



Research report

Complementary feeding and “*donner les bases du goût*” (providing the foundation of taste). A qualitative approach to understand weaning practices, attitudes and experiences by French mothers [☆]



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ABSTRACT

Complementary feeding (CF) practices vary within and across cultures but have been investigated only to a very limited extent. It is however important to understand CF practices and how they differ, as CF sets the foundation for children's later food choices. The present study was set out to examine practices, attitudes and experiences of CF including the introduction of vegetables amongst French mothers ($n = 18, 25\text{--}39$ years). Thematic analysis of transcribed focus groups and interviews revealed the perceived importance of the weaning period, as a critical milestone for infants' development but with a sense of “now or never” for introducing new tastes including vegetables. Flavour exposure and taste discovery during weaning were identified as the beginning of a “taste journey”, in which educating the palate with a variety of different foods was considered important for children's later eating habits. Weaning was described as emotional and complex, a transition period in which the baby makes progress away from milk towards the family diet and which goes beyond mere nutrition. Advice was sought from official sources, but adapted to the needs of infants. In agreement with earlier observations of French adults, pleasure and taste development were considered of primary importance. In particular, French mothers believed complementary feeding lay the foundations of taste early in life.

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Introduction

In high-income countries, and increasingly in middle and low-income countries, diet-related diseases such as obesity have become a considerable concern. Diets high in vegetables and fruits are considered beneficial in preventing chronic diseases (Boeing et al., 2012). However both European adults and children eat fewer vegetables than is recommended (World Health Organisation, 2007). Over the last decade it has become clear that food preferences and eating behaviours established in infancy track over time and set the foundation of later eating habits (Craigie, Lake, Kelly, Adamson, & Mathers, 2011; Nicklaus, Boggio, Chabanet, &

Issanchou, 2004, 2005; Nicklaus & Remy, 2013; Skinner, Carruth, Bounds, & Ziegler, 2002; Skinner, Carruth, Bounds, Ziegler, & Reidy, 2002). Besides, recent evidence shows that maternal lifestyle patterns, infant feeding transitions and environmental factors influence the risk of overweight in childhood (Snethen, Hewitt, & Goretzke, 2007). Thus healthy eating established in early life is expected to facilitate healthy eating later on. Given the rise of diet-related diseases, effective ways to encourage healthy eating habits are very important.

Weaning or complementary feeding, usually defined as the progressive introduction of any foods other than milk (i.e. breast milk or infant formulas), may constitute a sensitive period (Harris, 1993) for the acceptance of new foods. Specific times during which food experience modifies individual eating behaviours are referred to as sensitive periods – a developmental phenomenon not restricted to the food domain (see Hetherington, Cecil, Jackson, & Schwartz, 2011). For example, introducing lumpy foods between 6 and 9 months is associated with lower fussiness at the age of 7 years (Coulthard, Harris, & Emmett, 2009). Also introducing a variety of fruits and vegetables during the early stages of

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complementary feeding to favour the establishment of preferences for these foods early in childhood may be a unique opportunity to prevent or reduce the risk of diet-related diseases in adulthood (Paul et al., 2009). Thus considering the potential importance of sensitive periods in establishing eating behaviour, more knowledge about these periods is needed.

The WHO (2003) recommends exclusive breastfeeding for 6 months followed by the introduction of complementary foods. However, the European Food Safety Authority or EFSA (2009) has concluded that it is safe to introduce complementary foods between 4 and 6 months. In any case the majority of mothers in Europe introduce complementary foods before 6 months, with more than 75% of formula fed babies weaned by 5 months and more than 50% of breastfed babies weaned by 5 months (EFSA, 2009). Regarding the impact of the timing of complementary feeding, a recent meta-analysis exploring the link between the timing of complementary feeding and obesity in infancy and childhood revealed no clear association (Moorcroft, Marshall, & McCormick, 2011). According to these authors a whole family approach will be the most likely means to prevent obesity (Moorcroft et al., 2011).

Although most mothers begin the process of solid food introduction around the same time, mothers differ markedly in feeding practices and attitudes even when located geographically quite close (e.g. Maier, Chabanet, Schaal, Leathwood, & Issanchou, 2007). In a comparison of mothers in Aalen, Germany with mothers in Dijon, France, it was found that German mothers breastfed for longer than French mothers and offered less varied food experiences than the French mothers. Certainly, there is evidence suggesting that intakes of vegetables are higher in France than in Germany (Currie, 2004; Leonhauser, Dorandt, Willmund, & Honsel, 2004). One could reasonably hypothesise that differences in early feeding practices might contribute to these observed differences in consumption between France and Germany.

For adults, cultural differences in attitudes towards food are assumed to result in dietary differences. For example, it has been suggested that the extent to which food operates as a pleasure or as a stressor in different cultures might account for differences in what consumers eat and ultimately in differences in their health status (Rozin, Fischler, Imada, Sarubin, & Wrzesniewski, 1999).

Research examining feeding practices across 5 European countries (i.e. Germany, Italy, Scotland, Spain and Sweden) has shed light on differences and shared practices between countries specifically with regard to parental perceptions of infant feeding practices (Synnott et al., 2007). A clear difference between countries was the extent to which mothers depended on the baby to indicate interest in complementary foods, versus the extent to which mothers were said to follow formal feeding guidelines or professional advice in deciding when to introduce solid foods. However, feeding practices do not fall simply in either of these two domains, for example mothers (i.e. mothers from Germany, Italy, UK, Spain and Sweden) disclose that they seek paediatric advice but adapt this to their baby's needs (Caton, Ahern, & Hetherington, 2011; Synnott et al., 2007). In France, a population based-survey showed that 85% of French mothers of 0–36 months infants used at least one source of guidance regarding feeding their child and mentioned that infant feeding had improved over time (Le Heuzey, Turberg-Romain, & Lelièvre, 2007). The social affiliation of French mothers influences which sources of advice they seek regarding feeding: mothers from lower socioeconomic groups will be more influenced by the family with an inter-generational sharing of information and advice, while mothers from higher socioeconomic groups will be more influenced by formal sources of information such as medical and nursing books (Gojard, 2000).

Specific weaning guidelines have been developed to support parents in the process of introducing complementary foods (Schwartz, Scholtens, Lalanne, Weenen, & Nicklaus, 2011). However,

in France, evidence from a series of large scale quantitative studies on parental practices indicate discrepancies between what is advised and what is actually practiced (e.g. Lange et al., 2013; Le Heuzey et al., 2007; Maier et al., 2007; Turberg-Romain, Lelievre, & Le Heuzey, 2007).

Quantitative studies are complemented by more in-depth qualitative approaches to explore the broader context of parental practices, beliefs and attitudes around this period. In the UK, evidence drawn from qualitative approaches has enhanced our understanding of parental feeding practices for example in identifying why mothers wean early (Anderson et al., 2001; Arden, 2010; Moorcroft et al., 2011; Wright, Parkinson, & Drewett, 2004); what motivates mothers of preschoolers to apply either restriction of food or pressure to eat (Carnell, Cooke, Cheng, Robbins, & Wardle, 2011); why some mothers in the UK choose to follow the new baby-led weaning strategy (Brown & Lee, 2013; Rowan & Harris, 2012); and how mothers respond to the rigidity of guidance which fails to take account of individual differences in infant appetite (Caton et al., 2011). The distrust British mothers express towards official feeding guidelines for their children has been illustrated using qualitative research methods (O'Key & Hugh-Jones, 2010). Discursive approaches are of interest because language constructs the self. In fact, O'Key & Hugh-Jones reported that "food-related talk has implications for identity principally because it is located in a broader cultural ideology which conveys what is desirable and what is condemnable, thereby imputing personal and moral qualities to food choice, consumption, health and body size (see e.g., Bisogni, Connors, Devine, & Sobal 2002; Counihan, 1999; Lindeman & Sirelius, 2001; Lindeman & Stark, 1999, 2000; Vartanian, Herman, & Polivy, 2007)" (2010, p. 525). Thus, the qualitative approach has added considerably to our understanding of feeding and the cultural context in which this behaviour takes place.

Qualitative research to examine the experience of mothers during complementary feeding is a first but essential step in improving our understanding of this critical period. A better understanding of mothers' experience is valuable for the development and implementation of feeding guidelines (Vereijken, Weenen, & Hetherington, 2011). Knowing what mothers do, specifically how, when and why vegetables are introduced could help to identify factors that contribute to enhancing later vegetable consumption. Such knowledge would be particularly useful to develop interventions for communities where vegetable intake is low. Therefore, the objective of this exploratory study was to describe practices, attitudes and experiences of French mothers in relation to weaning with a particular focus on the role of vegetables during this feeding transition. Given the potential impact of cultural differences in dietary practices and the tracking over time of eating habits, we hypothesised that investigating cultural feeding practices in infancy might inform potentially influential factors explaining differences in eating behaviours between individuals across different countries in later life.

Materials and methods

Sample

Participants constituted a convenience sample from two cities in France (Lyon and Dijon). Mothers were recruited using posters and flyers distributed via waiting rooms of paediatricians and schools asking them to contact the research team by telephone, if they wished to participate in focus groups on weaning. When potential participants indicated their willingness to participate, a short screening questionnaire was employed to make sure that inclusion criteria were met. Acceptance to the study depended on maternal age (had to be aged over 18 years) and whether their

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