
An Assessment of Parental Styles and Its Effects on Children's Eating Behaviour in the South Municipality of Ghana

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ABSTRACT

The general purpose of the study was to evaluate the influence of effective and ineffective parenting styles and their impact on children's eating habits. This became necessary because positive early childhood experiences regarding food and the social environment in which children eat are critical to the development of healthy eating habits later in life. The cross-section study design was adopted with a mixed research strategy, the researcher gathered both quantitative and qualitative data. The simple random sampling technique was used to select 96 household respondents for the administration of research questionnaire. In-depth interviews were conducted with four (4) health officials at the Municipal Health Directorate to generate qualitative data to triangulate the findings from the household respondents. The research findings have indicated that the eating habits of parents and caregivers have strongly modeled the eating habits of their children because they are the first point of role modeling. Therefore, parents and caregivers have the responsibility to carefully consider the feeding needs of their children in order to ensure healthy eating habits. And in the Offinso South Municipality, parents who have guaranteed accessibility of food in their households have provided enabling ground for positive eating habits for their children.

KEY WORDS: Parenting Styles, Eating habits, Children, Household, Healthy eating

INTRODUCTION

Parenting is conventionally understood as the task of caring and feeding of one's children. Consequently, child feeding practices have evolved as parental responses to perceived environmental threats to children's well-being. For nearly all of human history, the major threats to child health have been food scarcity and infectious disease (Gartner *et al.*, 2005). Whereas child malnutrition may reflect a number of intermediary processes such as household access to food, access to health services and caring practices, the extent to which parents choose to implement different practices, and in what way, may be related to their underlying parenting style. Characteristically, Darling and Steinberg (1993) argue that the style influences the emotional context of all aspects of parenting, including feeding. Over the years, it has been observed that feeding practices developed to address these threats have been passed from one generation to the next, and have become traditional practices routinely used by parents without question.

However, in today's environment, we must ask, "Are these child feeding practices, evolved to address the threats posed by food scarcity and infectious disease, effective in dealing with the current threats to child health posed by too much food, obesity, and its co morbidities?" The simple answer to this question is "no" (Beauchamp *et al.*, 2005). There have been a number of earlier studies conducted in relation to parenting styles and its influence on feeding practices among children (Maccoby & Martin, 1983; Darling & Steinberg, 1993; Ventur & Birch, 2008; Blissett, 2011; Rigalet *et al.*, 2012). However, there seems to be lack of clarity on whether general parenting style predicts feeding style, which may then be instrumental in the development of feeding difficulties, or whether feeding difficulties predict the use of particular feeding style, irrespective of the greater general parenting style. In addition, it is also necessary to assess how the different parenting styles influence the eating behaviour of children.

This assessment is necessary in the case of Ghana because though the country has been known world over for its high human development achievements attained without much rural-urban disparities and caste-class differentiation, the country is now facing serious threats, especially in the field of nutritional status among rural pre-school children (UNICEF, 1998; UNICEF-Ghana, 2012). Also, the robustness of such a study cannot be overemphasized because malnutrition has been perceived to increase a child's risk of contracting respiratory infections, diarrhoea, measles and other diseases that often kill children or permanently harm their physical, psychosocial and cognitive development.

The first five years of life are often times of rapid physical growth and change, and during these early years, children are learning what, when, and how much to eat based on the transmission of cultural and familial beliefs, attitudes, and practices surrounding food and eating. Throughout, we focus on the vital role parents and caregivers play in structuring children's early experiences with food and eating, and describe how these experiences are linked to children's eating behavior. Because children's health habits develop in the home context and are highly dependent on parents' actions and attitude regarding eating and exercise, the home environment can have lasting effects on children's eating habit (Sharghiet *et al.*, 2011).

Parents who sets appropriate limits (i.e. provide structure and boundaries) and consequently healthy eating with either tangible (e.g. stickers) or intangible (e.g. praise) re-enforcers are more likely to have children who eat healthy (Sullivan & Birch, 1994). In contrast, research shows that parents who are authoritarian (i.e. highly directive, demanding and strict) regarding health behaviours increase their children's risk for malnutrition and overweight (Adair, 2006). From these contrasting views, it points out that, parenting style is more likely to be location specific. Thus, the study will seek to identify; how do the local people in Offinso South Municipality perceive the parenting styles that are adopted in the feeding of children?

Eating behaviours evolve during the first years of life as biological and behavioral processes directed towards meeting requirements for health and growth. For the vast majority of human history, food scarcity has constituted a major threat to survival and human eating behavior and child feeding practices have evolved in response to this threat (Mennella, *et al.*, 2001). Because infants are born into a wide variety of cultures and cuisines, they come equipped as young omnivores with a set of behavioral predispositions that allow them to learn to accept the foods made available to them (Bowman *et al.*, 2004).

According to Gartner *et al.* (2005), during historical conditions of scarcity, family life and resources were devoted to the procurement and preparation of foods, which are often low in energy, nutrients, and palatability. In sharp contrast, today in non-third world countries children's eating habits develop under unprecedented conditions of dietary abundance, where palatable, inexpensive, ready-to-eat foods are readily available (Food Marketing Institute, 2004). Therefore, the researcher questions; how do parent perceive the eating behaviour of their children in Offinso South Municipal Assembly?

The impact of parental styles on children's health behaviors may depend, in part, on characteristics of the child. Studies suggest that overweight children respond differently to a given parenting style than normal weight children (Adair, 2006). Parents influence children's eating through the type of foods they provide, how meals are structured, their parenting style, role modeling and the family and social environment. Positive early childhood experiences regarding food and the social environment in which children eat are critical to the development of healthy eating habits later in life (Wright, 2007). In this view, it is the researcher quest to examine; to what has the perceived parental styles influenced the eating behaviour of children in Offinso South Municipality? This assessment is necessary because eating habits go a long way in shaping the development of children's food preferences.

It is in the light of this that this current study will focus on assessing how parental styles affect the eating behaviour of children in Offinso South Municipality. Adopting a mixed research strategy, the researcher will approach the collection, analysis and discussion of primary data in the context of the scientific literature in the subject area.

2. LITRATURE REVIEW

2.1 *The Understanding and Measures of Parenting Styles in Children Feeding Practices*

In general, parents tend to control what and when their young children eat. Frequently, they also attempt to control how much is eaten. As a result, a parent's influence is significant – often well before their child can even walk or talk. The extent to which parents choose to implement different practices, and in what way, may be related to their underlying parenting style; a characteristic that influences the emotional context of all aspects of parenting, including feeding (Darling & Steinberg, 1993).

Two dimensions of parenting styles have been identified: demandingness and responsiveness (Maccoby&Mirtin, 1983). Demandingness refers to using behavioural control over the child. Responsiveness refers to showing warmth and supportiveness to the child. Parents can score high or low on each of the dimensions, resulting in a four-fold classification of parenting styles: authoritative (high demandingness/high responsiveness); authoritarian (high demandingness/low responsiveness); indulgent (low demandingness/high responsiveness); and uninvolved (low demandingness/low responsiveness).

Development psychologists have long been interested in how parenting impacts child development. However, finding actual cause-and-effect links between specific actions of parents and later behavior of children is very difficult. Some children raised in dramatically different environments can later grow up to have remarkably similar personalities. Conversely, children

who share a home and are raised in the same environment can grow up to have astonishingly different personalities than one another.

Despite these challenges, researchers have uncovered convincing links between parenting styles and the effects these styles have on children. During the early 1960s, psychologist Diana Baumrind conducted a study on more than 100 preschool-age children (Baumrind, 1967). Using naturalistic observation, parental interviews and other research methods, she identified four important dimensions of parenting: Disciplinary strategies; Warmth and nurturance; Communication styles; Expectations of maturity and control. Based on these dimensions, Baumrind suggested that the majority of parents display one of three different parenting styles. Another earlier study by Maccoby and Martin (1983) also suggest that there are four parenting styles and these include, authoritarian parenting; authoritative parenting; permissive parenting and uninvolved parenting styles. In a different study, Baumrind (1991) has offered an in-depth understanding of these four different styles as identified by Maccoby and Martin.

2.2 Impact of Parenting Style on Eating Behaviour of Children

The impact of parental styles on children's health behaviors may depend, in part, on characteristics of the child. But generally parents influence children's eating behaviour through the type of foods they provide, how meals are structured, role modeling and feeding practices, the family and social environment. Positive early childhood experiences regarding food and the social environment in which children eat are critical to the development of healthy eating habits later in life (Wright, 2007).

Parenting practices can also have mal-adaptive influences on children's eating behaviour (Benton, 2004). In general, parental control of feeding practices, especially restrictive feeding practices, tends to be associated with overeating and poorer self-regulation of energy intake in preschool-age children. For example, Fisher and Birch investigated the effects of restricting three-to five-year-old children's physical access to foods (i.e. apple or peach bar cookies) within their environment. Results revealed that the restricted food elicited more positive comments, more requests, and when it was made available; children took larger portions and ate more, compared to freely accessible control food.

The manner in which eating behavior is affected depends on the nature of the directive. For example, overt restriction of foods has been associated with increased consumption of those foods when made freely available (Ventura & Birch, 2008) and greater weight gain overtime (Clark *et al.*, 2007). Covert restriction, however, appears not to be related with such effects (Ogden, *et al.*, 2006). Restricting children's access to "forbidden" foods also has a paradoxical effect on food preference and energy intake. Research reveals that placing a preferred food in sight, but out of reach, decreases children's ability to exhibit self-control over obtaining the food. As a result, when restriction is lifted, and "forbidden" foods are present, children often have difficulty controlling the amount of food eaten, resulting in overeating and eating in the absence of hunger.

The extent to which parents overtly restrict food may be related to the perceived weight status of the child, with parents using more restriction with infants who have a higher BMI at 6-12 months (Brown & Lee, 2011) or those perceived to be at risk of becoming obese (Faith *et al.*, 2004), by 5 years of age the use of earlier maternal restriction predicts greater child weight scores (Farrow,

2011). Therefore, although perceived to be successful in early life, overt restriction appears to be detrimental to children's ability to successfully regulate their intake when older.

The use of food as reward for good behavior increased preschool-age children's preferences for those foods. Parents may also reward children for consuming healthy foods in hopes of increasing children's intake of foods such as vegetables; but research has demonstrated that this practice can actually result in children learning to dislike and avoid those foods. This practice is believed to have a detrimental effect on later appetite regulation and subsequent BMI (Schwartz & Puhl, 2003). This is because the status of food to soothe emotions and 'to make things better' has been found to be associated with increased child BMI in 3-4 year old children (Haycraft and Blissett, 2012); a behaviour which itself has been linked to overweight (Fisher & Birch, 2002). This is concerning, since retrospective studies suggest that preference for previously restricted foods and emotion-induced over-eating tend to persist into adulthood (Brunstrom, *et al.*, 2005; Schwartz & Puhl, 2003).

MATERIALS AND METHODS

The study was approached using the cross-section study design. This choice was influenced by the fact that the researchers intended to collect both quantitative and qualitative data which is most suitable with this design. The Offinso South Municipality was established by Legislative Instrument (LI) 1909 of 2007. The Municipality is located in the extreme north-western part of the Ashanti Region with Offinso New Town as its administrative capital. It has a total land area of 585.7 km² and shares common boundaries with Offinso North in the North, Ejura-Sekyedumase Municipal in the East, Afiagyakwabile in the South-East, AtwimaNwabiagya and AhafoAno South Municipalities in the West (Offinso South Municipal Assembly, 2010). Both primary and secondary data sources were used for this study. The primary data resulted from transcription from interviews and questionnaires which were administered during field survey. The researchers visited Offinso Municipality and explained the purpose of the research to them. For those who agreed to participate in the survey, information was obtained on their demographics as well as responses on the various research objectives. The secondary data resulted mainly from previewed articles, books, magazines and other sources with relevance to the study. Semi-structured interviewing was used to collect data from the key informant (staff of the Municipal Health Directorate). The researchers used this method because it offers the interviewer the opportunity to probe further and to clarify issues of relevance to the study (Bryman, 2008). This was necessary in an attempt to understand how perceived parenting practices have affected the health of children within the municipality. Another method of primary data collection was the self-administered questionnaire which was used to solicit the individual views of parenting styles, perception on the current eating environment and determined impact on children eating behaviour. Sampling is the process of selecting from a large population, members from whom data will be collected for a research work. Gay (1992) and Kulbir (2000) agreed that the most important step in the research process is to select individuals who will participate as part of the study. Both probability and non-probability sampling techniques were adopted for this study because of the mixed research strategy. In terms of probability sampling, the essence was to ensure that generalizations of sample findings are representative of the population. Both quantitative and qualitative data analysis methods were used with regards to

descriptive and analytic approaches. In relation to the qualitative analysis was approached thematically by drawing key themes from the open-ended questions within the questionnaire, in-depth interviews and participation observations. The quantifiable data was analyzed statistically using basic techniques for descriptive and inferential statistics. This is possible through the aid of the SPSS computer software which has become effective in that regard. The findings have been presented using frequency tables, line graph and diagrams (bar charts). In case where there was the need to established relationships within various aspects of the research objectives, the researcher employed the use of contingency tables (Bryman, 2008). Both narrative and reported styles of qualitative data analysis techniques have been used to present the research findings in the very perspective of the respondents. Thus, through the process of triangulation, the reliability and validity of these research findings is guaranteed.

RESULTS AND DISCUSSIONS

Position of Respondents among Children of Parents

The researchers examined the position of the respondents among the children of the parents. The focus was to identify whether there is a pattern of association between a child's positions either as first child or second and the like, could influence the type of feeding styles used by the parent.

Table 1: Position of Respondents among Children of the Parent

Position of Child	Frequency	Percent (%)
First-born	30	31.3
Second-born	22	22.9
Third-born	25	26.0
After the first three	19	19.8
Total	96	100.0

Source: *Field Survey, 2014*

From table 1, 30 children (31.3%) were first-borns of their parents. Twenty two (22.9%) of the children were second-born while 25 (26%) were third-born. The last category of 19 respondents (19.8%) was fourth, fifth and sixth born. All the parents argued that the position of a respondent among the children of the parents does not necessarily determine the kind of parenting style and it possible effect on eating behaviour.

Table 2: Gender and Age Distribution of Children

Gen der	Average age in years				Tot al
	Betw een 0 – 2	Betw een 3 – 5	Betw een 6 – 8	A bo ve 8	
Male	13	13	12	13	51
Fem ale	12	15	11	7	45
Tota l	25	28	23	20	96

Source: Field Survey, 2014

From table 2, it is seen that a total of 51 children were males while the remaining 49 (46.9%) were females. In terms of their age distribution, it was realized that a total of 25 were aged between 0-2 years and this consisted of 13 males and 12 females. A total of 28 children were between 3-5 years and this comprised of 13 males and 15 females. Twenty-three children were identified to be between 6-8 years and this consisted of 12 males and 11 females. The remaining 20 children were aged above 8 years and this was made up of 13 males and 7 females. The overall impression made of these statistics is that, apart from those aged between 3-5 years where there were more females than males, males children dominated across all the age categories.

Table 3: Weight and Eating Status of Children

Eating status	Weight status				T ot al
	Und er- weig ht	Nor mal	At risk of overwe ight	Ove r- wei ght	

Narrow diet	10	16	0	0	26
Balanced diet	4	60	2	0	66
Overly excessive diet	1	1	0	2	4
Total	15	77	2	2	96

From table 3, it is revealed that 77 children had normal weight status. Another 15 children were underweight while only 2 children were at risk of overweight. Even though there are clinical procedures for measuring the weight status, the researcher did not go through such procedure for all children. The weight status for each child up to 5 years was drawn from most recent weighing as was stated in the weighing cards, whereas the researcher relied on clinical procedures for the rest of the children for their weight. In terms of the personal eating status, 66 children were fed on balanced diet, 26 children were on narrow diet while 4 children were on overly excessive diet. This assertion is clearly defined in the following remarks; *“Eating habits can provide a clue to children health status and wellbeing. Healthy children feed well and normal. However, children who are unwell tend to be poorly fed. Poor feeding or changes in the child’s normal feeding pattern is a symptom of a change in the health status”*

Table 4: How Parents determine when to feed Children

Major Determinants to Feed Children	Frequency	Percent (%)
When the child is Hungry	34	35.4
Feeding at specific times	29	30.2
When the child cries	33	34.4
Total	96	100.0

Source: Field Survey, 2014

It was revealed from table 4 that a total of 34 parents (35.4%) stated they feed their children when they are hungry. Under this the parents explained that when the child complains of hunger

then they give them food. Other also stated that as parents, when they feel their children are hungry they give them food. Another 29 respondents (30.2%) mentioned that they feed their children at specific times. This is typified in the following viewpoints shared by some respondents. A female parent stated that, *“My child is been fed at specific times so when the time is due I have to quickly cook or buy the food and wait for the time for when she will eat”* (Fieldwork, 2014). Another male parent indicated that, *“Even though the mother works, she has to find time to cook for her children so that they can eat well. She always does that before going to continue her trade”* (Source: Field Survey, 2014).

One emphasis in this regard was that, such specified feeding times are applied for main meals that are prepared for the household but snacks could be taken in-between the major meal times. The last category of 33 respondents (34.4%) stated that when the child cries, it is a sign that he or she needs to be fed. This technique was observed to be adopted by parents with children still under tender age. It was found that a parent’s influence is significant in determining the feeding practices for a child. This influence can be direct or indirect and in some cases this can happen even before the child begins to walk or talk. In an interview, a health official at the Municipal Health Directorate opined that; *“Parents play a lead role in feeding their children to make them eat better and this may be direct or indirect. The direct role is in the form of offering praises and rewards. This encourages children to eat more unknowingly. The indirect role is seen in the sense that, parents who eat well have children who imitate them. Parents do not eat well and skip some meals in a day then the children will copy same”* (Source: Field Survey, 2014).

The findings on when to feed children in the Municipality revealed that majority of the parents were scoring high on responsiveness. This included those who feed their children by responding to hunger and crying. By these practices the parents argued they show warmth and supportiveness to the children while those who feed according to specific times scored high on demandingness because such parents use behavioural control over the child. These two elements of responsiveness and demandingness were used to delineate the major feeding style as used by parents in Offinso South Municipality as shown in table 5.

Table 5: The Predominant Feeding Style used by Parents to Feed Children

Predominant Feeding Style	Frequency	Percent (%)
Authoritative (high demandingness/high responsiveness)	28	29.2
Authoritarian (high demandingness/low responsiveness)	47	49.0

Indulgent (low demandingness/high responsiveness)	19	19.8
Uninvolved (low demandingness/low responsiveness)	2	2.1
Total	96	100.0

Source: Field Survey, 2014

Generally, from table 5, the authoritarian feeding style was identified to be much practiced by most parents as indicated by 47(49%) respondents while the uninvolved feeding style is less practiced. However, the kind of feeding style adopted for each child was found to be strongly influenced by various socio-demographic, economic and geographical factors of the parents.

CONCLUSION

A review of the science on child malnutrition has shown that there are a number of intermediary processes such as household access to food, access to health services and caring practices, and the extent to which parents choose to implement these different practices define the nutritional status of especially children. As a result of this, the general purpose of the study was to evaluate the influence of effective and ineffective parenting styles and their impact on children's eating habits.

The first specific objective examined what the parents in Offinso South Municipality perceived to be their major parenting styles adopted feeding children. The findings has indicated that majority of the parents sampled were scoring high on responsiveness. And this included those who feed their children by responding to hunger and crying. By these practices the parents argued they show warmth and supportiveness to the children while those who feed according to specific times scored high on demandingness because such parents use behavioural control over the child.

Generally, the authoritarian feeding style was identified to be much practiced by most parents while the uninvolved feeding style was less practiced. Even though the authoritarian (highly directive, demanding and strict) is argued to have negative consequences on healthy eating status and increases the risk of malnutrition and overweight among children (Adair, 2006), the case of Offinso Municipality is an exception. For it was found out that majority (69%) of children in the Municipality eat balanced diet and this has influenced why 80% had normal weight status (find in table 3). In addition, this parenting style has not caused malnourishment among children in the Offinso South Municipality because the kind of feeding style adopted for each child was found to be strongly influenced by various socio-demographic, economic and geographical factors of the parents.

RECOMMENDATIONS

1. It was found that parents (especially mothers) who are in formal employment and self-employment have time constraints. As a result they tend to engage caregivers who may not be committed in giving children the attention in developing the eating habits as the actual mothers will do. It is recommended that the feeding styles of caregivers should be closely monitored by parents who engage the services of caregivers to avoid inappropriate eating habits and malnutrition especially protein-energy malnutrition (PEM) which is by far the most lethal form of malnutrition among children (WHO, 2003).
2. The finding revealed that, the authoritarian feeding style was the major feeding style adopted by parents. And Adair (2006) has argued that the authoritarian (i.e. highly directive, demanding and strict) affects healthy eating status because it increases their risk of malnutrition and overweight of children. Even though majority of children in the Municipality currently eat balanced diet and have normal weight statuses, it is recommended that parents and caregivers be educated on the impact of each feeding style on the healthy eating behaviour of children and how this is largely linked with the socio-demographic factors of household and the society in general.

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