Determinants of Fruit and Vegetable intake in Pre-school Children (0-6 years)

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Methods

n = 37,686

337 Full text articles screened
288 excluded (cross sectional, population did not meet criteria, no F&V outcome related data, no association reported)

Intervention n=29

Prospective n=7

Qualitative n=13
Results
Quantitative Evidence

Intervention studies (n=29)

Study Characteristics

- USA n=10, Brazil n=1, Europe n=12 and Asia n=2
- Duration of intervention: 12 weeks – 2 years
- Post intervention follow-up period: 0 – 4 years
- Multi-level interventions: n=20
- Underpinned by theory: n=16
Quantitative Evidence…..

**Determinants Identified:**

- Increased parental knowledge
- Higher parental education
- Higher SES status
- Children’s food preference/likability
- Parental/caregiver modelling of healthful behaviours
- Implementation of school health policy
Quantitative Evidence

Prospective studies (n=7)

Study Characteristics

- USA n=3, Brazil n=1, Europe n=2 and Australia n=1

Determinants Identified:

Maternal Feeding Practices

- Maternal modelling of healthful behaviour
- Age
- Pressure to eat and food restriction
Qualitative studies n=13

Study Characteristics:

- USA n=7, Canada n=2, Australia n=3 and Mexico n=1

- Predominantly interviews and focus groups with parents/caregivers of young children (n=10)

- Only two studies reported the opinions of children themselves
Qualitative Evidence.....

Barriers and Facilitators

- Accessibility
- Cost of food
- Behaviour of child (demands for food, reluctance to try F&V.....)
- Lack of transport
- Convenience foods
- Lack of education and practical skills
- Time constraints
- Influence of other caregivers (grandparents, relatives and friends......)
"I don't cook..... I work 18 hours straight and I'll be up at 6:00 in the morning and go to work...When I do feed her, it's McDonalds, Burger King, something like that I can grab and go because I don't have the time"

Mother of pre-schooler

"McDonalds stops me eating it (fruit), and you get a little toy every time you have a happy meal"

Pre-school child

"I really want to know how to cook good things....... you know put fruit and vegetables into other things I make"

Caregiver of young child

"I like vegetables cause they are healthy for you and make you grow up big"

5 year old child
In Summary

Insufficient prospective evidence to draw conclusions from

Evidence suggests that those Interventions which are likely to prove successful should be/have;

- Multi-level
- Underpinned by theory
- An educational component
- Target parental/caregiver feeding practices
- Encourage parental/caregiver modelling of healthful behaviour
What next......?

• Further work needed on determinants and their impact upon F&V intake in this age group.

• Barriers and facilitators identified in the qualitative literature must be considered in future intervention development.

• Further qualitative work is needed around modelling of healthful behaviours.

• Understanding young children’s perspectives on health would prove useful in tailoring intervention delivery, particularly in a pre-school setting.
UK Congress on Obesity 2014

University of Birmingham, Edgbaston Campus
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