DIET VARIETY VERSUS PARENT PERCEPTIONS OF PRE-SCHOOLER MEALTIME BEHAVIOURS

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Abstract:
The United Nations Convention on the Rights of the Children came up with a number of children rights. Among them is the Right to eat healthy food, derived from Article 27, which states that every child has a right to a standard of living that is good enough to meet their physical, social and mental needs. The study investigates relationship between diet variety and parent perceptions of pre-schooler children, the eating challenges which pre-schoolers face, the levels of parental awareness on the significance of dietary varieties and strategies parents are using to curb eating problems of pre-schooler children. The study recommends that, there be a link between diet variety and parents’ perceptions on mealtime behaviours of their children particularly the pre-schoolers. Therefore parents should be taught on the importance of dietary variety to the children and how to enforce good eating habits.

Keywords: diet variety, parent perceptions, mealtime behaviours, pre-schooler

1. Introduction

The United Nations Convention on the Rights of the Children, came up with a number of children rights. Among them is the Right to eat healthy food, derived from Article 27, which states that every child has a right to a standard of living that is good enough to meet their physical, social and mental needs. It is from the food that one eats that promotes overall growth of a child. According to Freud’s theory of development, what happens in the early years of a child has a bearing on the personality of the person. The researcher has noticed children of primary school stage and those in pre-schooler stage eating sweets, jiggies, maputi and freeze cool at lunch hour.

Food pickiness in children results in limited variety in their diets to their strong preferences for only a limited number of foods. Obesigenic eating habits are formed
during 3-5 years and are associated with the risk of developing chronic diseases later in life (Magary, Daniels, et al, 2003). Research has shown that the development of food preferences of children begins while in their mothers’ womb (Savage J.S., Fisher J.O. et al 2007). What mothers eat while pregnant is dependent on parental awareness on the significance of dietary varieties. According to Adamo, Ferraro and Brett (2012), improving the diets of women before and during pregnancy has been suggested to improve the quality of young women’s diets could be effective in improving the quality of their children’s diets.

Education influences the effectiveness of resources employed to achieve ideal nutrition (Jonsson, 1995). While FAO (2009) argued that, diet may change from expensive and nutrient rich foods to calorie rich and energy dense foods. This will make food to be unhealthy especially if consumed regularly.

Dietary variety means eating a balanced diet or meal with foods from within and across each of the five food groups and in the recommended amounts. The five food groups are as follows; First group comprises of vegetables and legumes, second group consists of fruits, third group comprises of lean meats and poultry, fish, eggs, legume; fourth comprises of grain foods; the fifth group comprises of milk cheese. Having a variety of foods will make mealtimes interesting and something to look forward to. (www.betterhealth.vic.gov.au)

2. Objectives

1. To identify the relationship between diet variety and parent perceptions of pre-schooler children;
2. To establish eating challenges which pre-schoolers face;
3. To determine levels of parental awareness on the significance of dietary varieties;
4. To determine what strategies parents are using to curb eating problems of pre-schooler children.

3. Research questions

1. What is the relationship between diet variety and parent perceptions of pre-schooler children?
2. What eating challenges do pre-schoolers have?
3. How are the levels of parental awareness on the importance of dietary varieties?
4. What strategies are parents using to curb eating problems in pre-schooler children?
4. Theoretical framework

The paper works from the social learning theory Bandura. Theory states that behaviour is learned from the environment through observation. He also believes that humans actively process information and they are concerned about the relationship between behaviour and its consequences (Bandura 1977). Children learn and imitate from people who surround them and the environment. Children are surrounded by parents, siblings, caregivers, friends, television and school teacher. These are models whose behaviour children observe and imitate. Engle & Ricciuti (2000) posits that the care child receives and the ways in which the child develops is determined by the quality of interaction between child and parent or caregiver. According to Grover (2005), “If given appropriate care children make remarkable gains in physical and motor development, in linguistic and cognitive functioning as well as dramatic progress in their emotional, social, regulatory and moral capacities.” Therefore it is imperative that children have necessary support which in enables them to develop holistically. Children, therefore need to be brought up in the environment that is safe from harm, be it physical or emotional, good health, nutrition and interaction with and attachment to caregivers or parents.

5. Parental Awareness On The importance Of Dietary Varieties

Parents strongly influence their child’s eating habits (Guideth and Cavazza 2008). Food choices are known to be influenced by parents ‘food preferences and beliefs of what constitutes healthy foods (Dennison and Jenkins 2001). However due to globalisation, the beliefs of people are shifting on everything that pertains to life. That is what was healthy yesterday may seem wayward today and result in individuals compromising what they eat Children tend to attempt to try food that they see their parents or caregiver eats (Patrick and Nicklas 2005). Children have a habit of wanting to eat foods that they are being forbidden by parents (Birch and Davison 2001). The quality of diet in a household is dependent on the person who holds grocery punch. (Turner, Kelly and McKenna 2006). Therefore if the person who holds grocery punch in a household is knowledgeable about the importance of dietary variety, the meals would be balanced and something to look forward to.

Mothers’ beliefs in the importance of family meals increased likelihood of children eating dinner with families increased likelihood of children eating dinner with families by increasing likelihood that mothers planned dinner and that dinners were regularly scheduled (McIntosh et al 2010). Eating meals in front of the television has been shown to be strongly predictive of poor diet quality and poor food-related behaviours.
6. Child Nutrition

Prolonged eating problems that are persistent can result in undermining children’s growth, development and relationship with caregivers, may lead to long term health and developmental problems (Keren, Feldman and Tyanos 2001). The child might end up being underfeed or overfeed and result in being obese. Children tend to like the food that their caregivers eat in their presence. According to Palfreyman et al (2012), caregivers who model healthy food intakes are likely to establish healthy eating habits. Conner and Armitage (2002), note that child’s preference to foods is learned through role models who are either parents or caregivers. Black and Hurley (2013), children’s eating patterns and food preferences are established early in life. Parents and caregivers who have eating problems may need assistance to impart healthy nutritious mealtime behaviours in their children. The studies have shown that parental fruit and vegetables consumption were among the strongest predictors of the child’s fruit and vegetable consumption. Studies have shown that pressurising children to finish their food results in less food being consumed. Parental pressure to eat can have negative effects on children’s intake of healthy foods, (Galloway et al 2005). This can then results in the child disliking the food they are pressured to eat.

Birch et al (1998) have shown that parental control efforts may potentiate children’s preference for restricted foods as well as their intake of similar unhealthy foods. This would then result in diminishing self-control in eating. According to Markham (2015), “Successful parenting fosters psychological adjustment, helps children succeed in school encourages curiosity about the world and motivates children to achieve.” Thus is essential for children from an early stage.

7. Strategies to curb eating challenges in children

Markham (2015) wrote an article on ways to keep a child from developing an eating disorder. The following is what is listed in the article:

1. Consider your attitude towards your own body.
2. Educate your child about how the media presents thinness as equated with everything positive and perpetuates unrealistic images.
3. Commit yourself to model good eating habits
4. Don’t talk about dieting.
5. Learn the latest in nutrition
6. Don’t make your child self-conscious by commenting on it if you notice that she’s becoming a bit pudgy
7. Throw out junk food and don’t stock treats.
8. Keep trying to get them to eat their veggies.
9. Get your child involved in sports.
10. Never comment on other people’s bodies.
11. Discuss with sitters what your child may eat.
12. Nurse your baby.
13. Reduce stress. Higher levels of stress hormone in their bodies are less healthy physically and have a tendency to put on more weight.
14. Reduce TV use.

8. Methodology

The researcher used a mixed approach to research, combining quantitative and qualitative techniques to analyse primary and secondary data. The descriptive survey was used to gather information from the parents of pre-schooler learners. The design enabled the documentation of the situation in regards to the objectives and research questions under review. The study used parents of pre-schoolers who are between the age of 3 and 5 years as parents determine what their children eat and children are unable to respond to questions under the study logically.

8.1 Ethical consideration

The researcher got permission from the Head of the Bulawayo community to conduct the study. The eligible subjects to the study were informed about the study and asked for permission to participate in the study. Informed oral consent was sought from parents with children between 3-5 years within the community of Bulawayo Polytechnic.

8.2 Instruments

The researchers used a questionnaire which was self-structured and some questions which are closed questions are giving numeric data. And some were open-ended questions to give views and opinions of the respondents on the subject at hand. The questionnaire was pretested to a group similar to the chosen sample. This was to ensure that the questionnaire is understandable and is measuring what it is intended to measure.

8.3 Sample

The study was looking at dietary variety versus parental perceptions towards the pre-schooler mealtime behaviours, thereby using purposive sampling. Thereby coming up with a sample of 50 questionnaire respondents who have preschool age children.
researchers targeted parents of pre-schoolers mainly because food choices in this age group are done by parents.

9. Findings

The questionnaire response rate was 100%.
The respondents were 78% females and 22% were males. Educational level and professions of parents whose children are under study were as follows, Degree 2%, diploma 24%, certificate 32%, O level 28%, profession, lecturer 20%, housewife 12%. The data shows that the respondents were literate enough to respond to the questionnaire. The following were the ages of children whose parents were respondents to the study. The 3 year age group was represented by 34%, 4 year age group by 25% and the 5 year age group by 20%.

Gender of child of the children under study was as follows, female 64% and males were 36%. And among the children under study, 78% of children have eating problems. Parents give children vitamin supplements. The supplements are given in the following percentages, Multivitamins 58%, Iron 12%, Cod liver oil 2% and 22% are not given any vitamin supplements.

The figure 1 above shows relationship between the gender of child and eating problems, 23 female children, which translate to 46% have eating problems and 16 male
children, which translate to 32%. When comparing within the same gender, 72% female children and 89% male children have eating problems.

A. To identify the relationship between diet variety and parent perceptions of pre-schooler children

Table 1: List of foods children refuse to eat

<table>
<thead>
<tr>
<th>Type of food</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onion</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Eggs</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Beans</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Vegetables</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Milk</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Potatoes</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Cabbage</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Peanut Butter</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Butternut</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Fruits</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Lettuce</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Traditional Dishes</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Meat</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

A greater a number of the respondents said that their child refuses to eat vegetables and beans both represented by 14% each. The least of the foods that children refuse to eat according to their parents is peanut butter.

B. Did you ever eat the foods that your child refuses to eat while pregnant?

In response to the above question, 56% of the questionnaire respondents ate the food that the child refuses to eat while pregnant with the child in the study. And 32% did not eat the food that their children refuse to eat while pregnant of that child.
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C. Do you sit on the same table with your child for meals?

The question above sought to establish if parents have any interaction with their children at mealtimes. Among the respondents 86% share the same table with their children and 8% do not share the table with their children at mealtimes while 6% did not respond to the question.

D. Do your child have an input in your grocery shopping?

![Figure 2]

The pie chart above shows whether children have input in grocery list, 50% said their children have input on grocery list and 22% said no while 28% were silent on the matter.

Table 2: Types of food you do not allow your child to eat

<table>
<thead>
<tr>
<th>Types of food</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweets</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Jiggies</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Chocolate</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Soft drinks</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Pork</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Food with spices</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The table above shows types of food that parents do not allow their children to eat. They also gave reason for not allowing their children to eat the food. Some of the reasons given were, it losses appetite, it’s not healthy and for religious reason for pork.
Table 3: Challenges which pre-schoolers face

<table>
<thead>
<tr>
<th>Eating Problems</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking around at mealtimes</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>Eating while watching TV</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Picky/ fussy eating</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Vomiting/retching while feeding</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Retaining food in mouth for a long time</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Not eating some solid foods</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

There indeed eating challenges among pre-schoolers, with some of them having multiple eating problems. However the major eating challenge that pre-schoolers face, according to the table is eating while watching TV and walking around mealtimes. This is represented by 50% and 46% respectively. The least is retaining food in mouth for a long time with a representation of 16%.

E. To determine levels of parental awareness on the significance of dietary varieties. Among the questionnaire respondents, 62% indicated that they have a variety of diet and 38% did not respond to the item. Below is the table which shows what the questionnaire respondents listed as components of their meals.

Table 4: What does your meal consists of?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadza, vegetables &amp; meat</td>
<td>16</td>
</tr>
<tr>
<td>Starch, vitamins, proteins &amp; iron</td>
<td>10</td>
</tr>
<tr>
<td>At least 3 nutrients</td>
<td>2</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
</tr>
</tbody>
</table>

The majority seem to have a variety of food in their diets as indicated above. However there is a group represented by 6% which has its meals consisting mainly of carbohydrates only. And the other one said three nutrients and did not specify the nutrients they have in their meals.

Table 5: Strategies parents are using to curb eating problems of pre-schooler children

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timetable for meal</td>
<td>4</td>
</tr>
<tr>
<td>Teach good eating habits</td>
<td>6</td>
</tr>
<tr>
<td>Switch off TV</td>
<td>8</td>
</tr>
<tr>
<td>Family dinner</td>
<td>20</td>
</tr>
<tr>
<td>Involving them in food preparation</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
</tr>
</tbody>
</table>
The table above shows some of the strategies that parents are using to curb eating problems of pre-schooler children. The following is what was stated; have timetable for mealtimes, teaching good eating habits, switching off television at mealtimes, having family dinner and lastly involving children in the food preparation. From the table 40% advocate for family dinner, followed by 16% who switch off the television at mealtimes.

10. Discussions

Studies have shown that 25% to 45% of all children have eating problems especially at time when children are challenged with new foods or mealtime expectations. In this study 78% of children have eating problems. This might be due to geographical differences.

The study concluded that parents are concerned about the eating habits of their children thereby not allowing their children to eat certain foods. This is in line with what Variyam et al (1999), who posit that parents have a basic level of what good or bad food for their children. Literature by Markham 2015 gives 14 ways to keep away children from developing eating disorders and it also looks to children in their teens while this study was focusing on children between the age of 3 and 5 years. From the list, 4 were given as suggestions of how parents are doing to curb eating problems. These are timetable for meal, teaching good eating habits, switching off TV during mealtimes and having family dinner.

A similar study was conducted by Jones, McVie and Noble 2008 used a projective method to examine the inferences parents make about other food choices for their children to investigate under lying reasons for such choices with parents of between ages of 3 and 5 years. This study used mixed approach methodology to look at diet versus parental perceptions of pre-schoolers of 3 and 5 years of age. Jones et al advocate for the need of different research techniques to counter biases so that there is a better understanding of the underlying reasons for parents’ decisions about children’s food.

Hughes and Shewchuk (2012) had a study on child temperament, parent emotions, and perceptions of the child’s feeding experience. They note that child temperament is related to parent or caregiver. Parent or caregiver’s positive emotions are positively related to parent feeding strategies. This is the limitation of this study, it did not look at emotions of parents and children during mealtimes. Theory on learning by Bandura posits that children learn from their environment. However this study did not touch on the emotions which influence the nature of the environment.
This study found out that meals of most people only consist of food from the three groups and others only consisting of carbohydrates. Whereas a balanced diet is comprised of food from five groups of food. (www.betterhealth.vic.gov.au).

In this study, parents of pre-schooler said that they switch off TV and have family dinner, in a bind to curb eating problems in their children. This what is in line with what Veugelers et al (2005) and Marquis et al (2005), who posit that eating meals in front of the television has been shown to be strongly predictive of poor diet quality and poor food related behaviours. According to McIntosh et al (2010), mothers’ belief in the importance of family meals increased likelihood of children eating dinner with families by increasing likelihood that mothers planned dinner and that dinners were regularly scheduled. This concurs with the results of this study that, parents of pre-schoolers timetable mealtimes and have family dinner to curb eating problems.

11. Conclusions

The following conclusions were drawn from the findings of the study:

- Children’s eating habits are very important, in the opinions of the parents concerned. The parents use many strategies in the attempt to promote good eating practices in their children.
- The study concluded that the majority of children in the study conducted had eating challenges.
- Picky eating behaviours caused time respondents much stress when feeding their children.
- There is imposition of dietary varieties to children by parents as children are not consulted on what they want.
- Decision making regarding food choices within the context of the family is part of an ongoing negotiating process between child and parent with children devising different ways to counteract adults’ power and control over their food choices

12. Recommendations

The study recommends that, there be a link between diet variety and parents’ perceptions on mealtme behaviours of their children particularly the pre-schoolers. Therefore parents should be taught on the importance of dietary variety to the children and how to enforce good eating habits. Parental concerns about picky eating should be adequately assessed and managed in the routine clinic consultations so that the problem can be rectified early.
References


