



Water, juice, or soda? Mothers and grandmothers of preschoolers discuss the acceptability and accessibility of beverages



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ABSTRACT

Intake of sugary beverages is strongly associated with weight gain and obesity among children; however, differences between mothers' and grandmothers' attitudes and practices concerning young children's beverage consumption remain unclear. This is notable since about a quarter of families in the US and the UK rely on grandparents as the main providers of informal childcare. The aim of this study is to examine mothers' and maternal grandmothers' attitudes, knowledge, and practices regarding preschool aged children's beverage consumption. The analysis focuses on identifying intergenerational similarities and differences, given the potential impact that such differences might have on young children's beverage consumption habits. Twenty-two semi-structured interviews, representing eleven families, were analyzed using thematic analysis. The sample included all mother – maternal grandmother dyads from The Grandparents Study, which took place in Eugene, Oregon, USA. More than half of mothers and grandmothers met overweight/obesity criteria. Among the children (mean age 4.7 years; five girls and six boys), seven met overweight/obesity criteria. Most mothers and grandmothers were unemployed, and most reported an annual household income below 30,000 USD. The analysis identified three thematic categories: 1) mothers and grandmothers agree about the hierarchy of healthiness between and within beverages, though juice occupies an ambivalent position; 2) mothers and grandmothers cite role modeling and the home environment as important in regulating preschoolers' beverage intake; 3) mothers and grandmothers balance between restricting sugary beverages and using these beverages as treats. The results suggest that when mothers and grandmothers use soda, juice, and juice-drinks as treats, they do so within a wider dynamic of balancing practices, and within two intersecting domains: the hierarchy of beverages, including the still ambivalent status of juice as healthy or unhealthy, and the definition of 'special occasion'.

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1. Background

Eating and drinking practices developed early in childhood may persist into adulthood (Nicklas, Yang, Baranowski, Zakeri, & Berenson, 2003). Parents influence children's eating practices directly, through the foods they serve, and indirectly, through

modeling eating behaviors and transmitting social norms about food and eating (Sleddens, Gerards, Thijs, de Vries, & Kremers, 2011; Larsen et al., 2015). Several models and frameworks have been developed to describe the complex processes of familial decision making about food – processes influenced by multi-level factors, including structural determinants. (Gillespie & Johnson-Askew, 2009; Lovell, 2016; Sobal & Bisogni, 2009; Visser, Hutter, & Haisma, 2016). Parental socioeconomic status (SES) is the most studied structural determinant of parents' and children's eating practices, and numerous studies have shown that children from households of lower SES are at higher risk for obesity (Shrewsbury & Wardle, 2008) and that levels of parental education are

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associated with children's overweight or obesity in early childhood (Svensson et al., 2014; Wijlaars, Johnson, van Jaarsveld, & Wardle, 2011). However, much less is known about how dynamics of care and communication between family members may influence healthy eating practices and their transmission within families of preschool aged children, including lower SES families (Blissett, Meyer, & Haycraft, 2011; Hurley, Cross, & Hughes, 2011; Larsen et al., 2015; Rollins, Savage, Fisher, & Birch, 2016; Sleddens et al., 2011). It is also unclear how family members facilitate children's effective self-regulation practices through setting limits while avoiding excessive restriction (DiSantis, Hodges, Johnson, & Fisher, 2011; Ventura & Birch, 2008). Self-regulation is important not only in eating practices (Rollins et al., 2016), but also with regard to the consumption of sugary beverages – a practice that continues to be very prevalent among children and that is linked to childhood obesity (Malik, Pan, Willett, & Hu, 2013). Better insight into familial dynamics related to eating and drinking practices can inform the development of population-wide and personalized prevention and treatment programs for childhood obesity and related chronic conditions, such as type 2 diabetes.

One overlooked familial factor in young children's eating practices is the impact of grandparents. The grandparental role has been recognized as distinct since at least the early modern period (Bailey, 2012; Cressy, 1986; Davis, 1977). While childhood obesity is a relatively recent public health concern, critiques of grandparental feeding are not new. In her monograph, *Parenting in England 1760–1830: Emotion, Identity, and Generation*, Bailey (2012) quotes a British physician who complained, in 1748:

it may serve to convince most Nurses, Aunts, Grand-mothers, &c. how much they have hitherto been in the wrong, what Mischiefs are done to Children, and what Multitudes are destroyed or spoiled, as well by cramming them with Cakes, Sweetmeats, &c. till they foul their Blood, choak their Vessels, pall the Appetite, and ruin every Faculty of their Bodies; as by cockering and indulging them, to the utter Perversion of their naturally good Temper, till they become quite forward and indocile. (Cadogan, 1748; cited in Bailey, 2012, p. 199)

Although concerns about grandparents' supposedly indulgent feeding might be implicit in public health and clinical interventions, grandparental feeding practices have only recently been subject to research (Eli, Howell, Fisher, & Nowicka, 2016; Farrow, 2014). A systematic review found that parents cite grandparents as a barrier to maintaining healthy eating practices at home (Pocock, Trivedi, Wills, Bunn, & Magnusson, 2009). Indeed, informal childcare by grandparents has been associated with higher proportions of overweight and obesity in children, while formal childcare seems to protect against childhood obesity (Benjamin et al., 2009; Kim & Peterson, 2008; Lumeng, Gannon, Appugliese, Cabral, & Zuckerman, 2005; Maher, Li, Carter, & Johnson, 2008); however, the processes underlying these differences have yet to be investigated. In approximately one quarter of US families (U.S. Census Bureau, 2010) and UK families (Rutter & Stocker, 2014), parents rely primarily on grandparents for informal childcare. Thus, from a public health perspective, it is essential to examine grandparental attitudes and practices concerning child feeding. We therefore designed a qualitative study involving parents and grandparents in families with preschool aged children.

We interviewed family members about their perceptions of and engagement with children's food habits, beverage habits, and physical activity, as well as their attitudes towards children's body weights. The present paper is the fourth in a series originating from the study, and the third to focus on the preschoolers (one paper

focused on the adult family members' recollections of their own childhood body image [Eli, Howell, Fisher, & Nowicka, 2014a]). The first of these papers studied potential generational differences between parents' and grandparents' perceptions of their preschoolers' body sizes (Eli, Howell, Fisher, & Nowicka, 2014b). We found that neither parents nor grandparents tended to identify excess body weight in preschool aged children. Even when parents and grandparents did recognize that a preschooler was overweight, they rarely intervened. In the second paper, we set out to investigate the processes underlying parental and grandparental decision-making about preschoolers' feeding and physical activity (Eli et al., 2016). We found that, within each family, parents and grandparents described adjusting their feeding practices in relation to one another. Key to these adjustments were notions of balance. Feeding practices were informed by notions of "a balanced lifestyle" (Eli et al., 2016, p. 28), with participants citing healthy feeding as off-setting indulgent feeding. Moreover, "balanced lifestyle" practices were negotiated through familial homeostasis – the maintaining of balance between parents' and grandparents' care dynamics, with healthy and indulgent feeding practices used to enact differences between parental and grandparental caretaking roles (Eli, et al., 2016).

While parents' and grandparents' negotiations of preschool aged children's eating practices are grounded in notions of balance and care, it is unknown if the same notions apply to beverage-related practices. Beverages are often overlooked when lay people, and sometimes researchers, discuss children's food habits – perhaps because, although a variety of foods is needed in order to maintain nutritional balance, this is not the case with beverages. Once infants are weaned off breast milk (or breast milk replacements), the only beverage they require for continued thriving is water. Calorific beverages, then, provide children with energy that is not nutritionally required. In the literature, several terms are used to designate beverages that contain sugars (sucrose, glucose, or fructose), including 'sugary beverages' and 'sugar-sweetened beverages'. In the present study, we use the term 'sugary beverages' to refer to soda, juice drinks, 100% fruit juices, fruit and vegetable fusion juices, sports drinks, and sweetened flavored water; our chosen term reflects the fact that fruit juices – which contain considerable amounts of sugar – are not necessarily sugar-sweetened. However, we use the term 'sugar-sweetened beverages' when referring to articles that specifically employ this term or that concern the consumption of soda and other beverages with added sugars.

In recent years, the link between consumption of sugary beverages and body weight has become a matter of scientific and public interest, and decreasing children's consumption of sugary beverages is one of the main goals of public health initiatives world-wide (World Health Assembly Resolution WHA63.14, 2010). A systematic review and meta-analysis published in 2013 showed that consumption of sugar-sweetened beverages is associated with weight gain in children (Malik et al., 2013). The meta-analysis identified 20 studies concerning children's sugar-sweetened beverage consumption, and found that a single daily serving of sugar-sweetened beverages was associated with an increase of 0.06 kg/m² in body mass index (BMI) over the course of one year. Five of the 20 studies were randomized controlled trials; the studies found that, when sugar-sweetened beverage consumption was reduced, BMI was reduced by at least –0.12 kg/m² (Malik et al., 2013). Notably, one experimental study used a double-blinded, randomized controlled trial design among normal-weight children who were all habitual drinkers of sugar-sweetened beverages (de Ruyter, Olthof, Seidell, & Katan, 2012). The children, aged 4–12 years, were randomized to receive either one serving of a sugar-sweetened beverage every day for 18 months or the same

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