

Food Rejection and Eating Behaviors in Preschool Children: Relationship with Parental Food Neophobia and Feeding Style

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ABSTRACT

Aim: This study aimed to examine the relationship between parental food neophobia, parenting style, dietary diversity, and children's eating behaviors and food refusal in preschool children. **Individuals and Method:** The study included 97 children and their parents. Parents completed the Food Neophobia Scale and the Parental Feeding Style Questionnaire, while children's eating behaviors were assessed using the Children's Eating Behavior Questionnaire and the Child Food Rejection Scale. A 24-hour dietary recall was collected from the parents to calculate the dietary diversity score. **Results:** It was reported that 62.9% of the children exhibited picky eating behavior. The mean score of the parents on the Food Neophobia Scale was 39.71 ± 10.07 , the mean Parental Feeding Style Questionnaire score was 82.51 ± 12.85 , and the mean Dietary Diversity Score was 6.00 ± 2.00 . The mean Child Food Rejection Scale score was 35.55 ± 7.74 , while the total Children's Eating Behavior Questionnaire score was 102.20 ± 12.30 . The analyses revealed a weak but significant positive correlation between parental food neophobia and child food rejection ($r=0.149$; $p=0.034$). In addition, a weak positive significant relationship was found between parental feeding style and both child food rejection and children's eating behaviors (respectively $r=0.317$, $r=0.360$, $p<0.001$). Parents of children with picky eating behavior had higher total feeding style and emotional feeding scores (respectively $p=0.017$, $p=0.022$). Children with picky eating behavior had higher food rejection, satiety responsiveness, and emotional undereating scores (respectively $p<0.001$, $p<0.001$, $p=0.044$), whereas their enjoyment of food scores were lower (respectively $p=0.036$, $p=0.044$). **Conclusion:** This study demonstrated that picky eating is common among preschool children and may be associated with parental feeding styles and children's eating behaviors. In particular, the relationships between parents' emotional feeding practices and children's food rejection and picky eating characteristics highlight the importance of parent-focused approaches in promoting healthy eating habits during childhood.

Keywords: Food rejection, preschool children, food neophobia, parental feeding style.

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INTRODUCTION

Food rejection behaviors are common during early childhood and are often associated with food selectivity in young children. The prevalence of picky eating among preschool children ranges from 8% to 54%, depending on the definitions and assessment methods used (1). However, the actual prevalence may be higher, as parents may not always recognize these behaviors (2). Picky eating is characterized by the rejection to consume a substantial amount of both familiar and unfamiliar foods, potentially leading to inadequate nutrient and energy intake. Food neophobia, while sharing several characteristics with picky eating, specifically refers to the rejection of novel or unfamiliar foods. Both behaviors are generally considered within the broader concept of food rejection behaviors (3). Food rejection behaviors typically emerge during early childhood (4). During the preschool period, children's eating habits are strongly influenced by parental feeding practices and dietary variety provided within the family environment, and these habits may persist into later life (5). Food neophobia may reduce dietary diversity and impair adequate and balanced nutrition, potentially affecting children's growth and development in the long term (2). Food neophobia develops under the influence of various individual, biological, economic, psychological, and sociocultural determinants. (2, 6). Understanding these factors helps in developing appropriate approaches to prevent neophobia. In particular, it is important to examine parents' eating habits, which influence children's food preferences (2).

In addition to parental feeding behaviors, parental food neophobia may also influence children's eating behaviors. Previous studies have demonstrated positive associations between parental and child food neophobia and picky eating behaviors (7, 8). Furthermore, maternal feeding practices, mealtime stress, and pressure-to-eat behaviors have been associated with the development of food neophobia and food rejection in children (9). It is well known that eating habits formed during childhood influence food preferences and health status in adulthood (10). For this reason, developing healthy eating habits at an early age is of great importance (2). Although studies on food neophobia in adults and eating behavior and food rejection in children have been examined separately, it is evident that there are limited studies investigating the relationship between these variables. Accordingly, this study was conducted to evaluate the relationship between parental food neophobia, parental feeding style, dietary diversity and eating behaviors and food refusal in preschool-aged children.

MATERIALS AND METHODS

Subjects and Methods

This descriptive study was conducted in Türkiye between May and December 2024. The sample size was calculated as 146 parents at a 90% confidence level using power analysis based on the literature (11). During the data collection process, questionnaires were administered to a total of 151 participants. However, complete a 24-hour dietary recall required for the calculation of the DDS were available for only 97 participants. Participants with missing data relevant to DDS calculation were excluded, and all statistical analyses were performed using complete-case data ($n = 97$). Parents with children between the ages of 2 and 7 years were included in the study. Parents of children under 2 years or over 7 years, as well as children and parents with food allergies, chronic diseases affecting food intake, or any dietary restrictions, were excluded from the study. The study sample consisted of parents who were the primary caregivers of the children.

Data Collection and Analysis

The data were collected using an online structured questionnaire administered via Google Forms. Participants completed the General Information Form, Food Neophobia Scale (FNS), Child Food Rejection Scale (CFRS), Parental Feeding Style Questionnaire (PFSQ), and Children's Eating Behavior Questionnaire (CEBQ). In addition, a 24-hour dietary recall was obtained to calculate DDS. Participation was voluntary, and informed consent was obtained electronically before data collection. Ethics committee approval was obtained from the Hacettepe University Non-Interventional Clinical Research (07.05.2024 No: 2024/08-32).

General Information Form: Information regarding parent and child age, parental education, and meal-skipping behaviors was collected. Children's picky eating status was determined based on parental report. Parents were asked to classify their child's eating behavior as "yes", "sometimes", or "no" regarding picky eating, and children were categorized accordingly.

Food Neophobia Scale: The scale was initially created by Pliner and Hobden (12) and adapted into Turkish by Uçar et al. (13). It assesses individuals' willingness to try new foods. The instrument includes 10 items evaluated using a 7-point Likert scale, with possible total scores varying between 10 and 70. Higher total scores indicate greater levels of food neophobia.

Child Food Rejection Scale: The scale was initially created by Rioux et al. (14) to assess food neophobia and picky eating behaviors in children aged 2–7 years. The validity and reliability

study for the Turkish version was carried out by Şengüzel and Yılmaz Akyüz (15). The scale is a 5-point Likert scale. Higher total scores (10–50) indicate greater levels of food rejection.

Parental Feeding Style Questionnaire: The questionnaire was initially created by Wardle et al. (16) and adapted into Turkish by Özçetin et al. (17). It evaluates individual differences and parental control mechanisms related to child feeding practices. The questionnaire contains 27 items scored on a 5-point Likert scale and evaluates five different feeding style subscales. Higher scores on each subscale indicate a stronger tendency toward the corresponding feeding style.

Children's Eating Behavior Questionnaire: The questionnaire was initially created by Wardle et al. (16) and adapted into Turkish by Yılmaz et al. (18). It evaluates individual differences in children's appetite and eating behaviors based on parental reports. The questionnaire includes 35 items scored on a 5-point Likert scale and comprises eight subscales. Higher scores on each subscale indicate a stronger expression of the respective eating behavior trait.

Dietary Diversity Score: The DDS was calculated according to the Food and Agriculture Organization guidelines developed by Kennedy et al. (19) It qualitatively evaluates dietary quality and economic access to food diversity. The score is based on the total number of 9 different food groups consumed by the individual during the previous 24 hours. Total scores range from 0 to 9, with higher scores indicating greater dietary diversity.

Statistical Analysis

Data analysis was performed using SPSS version 23.0. Descriptive statistics were presented as mean, standard deviation (SD), median, minimum, and maximum values. Data normality was evaluated using the Kolmogorov–Smirnov and Shapiro–Wilk tests. Pearson correlation analysis was used to evaluate linear relationships between variables. Correlation coefficients were interpreted as negligible (<0.10), weak ($0.10–0.39$), moderate ($0.40–0.69$), strong ($0.70–0.89$), and very strong (≥ 0.90). For the comparison of more than two independent groups, one-way analysis of variance (ANOVA) was used. A p-value of less than 0.05 was considered statistically significant.

RESULTS

Mothers constituted the majority of the participating parents (95.9%), and the mean age of the participants was 34.5 ± 5.42 years. Regarding educational status, most participants were high school (37.1%) or university graduates (33.0%). While 54.6% of the parents reported consuming main meals regularly, lunch was identified as the most frequently skipped meal (76.1%). The mean age of the children included in the study ($n=97$; 55 girls and 42 boys) was 5.68 ± 1.13 years. It was found that 64.7% of the children consumed main meals regularly, and lunch was also the most commonly skipped meal among children (64.7%). Furthermore, 62.9% of the children exhibited picky eating behavior, 22.7% sometimes exhibited picky eating behavior, and 14.4% did not exhibit picky eating behavior. Regarding the use of technological devices during meals, 37.1% of the children never used technological devices, 34.0% used them sometimes, and 28.9% used them always during meals. General nutritional habits of the parents and children are summarized in Table 1.

Table 1. General Characteristics and Eating Habits of Parents and Children

Variable	Parents (n=97)	Children (n=97)
Age (years) (mean, SD)	34.5 ± 5.42	5.68 ± 1.13
Education Level, n (%)	36 (37.1)	
High school graduate	32 (33.0)	-
College graduate	29 (29.9)	-
Other		-
Meal Skipping, n (%)		
Never	53 (54.6)	42 (43.3)
Sometimes	22 (22.7)	30 (30.9)
Always	22 (22.7)	25 (25.8)
Skipped Meal, n (%)		
Breakfast	11 (23.9)	18 (35.3)
Lunch	35 (76.1)	33 (64.7)
Dinner	-	-
Picky Eating, n (%)		
No	-	14 (14.4)
Sometimes	-	22 (22.7)
Yes	-	61 (62.9)
Use of Technological Devices During Meals, n (%)		
Never	-	36 (37.1)
Sometimes	-	33 (34.0)
Always	-	28 (28.9)

The values presented in the child-related columns represent parent-reported responses regarding their children.

When the scale scores presented in Table 2 were examined, the mean FNS score of the parents was 39.71 ± 10.07 , the mean PFSQ score evaluating parental approaches to child feeding was 82.51 ± 12.85 , and the mean DDS calculated from the parents' 24-hour dietary recall data was 6.00 ± 2.00 . Regarding children's eating-related attitudes, the mean CFRS score was $35.55 \pm$

7.74, while the mean total score of the CEBQ, reflecting children's general eating patterns, was 102.20 ± 12.30 .

Table 2. Descriptive statistics of parental FNS, PFSQ, and DDS scores and child CFRS and CEBQ scores

Scale	Mean $\pm$ SD	Median	Min-Max
Parental Food Neophobia	39.71 $\pm$ 10.07	40.00	17.00–67.00
Parenteral Dietary Diversity Score	6.00 $\pm$ 2.00	6.00	2.00–9.00
Parental Feeding Style Questionnaire	82.51 $\pm$ 12.85	83.00	57.00–114.00
Emotional Feeding	12.90 $\pm$ 5.30	14.00	5.00–25.00
Instrumental Feeding	10.14 $\pm$ 4.25	10.00	4.00–20.00
Encouragement Feeding	31.63 $\pm$ 5.11	32.00	16.00–40.00
Strict Control Feeding	15.36 $\pm$ 3.43	16.00	4.00–20.00
Tolerant Control Feeding	12.47 $\pm$ 4.09	12.00	5.00–24.00
Child Food Rejection Scale	35.55 $\pm$ 7.74	35.00	11.00–55.00
Children's Eating Behavior Questionnaire	102.20 $\pm$ 12.30	102.00	72.00–140.00
Food Responsiveness	12.29 $\pm$ 4.20	12.00	5.00–25.00
Emotional Overeating	6.64 $\pm$ 2.65	6.00	4.00–16.00
Enjoyment of Food	15.11 $\pm$ 5.09	16.00	5.00–25.00
Desire to Drink	10.19 $\pm$ 3.98	10.00	3.00–15.00
Satiety Responsiveness	24.94 $\pm$ 6.25	24.00	10.00–40.00
Slowness in Eating	12.08 $\pm$ 3.93	12.00	5.00–20.00
Emotional Undereating	13.76 $\pm$ 3.58	14.00	5.00–20.00
Food Fussiness	7.19 $\pm$ 2.94	7.00	3.00–15.00

Table 3. Pearson correlations between parental FNS, DDS, and PFSQ scores with CFRS and CEBQ scores

Variables	Child Food Rejection Scale		Children's Eating Behavior Questionnaire	
	r	p*	r	p*
Parental Food Neophobia	0.149	0.034	-0.024	0.383
Parental Dietary Diversity Score	-0.089	0.391	0.240	0.019
Parental Feeding Style	0.317	<0.001	0.360	<0.001
Emotional Feeding	0.304	0.002	0.279	0.006
Instrumental Feeding	0.272	0.007	0.052	0.159
Encouragement Feeding	0.245	0.216	0.217	0.033
Strict Control Feeding	-0.037	0.717	0.003	0.976
Tolerant Control Feeding	0.289	0.004	0.209	0.040

* p value according to Pearson rho correlation analysis. Significant p values < 0.05 are shown in bold numbers.

Table 3 examined the relationships between parental food neophobia and feeding style and children's food rejection and eating behaviors. The analysis showed a weak but significant positive correlation between the FNS score and the CFRS score ($r=0.149$; $p=0.034$). In contrast, no significant relationship was found between FNS and CEBQ scores ($r=-0.024$; $p=0.383$). A

weak positive significant relationship was observed between the PFSQ score and both CFRS and CEBQ scores ($r=0.317$, $r=0.360$; $p<0.01$, respectively).

The mean scores of parental and child-related scales according to children's picky eating status are presented in Table 4. Parents of children with picky eating had higher scores compared with those whose children sometimes exhibited picky eating ($p=0.017$). Among the subscales of PFSQ, a significant difference was observed only in emotional feeding. Parents of children with food fussiness had higher emotional feeding scores than those in the sometimes group ($p=0.022$). CFRS scores were significantly higher in the picky eating group compared with the other groups ($p<0.001$). A significant difference was observed in the enjoyment of food scores, which is one of the subscales of children's eating behavior. Specifically, the group whose children occasionally exhibited picky eating had higher scores for enjoyment of food compared to the group whose children exhibited picky eating ($p=0.036$). Satiety responsiveness, emotional overeating, and food responsiveness were higher in children with picky eating compared with those in the "sometimes" group ($p<0.001$, $p=0.044$, and $p<0.001$, respectively). No significant differences were observed between groups in terms of FNS, DDS, and total CEBQ scores ($p>0.05$).

Table 4. Mean Scores of FNS, PFSQ, DDS, and CEBQ According to Children's Picky Eating Status

	Children's Picky Eating Status			P
	No (n=14)	Sometimes (n=22)	Yes (n=61)	
Parental Food Neophobia	38.36 ± 10.25	36.36 ± 8.31	41.23 ± 10.42	0.131
Parental Feeding Style Questionnaire	84.64 ± 14.71 ^{ab}	75.68 ± 12.23 ^a	84.48 ± 11.96 ^b	0.017
Emotional Feeding	11.43 ± 5.91 ^{ab}	10.73 ± 5.37 ^a	14.02 ± 4.88 ^b	0.022
Instrumental Feeding	10.57 ± 4.82	8.41 ± 4.53	10.67 ± 3.91	0.092
Encouragement Feeding	33.57 ± 5.11	29.82 ± 4.91	31.84 ± 5.05	0.086
Strict Control Feeding	16.50 ± 3.32	15.68 ± 2.77	14.98 ± 3.64	0.293
Tolerant Control Feeding	12.57 ± 4.57	11.05 ± 3.02	12.97 ± 4.25	0.167
Parental Dietary Diversity Score	5.21 ± 1.93	5.55 ± 1.37	5.69 ± 1.73	0.633
Child Food Rejection Scale	30.86 ± 8.67 ^a	31.18 ± 4.32 ^a	38.20 ± 7.33 ^b	<0.001
Children's Eating Behavior Questionnaire	105.00 ± 14.68	99.27 ± 10.56	102.61 ± 12.30	0.365
Food Responsiveness	13.07 ± 4.60	12.73 ± 3.73	11.95 ± 4.29	0.576
Emotional Overeating	7.71 ± 3.00	7.27 ± 2.53	6.16 ± 2.52	0.061
Enjoyment of Food	16.07 ± 6.29 ^{ab}	17.23 ± 3.45 ^a	14.13 ± 5.09 ^b	0.036
Desire to Drink	9.71 ± 4.29	9.91 ± 3.34	10.39 ± 4.16	0.794
Satiety Responsiveness	22.36 ± 6.25 ^a	20.55 ± 4.90 ^a	27.11 ± 5.67 ^b	<0.001
Slowness in Eating	11.71 ± 3.69	11.36 ± 3.65	12.43 ± 4.10	0.521
Emotional Undereating	14.71 ± 3.69 ^a	12.14 ± 3.04 ^a	14.13 ± 3.60 ^b	0.044
Food Fussiness	9.64 ± 3.34 ^a	6.30 ± 2.48 ^a	8.09 ± 2.81 ^b	<0.001

Values are means ± SD. p-values were obtained using one-way analysis of variance (ANOVA). Values within the same row carrying different superscript letters (a, b, c) indicate statistically significant differences, and bold formatting was applied for emphasis ($p < 0.05$).

DISCUSSION

This study aimed to evaluate the relationship between picky eating, food rejection, and eating behaviors in preschool children and parental food neophobia, feeding styles, and dietary diversity scores. In the present study, 62.9% of the children were reported to exhibit picky eating behavior. This rate is consistent with the prevalence ranges reported for the preschool period. The prevalence of picky eating has been reported to range between 14% and 60% among preschool children and between 7% and 27% during childhood. Picky eating behavior is most commonly observed around the age of 2 years, tends to decrease after the ages of 4–5 years, but may persist into adulthood in some individuals (20). Although food neophobia is considered a component of picky eating behavior, it does not fully explain picky eating on its own. Picky eating also includes the rejection of foods based on their appearance, smell, texture, or taste characteristics. Because there is no clear and universally accepted definition, picky eating has been described as a broader construct that includes various eating behaviors as perceived by parents (20, 21). In the present study, 25.8% of the children exhibited meal-skipping behavior, with lunch being the most frequently skipped meal. These findings suggest that picky eating behaviors may negatively affect regular eating habits in preschool children. Additionally, 34.0% of the children sometimes and 28.9% always used technological devices during meals. Previous studies have reported that screen exposure may impair children's ability to recognize hunger and satiety cues by causing distraction and may also be associated with unhealthy eating behaviors (22, 23). Eating meals in front of screens may be associated with both picky eating behaviors and irregular eating habits in the long term (24). The social environment is an important factor influencing children's behaviors. Parents are key members of this environment and play a significant role in shaping the development of children's eating behaviors (25). The literature suggests that parental food neophobia may influence children's food preferences and acceptance of new foods (7, 26). In particular, when parents have limited dietary variety or avoid trying new foods, children may also develop similar eating behaviors (27, 28). In the present study, a weak but significant positive relationship was found between parental food neophobia and child food rejection. This finding suggests that parental attitudes toward new foods may influence children's food acceptance behaviors. Yong et al. (7) reported that parental food neophobia scores were positively associated with children's food neophobia scores and pressure-to-eat practices. However, the lack of a significant association between parental food neophobia and children's overall eating behavior in the present study suggests that food neophobia may be more specifically related to food rejection behaviors rather than general eating patterns. In particular, it has been reported that when parents avoid new foods or have limited dietary variety, children may also develop similar eating behaviors (11, 20). A moderate positive relationship was found between parental feeding style and both child food rejection and eating behaviors. Higher parental feeding style scores in parents of children with food rejection and

picky eating suggest increased parental intervention. This relationship may be bidirectional: parents may adopt more controlling or directive feeding strategies in response to picky eating, while parental feeding practices may also shape children's food preferences and eating behaviors (29). When the subscales of parental feeding style were examined, higher scores of emotional feeding, instrumental feeding, encouragement feeding, and tolerant control feeding were observed in parents of children with food rejection. This finding suggests that parents may use food as a tool to manage children's negative responses to food. No significant association was found between the strict control subscale and CEBQ. Erkorkmaz et al. (30) also reported similar findings, showing no association between strict control feeding and CEBQ, whereas emotional feeding, encouragement feeding, and tolerant control feeding were positively associated with children's eating behaviors. In the present study, a weak positive relationship was found between parental dietary diversity score and children's eating behavior, while no significant association was observed with child food rejection. This may be explained by the fact that child food rejection is influenced not only by parental dietary patterns but also by multiple factors, including children's individual sensory characteristics and parental feeding practices (31). This finding supports the multidimensional structure of eating behaviors in childhood.

In the present study, parental feeding behaviors, food rejection, and children's eating behaviors were evaluated according to picky eating status. Parental feeding style and certain subscales of children's eating behaviors were found to be associated with picky eating. The findings suggest that picky eating may be influenced by parental approaches and eating behavior patterns. Higher parental feeding style scores in parents of children with picky eating compared with the sometimes picky eating group suggest more intrusive or directive feeding practices. CFRS scores were significantly higher in children with picky eating, indicating a close association between picky eating and food rejection. Persistent food rejection has been linked to inadequate nutrient intake and limited dietary diversity (6). When the subscales of child eating behavior were examined, lower enjoyment of food scores in children with picky eating suggest that these children derive less pleasure from eating. The literature reports that children exhibiting picky eating behavior show lower interest in new foods and experience more difficulties during mealtimes (31). In contrast, higher satiety responsiveness scores suggest that picky eating children may be more sensitive to satiety cues. This finding indicates that these children may have lower appetite levels and experience fullness more quickly.

The main strength of this study is the multidimensional assessment of children's picky eating in relation to parental food neophobia, feeding style, dietary diversity, and eating behaviors. However, several limitations should be acknowledged. First, the cross-sectional design does not permit causal inferences. Second, the relatively small sample size may limit the generalizability of the findings. Third, data were largely based on parental reports, and self-reported information on children's eating behaviors and dietary intake may be subject to recall bias or reporting inaccuracies. Future large-scale longitudinal studies are needed to better clarify the determinants and long-term effects of childhood picky eating.

CONCLUSIONS

This study demonstrated that picky eating is prevalent among preschool children and may be associated with parental feeding styles and certain child eating behaviors. In particular, emotional feeding, child food rejection, lower enjoyment of food, and higher satiety responsiveness were found to be associated with picky eating. Moreover, the positive association between parental food neophobia and child food rejection suggests that parental feeding attitudes may influence children's eating behaviors. Overall, the findings highlight the importance of parent-focused nutritional education and appropriate feeding strategies in promoting healthy eating behaviors during early childhood.

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