



How parents describe picky eating and its impact on family meals: A qualitative analysis



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ABSTRACT

Children are frequently described as being picky eaters. However, this term has been inconsistently defined in prior research. There is limited qualitative research investigating how parents define picky eating, how they respond to it, or how they see picky eating impacting their child's dietary intake or the family meal. For this study, parents ($n = 88$) of siblings (ages 2–18 years old) were interviewed in their homes. The semi-structured interviews focused on parent feeding practices and child eating behaviors. A qualitative content analysis approach was used to analyze the data; themes regarding picky eating emerged. Results of this study show that the majority of parents (94% female; mean age 35 years) were from minority and low income homes. The following themes regarding picky eating were identified: 1) children were frequently described as being picky eaters; 2) parents defined picky eating in a variety of ways (i.e., not liking a few foods; limited intake; resisting texture or appearance of foods; resistance to new foods); 3) picky eating impacted the family meal (i.e., promotes meal-related parent stress; impacts meal preparation); and 4) parents responded to picky eating in a variety of ways (i.e., require child tries food; allow child to make separate meal; allow child not to eat; parent makes a separate meal; allows child to choose only food he/she likes; requires child to eat anyway). This study demonstrates that many parents experience child picky eating and report that it impacts family meals. Additionally, study results provide information on the specific ways pickiness impacts the family meal and how parents respond to pickiness. This study also provides guidance for future studies wishing to define picky eating or evaluate the prevalence of child pickiness.

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1. Introduction

While children are often described by their parents as being “picky eaters”, previous research has presented an inconsistent definition of picky eating. For example, picky eating has been defined in previous research as having a diet low in variety due to the rejection of foods (Dovey, Staples, Gibson, & Halford, 2008; Galloway, Fiorito, Lee, & Birch, 2005; Galloway, Lee, & Birch, 2003; Mascola, Bryson, & Agras, 2010; Rydell, Dahl, & Sundelin, 1995; Wright, Parkinson, Shipton, & Drewett, 2007). Other studies have defined and evaluated picky eating as the rejection of food textures, smell, and temperature (Smith, Roux, Naidoo, & Venter, 2005) or slowness in eating (Marchi & Cohen, 1990). Picky eating is also considered distinct from food neophobia (i.e.,

the reluctance to eat new foods) (Dovey et al., 2008), although food neophobia is sometimes seen as a trait of pickiness (Carruth et al., 1998; Ekstein, Laniado, & Glick, 2010; Fulkerson et al., 2002; Jacobi, Schmitz, & Stewart Agras, 2008; Shim, Kim, & Mathai, 2011). Because picky eating is not well defined, it is difficult to know the prevalence of picky eating in children and how to intervene with children who are picky eaters. One study showed that over 50% of mothers of preschool-aged children described their child as having selective eating behaviors (i.e., preference for food preparation methods, food rejection, food neophobia, and limited variety) (Shim et al., 2011). Another longitudinal study followed children ages 2–11 years old and found that 39% of the children were described by their parents as being picky at some point during the study (Mascola et al., 2010).

Despite not having an exact definition, previous research has shown some significant associations between child picky eating and both child dietary intake and weight status. Studies with young children (between birth–6 years) found that picky eaters were more

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likely to avoid fruit (Cooke, Wardle, & Gibson, 2003) and vegetables (Cooke et al., 2003; Jacobi, Agras, Bryson, & Hammer, 2003). Other studies with young children found that picky children were at increased risk of being underweight (Ekstein et al., 2010) or having poor growth (Wright et al., 2007). One study with older girls (9 years old) found that picky eaters had lower intakes of fruit, vegetables, and fiber; these girls were also less likely to be overweight (Galloway et al., 2005). Less is known about how picky eating affects the overall home eating environment such as family meals, although studies with parents of picky eaters describe an impact on meals, including negativity at meals and struggles involving child's eating (Jarman et al., 2015; Marchi & Cohen, 1990; Mascola et al., 2010). As family meals have been shown to be associated with healthier dietary outcomes (Fulkerson, Larson, Horning, & Neumark-Sztainer, 2014; Larson, Neumark-Sztainer, Hannan, & Story, 2007; Neumark-Sztainer, Hannan, Story, Croll, & Perry, 2003) it is important to understand how picky eating may potentially decrease the benefits of family meals or impact family meal frequency. Additionally, understanding parents' perceptions regarding how picky eating influences family meals will potentially inform the development of interventions targeting picky eating during family meals.

There is limited qualitative data investigating parent's experiences with children who are picky eaters, which makes it difficult to know how parents define pickiness or how they see it impacting their child's dietary intake or the family meal (Jarman et al., 2015). Additionally, limited research exists regarding parents' response to picky children at the family meal. One study showed that parents reported the need to prepare separate meals (Mascola et al., 2010); another study found that mothers were more likely to pressure picky children to eat, although this was not specific to a family meal (Jani Mehta, Mallan, Mihrshahi, Mandalika, & Daniels, 2014); other approaches are unknown. Finally, much of the research on child picky eating focuses on young children (birth–6 years) (Carruth et al., 1998; Cooke et al., 2003; Ekstein et al., 2010; Jacobi et al., 2003; Shim et al., 2011; Wright et al., 2007); less is known about parents' experience with older children or how child pickiness impacts the family meal.

Because picky eating is a well-known concept that is not well-defined, it is important to qualitatively examine parents' experiences and perspectives regarding picky eating in order to understand its impact on families, including during family meals, and to guide future research. The main research questions being addressed in this study are: 1) How do parents describe child picky eating in the family?; 2) How do parents perceive picky eating to impact the family meal?; and 3) How do parents report responding to picky eating at the family meal? Gaining a better understanding of parents' perspectives of, and responses to picky eating will help guide future research on how to best assess pickiness and parental response to pickiness. It will also provide guidance on how to best support parents who perceive their child as being a picky eater, especially during family meals, and potentially guide potential future interventions.

2. Material and methods

2.1. Study design and population

The current qualitative study draws from *Family Meals, LIVE!: Sibling Edition (SE)* study, which is ancillary to the *Family Meals, LIVE! (FML)* study conducted between 2012 and 2013 in Minneapolis/St Paul (Berge et al., 2014). *FML* investigated the risk and protective factors in the home environment associated with childhood obesity in children (target children) ($n = 120$) from low-income households. One year after participation in *FML*, families were

invited to participate in *SE*, a study designed to investigate: 1) longitudinal associations between family meal quality and child weight status, and 2) parent feeding practices in homes with siblings. Of the original 120 *FML* families, 110 participated in the first aim of *SE* (92% retention rate); 88 of these families had siblings in the home allowing them to participate in the second study aim. A family was considered to be eligible for the *SE* study if there was a sibling between the ages of 2–18 years old living in the home with the target child from *FML* who also shared the same parent/primary guardian. Data collection occurred in the participants' homes where the parent completed an in-depth quantitative survey and trained researchers obtained family members' heights and weights; participants in aim two also participated in a qualitative interview. All study protocols were approved by the University of Minnesota's Institutional Review Board. All family members participated in the consent/assent process with trained researchers; participants over the age of 18 completed written consent and participants ages 8–17 years completed written assent. In addition, all children under the age of 18 years had a corresponding written parental consent. Researchers informed all participants that participation in the study was voluntary, that the decision to leave the study would have no impact on their relationship with their primary care clinic (i.e., the clinic they were recruited from), and that their information would be kept confidential. Additional study procedures have been previously documented (Berge, Tate, Trofholz, Conger, & Neumark-Sztainer, 2015; Berge, Trofholz, Schulte, & Neumark-Sztainer, 2015).

Of the 88 *SE* parent participants, the majority were female (94%) with a mean age of 35 years old ($sd = 7$). Parent participants were racially/ethnically diverse including: 65% African American, 17% white, 5% Asian, 2% Native American, and 11% mixed/other. The mean age for target children and sibling was 10 years old (target child $sd = 2$; sibling $sd = 4$). Participants were from low-income households, with 73% reporting a household annual income of less than \$35,000.

2.2. Qualitative interview

Researchers trained in standardized interview protocols (Crabtree & Miller, 1992) conducted a semi-structured interview with parents (Berge et al., 2015). Interview questions explored the parent's perspectives of parent feeding practices, child eating behaviors and how both influenced family meals (Berge et al., 2015; Draxten, Trofholz, Tate, & Berge, 2016). Interview questions used in the current study included: (1) Describe what kind of eater [child] is.; (2) How does [child]'s eating impact what happens at family meals?; (3) How does picky eating affect your family?; (4) What happens at mealtimes if [child] doesn't want to eat what is prepared?; (5) How do you influence what [child] eats?. Researchers were specifically trained to remain neutral during interviews. Participants were assured that the interview was asking only for his/her perspective on family meals and parent feeding practices and that there was no right or wrong answer (Creswell, 1994). Researchers were also trained to use follow-up questions to further probe the parent regarding a specific interview question (Creswell, 1994).

2.3. Analysis

Parent interviews ($n = 88$) were audio-recorded and transcribed verbatim. Coders (first and second authors of this study), coded all transcripts to ensure saturation of themes.

To ensure reliability, coders double-coded and had consensus meetings on the first 20 transcripts. Double coding the first 20 transcripts allowed 95% inter-coder agreement to be reached. After the 20 transcripts, coders double coded and had a consensus

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