


# Healthy eating behaviours and the role of parents and family in children aged 11, 13 and 15 years

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## ABSTRACT

All people acquire healthy or unhealthy habits during family life where the influence of the parental model is decisive. It is precisely the influence of parents at these ages that taken in the study 11, 13 and 15 years based on the European study HBSC. A total of 240 children's were included in the study, as follows: 120 children's from rural areas (40 children's 11 years old, 40 children's 13 years old, 40 children's 15 years old), and from urban areas the same number. In the contemporary literature of dietetics, it is a well-known fact that eating family together plays a decisive role in modelling healthy behaviours in children where the parent plays the main role. The recommendations show that it would be very valuable in many educational aspects for the family to consume most of the three meals, breakfast and dinner together. This lifestyle keeps the family together and children are educated with healthy eating behaviours. Data show that these ages in a large percentage do not consume breakfast (which is considered the most important meal) and this percentage increases with age. A more in-depth study at national level is needed to understand its causes. It is noticed that children consume in many cases an intermediate meal of the fast-food type. These should be followed by specific interventions aimed at raising parents' awareness of their key role in influencing children and creating the basic premise for a healthy lifestyle in their ongoing lives as status changes from child to adult.

**Keywords:** Physical education, Healthy behaviour, Family importance, Meal consumption, Parental role.

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## INTRODUCTION

If we want to have a healthy childhood which is followed by a healthy youth in the future, it is very important to cultivate healthy behaviours towards food and physical activity and sports in early childhood where indisputably the parental role and model is irreplaceable.

Prevention of obesity should commence very early in life. For example, breastfeeding an infant is preferable to the use of a formula and may contribute to the prevention of obesity (M. Paul, I. et al. (2010). Further, young children's food and activity choices can be influenced by early intervention and guidance (Birch and Fisher, (1998) and habits learned early in life are likely to carry through to adulthood (Kelder, S. et al., (1994).

Educating the families of young children concerning nutrition and physical activity may have a powerful positive impact on the obesity risk of children, especially those with obese parents. Obesity prevention programmes should target the whole population, as it is difficult to identify children at risk of developing obesity at a very young age (Hills, P et al., (2007).

The education of eating behaviours is a long process that started in infancy and continues throughout life. Eating behaviours includes food preferences, patterns of food acceptance and rejection, or the types and amounts of food a person eats. Genetic is a key factor that determine the development of eating behaviours.

Risk factors for developing unhealthy behaviour for food and obesity include genetic, social and behavioural factors. Since genetic and social factors cannot be changed, prevention programmes have to focus on behavioural changes including increasing physical activity and reducing energy intake.

### ***Careful parental interventions within the family***

Family lifestyles play a central role in the development of children's food preferences and activity choices. Parents in particular have a strong influence on their children's lifestyles through modelling and education (Hodges, 2003).

Parental influences are early determinants of food attitudes and practices in young children (Birch and Davison, (2001) and parenting styles may influence the development of food preferences and the ability of the child to regulate intake. Efforts by parents to control the food intake of children can interfere with children's ability to regulate their own food intake (Birch and Fisher, 1998). Parents have the responsibility to make healthy choices while shopping, to prepare healthy low-fat meals and to make healthy snacks (such as fruits) readily available to children. Parents should also take special care to have meals at regular times with the whole family whenever possible, to be realistic with portion sizes and to limit eating to one place, such as the kitchen or dining table with no eating in front of the television. Most importantly, children should never skip meals or be forced to finish the entire meal (Rolland-Cachera et al., 2002).

Parental support and modelling are strong determinants of children's physical activity level (Fogelholm et al., 1999). When parents are engaged in physical activities and sports, their children are more likely to have a positive attitude towards physical activity.

Of course, the role of the mother is the most important in the family in terms of shopping, cooking, portions and setting the table according to the wishes of each member of the family. In many studies the role of the mother is much more decisive than that of the father.

## MATERIAL AND METHODS

This modest study conducted in two rural schools and two 9-year schools in the city aims to assess the healthy behaviours of children on food and the role of parents in creating a correct model for further life. Our study included children aged 11, 13 and 15 years of V, VII, respectively IX grade. A total of 240 children's were included in the study, as follows: 120 children's from rural area (in the school of Kamza and Zall Herri) and 120 urban children's (in the 9-year school 7 Marsi and De Rada).

The questionnaire correctly stood the HBSC standards for these ages. The questions of the questionnaire consisted of:

- Frequency of breakfast and dinner with the family,
- The place where the lunch is taken,
- Frequency of snacks during playtime or computer work,
- Family influence on the consumption of certain unhealthy foods, such as Pepsi, coke or other drinks containing sugar, sweets, chocolate, biscuits and other pastries, chips,
- The frequency of fast-food restaurants attendance and the compliance of family dining rules.

## RESULTS AND DISCUSSION

120 students were included in the study, of which 40 students were aged 11 years old (22 girls and 18 boys), 40 students aged 13 years old (19 girls, 21 boys) and 40 students aged 15 years old (24 girls and 16 boys). In the rural areas we studied the eating behaviour in a number of 120 students, of which 40 were aged 11 years old (26 girls and 14 boys) and 40 students were aged 13 years old (20 girls and 20 boys), 40 students aged 15 years old (21 girls and 19 boys).

The recommendations show that it would be very valuable in many educational aspects for the family to consume most of the three meals, breakfast and dinner together. This lifestyle keeps the family together and children are educated with healthy eating behaviours.

Our questionnaire contained these two questions:

1. 1-How often do you have breakfast with your mother or father?
2. 2-How often do you take dinner with your mother or father?

According to the study results presented in the above figure, the reported percentage of students having breakfast with the family, daily or almost daily (5- 6 days/week) decreased from 49.27% in age-group of 11 years to 10.63%, in age group of 15 years. High percentage of students of 13 years old (43.92%) and of 15 years old (38.64%) said they had breakfast with their mother or father, 1-2 days a week, while most of those of 11 years old (38.31%) said they took breakfast at home daily, 13 years old 32.07% and 15 years old 28.65%. We see that we have a difference of 9.66% from the age of 11 to the age of 15.

There are many reasons why a significant percentage do not consume breakfast with parents where one of the main reasons is either they wake up at the "last minute" before leaving for school, or take their bread with them, or parents leave for work too early and do not leave breakfast ready to eat. If we talk about girls, in adolescence they do not eat because they want to maintain the so-called "zero size weight".

We emphasized it above...when the family is united in the consumption of food, the benefits are great because we have the opportunity to look into the eyes of our children and discuss the problems of the day

and especially this close communication allows us to ascertain in time any negative habits such as tobacco, drugs etc, especially with 15-year-olds.

In contrast to the breakfast that appears with the problems addressed above, *dinner is more common to be consumed by the whole family together because we believe that in the evening family members gather at home and this enables dinner together.*

Thus, high percentage of children at all ages said they took dinner with parents daily (71.25% of the students of 11 years old, 59.12% of those of 13 years old and 39.66% of those of 15 years old). Again, the data show that with age, 15-year-olds, in the name of their independence and freedom, move away from sharing dinner with their parents. It is seen that there is a decrease of 31.59% from the age of 11 to 15 years.

Some students declared they consume dinner with parents 1-2 days a week (26.15% students of 11 years old, 23.09% of 13 years old and 18.14% students of 15 years old).

For our study it is important to have data not only what they eat, but also where they eat, which is why we considered useful the question:

- -Where do you usually have lunch on school days?

This question did not give us any concrete data because all four schools included in the study, both in rural areas and in the city of Tirana are public schools and do not offer food and study in school. This causes the question to lose relevance and the answer is reduced only to the percentage of children (56%) who take a snack with them and the rest (44%) who state that they consume lunch when they return from school with their parents.

Unfortunately, television viewing promotes both reduced activity and increased food consumption. Many children snack while watching television; in addition, children's food choices are easily influenced by television advertisements such as for soft drinks and energy-dense foods (Kraak and Pelletier, 1998).

Reductions in television viewing time have the potential to decrease the consumption of energy-dense foods and also to increase the likelihood that time will be spent in more energy-intensive activities. Parents should be careful that television viewing does not become integrated into the daily routine of their children.

An average percentage of all children's (29.07% children's of 11 years old, 22.43% children's of 13 years old and 17.18% children's of 15 years old) said they did not ever get snacks while watching TV or playing/working on the computer, which shows that children's and their parents know the negative effects on health. Another situation arises with those who consume snacks while watching TV, computer games or play station. A high percentage of all children's (39.07% children's of 11 years old, 31.43% students of 13 years old and 26.18% children's of 15 years old) state that they almost always consume food during this time. Of course, lack of attention makes you not calculate the amount of consumption, which leads to overweight and obesity.

The world for years is facing a growing trend of fast-food businesses which are very popular, especially for children, although parents do not prefer these foods because it is known that in general these foods contain a lot of calories and saturated fats unhealthy for health. To find out how often children consume such foods, we put this question in our questionnaire:

- -How often do you eat at a fast-food business?

11 years old (54.12%), 13 years old (42.17%) and of 15 years old (29.36%) said they go less than once a month at a fast-food business, while 21.12% of the 11 years old children's and 24.4% of the total of 120 students present in our study said they have never been to such a kind of business. It would be highly advisable if most children would frequent fast food occasionally and not often or on a daily basis, because their negative effects on consumer health are well known.

In order to highlight the role of parents in modelling a healthy food behaviour in their children, we address this question included in our questionnaire:

***Are you being offered the following things (Cola, Pepsi) from parents if you ask for them?***

48.14% of the children of 11 years old, 36.23% of 13 years old and 52.65% of those of 15 years old said they have no problem to consume cola or other soft drinks that contain sugar whenever they want, without any hindrance or penalty from their parents. Another 23.16%, 19.82% and 33.43% of children of 11, 13 and 15 years old said they buy and drink soft drinks every time they want. When you consider that these drinks have industrial sugar, caffeine, aspartame, preservatives, etc., the figures are alarming.

On the contrary, only 34.17%, 39.99% and 43.11% of the 11-, 13- and 15-years old subjects buy and drink rarely or never soft drinks in urban areas. In rural areas, 44.21% of 13 years old children's do not have any hindrance or penalty from their parents about the consumption of such soft drinks, being allowed to consume them any time they want.

We believe that this high percentage in rural areas is related to the lack of information and proper education by parents who, for the sake of truth, have financial problems and work all day in agriculture and livestock to meet the basic needs of the family.

The highest percentage of children of all ages (49.13% of the students of 11 years old, 47.76% of those of 13 years old, respectively 40.31% of those of 15 years old) agreed that every family have certain rules at table and parents expected from their children to follow them. A significant percentage (49.11%) of all children's say do not agree or do not agree at all that the family puts pressure on them to follow the rules of food, meal schedule and anything that goes against their wishes. The children from the urban and rural areas agree or strongly agree that the good manners at table are important. The percentage of those who agree with this statement is higher in the rural areas (65.89% children of 11 years old, respectively 59.74% students of 13 years old) and this is probably because in the urban areas, both the parents and the children are overwhelmed by the disorganized schedule of the family meals, forgetting about the good manners.

We need to be convinced that everything we try to teach children at this age about healthy eating behaviours will provide an adult who has all the right information about what is healthy and unhealthy in life. For this reason, this study shows once again that the role of parents in educating these behaviour's is great and decisive.

## **CONCLUSIONS**

Consumption of breakfast at these ages is problematic and is associated with increasing age. Although parents can leave for work early, before the children go to school, they should leave the breakfast ready for the children. Since public schools in Albania are without food or study hours, it is good for parents to prepare a light snack for children and a bottle of water as a snack before lunch this would be especially true for children who go out without breakfast. Consumption of fast food and Cola or Pepsi is high towards parents

should insist that food be consumed in the family and water or juices from fresh fruits are the healthiest drinks. Parents should try to consume at least breakfast and lunch with the family together. This in today's literature of nutrition is considered a healthy time that greatly affects the education of children. Low level of awareness was observed in parents in relation to consumption of soft drinks, sweets and chips. More than half of the children (all ages) are allowed to consume cola or other soft drinks that contain sugar without any restriction from their parents, the situation being more acute in rural areas. Also, high proportions of children are allowed to eat whenever they want sweets or chips.

## AUTHOR CONTRIBUTIONS

Robert Çitozi: Scientific coordinator. Elton Spahiu: Bibliographic research. Benon Paloka: Data preparation, data collection and analysis.

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## DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

## REFERENCES

- Amador, M., Ramos, L.T., Morono, M. and Hermelo, M.P. (1990) 'Growth rate reduction during energy restriction in obese adolescents', *Experimental and Clinical Endocrinology*, 96: 73-82. <https://doi.org/10.1055/s-0029-1210991>
- Barker, R. and Cooke, B. (1992) 'Diet, obesity and being overweight: a qualitative research study', *Health Education Journal*, 51: 117-21. <https://doi.org/10.1177/001789699205100304>
- Birch, LL, Davison, K (2001) Family environmental factors influencing the developing behavioral controls of food intake and childhood overweight. *Pediatric Clinics of North America* 48: 893-907. [https://doi.org/10.1016/S0031-3955\(05\)70347-3](https://doi.org/10.1016/S0031-3955(05)70347-3)
- Birch, L. and Fisher, J. (1998) 'Development of eating behaviours among children and adolescents' *Pediatrics*. 1998 Mar;101(3 Pt 2):539-49. <https://doi.org/10.1542/peds.101.s2.539>
- Caroli, M. and Burniat, W. (2002) 'Dietary management', in W. Burniat, T. Cole, I. Lissau, E. Poskitt (eds) *Child and Adolescent Obesity. Causes and Consequences, Prevention and Management*, Cambridge: Cambridge University Press, pp. 282-306. <https://doi.org/10.1017/cbo9780511544675.016>
- Craig, S., Goldberg, J. and Dietz, W.H. (1996) 'Psychosocial correlates of physical activity among fifth and eighth graders', *Preventative Medicine*, 25: 506-13. <https://doi.org/10.1006/pmed.1996.0083>
- Fisher, J.O., & Birch, L.L. (2002). Eating in the absence of hunger and overweight in girls from 5 to 7 y of age. *American Journal of Clinical Nutrition*, 76, 226-231. <https://doi.org/10.1093/ajcn/76.1.226>
- Fogelholm, M. Nuutinen, O. Pasanen, M. and Myohanen, E. (1999) 'Parent-child relationship of physical activity patterns and obesity' January 2000 *International Journal of Obesity* 23(12):1262-8. <https://doi.org/10.1038/sj.ijo.0801061>
- Hills, P. King, N. and Byrne, N (2007) 'Children, Obesity and Exercise: Prevention, Treatment and Management of Childhood and Adolescent Obesity'. Routledge, United Kingdom, pp. 142-163. <https://doi.org/10.4324/9780203945971>

- Kelder, S. (1994) 'Longitudinal Tracking of Adolescent Smoking, Physical Activity, and Food Choice Behaviors' August 1994 American Journal of Public Health 84(7):1121-6. <https://doi.org/10.2105/ajph.84.7.1121>
- Kraak, V. & Pelletier, DL. (1998) 'The influence of commercialism on the food purchasing behavior of children and teenage youth'. Family Economics and Nutrition Review. 1998, 11: 15-24.
- McLean, N., Griffin, S., Toney, K. and Hardeman, W. (2003) 'Family involvement in weight control, weight maintenance and weight-loss interventions: a systematic review of randomised trials', International Journal of Obesity Related Metabolic Disorders, 27: 987-1005. <https://doi.org/10.1038/sj.ijo.0802383>
- M. Paul, I. et al. (2010), 'Opportunities for the Primary Prevention of Obesity during Infancy', Adv Pediatr. 2009; 56(1): 107-133. <https://doi.org/10.1016/j.yapd.2009.08.012>
- Powell, C.A., Walker, S.P., Chang, S.M., & Grantham-McGregor, S.M. (1998). Nutrition and education: a randomized trial of the effects of breakfast in rural primary school children. American Journal of Clinical Nutrition, 68, 873-879. <https://doi.org/10.1093/ajcn/68.4.873>
- Rolland-Cachera, M-F. Castetbon, K. Arnault, N. Bellisle, F. Romano, M-C. Lehingue, Y. Frelut, M-L & Hercberg, S. (2002). 'Body mass index in 7–9-y-old French children: frequency of obesity, overweight and thinness' International Journal of Obesity volume 26, pages 1610–1616. <https://doi.org/10.1038/sj.ijo.0802146>
- Scaglioni, S., Salvioni, M., & Galimberti, C. (2008). Influence of parental attitudes in the development of children eating behaviour. British Journal of Nutrition, 99, Suppl. 1, S22-S25. <https://doi.org/10.1017/S0007114508892471>
- Schonfeld-Warden, N. and Warden, C.H. (1997) 'Pediatric obesity: an overview of etiology and treatment', Pediatric Clinics of North America, 44: 339-61. [https://doi.org/10.1016/S0031-3955\(05\)70480-6](https://doi.org/10.1016/S0031-3955(05)70480-6)
- Zwiauer, K.F.M. (2000) 'Prevention and treatment of overweight and obesity in children and adolescents', European Journal of Pediatrics, 159(Suppl 1): S56-68. <https://doi.org/10.1007/pl00014367>



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