

Dissertation for the Degree of Doctor of Medical Science in Caring Science presented at Uppsala University in 1997.

ABSTRACT

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The general aim was to study factors associated with child food choice. The main areas of interest were: the roles of experience, mealtime practices, child food neophobia and individual reasons for rejection/acceptance. Further, as child food habits are most likely influenced by the parents' food habits and choice, factors related to parental food choice were also studied.

The role of experience in food selection was demonstrated using an experimental design in a day-care centre setting. The finding emphasises the important role that pre-schools and schools play in the formation of food habits of young children. Further, relations between parental mealtime behaviours and child food intake were investigated. If the parents nag and criticise the child, (s)he will eat less food. From these two studies it was concluded that child food choice can be modified by exposing children to specific food items and by using different types of practices in the meal situation. Parents (most importantly the food "gatekeeper") also play an important role in making decisions about which foods are to be served at home. The results suggest that food neophobia is related to food choice both among children and adults. Also, familial resemblance with respect to food neophobia was demonstrated suggesting that parents serve as models for their children in this respect. The main reason for rejection of specific foods among both children and adults was perceived taste. As reported by both adults and children, other reasons for rejection are ideational factors and lack of earlier experience. The best predictors of individual willingness to try foods are the perceived taste of and the earlier experience with the food.

These findings have implications for the health care workers involved in the child eating issues. Parents should be encouraged to serve their child novel foods even if the child refuses to eat when the novel food is served initially. Further, asking parents what kind of meal practices are used at home and telling them how these types of behaviours have been found to influence child food preferences might turn out to be effective in helping the "problem eaters". Most importantly, health care workers should, instead of concentrating exclusively on which foods are good for the parents' and the child's health, consider which of the foods that they already like are good for their health.

Keywords: Child, food choice, family, gatekeeper, neophobia, mealtime practices, exposure, acceptance, rejection.

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