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Research report

“Snacks are not food”. Low-income, urban mothers’ perceptions of feeding snacks to their preschool-aged children [☆]



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ABSTRACT

Snacking has become more frequent among US preschool-aged children in recent decades and represents a significant proportion of daily energy intake. Social influences on snacking among children, however, are not well understood. This qualitative research described low-income, urban mothers’ perceptions of feeding snacks to their preschool-aged children using data from 7 focus groups with 32 participants. Focus group transcripts were analyzed using a constant comparative method to identify themes. Mothers described snacks as involving less preparation, balance, and sustenance than meals (Theme 1). Mothers also made reference to some snacks as not being “real food” (Theme 2). At the same time, snacks had significant hedonic value as reflected in mothers’ enjoyment of those foods (Theme 3), the effectiveness of snacks to manage children’s behavior (Theme 4), and the variety of restrictions that mothers placed on children’s access to snacks, such as locking cabinets, offering small servings, and reducing the number of snacks in sight (Theme 5). Two overarching themes highlighted distinctions mothers made in feeding children snacks vs. meals as well as the powerful hedonic appeal of snacks for both mother and child. These observations suggest that low-income, urban mothers of preschool-aged children may perceive snacks as serving a more important role in managing children’s behavior than in providing nutrition. Child feeding interventions should address non-food related ways of managing children’s behavior as well as encouraging caregivers to see snacks as structured opportunities for nutrition and connecting with their children.

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Introduction

Increases in the prevalence of obesity among young children have been accompanied by dietary behaviors that appear to favor energy imbalance, including the consumption of larger food portion sizes (Nielsen & Popkin, 2003; Piernas & Popkin, 2011), excessive intakes of solid fats and added sugars (SoFAS) (Reedy & Krebs-Smith, 2010;

Slining & Popkin, 2013), and more frequent snacking (Piernas & Popkin, 2010). US preschool-aged children currently consume approximately 27% of their daily energy from snacks (Piernas & Popkin, 2011). The contribution of snacking to child obesity, however, is not clear. In fact, a recent meta-analysis suggests a slightly protective effect (OR = 0.78) of eating frequency on obesity across 11 cross-sectional studies involving 18,849 children aged 2–19 years (Kaisari, Yannakoulia, & Panagiotakos, 2013). Snacking also appears to have mixed effects where dietary intake is concerned. Data from the National Health and Nutrition Examination Survey (NHANES) reveal that snacking contributes to the intake of key micronutrients among children (Nicklas, O’Neil, & Fulgoni, 2013; Sebastian, Cleveland, & Goldman, 2008), providing >25% of calcium, potassium, and vitamin D intakes of children aged 2–5 y in 2009–2010 (Agricultural Research Service, 2012). At the same time, however, desserts, salty snacks, and sweetened beverages provide the greatest contributions to energy consumed as snacks by US children (Piernas & Popkin, 2010). A recent analysis of snacking patterns among children 2–18 y using 2001–2008 NHANES data revealed that several snacking patterns (e.g. sweets, salty snacks, soft drinks) resulted in higher daily intakes of SoFAS (Nicklas et al., 2013). Given these controversial yet

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potentially important findings for children's diet quality and health, it is surprising that relatively little is known about the determinants of snacking among children.

The family is a fundamental context for understanding how children's snacking habits develop. Among US children aged 2–6 y, 71% of daily energy intake occurs at home (Poti & Popkin, 2011). Parents socialize children's eating behaviors via the types and amounts of foods that are made available to children in and outside the home, by modeling behaviors, and through child feeding styles and practices (Esposito, Fisher, Mennella, Hoelscher, & Huang, 2009). While a body of research documents the importance of parenting for shaping children's eating behaviors and obesity risk (Hurley, Cross, & Hughes, 2011; Ventura & Birch, 2008), parenting specific to child snacking is not well understood. A handful of studies have evaluated associations of children's intake of snack foods with established child feeding dimensions (e.g. restriction) (Ogden, Reynolds, & Smith, 2006; Rodenburg, Kremers, Oenema, & van de Mheen, 2013; Sleddens, Kremers, De Vries, & Thijs, 2010; Van Strien, van Niekerk, & Ouwens, 2009), but little is known about how parents conceptualize and approach feeding their children snacks. Given the significant contributions of snacks to young children's energy and nutrient intakes (Agricultural Research Service, 2012), caregivers' perceptions and approaches to child snacking may represent an important issue for feeding young children.

The present research used focus groups to qualitatively describe low-income, urban mothers' perceptions of feeding snacks to their preschool-aged children. The quality of snacks offered to children is relevant in this population, given the disproportionate risk of obesity and poorer dietary quality in low-income families with children (Drewnowski, 2009; Hoerr, Tsuei, Liu, Franklin, & Nicklas, 2008; Schefske et al., 2010; Thompson et al., 2009). This analysis was part of a larger qualitative study designed to understand family contextual influences on low-income preschoolers' intakes of high SoFAS foods. This research focused on mothers because of their large role in feeding young children; on an average day, 66% of US women are involved in food preparation and cooking, and spend more than twice as much time as men engaged in such activities (Bureau of Labor Statistics & US Department of Labor, 2012; Cawley & Liu, 2012).

Materials and methods

Design

Focus groups were conducted as part of formative research (Herman, Malhotra, Wright, Fisher, & Whitaker, 2012; Malhotra et al., 2013) for the development of a child feeding intervention to reduce SoFAS intakes among low-income, preschool-aged children. Specifically, the work was conducted to characterize contextual influences on feeding young children high SoFAS foods. As described previously (Herman et al., 2012; Malhotra et al., 2013), the research was designed, executed, and analyzed by an interdisciplinary research team: two senior investigators (RW and JF) combining backgrounds in public health, pediatrics, nutrition, and human development; the research coordinator (GW), whose

background was in sociology and human development; and two graduate students (AH, KM) in the fields of public health and social work. Insights from each focus group were shared and discussed by research team members immediately following data collection. During these discussions, saturation was determined by the authors and confirmed during the analysis as coders met to integrate their perspectives on the themes each of them had identified. Seven focus groups were conducted before saturation was achieved and few additional insights were gained (Bowen, 2008).

Participants

Participants were low-income, urban mothers of preschool-aged children living in Philadelphia, PA. Convenience sampling was used. Flyers were posted and in-person recruitment was conducted in offices of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a nutrition assistance program administered by the U.S. Department of Agriculture (USDA). Screening was conducted in person for mothers recruited at WIC offices and via phone for those mothers recruited using flyers. Reflecting the design of the larger project, the eligibility criteria included being the biological mother of a 36- to 66-month-old child without a chronic medical condition affecting growth or eating (e.g., food allergies or intolerances, developmental disorders, or birth defects); having primary responsibility for feeding the preschool-aged child; receiving or being income-eligible to participate in the USDA's Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program); a maternal age of 18 years or older; and speaking English. Participants provided informed consent and were compensated with a \$40 gift card for their participation. All procedures were executed as approved by the Temple University Institutional Review Board.

Measures

Interview guide

The interview guide was developed to elucidate the *when*, *what*, and *how much* aspects of feeding preschool aged children (Table 1). The questions were written with the interest of eliciting discussion of family contextual influences around low-income preschool-aged children's intake of high SoFAS foods, per the aims of the larger study of which these data are a part. As elaborated in Table 1, topics included 1) eating occasions, with an emphasis on child feeding issues around meals and snacks; 2) foods available in the home; and 3) portion sizes offered. The data in this manuscript reflect discussions that occurred primarily around the topic of eating occasions.

Demographics

Using an interviewer-administered survey following the focus groups, demographic data were collected from participants including age, relationship status, race/ethnicity, education, and household composition. Maternal self-reported weight (pre-pregnant weight if pregnant) and height were used to calculate body mass index (BMI; weight in kilograms divided by the height, in meters, squared). Household food security was assessed with the 6-item short form

Table 1
Sample questions from the focus group guide.

Domain 1: Eating occasions (when)

When I say the word "snack," what do you think of? What does that word mean to you? How is that different than a meal? Who decides when your child has a snack?

Domain 2: Foods and beverages in the home (what)

Is there a favorite snack [sweet/dessert/drink] that you think your child should eat less often? What happens if you try to limit or cut down?

Domain 3: Portion sizes (how much)

Who decides how much your child eats for a snack [or how much of a sweet/dessert your child gets]? If you decide, how do you decide? If a snack comes in a package that is usually meant for one person, like a piece of candy or a bag of chips, how do you decide how much to give your child?

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