	99							
Variable	**Unstandardized Coefficients (B)**	**Std. Error**	**Standardized Beta**	**t**	**Sig.**				
(Constant)	2.065	2.437		0.848	0.399				
q1	-0.074	0.253	-0.03	-0.294	0.769				
q5	-0.349	0.203	-0.179	-1.719	0.089				
q9	1.131	0.25	0.425	4.529	0				
q12	0.06	0.204	0.028	0.295	0.769				
q13	0.047	0.211	0.021	0.222	0.825				
q14	0.024	0.219	0.01	0.108	0.914				
Statistic	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**	**N**				

Predicted Value	1.6	3.57	2.25	0.571	100				
Residual	-2.216	3.063	0	1.121	100				
Std. Predicted Value	-1.136	2.302	0	1	100				
Std. Residual	-1.916	2.648	0	0.969	100				

Table 5: shows regression analysis model

The regression analysis explored the relationship between various parental factors (knowledge, attitudes, and actions) and children's dietary behaviors. The model explained 20.6% of the variance in children's eating behaviors (q10), with a significant effect ($F = 4.024$, $p = 0.001$). Among the predictors, parental attitudes (q5) and dietary challenges (q9) were found to significantly influence children's behaviors, with a strong effect observed for dietary challenges ($\beta = 0.425$, $p < 0.001$). Other variables, such as parental knowledge (q1), actions (q12), and certain interactions, did not show significant effects. The results highlight the importance of parental attitudes and challenges in shaping children's dietary outcomes.

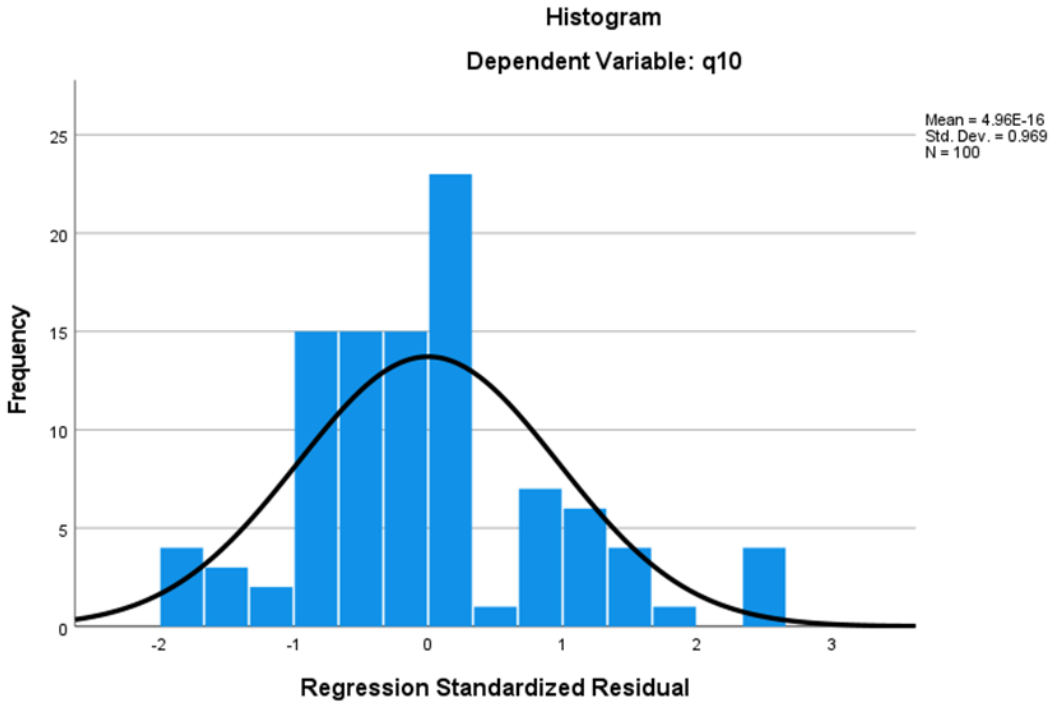

Figure1: Histogram of regression standardized residuals for dietary awareness and challenges in ASD

The histogram of regression standardized residuals visualizes the frequency distribution of residuals, with an overlaid normal curve for comparison. The distribution appears roughly symmetrical, with minor deviations. This indicates that the regression model provides a reasonable fit for analyzing parental awareness, feeding challenges, and dietary habits in children with asd. ensuring normally distributed residuals is crucial for the reliability of inferential statistics in the study.

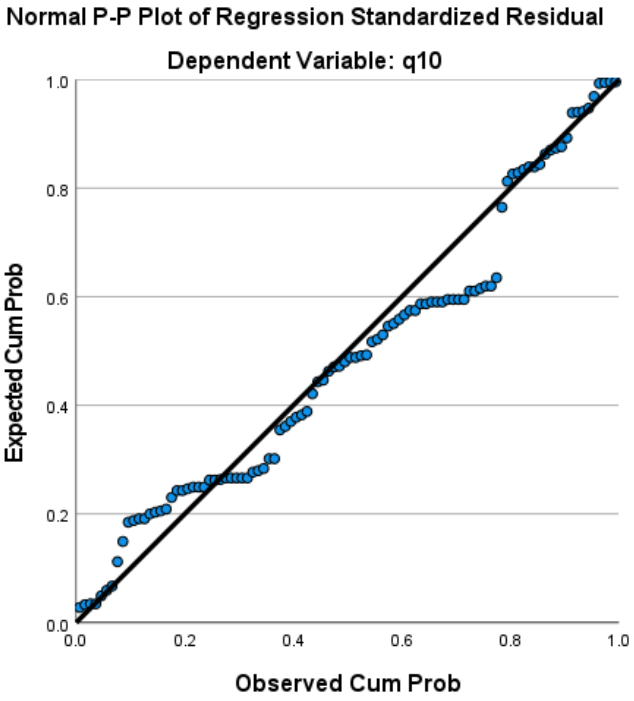

Figure 2: Normal P-P plot of regression standardized residuals for dietary awareness and challenges in ASD.

The Normal P-P Plot compares the observed and expected cumulative probabilities of regression standardized residuals. The close alignment of data points with the diagonal reference line suggests that the residuals follow a near-normal distribution, supporting the validity of the regression model.

4. DISCUSSION

Parental knowledge plays a crucial role in managing the dietary habits of children with Autism Spectrum Disorder (ASD). However, many parents struggle with understanding essential nutrients like vitamins and minerals, leading to imbalanced diets and potential health concerns. Children with ASD often have selective eating habits, preferring certain foods while rejecting others, making it challenging to ensure proper nutrition. These restricted diets can contribute to deficiencies that affect growth and overall well-being. Additionally, sensory sensitivities and behavioral challenges common in ASD further complicate feeding, making mealtime stressful for both parents and children. Without access to proper guidance and reliable information, many caregivers find it difficult to introduce a balanced diet, increasing the risk of long-term health complications (9)

This study aimed to explore the influence of parental knowledge, attitudes, and actions on children's dietary behaviors. The findings revealed that parental attitudes were significantly associated with children's eating behaviors, particularly with food refusal and the variety of meals offered. These results are consistent with previous studies that have highlighted the importance of parental attitudes in shaping children's eating habits. Research has shown that when parents have positive attitudes toward healthy eating, they are more likely to encourage their children to make healthier food choices, thus positively influencing their children's dietary habits (10)

Another significant finding of this study was the interaction between parental attitudes and perceived dietary challenges. This suggests that how parents perceive issues like food refusal or reluctance to try new foods significantly influences how children respond to these challenges. Previous research has suggested that when parents approach dietary challenges with patience and effective strategies, children are more likely to develop healthier eating habits(10,11)(12) . Parents who view food-related issues as manageable tend to help their children overcome these obstacles more effectively, promoting a varied diet (13).

Interestingly, parental knowledge and actions did not show significant effects on children's eating behaviors in this study. This contrasts with some literature that suggests a better understanding of nutrition by parents is directly linked to healthier food choices for children. For example, parents who are more knowledgeable about balanced diets are likely to select healthier foods for their children, thereby influencing their dietary patterns(13,14). The lack of significant results in this study could suggest that while parental knowledge is important, it may not have an immediate or direct impact unless parents actively apply this knowledge through consistent actions(15) .

Although parental actions did not show a significant impact, other studies have demonstrated that actions such as meal planning and ensuring food variety are positively associated with healthier eating behaviors in children (16). Ensuring active parental involvement in meal planning and dietary management can significantly improve the eating habits of children with ASD. When parents receive proper education and support, they can make better dietary choices for their child, leading to more balanced meals and reduced food refusal. The absence of significant results here might indicate that children's eating habits are more influenced by how parents manage mealtimes and address food-related challenges, rather than just by the actions they take (17).

These findings reinforce the growing recognition of the crucial role parents play in shaping children's eating behaviors. Research consistently shows that children benefit from parental involvement in their dietary choices. For example, research by Kato (10) highlights that children with actively involved parents, who make deliberate food-related decisions, exhibit healthier dietary behaviors. Additionally, positive reinforcement and parents modeling healthy eating practices have also been identified as key factors in encouraging children to adopt nutritious eating habits (14)

One noteworthy finding from this study is the association between meal variety and reduced food refusal. Offering children a more varied selection of meals was found to decrease food refusal, which aligns with findings from Fisher et al(18). Research indicates that children who are exposed to a variety of foods are less likely to reject them, and repeated exposure to different foods can reduce food neophobia (19). This suggests that parental efforts to present a wide range of foods to children can help reduce food refusal behaviors (20).

Establishing a dental home through pre-appointment counseling can further support children with dietary challenges by reducing dental anxiety and fostering positive oral health behaviors. However, certain limitations exist, including potential bias in parental reporting, limited generalizability due to the sample size, and the need for longitudinal studies to assess long-term behavioral changes (21). Professional guidance, access to credible nutritional resources, and structured intervention programs can help parents introduce a wider variety of foods while addressing feeding challenges effectively. By bridging the knowledge gap, caregivers can prevent poor eating behaviors and encourage healthier dietary patterns. Future initiatives should focus on providing parents with practical strategies for meal planning, understanding nutrient requirements, and overcoming common feeding difficulties. With increased awareness and support, parents can play a vital role in improving their child’s overall nutrition, growth, and long-term well-being. Future studies should further examine how various parental attitudes and behaviors interact to influence children's eating habits, particularly with regard to overcoming dietary challenges and encouraging food variety (22).

5. CONCLUSION

This study underscored the vital role of parental nutritional awareness in managing the dietary habits of children with Autism Spectrum Disorder (ASD). Parents with greater knowledge of balanced diets and essential nutrients were better prepared to handle food selectivity, sensory sensitivities, and associated health concerns in their children. The findings highlighted the importance of educational interventions to enhance parental awareness, ultimately contributing to improved nutritional outcomes and overall well-being in children with ASD. Additionally, parental attitudes played a crucial role in shaping children's eating behaviors, often having a stronger influence than knowledge or actions alone. This suggests that initiatives focused on addressing parental perspectives toward dietary challenges could be beneficial in promoting healthier eating habits. Future research should explore the long-term effects of nutritional education and parental guidance on sustaining positive dietary behaviors in this population.

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