

# University students' food preference and practice now and during childhood

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## Abstract

The aim of the cross sectional survey is to investigate the link between food preference and practice in early adulthood and recollections of their childhood food preferences by their mother. Six hundred and eighty four undergraduate students whose mothers were primary caregivers from 4 colleges at the Selçuk University in Konya, Turkey were selected. Early food preferences, present food preferences, early eating practices, and present eating practices were measured.

A positive relationship between early parental controls of food preferences and food practices in late adolescence was found in this research. Parents appear to influence students' food preference and practice. Educators must focus on improving home food availability and parent support and modeling.

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## 1. Introduction

An important aspect of childhood is the development of attitudes and behaviors that promote health and prevent disease. Parental influence plays an important role in socialization of children's health behaviors, even though it not the only determinant. For children, the most influential aspect of the social environment is the family, as children grow up and start with school, teachers, and media, may become more important. Parents influence the child's health behaviors, skills, or cognitions through modeling, labeling, persuading, or rewarding desired behaviors and by ignoring or punishing undesirable behavior, and types of table food management practices they use. Parents also affect children's health behavior by providing children with the

information and skills that enable them to assume increasing responsibility for their own behavior, including the ability to make their own health choices (Birch & Fisher, 1998; Cullen et al., 2000; Fisher, Mitchell, Smiciklas-Wright, & Birch, 2002).

Parents who offered nutrition explanations or talked more specifically about nutrition had children who reported greater nutrition knowledge. Mothers who selected foods for their preschool children to consume based on healthful considerations rather than on taste had more nutrition knowledge and children who ate more healthful diets (i.e. lower in calories, fat, saturated fat, and sucrose, and higher in fiber and vitamin A) (Anliker, Laus, Samonds, & Beal, 1990; Contento, Michela, & Williams, 1995).

Parent-child interactions in the feeding context are important in shaping children's preferences and intake patterns. Especially, the child-feeding strategies parents' use can easily influence children's food preferences. When children are given foods as rewards for approved

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behaviors, enhanced preferences for these foods results (Birch, 1979; Birch, 1998). In contrast, when children are offered rewards for eating, that is, when rewards are contingent on them eating, the foods eaten to obtain rewards become less preferred (Birch, Birch, Marlin, & Kramer, 1982; Birch, Marlin, & Rotter, 1984). Parental control attempts may have negative effects on the quality of children's diets by reducing their preferences for those foods (Birch, 1999).

Many adults tend to categorize foods as either "good" or "bad" for them and express the view that bad foods should be totally avoided and only good foods should be consumed (Birch, 1998). Parents who are concerned about children's diets may encourage and coerce children to consume "good" foods while restricting the children's intake of "bad" foods, such as foods rich in fat, sugar, salt. Although parents indicate that restricting children's access a food, or forbidding them to eat a food, was a good way to get them dislike foods (Casey & Rozin, 1989; Crockett & Sims, 1995); evidence indicates that child-feeding strategies that restrict children's access to bad foods make the restricted foods more attractive (Fisher & Birch, 1999a). Mothers who reported greater restriction of daughters' snack food intake had daughters who selected and ate more of the restricted foods when in an environment where the foods were made freely available to the child and mothers were not present to restrict intake (Fisher & Birch, 1999b).

Food preferences are recognized as playing a central role in food choices and consumption in adults (Steptoe, Pollard, & Wardle, 1995) and children (Birch, 1999). For that reason, it is important to understand the evolution of food preferences and the factors likely to influence this evolution in this food environment where making the right food choices becomes complex. Therefore better knowledge of nutrition would help to develop better intervention strategies (Nicklaus, Boggio, Chabanet, & Issanchou, 2004).

In infants or children, repeated exposures to a food have been shown to enhance consumption and preference (Wardle, Herrera, Cooke, & Gibson, 2003). But it is not clear if exposure by itself is contributing to changes in preferences, since foods are generally presented in a context likely to reinforce the effect of exposure (Zellner, 1991).

Mother-child interactions in the feeding context are important in shaping children's preferences and practices. Especially the child-feeding strategies mothers' use can influence children's food preferences and practices. The general objective of this study was to investigate the link of university students' current food preferences and practices (as stated by them) with childhood food preferences and practices (as stated by their mother). This research is of some importance, since it has implications for parental/nutrition education programmes.

## 2. Method

### 2.1. Subjects

A random sample of 684 undergraduate students whose mothers were primary caregivers was selected in September–November 2003. Selcuk University is a state university founded in 1975 in Konya, Turkey. There were 4 colleges (Business, Education, Science, and Communication) participated in this study. None of them was taking Nutrition or food science course at that time.

### 2.2. Instrument

A survey instrument was divided into three major sections. The first part measured demographic profile. Basic demographic information such as education level of mothers was also included. The second part was developed around control in feeding relationships and eating habits, including the control exerted by mothers over children, and the third part included internal versus external control of eating in university students. After a pilot test with 53 students and their mothers who live in Konya, minor revisions were made, and the university ethics committee approved the questionnaire.

The questionnaire was modified from those used in previous studies for mothers and students contained 18 questions, 8 of which measured eating practices (Hertzer & Frary, 1999), and 10 questions measured food preferences (Branen & Fletcher, 1999). The questionnaires were assessed using a Likert-type scale of 1–5 (where 1 = never and 5 = often). The questionnaire was distributed in classrooms and collected two weeks later by the researcher. Enough time was given to students in order to get filled the first part of the questionnaire by mothers (questionnaires delivered by students to their mothers and mothers were asked to focus whole childhood recall). Only the questionnaires completed by mothers and students were selected for the analyses. The response rate was 83%.

BMI was calculated for each student on self reported height and weight in order to standardize the weights. BMI was calculated by dividing weight in kilograms to height in square meters.

### 2.3. Data analysis

The Statistical Package for the Social Science (SPSS, version 12.0) was used in analyzing data. Descriptive statistics were calculated for demographic characteristics of students and mothers.

Pearson's correlations coefficients were used to assess the correlation between variables. Correlation coefficients with absolute values greater than 0.3 were considered to be meaningfully large given the sample size.

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