

Journal Pre-proof

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Clare E. Holley, Emma Haycraft, Claire Farrow



PII: S0195-6663(19)31008-6

DOI: <https://doi.org/10.1016/j.appet.2019.104548>

Reference: APPET 104548

To appear in: *Appetite*

Received Date: 7 August 2019

Revised Date: 2 December 2019

Accepted Date: 2 December 2019

Please cite this article as: Holley C.E., Haycraft E. & Farrow C., Unpacking the relationships between positive feeding practices and children's eating behaviours: The moderating role of child temperament, *Appetite* (2020), doi: <https://doi.org/10.1016/j.appet.2019.104548>.

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Unpacking the relationships between positive feeding practices and children’s eating behaviours: The moderating role of child temperament.

Clare E Holley PhD^{1*}

Emma Haycraft PhD¹

Claire Farrow PhD²

¹ School of Sport, Exercise and Health Sciences, Loughborough University,
Loughborough LE11 3TU, UK.

² School of Health & Life Sciences, Aston University, Aston Triangle, Birmingham
B47ET, UK.

* Address correspondence to: Dr Clare Holley, School of Sport, Exercise and Health
Sciences, Loughborough University, Loughborough LE11 3TU, UK. Tel
+44(0)1509226376. Email C.Holley@lboro.ac.uk

22

Abstract

23 Evidence suggests that children's eating behaviours are influenced by the feeding practices
24 which parents employ. Furthermore, parents may alter the feeding practices they use
25 according to their child's temperament. However, there is a paucity of literature on how
26 children's temperament moderates the relationship between parents' use of feeding
27 practices and children's eating behaviours. One hundred and eleven mothers of 2 to 4-year-
28 old children completed questionnaire measures of their feeding practices along with their
29 child's eating behaviours and temperament. Two-tailed Spearman's correlations revealed
30 that mothers' use of a range of positive (health promoting) feeding practices was associated
31 with greater enjoyment of food and lower food fussiness among children. Moderation
32 analyses found that relationships between mothers involving their children in food choice
33 and preparation and children's eating behaviours were moderated by children's
34 temperament. Involvement in food choice and preparation was no longer associated with
35 higher enjoyment of food and lower fussiness for children who were either highly emotional
36 or low in sociability. These findings suggest that while many previously identified positive
37 feeding practices may be associated with more healthy eating for all children, some may be
38 less helpful or less achievable with children who have particular temperamental traits. Future
39 research should seek to develop interventions to promote healthy eating which are tailored
40 towards children's individual characteristics.

41

42 **Keywords:** child; temperament; mother; feeding practices; eating behaviour; fussiness;
43 enjoyment of food; healthy eating

44 **Unpacking the relationships between positive feeding practices and children's eating**
45 **behaviours: The moderating role of child temperament.**

46 **Introduction**

47 With 28% of UK children estimated to be overweight or obese by the age of five, and just
48 16% meeting the recommended intake of fruits and vegetables (NHS Digital, 2018), the
49 development of children's food intake and dietary patterns are increasingly of interest.
50 Children's eating behaviours are defined as dimensions of their overall eating style, which
51 have been implicated in the development of body weight (Wardle, Guthrie, Sanderson, &
52 Rapoport, 2001). Evidence suggests that children's eating behaviours are associated with
53 children's food preferences and dietary intake as well as their weight status. Two particular
54 dimensions of children's eating behaviour have been identified as important. Food fussiness
55 has been associated with a less varied diet with lower nutrient content (Dovey, Staples,
56 Gibson, & Halford, 2008), with children higher in food fussiness typically consuming fewer
57 vegetables (e.g., Galloway, Fiorito, Lee, & Birch, 2005), and fussiness associated with lower
58 BMI (e.g. Webber et al., 2009). Meanwhile enjoyment of food has been associated with
59 consumption of more vegetables (e.g., Cooke et al., 2004), and research suggests that
60 enjoyment of food may play a role in children overcoming picky eating (e.g., van der Horst,
61 2012), although it has also been associated with higher BMI (e.g. Webber et al., 2009).
62 Children's eating behaviours vary greatly between individuals. A recent model proposes that
63 children's eating behaviours are shaped by a combination of biological factors (such as
64 genetics and temperament) and psychosocial factors (such as parents cognitions, feeding
65 styles, and feeding practices) (Russell & Russell, 2018). However, further research is
66 needed to clarify these relationships.

67 Positive parental feeding practices are those which are theorised to promote healthy eating
68 habits among children (Kaukonen et al., 2019). Several studies have explored the
69 relationships between positive parental feeding practices and children's eating behaviours.
70 Parents of children with healthy food preferences have been shown to use more positive
71 feeding practices, such as modelling healthy eating, encouraging children to try new foods,
72 and involving children in food choice and preparation (Russell, Worsley, & Campbell, 2015).
73 Moreover, experimental research suggests that the use of positive feeding practices can
74 lead to food acceptance in children (e.g. Allirot, Maiz, & Urdaneta, 2018; Caton et al., 2013;
75 Holley, Haycraft, & Farrow, 2014; Remington, Anez, Croker, Wardle, & Cooke, 2012).
76 However, longitudinal research suggests that parents may also adopt feeding practices in
77 response to children's eating behaviours or dietary preferences (e.g., Farrow & Blissett,

78 2008). Together, these findings indicate that the relationships between positive feeding
79 practices and children's eating behaviours are bidirectional.

80 The relationships between children's temperament and their eating behaviours have also
81 been explored. Temperament is a biologically based pattern of relatively stable individual
82 characteristics present from birth. One temperament trait which evidence suggests is related
83 to children's eating behaviour is emotionality. Children with more emotional temperaments
84 have been reported to display more food avoidant eating behaviours (Haycraft, Farrow,
85 Meyer, Powell, & Blissett, 2011) and to consume more unhealthy foods (Vollrath & Stene-
86 Larsen, 2012). Furthermore, those with more emotional and less sociable temperaments
87 have been reported to be less willing to try new foods (Pliner & Loewen, 1997), whereas
88 surgent (active, sociable) toddlers have been found to be substantially more likely to
89 consume two portions of fruits or vegetables daily later in childhood (Vollrath & Stene-
90 Larsen, 2012). Meanwhile, children with a difficult temperament (characterised by high
91 emotionality and low sociability) have been found to exhibit more difficult mealtimes and
92 greater food refusal (Farrow & Blissett, 2006).

93 It is possible that the relationship between the feeding practices which a parent uses and
94 their child's eating behaviour may vary as a function of a child's temperament, where some
95 practices may be more successful or simply more achievable with children of a particular
96 disposition. Indeed, child temperament has been associated with maternal use of feeding
97 practices that have been shown to influence childhood overweight (Bergmeier, Skouteris,
98 Horwood, Hooley, & Richardson, 2014). For example, mothers of infants with a more difficult
99 temperament are more likely to use food to calm (McMeekin et al., 2013), and mothers of
100 more emotional children are less likely to restrict their child's food intake (Farrow, Haycraft &
101 Blissett, 2018). Moreover, children's temperament may influence the reciprocal relationship
102 between children's eating behaviours and parental feeding practices. For example, children's
103 negative affectivity at age 4 has been associated with an increased risk of emotional feeding
104 by parents at ages 6 and 8, and increased risk of children's emotional eating at age 10
105 (Steinsbekk, Barker, Llewellyn, & Fildes, 2017). A converse relationship has also been
106 found, where negative affectivity at age 4 has been associated with an increased risk of
107 emotional eating at ages 6 and 8 and emotional feeding at age 10 (Steinsbekk et al., 2017).
108 Although this demonstrates that children's temperament is associated with both eating
109 behaviours and feeding practices, as well as the reciprocal relationship they have to each
110 other, little is known about how temperament might influence parents' use of positive feeding
111 practices.

112 To our knowledge, only two published papers have explored the role of children's
113 temperament in the interplay between positive feeding practices and children's eating, and
114 these have focused on food choice. The first found that the success of an intervention which
115 promotes the use of positive feeding practices (modelling and non-food rewards alongside
116 repeated exposure) to increase children's liking and consumption of a disliked vegetable is
117 dependent on children's sociability (Holley, Farrow, & Haycraft, 2016). The second found
118 that the relationship of higher levels of children's surgency and effortful control with greater
119 consumption of vegetables is mediated by parents' use of positive vegetable specific feeding
120 practices, such as enhanced availability of vegetables and supporting autonomy around
121 vegetable consumption (Kaukonen et al., 2019). However, there is no published literature
122 which explores the role of children's temperament in the relationships between positive
123 feeding practices and children's eating behaviours. This knowledge is important as it could
124 inform the design of interventions to promote healthy eating among children, and the advice
125 given to caregivers on the use of such feeding practices, with the potential to tailor these to
126 better align with children's temperament.

127 The current study seeks to confirm whether maternal use of positive feeding practices
128 evidenced in experimental research (e.g. Alliot et al., 2018; Caton et al., 2013; Holley et al.,
129 2014; Remington et al., 2012) is related to their children's eating behaviours. Furthermore,
130 with previous research indicating that temperament plays a role in the relationship between
131 maladaptive feeding practices and children's emotional eating (Steinsbekk et al., 2017), this
132 study also aims to further past research by investigating how the relationships between
133 positive feeding practices and children's eating behaviour (food fussiness and enjoyment of
134 food) are moderated by children's temperament. It is hypothesised that greater use of
135 positive feeding practices by mothers will be associated with greater enjoyment of food and
136 lower food fussiness among children. It is further hypothesised that these relationships will
137 be moderated by children's temperament, and strongest for children who are more sociable,
138 less shy and less emotional.

139

140 **Methods**

141 *Design*

142 The data for this paper came from an experimental study which included a questionnaire
143 element. For the purposes of the current paper, only the baseline questionnaire data was
144 utilised, therefore the study has a cross-sectional, questionnaire design.

145 *Procedure*

146 Loughborough University's Institutional Review Board provided full ethical clearance for this
147 study. Toddler groups from across the East Midlands region of the UK were approached to
148 offer attending mothers and children the opportunity to participate in a study to encourage
149 their child to eat disliked vegetables. Consent was gained from 20 toddler groups. An
150 opportunity sample of willing mothers of 2- to 4-year-old children at each toddler group were
151 given an information sheet providing the full details of the study, which was advertised as a
152 home-based study investigating methods which parents can use to help their children eat
153 vegetables. Inclusion criteria included having a child aged between two and four years of
154 age and mothers playing a primary role in feeding their child. Mothers with a child who had
155 undergone treatment for a feeding related issue were excluded. Next, mothers were asked
156 to provide informed consent and were advised of their right to withdraw themselves or their
157 child at any point. Child assent was also sought prior to the onset of the study. Dyads
158 participated in a trial of an intervention which sought to increase liking and consumption of a
159 disliked vegetable over a two-week period, the full details of which have been published
160 elsewhere (Holley et al., 2014). At baseline, mothers' and children's height and weight were
161 measured by the researcher, with children's measurements converted into age and gender
162 adjusted BMI z-scores (Cole, Freeman, & Preece, 1995). Mothers completed a
163 questionnaire which comprised demographic questions about themselves and their child
164 (e.g. age, ethnicity, education background, etc.) as well as validated measures of their
165 feeding practices, their child's temperament and their child's eating behaviours. The baseline
166 measures are the data utilised in the current study.

167 *Measures*

168 Comprehensive Feeding Practices Questionnaire (CFPQ; Musher-Eizenman & Holub, 2007)
169 The CFPQ is a 49-item questionnaire comprised of 12 subscales which measure parents'
170 use of different feeding practices. Five subscales were utilised for the current study which
171 reflect positive feeding practices (i.e., those previously theorised to promote children's
172 healthy eating (Kaukonen et al., 2019)). These were: Encouraging balance and variety (e.g.
173 *'I encourage my child to eat a variety of foods'*); Healthy environment (e.g. *'Most of the food I*
174 *keep in the house is healthy'*); Involvement (e.g. *'I involve my child in planning family*
175 *meals'*); Modelling (e.g. *'I model healthy eating for my child by eating healthy foods myself'*);
176 and Teaching about nutrition (e.g. *'I discuss with my child why it's important to eat healthy*
177 *foods'*). Items are responded to on a five-point Likert scale, and mean scores are calculated
178 for each subscale, with higher scores indicating greater use of the feeding practice. This
179 measure has demonstrated good internal validity (Musher-Eizenman & Holub, 2007).

180 Cronbach's alphas were acceptable for most subscales in the current study (0.60 to 0.83)
181 with the exception of the involvement subscale (0.49).

182 Children's Eating Behaviour Questionnaire (CEBQ; Wardle, Sanderson, Gibson, & Rapoport,
183 2001)

184 The CEBQ is a 35-item questionnaire comprised of eight subscales which measure different
185 dimensions of children's eating behaviour. For the current study, two subscales were utilised
186 which measure the two eating behaviours which have been associated with children's food
187 preference and dietary intake (for more information see Cooke et al., 2004; Dovey et al.,
188 2008). These subscales were Food fussiness (e.g. *'My child refuses new foods at first'*) and
189 Enjoyment of food (e.g. *'My child loves food'*). Items are scored on a five-point Likert scale
190 (with responses ranging from never to always) and mean scores are generated for each
191 subscale. A higher mean score is indicative of greater prevalence of the eating behaviour.
192 Previous research has demonstrated that the CEBQ has good internal validity as well as
193 good test-retest reliability (Wardle, Guthrie, et al., 2001). Cronbach's alphas were 0.88 for
194 food fussiness and 0.87 for enjoyment of food, demonstrating good reliability in the current
195 sample.

196 Emotionality, Activity, and Sociability Temperament Survey (EAS; Buss & Plomin, 1984)

197 The EAS is a 20-item questionnaire which measures four aspects of child temperament.
198 Three of its subscales which have been the focus of previous research were included in the
199 current study: Emotionality (e.g. *'Child cries easily'*); Sociability (e.g. *'Child likes to be with*
200 *people'*); and Shyness (e.g. *'Child tends to be shy'*). Statements are scored in relation to how
201 characteristic each is of their child on a five-point Likert scale (with responses ranging from
202 not characteristic or typical to very characteristic or typical). Subscales are mean scored,
203 with a higher score indicating a stronger presence of that trait. The EAS has good internal
204 and test-retest validity (Buss & Plomin, 1984), with the emotionality and shyness subscales
205 demonstrating good reliability (α 0.90 and α 0.75 respectively) and the sociability subscale
206 demonstrating acceptable reliability (α 0.63) in the current sample.

207 *Data analysis*

208 Data were analysed using SPSS version 23. Kolmogorov-Smirnov tests indicated that the
209 majority of the study variables were non-normally distributed and so non-parametric
210 (Spearman's) preliminary correlations were undertaken to explore relationships between the
211 study variables, mother and child age and BMI. Child age was significantly associated with
212 mothers' use of teaching about nutrition ($r = .23, p = .001$) and involvement in food choice and
213 preparation ($r = .30, p = .008$). Child BMI z-score was significantly associated with enjoyment of

214 food ($r = .23, p = .007$). Therefore, child age and child BMI-z score were controlled for in all
215 analyses using these variables. Maternal BMI and age were not significantly associated with
216 any of the study variables.

217 Two-tailed Spearman's correlations (or Spearman's partial correlations, where appropriate)
218 were performed to explore relationships between maternal use of positive feeding practices
219 and children's eating behaviours (food fussiness and enjoyment of food). Due to multiple
220 comparisons being made, and to minimise the likelihood of type-two error, a more stringent
221 alpha of $p < .01$ was imposed. Where significant relationships were found between a feeding
222 practice and an eating behaviour, moderation analysis was conducted using PROCESS
223 version 3.3 (Hayes, 2019), which produces linear interaction models. These moderation
224 analyses were used to determine whether children's temperament traits significantly
225 moderated the identified relationships, whilst controlling for confounding variables identified
226 through the preliminary correlational analyses. Where moderation effects were detected,
227 linear interactions were calculated by PROCESS for low (16th), medium (50th) and high (84th)
228 percentiles of the moderator. These percentiles map on to ± 1 standard deviation around
229 the mean in a normally distributed variable.

230

231 **Results**

232 *Descriptive statistics*

233 One hundred and eleven mother-child dyads participated in this study. Mothers had an
234 average age of 35.11 years ($SD = 4.85$, range 22.50 to 46.08 years). Children's average age
235 was 37.86 months ($SD = 7.76$, range 24 to 55 months) and 56.8% of the children who took
236 part were female ($n = 63$). Children's BMI z-scores ranged from -3.07 to 1.73, and the mean
237 was 0.16 ($SD = 0.77$) which indicates a healthy weight. Mothers' BMI (kg/m^2) ranged from
238 18.71 to 38.44 ($M = 25.25, SD = 5.58$). A similar proportion of mothers were educated at
239 university level or above (50.45%) and below university level (48.65%), with missing data for
240 one mother. The sample was predominantly of White/Caucasian ethnicity (92.8%), with a
241 small proportion of participants reporting a Black (5.4%) or Asian (1.8%) ethnicity.

242 Descriptive statistics for the study variables can be seen in Table 1. The mean scores for the
243 feeding practices measured by the CFPQ are in line with previous research with similar
244 samples (e.g., Holley et al., 2017; Musher-Eizenman, de Lauzon-Guillain, Holub, Leporc, &
245 Charles, 2009). Encouraging balance and variety was the most frequently performed feeding
246 practice, while teaching about nutrition was the least frequent. On average, children in the
247 current sample had higher levels of enjoyment of food than food fussiness, with average

248 scores in line with previous research with 2 to 5 year old children (Haycraft & Blissett, 2012).
 249 Sociability was the most evident temperamental trait in the current sample, while
 250 emotionality was the temperament trait which appeared to vary the most between children.

251

252 Table 1: Mean and standard deviation (SD) of measures used to assess maternal feeding
 253 practices, children's eating behaviours and child temperament in a sample of 111 mother-
 254 child dyads.

Measure	Mean (SD)	Min/Max
Maternal feeding practices		
Encouraging balance and variety	4.31 (0.53)	2.50/5.00
Healthy environment	3.65 (0.68)	2.25/5.00
Involvement	3.43 (0.87)	1.33/5.00
Modelling	4.06 (0.80)	1.50/5.00
Teaching about nutrition	3.60 (0.82)	2.00/5.00
Children's eating behaviours		
Food fussiness	3.03 (0.75)	1.17/5.00
Enjoyment of food	3.63 (0.70)	1.00/5.00
Child temperament		
Emotionality	2.74 (1.02)	1.00/5.00
Sociability	3.53 (0.70)	1.00/5.00
Shyness	2.64 (0.76)	1.20/4.60

255

256 *Exploring the relationships between positive feeding practices and children's fussiness and*
 257 *enjoyment of food*

258 Spearman's correlations, controlling for confounding variables where identified, detected a
 259 number of associations between maternal feeding practices and children's eating
 260 behaviours. Mothers' reports of encouraging balance and variety, providing a healthy home
 261 environment, involving children in food choice and preparation, and teaching their child
 262 about nutrition were significantly associated with lower food fussiness among children.
 263 Moreover, mothers' reports of encouraging balance and variety, involving children in food
 264 planning and preparation, and teaching their child about nutrition were significantly
 265 associated with higher enjoyment of food among children.

266

267

268 Table 2: Spearman's correlations (and partial correlations where appropriate) between
 269 maternal feeding practices and children's eating behaviours among a sample of 111 mother-
 270 child dyads in the UK

Maternal feeding practice	Child eating behaviour			
	Food Fussiness		Enjoyment of Food ^a	
	R	p	R	p
Encourage Balance and Variety	-.43	.00	.30	.00
Healthy Environment	-.30	.00	.23	.02
Involvement ^b	-.29	.00	.27	.00
Modelling	-.19	.05	.24	.01
Teaching about Nutrition ^b	-.31	.00	.28	.00

271 Significant findings are displayed in bold; ^a partial correlation controlling for child BMI z-
 272 score; ^b partial correlation controlling for child age

273

274 *Determining the moderating role of children's temperament*

275 Moderation analyses were performed to determine whether the significant relationships
 276 identified between maternal feeding practices and children's eating behaviours were
 277 moderated by aspects of child temperament, while controlling for any identified confounding
 278 variables. These analyses are reported according to the eating behaviour they refer to in the
 279 following sections. For brevity, non-significant findings are presented in the supplementary
 280 material (supplementary Table 1).

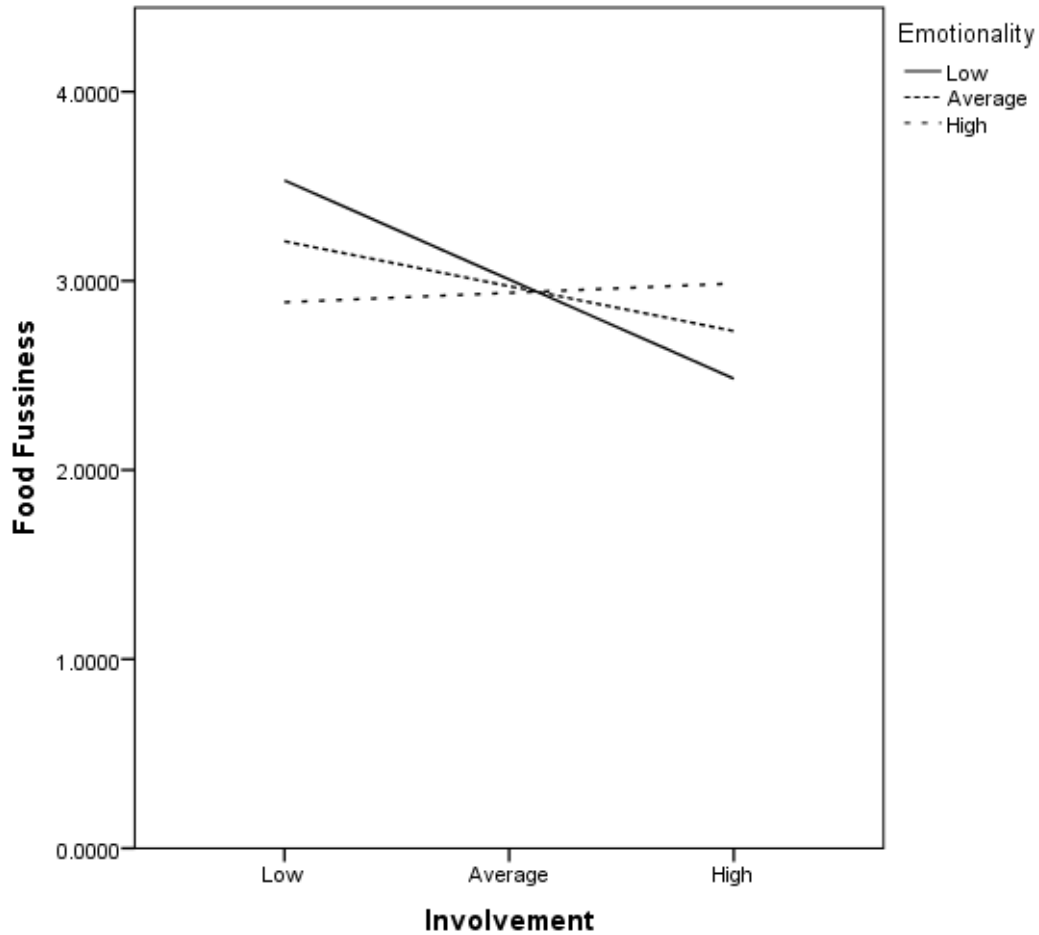
281

282 *Food Fussiness*

283 Children's temperament did not significantly moderate the relationships between
 284 encouraging balance and variety, providing a healthy home environment or teaching about
 285 nutrition with children's food fussiness. However, children's emotionality significantly
 286 moderated the negative relationship of involvement in meal choice and preparation food
 287 fussiness ($B = .32$, $t = 3.78$, $p < .001$), as shown in Figure 1. Greater involvement was
 288 associated with lower fussiness when children were low (16th percentile: $B = -.63$, $t = -5.15$, p
 289 $< .001$) or average in emotionality (50th percentile: $B = -.31$, $t = -3.99$, $p < .001$), but not when
 290 children were high in emotionality (84th percentile: $B = .09$, $t = .73$, $p = .470$). Moreover,
 291 children's sociability significantly moderated the negative relationship between involvement
 292 in meal planning and preparation and food fussiness ($B = -.42$, $t = -3.80$, $p < .001$), as shown in
 293 Figure 2. Greater involvement was associated with lower fussiness when children were high

294 (84th percentile: $B = -.60$, $t = -5.14$, $p < .001$) or average in sociability (50th percentile: $B = -.35$,
295 $t = -4.41$, $p < .001$), but not when children were low in sociability (16th percentile: $B = -.01$, $t = -$
296 0.15 , $p = .886$). Shyness did not significantly moderate the relationship between
297 involvement in meal choice and preparation and food fussiness.

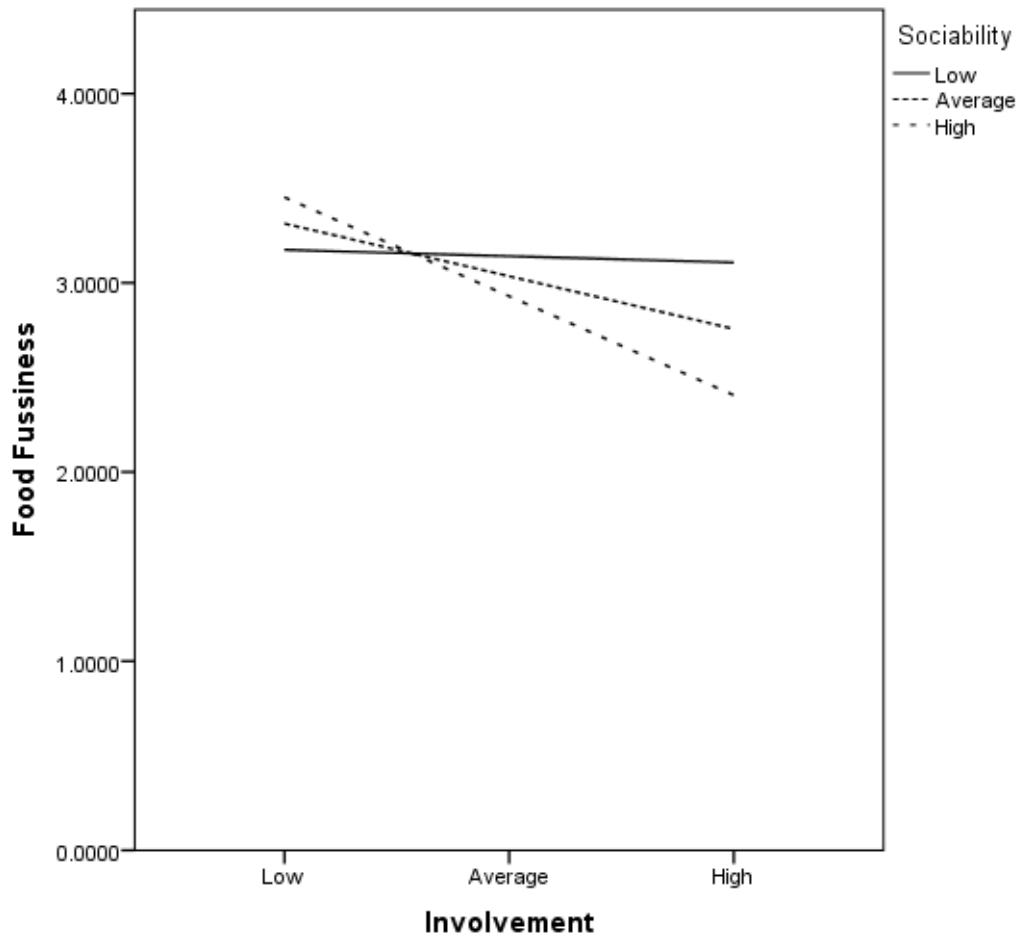
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299

300 **Figure 1.** Simple slopes equations of the relationship between involvement in food choice
301 and preparation and children's food fussiness when children's emotionality is low, average or
302 high

303



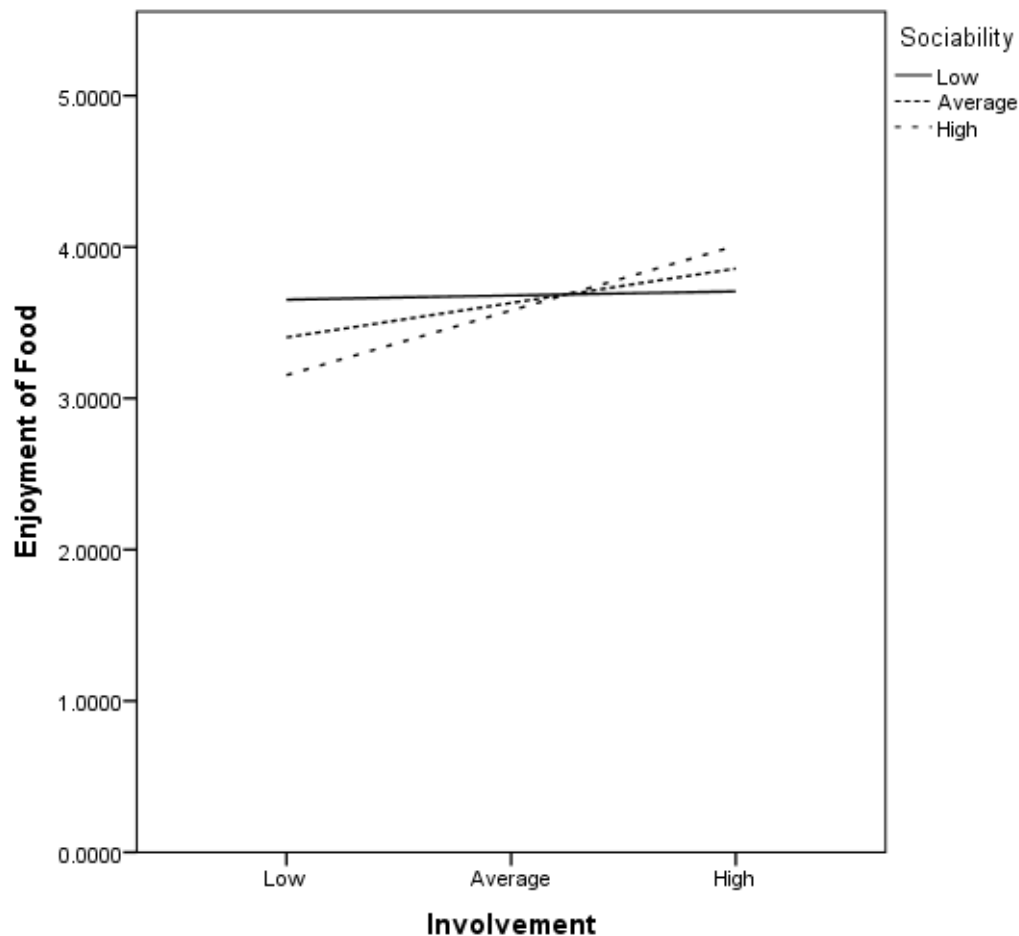
304

305 **Figure 2.** Simple slopes equations of the relationship between involvement in food choice
 306 and preparation and children's food fussiness when children's sociability is low, average or
 307 high

308

309 *Enjoyment of Food*

310 Children's temperament did not significantly moderate the relationships between
 311 encouraging balance and variety or teaching about nutrition with children's enjoyment of
 312 food. Although emotionality and shyness did not moderate the positive relationship between
 313 involvement and enjoyment of food, sociability did ($B=.34$, $t=3.30$, $p=.001$), as shown in
 314 Figure 3. Greater use of involvement was associated with greater enjoyment of food when
 315 children were high (84th percentile: $B=.49$, $t=4.49$, $p<.001$) or average in sociability (50th
 316 percentile: $B=.29$, $t=3.87$, $p<.001$), but not when children were low in sociability (16th
 317 percentile: $B=.01$, $t=.13$, $p=.900$).



318

319 **Figure 3.** Simple slopes equations of the relationship between involvement in food choice
 320 and preparation and children's enjoyment of food when children's sociability is low, average
 321 or high

322

323 Discussion

324 This study sought to confirm whether positive maternal feeding practices are related to
 325 children's eating behaviours, and how these relationships are moderated by children's
 326 temperament. It was hypothesised that greater use of positive feeding practices by mothers
 327 would be associated with greater enjoyment of food and lower food fussiness among
 328 children. It was further hypothesised that these relationships would be moderated by
 329 children's temperament and would be strongest for children who are more sociable, less shy
 330 and less emotional. These hypotheses were partially supported. The majority of positive
 331 feeding practices were associated with greater enjoyment of food and lower food fussiness.
 332 Furthermore, although moderation was limited, where these relationships were moderated
 333 by temperament, they were strongest for children who were more sociable and less shy.

334 Mothers who reported encouraging balance and variety, providing a healthy home
335 environment, involving children in food choice and preparation, and teaching their child
336 about nutrition also reported lower levels of food fussiness and greater enjoyment of food in
337 their children. This builds on previous qualitative research in which parents of children with
338 healthy food preferences reported using more positive feeding practices like encouraging
339 children to try new foods and involving children in food choice and preparation (Russell,
340 Worsley, & Campbell, 2015). It also confirms a previous quantitative finding where lower
341 levels of children's food fussiness was associated with greater maternal encouragement of
342 balance and variety (Powell, Farrow, & Meyer, 2011). Previous longitudinal research from
343 Gregory, Paxton, and Brozovic (2010) has found that parental modelling predicted lower
344 child food fussiness and higher interest in food one year later. This finding was not replicated
345 in our cross-sectional study, suggesting that modelling may need to be implemented over a
346 period of time in order to have positive impacts of fussiness and enjoyment of food.

347 Previous research suggests that enjoyment of food may play an important role in children's
348 healthy eating. For example, van der Horst (2012) found that enjoyment of food was strongly
349 inversely related to fussy eating, and that enjoyment of food was a mediating factor between
350 maternal use of pressure and children's fussy eating, whereby pressure to eat was only
351 associated with higher fussiness through lower enjoyment of food (van der Horst, 2012). In
352 the current study, mothers encouraging balance and variety, providing a healthy home
353 environment, involving children in food choice and preparation, and teaching their child
354 about nutrition was associated with greater enjoyment of food in their children. Taken
355 alongside the findings from van der Horst (2012), this suggests that the use of feeding
356 practices such as encouraging balance and variety, involving children in food choice and
357 preparation, and teaching children about nutrition - which are associated with enjoyment of
358 food, are positive for children's health and have the potential to reduce fussy eating - should
359 all therefore be promoted to parents and caregivers alike.

360 Uniquely, this study explored children's temperament as a moderator of the associations
361 between positive feeding practices and children's eating behaviours. Although only a small
362 number of relationships were moderated by temperament, some significant interactions were
363 evidenced. The relationship between involving children in food choice and preparation and
364 children's food fussiness was moderated by children's temperament, where use of
365 involvement was not associated with lower fussiness when children were highly emotional or
366 low in sociability. This furthers previous research which has indicated that parents may use
367 different feeding practices with children of difficult temperaments (characterised by low
368 sociability, high shyness and high emotionality). For example, mothers of children with a
369 difficult temperament have been found to be more likely to use food to calm (McMeekin et

370 al., 2013). The current study extends these findings by providing new insights into how
371 parents' use of positive feeding practices may vary according to children's temperamental
372 traits.

373 In the current study, the relationship between involving children in food choice and
374 preparation and greater enjoyment of food was moderated by children's sociability, where
375 involvement was not associated with greater enjoyment of food for children low in sociability.
376 This builds on previous research which suggests that the use of positive feeding practices
377 may be most effective for highly sociable children, where high child sociability was
378 associated with greater success of an intervention aimed at increasing children's
379 consumption of a disliked vegetable (Holley et al., 2016). In light of this, while overall trends
380 suggest that involvement might be a beneficial feeding practice, use of this practice may be
381 less beneficial or less achievable with some children, such as those who are low in
382 sociability or highly emotional. Further research should explore which practices might be
383 most beneficial for more and less sociable children (who may well be more difficult to involve
384 in food choice and preparation) in order to produce effective interventions and parental
385 advice which can be tailored towards children's individual characteristics.

386 Children's temperament did not moderate the majority of the relationships between positive
387 feeding practices and children's eating behaviours, specifically encouraging balance and
388 variety, providing a healthy home environment, or teaching about nutrition and children's
389 food fussiness or enjoyment of food. This suggests that the relationships between use of
390 these practices and children's eating behaviours are more direct than those influenced by
391 children's temperament. It is plausible that use of these practices is more strongly driven by
392 parent/caregiver beliefs, rather than child factors, although the use of such feeding practices
393 might also be similarly achievable or beneficial for all children. With this in mind, such
394 practices should be promoted to parents and caregivers as potentially beneficial feeding
395 practices for promoting healthy eating and reducing food fussiness. A recent systematic
396 review into methods of increasing vegetable consumption in early childhood found that
397 although scant research has explored the utility of nutrition education among early years,
398 those interventions which have provide promising results (Holley, Farrow, & Haycraft, 2017).
399 In combination with the novel findings from the current study, this suggests that the utility of
400 interventions which promote encouraging balance and variety, providing a healthy home
401 environment, or teaching about nutrition should be explored in future research. Such
402 interventions may be appropriate for a wide population, with the current study suggesting
403 that these may be beneficial to children regardless of their temperament.

404 Strengths of this study include its focus on positive feeding practices, the inclusion of
405 objective height/weight measurements, the use of psychometrically sound measures of
406 feeding practices and eating behaviours, and a good sample size of dyads. Due to the cross-
407 sectional nature of the current study, it is not possible to determine causality in the
408 relationships detected. It should therefore be noted that it is likely that as well as mothers'
409 feeding practices influencing children's eating behaviours, some of the relationships
410 detected in this study may be driven by children's eating behaviours, as suggested in
411 previous research with controlling feeding practices (Farrow & Blissett, 2008). In the current
412 study it may be that some positive feeding practices are easier to implement with children
413 who are less fussy or enjoy food more. In order to further clarify the relationships between
414 feeding practices and eating behaviours and the role that temperament plays, longitudinal
415 research should be conducted. It should also be noted that the study recruited mothers who
416 wanted to learn how to encourage their child to eat a disliked food, which may have led to an
417 oversampling of picky eaters. However, the mean food fussiness and enjoyment of food
418 values were similar to the means in previous research. The sample in the current study was
419 predominantly of White ethnicity and more educated than the general UK population (Office
420 for National Statistics, 2017), and therefore the results may not be generalisable to other
421 populations. Finally, the strongest moderation effects were found for involvement in food
422 choice and preparation, which had low reliability in the current study. With this in mind, these
423 findings should be interpreted with caution and replicated in future research.

424 This study presents novel insights into the relationships between positive feeding practices
425 and children's eating behaviours, where previous research has focused on maladaptive
426 feeding practices such as pressure to eat and restriction. Moreover, this research provides
427 unique information on the moderating role of children's temperament in the relationships
428 between maternal feeding practices and children's eating behaviours. This adds to the
429 growing body of literature which suggests that while the majority of previously identified
430 positive feeding practices may be beneficial for all children, the success of parents' use of
431 certain feeding practices may be dependent on individual differences in their children.
432 What's more, it suggests that interventions which seek to tackle healthy eating in children
433 should take children's temperament into account, with a more tailored approach to promoting
434 healthy eating needed in future research.

435

436 **Acknowledgements:** We would like to thank Dr Laura Houldcroft for her assistance with
437 data analysis.

438

439 **Funding:** This research was funded by a PhD studentship from Loughborough University

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