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Assessing the Effect of Food Exposure on Children's Identification and Acceptance of Fruit and Vegetables

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Eating Behaviors



Highlights

Assessing the effect of food exposure on children's identification and acceptance of fruit and vegetables

Eating Behaviors xxx (2012) xxx – xxx

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► Children (group FV-EXP) were exposed to healthy foods during a nutrition program. ► A control group (FV-EXP), participated in the program but did not get food exposure. ► Both groups identified more fruit, but not vegetables, after the nutrition program. ► Group FV-EXP, tried more fruit, but not vegetables, after the nutrition program. ► Programs should expose children to healthful foods to increase their acceptance.

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EATING BEHAVIORS

Assessing the effect of food exposure on children's identification and acceptance of fruit and vegetables

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ABSTRACT

Currently, fewer than 15% of children between the ages of 4–8 years consume the recommended levels of 21 fruits and vegetables. In order to address this serious public health issue, a variety of nutrition programs 22 have been implemented across the country, which have varied in their success. The present research ana-23 lyzed the effectiveness of providing fruit and vegetable exposure as part of a school nutrition program. 24 Kindergarten students at two schools were (N = 59) exposed to interactive activities about healthy eating 25 and physical activity. In addition, those at one school (n = 29) were exposed to a variety of fruits and vege-26 tables as part of this program. Assessment of children's ability to identify and their willingness to try fruit 27 and vegetables before and after the program indicated that while all children were better able to identify a 28 range of fruit, only those who received exposure to healthful foods were more willing to try fruit after the 29 program. There were no changes in their identification or willingness to eat vegetables. These results suggest 30 that schools should provide exposure to a variety of healthy foods as part of their nutrition programs. Such 31 programs should focus specifically on exposing children to vegetables because increasing children's willing-32 ness to try foods that are typically considered unpalatable may be especially challenging.

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39 1. Introduction

Nutrients from a diet that is rich in fruit and vegetables can contribute 40 to the prevention of cancer and cardiovascular disease and may displace 41 other less healthy foods, thereby reducing fat consumption (Hu et al., 42 2000; Liu et al., 2000). However, fewer than 15% of children between 43 the ages of 4-8 years consume the recommended levels of fruits and 44 45 vegetables (Guenther, Dodd, Reedy, & Krebs-Smith, 2006). This is a serious public health concern given that eating habits established in 46 childhood track into adulthood (Mikkila, Rasanen, Raitakari, Pietinen, & 47 Viikari, 2004). 48

49 Barriers exist that make it especially difficult for young children to improve their eating habits. From a biological perspective, children 50tend to prefer energy-dense foods, which are often sweet and salty, 5152as opposed to healthier foods, such as vegetables-and fruit, which may be bitter or sour tasting (Desor, Mallor, & Greene, 1977). In addi-53 tion, children are often unwilling to try unfamiliar foods. This fear of 5455new food experiences, referred to as neophobia has been identified 56as a factor in children's low consumption of fruits and vegetables (Cooke et al., 2004; Wardle, Carnell, & Cooke, 2005). 57

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In an effort to counteract these barriers to healthy eating in children, 58 government agencies and community groups have begun to develop 59 strategies that encourage healthy eating in children (CDC, 2007). 60 Because children spend a large amount of time in educational environ- 61 ments, schools are key venues for the nutrition intervention programs 62 (Mullen & Shield, 2004). While 70% of all states require nutrition and 63 dietary education (Kann, Telljohann, & Wooley, 2007), the median 64 number of hours devoted to this topic is limited (i.e., <5 h per year; 65 Story, Nanney, & Schwartz, 2009). Moreover, while some programs 66 are effective at increasing attitudes towards healthy eating, many 67 programs do not successfully change children's eating behaviors 68 (Jan, Bellman, Barone, Jessen, & Arnold, 2009; McCullough, Yoo, & 69 Ainsworth, 2004; Seaman & Kirk, 1995). Such findings suggest that 70 more work is needed to understand mechanisms underlying the devel-71 opment of food preferences in order to create effective evidence-based 72 nutrition programs for children. 73

Recently, Reverdy, Chesnel, Schlich, Koster, and Lange (2008) 74 found that nutrition education that focused on the sensory experi-75 ences of tasting unfamiliar foods decreased neophobia and enhanced 76 8–10 year old children's willingness to try healthful foods compared 77 to those not exposed to this program. This approach is consistent 78 with experimental findings that have shown that repeated exposures 79 to foods increases children's preferences for these foods (e.g., Birch, 80 McPhee, Shoba, Pirok, & Steinberg, 1987; Gerrish & Mennella, 2002; 81 Sullivan & Birch, 1990). The research proposed herein aimed to expand upon these findings to determine whether food exposures 83

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presented as part of a nutrition education program increased chil-84 85 dren's ability to identify fruit and vegetables and their willingness to try them relative to those who did not receive such exposure. 86

87 The children examined in the current study participated in a School Health Initiative Program (hereafter referred to as SHIP), 88 which uses multiple programmatic strategies to create and maintain 89 healthy physical and social environments for children in all schools 90 throughout the school district. For kindergarten students, this in-91**O6**92 cludes activities provided by the OrganWise Guys® Program, 2010 (OWG, Duluth, GA), such as music, books, games, and activities 93 that encourage healthy eating, and physical activity through daily 94stretches, and activity enhanced lessons. Over the course of the 952009-10 academic year children in one school additionally received 96 exposure to a variety of fruit and vegetables provided by the USDA 97 Fresh Fruit and Vegetable Program. This program is provided to select 98 low-income elementary schools throughout the United States. 99 Although \$3 million is allocated to this program annually, there has 100 been relatively little evaluation of its impact on children's food prefer-101 ences (Story et al., 2009). In the school that received this program, 57 102different fruits and 23 vegetables were presented in the afternoon 103 three times a week. 104

We hypothesized that kindergarten children who received fruit 105 106 and vegetable exposures in addition to regular SHIP activities would be better at identifying and more willing to try a fruit and vegetables 107 compared to those at another school who were exposed to SHIP only. 108

2. Method and procedure 109

2.1. Participants 110

The study consisted of a convenience sample drawn from two 111 112 schools, both of which served children from Pre-Kindergarten to 113Grade 5 in the rural fringe of the county. One school employed the standard SHIP program, which consisted of OWG activities, and did not pro-114 vide additional fruit and vegetable exposure (FV-UNEXP). Children at 115the other school received exposure to fruits and vegetables on a weekly 116 basis (FV-EXP) in addition to the SHIP program. 117

At the beginning of the fall semester a letter and consent form 118 were sent home to all parents of kindergarten students at both 119 schools to solicit participation. All procedures were approved by the 120School Board and the William & Mary Institutional Review Boards. 121

2.2. Procedure 122

Children's willingness to try fruits and vegetables was assessed by 123 presenting four vegetables (acorn squash, baby spinach, cucumber 124 125slices, and sugar snap peas) and four fruits (pears, pink grapefruit, papaya, and kiwi) in 4 oz plastic containers in random order. All foods were 126presented raw, except for acorn squash (which was cooked) and pre-127 pared for consumption (e.g., chopped or sliced). For each food item, 128children were asked if they could identify the food, and if they would 129130like to try it. Children could eat as much or as little of the food as they 131 wished. Each container was sealed and put to the side after the child had an opportunity to try the food. Students' were tested once in the 132fall, at the beginning of the SHIP program, and again after 5 months of 133the program. Demographic information about the racial background, 134135age, and lunch status (i.e., income level) of the children was obtained from school records. 136

2.3. Data analyses 137

The percentage of fruits and vegetables correctly identified and tried 138 for each of the children during each of the tests was calculated 139and subjected to a mixed analyses of variance (ANOVA) with school 140 (FV-UNEXP, FV-EXP) as the between subjects variable and test (base-141 142 line, post-test) as the repeated-measures variable. To determine whether income level interacted with test session, similar mixed analy- 143 ses which compared children's performance on these measures as a 144 function of their lunch status (free and reduced, regular price) and 145 test (baseline, post-test). A level of P < .05 was selected to indicate statis- 146 tical significance. 147

Additionally the percentage of children who correctly identified 148 and tried each fruit and vegetable was calculated for the baseline 149 and post-test. A series of Chi square analyses were conducted sepa- 150 rately for each school to determine whether the number of children 151 who identified or tried any of the individual foods increased after 152 the program. 153

3. Results

3.1. Participant characteristics

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A total of 59 parents: 30 from FV-UNEXP and 29 from FV-EXP, provid- 156 ed consent for their children to participate and 58 students (i.e., 31 girls) 157 completed both test sessions. Participants were 5.4 years of age (range 158 5-6 years) at the beginning of the study. The racial background of these 159 children was as follows: Caucasian, 67.2%; African American, 15.5%; 160 Hispanic, 10.3%; Asian, 5.2%; and admixed-other, 1.7%. Approximately 161 61% of children at FV-EXP and 10% children at FV-UNEXP received free 162 and reduced lunches ($\chi^2(1) = 12.8$, P<0.001), which are provided to 163 those whose parents' annual salary was less than \$40,793 for a family 164 of four (hereafter referred to as low-income families). 165

3.2. Test performance

As shown in Fig. 1, children identified more of the fruits; F(1, 56) = 16725.7, P<0.001, $\eta^2 = 0.31$ at the end of the program regardless of the 168 Q7 school they attended. As shown in Table 1, this increase was not due 169 to a change in the identification of any single fruit (all *P* values > 0.3). 170 In contrast to the fruits, identification of vegetables did not improve at 171 either school (P > 0.15).

With respect to the number of foods tried, there was a general 173 trend for more children to try each of the individual foods after the 174 program (Table 1), however these differences failed to reach signifi- 175 cance (all *P* values > 0.1). Analyses of the percentage of foods tried 176 by the children at each school revealed a significant school x test 177 interaction for the number of fruits tried; F(1, 54) = 4.8, P < 0.05, 178 $\eta^2 = 0.082$. As shown in Fig. 1, while participants at FV-EXP tried sig- 179 nificantly more fruits after the SHIP program (t(27) = 2.4, P < 0.03), 180 those at FV-UNEXP did not. No differences were observed for their 181 willingness to try vegetables at either school. 182

Finally, to determine whether the children in the free and reduced 183 lunch group differed in their willingness to try the foods from the regular lunch group, we compared them on the number of foods they tried. 185 Because of the small number of students at FV-UNEXP in the reduced 186 lunch group (n=3) we were unable to determine whether income 187

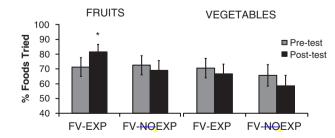


Fig. 1. Fruit and vegetable intake as a result of healthy food exposure. Students with FV-EXP who received exposure to fruits and vegetables as part of their nutrition program tried a greater percentage of fruits in the post-test compared to pre-test, whereas children with FV-NOEXP who did not receive food exposure as part of the SHIP program, tried a similar number of fruits in the pre- and post-tests. Children did not increase their vegetable intake at either school. *Indicates significant difference at P<.05.

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t1.1	Table 1
Q3t1.2	Percentage of children who identified and tried each food.

t1.3		FV-EXP		FV-UNEXP	
t1.4		Baseline	Post-test	Baseline	Post-test
t1.5	Fruit				
t1.6	Pears				
t1.7	% Correct ID	3.7	29.6	13.3	26.6
t1.8	% Tried	29.6	96.3	13.3	79.3
t1.9	Grapefruit				
t1.10	% Correct ID	3.6	7.1	3.3	6.6
t1.11	% Tried	28.5	71.4	36.6	53.3
t1.12	Papaya				
t1.13	% Correct ID	0	0	0	0
t1.14	% Tried	21.4	78.6	36.6	66.6
t1.15	Kiwi				
t1.16	% Correct ID	17.8	28.6	20.6	51.7
t1.17	% Tried	39.3	78.6	23.3	76.6
t1.18	Vegetables				
t1.19	Acorn squash				
t1.20	% Correct ID	3.6	3.6	0	0
t1.21	% Tried	28.5	35.7	56.6	40.0
t1.22	Spinach				
t1.23	% Correct ID	7.1	10.7	3.3	10.0
t1.24	% Tried	35.7	67.9	26.6	56.7
t1.25	Sugar snap-peas				
t1.26	% Correct ID	3.6	0	3.3	3.3 3
t1.27	% Tried	42.9	71.4	30.0	63.3
t1.28	Cucumbers				
t1.29	% Correct ID	57.1	67.9	43.3	50
t1.30	% Tried	17.9	85.7	33.3	70

group interacted with the manipulation. However, a comparison of 188 the income groups' responses revealed that those in the reduced 189lunch group tried more fruits (t(56) = 2.7, P < 0.04) and vegetables 190 191 (t(56) = 28.8, P < 0.01) in both tests compared to those in the regular 192lunch group. Additionally, comparisons of children from each of the in-193come groups at FV-EXP revealed that the change in the number of foods tried between the baseline and post-test was similar for both income 194 groups at this school (P > 0.9). 195

4. Discussion 196

The present study demonstrated that whereas all children identi-197 fied more foods, those who were exposed to fruits and vegetables in 198 199 addition to SHIP tried more healthful foods compared to children without such exposure after 5 months of nutrition education. These 200 findings support previous research demonstrating that while nutri-201 tion education may increase children's knowledge about healthful 202 203 foods, it is not necessarily successful at changing children's willing-204ness to try healthful foods (Reverdy et al., 2008). Rather, additional exposure to a variety of healthful foods may be an effective method 205for reducing neophobia (Birch et al., 1987; Gerrish & Mennella, **O8**206 2002; Pliner, 1982; Wardle, Herrara, Cooke, & Gibson, 2003). 207

Although children with FV-EXP tried more fruit, they did not try 208209more vegetables after the exposure period. Thus, as has been ob-210served previously (Hendy, Williams, & Camise, 2005, Mennella, Nicklaus, Jagolino, & Yourshaw, 2008), children's liking for fruit did 211 not generalize to vegetables, which differ substantially from fruits in 212213 their flavor profiles (i.e. taste, odor, and texture). Because vegetables 214 are rich in phytonutrients that contribute to their bitter taste (Drewnowski & Gomez-Carneros, 2000), and are lower in energy 215 density, children tend to like fruits better than vegetables (Domel & 216 Thompson, 2002; Edwards & Hartwell, 2002; Gibson, Wardle, & **O9**217 Watts, 1998). It is worth noting that in the current study, less than 218half of the foods presented to the children as part of the USDA pro-219gram were fruits. Given that shifts in preferences do not readily 220occur for unpalatable foods (Forestell & LoLordo, 2004; Zeinstra, 221Koelen, Kok, & de Graaf, 2008) children may have had insufficient op-222223 portunity to learn to like the flavor of the vegetables.

Children from low-income families were more willing to try the 224 healthful foods than the high-income children during the baseline 225 and post-tests. Although, there was no evidence that the USDA pro- 226 gram increased low-income children's willingness to try the foods 227 more than the high-income children, further research with larger 228 samples of children from a range of socioeconomic backgrounds is 229 warranted to further address this question. 230

This study supports previous findings demonstrating that although 231 children are generally aware of healthful food options, their eating 232 behaviors do not necessarily coincide with this knowledge (Pelchat & 233 Pliner, 1995; Wardle & Huon, 2000). The evidence that early and 234 repeated taste exposure can reduce neophobia and increase acceptance 235 of foods should inform children's nutrition programs. Because mere 236 exposure to the flavor of healthful foods is the key to increasing chil- 237 dren's liking and consumption of these nutrient-rich foods (Birch 238 et al., 1987), getting children to try foods is the first step in increasing 239 their consumption. Future research is warranted to determine whether 240 programs that provide fruit and vegetable exposure increase consump- 241 tion of these foods over the long-term, and whether the effects reported 242 here generalize to different forms or preparations of healthful foods. 243

These findings suggest that emphasis needs to be placed on exposing 244 children to a variety of vegetables in addition to fruit to increase their 245 acceptance of these healthful foods. Because the best predictor of chil- 246 dren's fruit and vegetable intake is whether they like the taste of these 247 foods (Resnicow et al., 1998) understanding the mechanisms that 248 underlie the development of food preferences is necessary to create ef- 249 fective evidence-based programs for improving children's eating habits. 250

5. Uncited references		
Terr	ustall and Manualla 2007	272
	estell and Mennella, 2007 - et al., 2006	252 253
	kdad et al., 2004	200 254
	den et al., 2010	255
Var	1 Duyn and Pivonka, 2000	256
Role of funding sources		257

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Contributors

Forestell and Corbett designed the study and Forestell and Schindler wrote the 263 protocol. Schindler and Forestell conducted literature searches, tested the children, 264 and Schindler completed the statistical analysis. Forestell wrote the first draft of the 265 manuscript, which was based on a senior thesis prepared by Schindler and all authors 266 contributed to and have approved the final manuscript. 267

Conflict of interest

Denise Corbett, the second author of the manuscript, is the Coordinator of the 269 School Health Initiative Program at the Williamsburg James City County Schools, in 270 which all of the students in this study participated. However, she is not affiliated in 271 any way with the USDA Fresh Fruit and Vegetable Program, the effects of which 272 were evaluated in this study. 273

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