Child Control of Food Choices in Head Start Families

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ABSTRACT

Objective: To describe parents' perceived feeding practices of their Head Start children as related to 6 feeding constructs based on the literature about the division of mealtime responsibilities.

***Design*:** A qualitative study involving 45-minute audiotaped and transcribed discussion groups with items that probed constructs of interest.

***Setting*:** Five discussion groups were conducted in local, urban Head Start sites in a north central state.

Participants: Head Start staff recruited 29 limited-income parents.

***Phenomena of interest*:** Parental comments were coded into categories related to the 6 feeding constructs and perceived barriers to their implementation.

Analysis: Researchers independently coded the discussion group transcripts based on common themes and feeding constructs. Codes were discussed until consensus was reached and data analyzed using *Ethnograph 5.0*.

***Results*:** Parents frequently reported that their children decided which foods were offered for meals and snacks. Most parents reported such child control of foods to be a barrier to pleasant mealtimes.

***Implications*:** Nutrition educators can suggest solutions to improve parental self-efficacy for practicing mealtime responsibilities, such as offering a choice of several healthy foods from which a child might choose. The importance of planned meal and snack times might be promoted based on aiding children's appetites at meals and reducing mealtime conflicts.

The Kellogg Company in Battle Creek, Michigan, provided some incentives for group participation. Michigan State University's Agricultural Experiment Station funded in part the primary author.
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KEY WORDS: children, mealtimes, families

(*J Nutr Educ Behav.* 2005;37:185-190.)

INTRODUCTION

Many parents report frustration in feeding their preschool children.[1] Such preschool feeding issues are important because inadequate and inappropriate food consumption by young children can cause growth retardation, poor cognitive development and learning, reduced immune status, and increased dental caries[2,3] and can lead to childhood obesity.[4,5] The preschool years are crucial because many food habits and taste preferences are shaped early,[6] as is the long-term health of the child.[5]

Caregivers generally have good knowledge of what foods children need for health, but for various reasons, the application does not always reflect such knowledge.[7] Social Learning Theory postulates that factors such as self-efficacy to perform the behavior, barriers, and environment affect how desired behaviors are modeled.[8,9] Self-efficacy to accomplish a task decreases when perceived barriers are great.[10] Some barriers that prevent parents from participating in parent education programs include lack of confidence, situational barriers, and time.[11] Dietary self-efficacy, social support, and time management skills have been identified as influencing adult dietary behaviors[12] and therefore have the potential to influence parental feeding practices.

Examples from the literature of the last 20 years on feeding young children describe proper feeding practices.[1,5,13-18] Both child development and nutrition practitioners and researchers support the notion that there are different mealtime responsibilities for the child and for the caregiver.[2,5,7,17-21] For example, the child decides how much to eat, but the parent decides what foods are offered, when, and in what context. Allowing children to decide if and how much to eat, but not what and when food is offered, is an important aspect of mealtime interactions.

Based on the literature review, 6 key feeding constructs were identified as pertinent for discussion group exploration: offering new foods many times, offering a variety of vegetables, having the child seated while eating, permitting the

child to decide how much to eat, establishing regular mealtimes, and not using food as a reward.

The objective of this study was to identify potential barriers to positive mealtimes and to describe parents' perceived feeding practices for their preschoolers as related to these 6 key feeding constructs as informed by the concepts of Social Learning Theory.[8,9]

DESCRIPTION OF DISCUSSION GROUPS

A purposive sample of limited-income Head Start parents with preschoolers ages 3 to 5 years was recruited from 4 Head Start sites in a medium-size urban and suburban area in the north central United States. Twenty-nine parents (1 father, 27 mothers, 1 grandmother) volunteered to participate in 5 group discussions with 2, 3, 5, 8, and 11 parents. The participants self-reported their "ethnic" identity as 12 white, 9 black, and 8 Hispanic.

University approval for research with human subjects was obtained prior to the Head Start family service workers recruiting Head Start parents to participate. The discussions were conducted during monthly parent meetings with a family service worker present for each. Participants provided informed consent prior to the group discussions and selected a $5 cash-equivalent gift on completion.

A trained female researcher facilitated all discussions, and another researcher audiotaped the dialogue and took field notes. The duration of each discussion was 30 to 45 minutes, and a translator assisted at one location.

Questions were developed (Table 1) to elicit information about parents' views and practices regarding the 6 feeding constructs. The questions were informed by the constructs and reciprocal interactions of Social Learning Theory, which postulates that learning is an interaction among personal factors, the environment, and the modeled behavior.[8,9] Content experts, such as pediatric nurses and dietitians, reviewed the questions, which were edited based on their comments. Researchers conducted discussion groups until data saturation was reached with responses to the original items.

After each discussion, a researcher present at the group discussion transcribed the audiotapes. The research team reviewed and discussed the transcripts for accuracy. The researchers unitized the transcripts based on the comments participants made and individually coded, checked, and discussed coding assignments until a consensus was reached. When appropriate, the context of comments was considered for coding.[22]

The team developed a preliminary list of code words based on recurring themes and the 6 feeding constructs of interest (Table 2). Code words were nested[22] as primary, secondary, and tertiary, depending on how participants presented them in the discussion groups and how the words logically related to each other. The code word nesting was done for ease of describing results but is not directly related to the 6 feeding constructs of interest. For example, primary code words did not necessarily represent a feeding construct. Secondary and tertiary codes were also created to best describe the data in terms of feeding construct details. For example, tertiary codes became necessary to describe 3 types of barriers (a secondary code) to offering foods (the primary code). Thus, when a parent complained of not having enough time and money, she was discussing her barriers to offering foods to her children. All codes were subjected to a second-tier coding process[23] to signify whether the codes were positive (+) or negative (–), which related the comments to the feeding construct as either desirable or undesirable actions. Coded transcripts were entered into *Ethnograph, version 5.0* software,[24] for tabulation and identification of responses by code word.

Table 1. Key Group Discussion Questions

1. Where in the house does your child typically eat dinner? *Probes*: Is your child seated? Who else is eating with your child?
2. What goes on during a typical dinner at home? *Probes*: Is there anything else going on during the meal? Is the television or radio on?
3. Who decides when your child is done eating?
4. How does your child let you know when he/she is done eating?
5. Who are people who have shaped how you feed your child? What have they told you?
6. How do you value the advice these people give you?
7. When and where does your child have snacks?
8. What are some things your child does while eating snacks? *Probes*: Is he/she always seated? Is he/she involved in another activity while eating?
9. How do you plan for these snacks?
10. How do you introduce new foods and, if so, how often?
11. How do you encourage your child to try a new food?
12. What do you do when your child refuses to try a new food?
13. What things keep you from offering new foods to your child?
14. Do you use rewards for eating, and, if so, what do you use and how?
15. What kind of vegetables do you serve to your child and how often?