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GRADUATE SCHOOL OF SOCIAL SCIENCES
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MASTER THESIS

**THE RELATIONSHIP BETWEEN PARENTAL MEALTIME
BEHAVIOR AND CHILD EATING BEHAVIOR**

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MASTER THESIS JURY APPROVAL FORM


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ABSTRACT

The Relationship Between Parental Mealtime Behavior and Child Eating Behavior

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Eating difficulties are highly prevalent in children. Several studies have been conducted in order to reveal the role of family meal time and the parental modeling in development of eating behaviors in children. It is mostly proposed that family meal time patterns can be used to differentiate families with and without a child with eating difficulties. Besides, family meal times play an important role in establishment of family unity and interactions. So, it is important to consider the interactional patterns in family meal time and determine whether these are related to positive or negative eating behaviors of children.

Feeding practice is a general name given to some sorts of behaviors that parents show during mealtime. In literature, it's examined that parents' feeding practices are generally related to their parenting styles (Hughes, Power, Fisher, Mueller, & Nicklas, 2005), and there is an important link between parenting style and children's BMI, fruit and vegetable intake, and healthier eating habits (e.g. Kremers, Brug, de Vries, & Engels, 2003; Rhee, Lumeng, Appugliese, Kaciroti, & Bradley, 2006; Schmitz et al., 2002).

Therefore, methods that parents use while feeding their children, according to their general parenting style will have a profound impact on how their children develop their own eating behaviors. It is suggested that understanding the relationship between parenting styles, the food environment, and child's weight gain is important (Shloim, 2015).

The aim of this study is to examine the relationships between parental meal time behaviors, parenting styles, and child's eating behaviors at home, examined by the parents of preschool children in İzmir. A range of demographic information about family and family cohesion has also been considered.

Parents of 102 children (54 boys, and 48 girls, mean age 5.16), completed a series of self-report questionnaires assessing parenting style, parental mealtime behavior, child's eating behavior, and family cohesion. The results revealed, a significant differences between mothers' and fathers' perception of daily fruit and vegetables and snack modeling of Parent's Mealtime Action Scale (PMAS) scores. Besides, a negative correlation between authoritative parenting and child's BMI of fat and obese children, a positive correlation between authoritative parenting and parents' snack limits, positive persuasion and snack modeling of PMAS scores and child's enjoyment of food of Children's Eating Behavior Questionnaire (CEBQ) scores were found. Finally, a negative correlation between parents' use of positive persuasion of PMAS and child's food fussiness of CEBQ, and a negative correlation between healthy family function and child's emotional over eating of CEBQ scores were found.

Key Words: Parenting style, feeding practices, family cohesion, mealtime behavior

ÖZ

Ebeveyn Yemek Zamanı Davranışları ile Çocukların Yemek Yeme Davranışları
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Çocuklarda yeme sorunlarının oldukça yaygın olduğu görülmektedir. Çocukların yeme davranışlarının gelişiminde aile yemek zamanının ve ebeveyn modellemesinin rolünü ortaya çıkarmak amacıyla çalışmalar yapılmıştır. Çoğunlukla, anne-baba yemek zamanı davranışlarının, yeme sorunu olan ve yeme sorunu olmayan çocuklar arasında ayırım yapmak için kullanılabilmesi önerilmiştir. Ayrıca, yemek zamanı, aile birliği ve etkileşiminde önemli bir rol oynamaktadır. Dolayısıyla, yemek zamanı etkileşim tarzlarını dikkate almak ve bunların çocukların olumlu veya olumsuz yeme davranışları ile ilgili olup olmadığını belirlemek önemlidir.

Besleme pratiği, ebeveynlerin yemek sırasında kullandıkları bazı davranışlara verilen genel bir isimdir. Literatürde, ebeveynlerin besleme uygulamalarının genellikle anne-baba tutumları ile ilişkili olduğu bulunmuştur (Hughes, Power, Fisher, Mueller ve Nicklas, 2005). Anne-baba tutumları ile çocukların Vücut Kitle İndeksi (VKİ), meyve ve sebze tüketimi ve daha sağlıklı beslenmeleri arasında önemli bir bağlantı olduğu ileri sürülmüştür (Kremers, Brug, de Vries ve Engels, 2003; Rhee, Lumeng, Appugliese, Kaciroti ve Bradley, 2006; Schmitz et al., 2002).

Bu nedenle, ebeveynlerin anne-baba tutumlarına bağlı olarak çocuklarını beslerken kullandıkları yöntemlerin, çocuklarının kendi yeme davranışlarını nasıl şekillendireceği üzerinde derin bir etkisi olacaktır. Buna bağlı olarak, anne-baba tutumları, beslenme ortamı ve çocukların ağırlığı arasındaki ilişkinin incelenmesi önerilmiştir. (Shloim, 2015)

Bu çalışmanın amacı, İzmir'deki okul öncesi dönem çocuklarında ebeveynlerin yemek zamanı davranışları, anne-baba tutumları ve çocuklarda yeme davranışı arasındaki ilişkileri incelemektir. Aile birliği ve aile hakkında bir dizi demografik bilgi de dikkate alınacaktır.

102 çocuğun anne ve babalarının (54'ü erkek, 48'i kız çocuk olan ve ortalama yaşın 5,16 olduğu) katılımıyla anne-baba tutumunu, ebeveyn yemek zamanı davranışını, çocuğun yeme davranışını ve aile uyumunu değerlendiren bir dizi öz bildirim anketi yapılmıştır. Ebeveyn yemek zamanı davranış (EYZD) ölçeğinin günlük meyve-sebze tüketimi ile atıştırma modeli alt boyutlarında anne ve babaların aldıkları puanlar arasında anlamlı bir fark olduğunu ortaya çıkarmıştır. Bunun yanında, kilolu ve obez çocukların (VKİ) ölçeğinden aldıkları puanlar ile demokratik ebeveyn tutumu arasında negatif; demokratik ebeveyn tutumu ile EYZD ölçeğinin atıştırma miktarları, olumlu ikna ve atıştırma modeli alt boyutlarından aldıkları puanlar arasında pozitif bir ilişki bulunmuştur. Son olarak, EYZD ölçeğinin olumlu ikna alt boyutu puanları ile çocuklarda yeme davranış (ÇYD) ölçeği alt boyutu arasında negatif; sağlıklı aile işleyişi puanları ile ÇYD ölçeği duygusal aşırı yeme alt boyutu puanları arasında negatif bir ilişkiye rastlanmıştır.

Anahtar Kelimeler: Anne-baba tutumu, besleme uygulamaları, aile içi uyum, yemek zamanı davranışı

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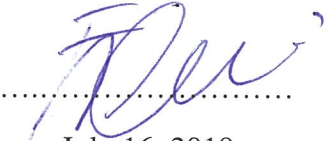
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TEXT OF OATH

I declare and honestly confirm that my study, titled “THE RELATIONSHIP BETWEEN PARENTAL MEALTIME BEHAVIOR AND CHILD EATING BEHAVIOR” and presented as a Master’s Thesis, had been written without applying to any assistance inconsistent with scientific ethics and traditions. I declare, to the best of my knowledge and belief, that all content and ideas drawn directly or indirectly from external sources are indicated in the text and listed in the list of references.

Elif ÇEBİ



July 16, 2019

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LIST OF ABBREVIATIONS

BMI : Body Mass Index

CEBQ : Child's Eating Behavior Questionnaire

FAD : Family Assessment Device

PAS : Parenting Style Scale

PMAS : Parent's Mealtime Action Scale

SPSS : Statistical Package for Social Sciences

CHAPTER 1

INTRODUCTION

1.1. Background of the Study

For the healthy development of children, it is important to maintain nurturing environment according to different nutritional styles of children. Individual differences in nutritional styles are associated with both underweight and overweight of children (Marchi & Cohen, 1990; Ritchie, Welk, Styne, Gerstein & Crawford, 2005). In children, initial learning is a way of imitating individuals in their immediate surroundings. The child is influenced by the parents' eating style and habits. Mom, dad and siblings are the best examples for them.

Today, the children's unhealthy eating habits and behaviors are increasing. (Zaborskis, Lagunaite, Busha & Lubien J, 2012). Different diagnostic classifications are used to describe the problem of eating in childhood (Kerzner, Milano, MacLean, Berall, Stuart & Chatoor, 2015). The child's difficulty in nutritional behavior and adequate nutritional intake is defined as the inability of the child to adjust his meal according to his physiological needs (Doğan & Ertem, 2005). Surveys report that the frequency of eating problems is ~25% in healthy children and 80% in children with developmental delay (Manikam & Perman, 2000; Phalen, 2013). Many factors such as biological, environmental and developmental relationships can lead to eating problems (Doğan & Ertem, 2005).

Biopsychosocial model explicates the progress of nutritional problems which consist of social, psychological, and biological factors (Rommel, De Meyer, Feenstra & Veereman-Wauters, 2003; Sanders, Patel, Le Grice & Shepard, 1993). Although parents insist their children on eating, they may show reluctance and some disruptive behaviors during mealtime like tantrums, extreme slowness, vomiting, retching, and prevalent picky eating (Sanders et. al., 1993).

Among the behavioral and psychological basics of nutritional disorders, there is an interaction between child and parent during meals (Agras, Hammer,

Kraemer & Berkowitz, 1988), parents' beliefs about feeding and parents' characteristics like isolation, maternal depression, and disorder within home (Apugliese, Moses, Lifshitz & Weyman-Daum, 1987). Nutritional difficulties cause some problems among children like underfeeding, severe weight loss, debilitated emotional–mental-academic development, weariness, death or delay in growth (Budd, McGraw, Farbisz, Murphy, Heilman, Werle & Hochstadt 1992; Sisson & Van Hasselt, 1989; Skuse, 1993).

Parental nutritional behaviors and attitudes influence healthy eating habits in children (Brown & Ogden, 2004; Savage, Fisher & Birch, 2007). Children are dependent on their parents for nutrition until a certain age (Savage et. al., 2007). Several studies have shown that parental attitudes and behaviors correlate with children's healthy eating habits and healthy body weights (Birch & Davison, 2001; Savage et. al., 2007). Parents should be aware of children's eating habits; (Brown & Ogden, 2004), social support is important as well (Birch & Davison, 2001).

Parental modelling of attitudes, eating behaviors, and their results for children has been inquired (Birch, Davison & Fisher, 2003; Fisher & Birch, 1999; Francis, Hofer & Birch, 2001; Palfreyman, Haycraft, & Meyer, 2014). The study has shown that results of parental modeling can be either negative or positive. Behaviors of both children and parents were analyzed by researchers. It's been found that there's a relation with positive outcomes in improvement of children's feeding; Reduced level of food pickiness, healthy nutrition like eating vegetables and fruits (Palfreyman et. al., 2012; Tibbs, Haire-Joshu, Schechtman, Brownson, Nanney, Houston & Auslander, 2001; Young, Fors, Fasha & Hayes, 2004), and higher interest in foods (Gregory, Paxton & Brozovic, 2010) and maternal self-reports of modelling. However, it's also found that negative outcomes in development of eating of children; High levels of restriction in eating (Cutting, Fisher, Grimm-Thomas & Birch, 1999), higher level of unhealthy snack food consumption (Brown & Ogden, 2004; Palfreyman et. al., 2012), and rise in behaviors of dieting (Hill & Franklin, 1998; Pike & Rodin, 1991) are caused by parental modelling, too.

For this reason, it is necessary to determine which of the parents' mealtime behavior affects children's eating habits and affirmatively what affects their weight.

In the literature, it has been found that behaviors such as insisting on eating, restricting certain foods, and putting private cooking rules at home are associated with unhealthy eating behaviors (Savage et. al., 2007; Ventura & Birch, 2001). It has been shown that extreme parental pressure causes antipathy to certain foods, leading to the consumption of high energy foods and drinks (Campbell, Crawford & Ball, 2006).

In another study, the frequency of eating with the family has been shown to be associated with a decrease in fastfood consumption, and a higher consumption of vegetables, fruits and fiber-rich foods (Burgess-Champoux, Larson, Neumark-Sztainer, Hannan & Story, 2009). In addition, children are more likely to have snack intake with more support from parents for healthy eating (Ayala, Baquero, Arredondo, Campbell, Larios & Elder, 2007). It is important to realize early that, parental mealtime behavior affects children's eating habits and weight. This requires parents to assess their attitudes towards meal time with valid and reliable measurement tools.

It's claimed by some researchers that social learning within the family is an important factor for nutritional problems (failure to thrive, refusal of foods, allergies and intolerances, iron deficiency anemia, and vitamin D deficiency) in young children (Finney & Christophersen, 1983; Iwata, Riordan, Wohl, Stanley & Finney, 1982). Social learning approach emphasizes the importance of eating together in a family. Problematic nutrition practices can cause continuity of nutritional problems according to this approach. Harmful eating behaviors like providing unhealthy food in excessive amounts, having irregular mealtimes, or uncontrolled food access between mealtimes may occur when parents fail to supply helpful conditions for eating. Additionally, problems can be caused by insufficient encouraging of age-appropriate eating, socially unaccepted mealtime behaviours of parents, verbal/physical directions of parents, insufficient interest for appropriate eating, and unawareness of a child's problematic eating behaviors (Sanders et. al., 1993).

Some researchers stress the significance of factors of social learning in a family as a source and continuation element of problematic eating in young children (Finney & Christophersen, 1983; Iwata et. al., 1982). Explanations of nutritional

difficulties by social learning show the significance of in-family eating embraced interactional continuum. As a result of this and because of some problematic feeding applications, feeding problems may get continuous and worse. This may occur when parents fail to provide appropriate conditions for eating (giving unhealthy food in unfair amounts, having irregular mealtimes, or giving children excessive amount of food between mealtimes). When the views about child socialization and healthy feeding are surveyed, it can be stated that it's a need to examine both parent/clinician views and the concept on child eating behavior again.

1.2. Aim of the study

The aim of pre-school nutrition is to provide children with adequate nutritional diversity and optimal growth and development. In this period of rapid growth, in which the growth rate is slow, the planning of meals in the diet, the development of eating habits, and the acquisition of lifelong positive eating habits should be the target of all parents. As the children in the pre-school period are in the period of growth and development, adequate and balanced nutrition is of special importance.

In the case of inadequate and unbalanced nutrition at these ages, physical development as well as cognitive development and learning abilities seem to be negatively affected. At later ages, the physical development of children can be improved to some degree by improving nutritional status, but the mental development is independent from adequate and balanced nutrition (Köse, 2007).

Eating is not just an act of hunger relief for adults. At the same time it is a form of socialization. It is necessary for parents who want to raise children with balanced eating habits to make the eating environment for their children fit to their liking and to enjoy their meal. Otherwise, it is not possible for children to develop a balanced diet. The methods parents use to feed their children, the general parenting style and specific nutritional practices will have a profound impact on how children develop eating behaviors. It is important to understand the relationship between parenting behavior, nutritional environment and child weight results. (Shloim, 2015)

In this study, the relationship between mealtime behaviors of parents and factors affecting eating behavior of parents, parenting styles and family cohesion will be examined. Thus, healthier feeding ways and the most appropriate behaviors for preschool children will be determined. Information on eating behaviors and factors affecting eating behavior are thought to be important in light of the ability to develop educational programs for children and families, which can reduce the problems in the area.



CHAPTER 2

LITERATURE REVIEW

2.1. The Importance of Healthy, Balanced Nutrition and Feeding in Children

Parents are the first caregivers of their children, so that nutritional and role modeling effects of parents are considered to be the most important factor, especially in the pre-school period of children. It is well known that in childhood, children's healthy development is important because it passed on to adults with that level of development.

The goal of a healthy nutrition in children is the child's future development. However, this nutrition can be attained for nutritional applications consumed in sufficient amounts by taking into account the nutritive values appropriate to the nutrients, age, physical activity, height and weight of the individuals in the basic food groups of daily nutrition. Conversely, consumption of high-calorie foods can lead to overfeeding, as well as feeding on a single food basis. For example; consuming too much carbohydrate groups can cause harmful consequences for the health of the child, resulting in inadequate and unbalanced feeding. For this reason, children should be provided with a variety of foods that can be fed well (Köse, 2007). For the existence of healthy generations, healthy nutrition habits can be achieved with nutrition education to be given especially in pre-school growth and development period.

Parents of pre-school children are mostly the first responsible ones for their children's eating habits (Muslu, Mutlu, Radhakrishnan & Tsang, 2017). It is undeniable that parents both direct and indirect influence on their children because they indirectly try to model the healthy and unhealthy feeding styles to their children (Shloim, 2015). There are different nutritional methods for developing adequate and balanced nutritional behaviors. For example, there are a number of parent related factors, including the weight of the child, the gender, the weight of the parents, and the economic and educational status of the parents, that affect parents' nutrition. (Muslu et. al., 2017).

Nutrition can be described as intake of nutrients that are necessary for a person for growing, developing, and living healthy and productive for a long time (Baysal & Arslan, 2000), and usage of these nutrients by the person's body. Usage of nutrients for growth, development, sustainment of life and physiological functions, and being healthy and productive is named as nutrition. It has been scientifically proven that growth and development are prevented and health is impaired when none of these items are taken or taken more or less as needed. However, it should not be forgotten that feeding is as sociological and psychological factor as it is physiological. Nutrition is important in every period of human life from mother's womb to old age (Arlı, Şanlıer, Küçükkömürler & Yaman, 2003). Nutrition is necessary like breathing, reproduction and protection, so that people and all living beings can live their lives. The purpose of feeding is to be able to get each of the energy and nutritional items, that are necessary due to the individual's age, gender, work and special situation, in sufficient and balanced amounts; and to process and consume the nutrients, which are the source of the energy and the nutritional items, before they lose their nourishing values and become unhealthy (Köksal & Gökmen, 2002).

Achievement to an economically and socially desired level of civilization depends on existence of physically and mentally strong, healthy and talented individuals. The big countries are primarily based on healthy people in all their plans so that they can have a strong workforce. In order to do this, individuals must obtain adequate and balanced nutrition starting from within their families, while they acquire positive eating behaviors and habits (Hasipek & Sürücüoğlu, 1994). One of the most important factors directly affecting the physical, emotional development and social behaviors of the child is adequate and balanced nutrition in accordance with his age, gender and activity (Ünüsan, 2001).

When we look at nutritional problems in the world, it seems that there are two main problems. The first is the health problems caused by people not being able to find enough nutrients and the second is due to excessive and unbalanced nutrition. In both cases, human health can be at risk, people are hungry due to hunger in some parts of the world, and in other places people can suffer from difficulties due to excessive and unbalanced health problems. Therefore, in order to preserve the health of people, which is the most precious asset, they need to give great importance to adequate and balanced nutrition (Demirci, 2003).

Individuals need to be fed adequately and balancedly for healthy development of their physical structure, physiological activities, achievement statuses, and emotional structures. Especially, much more emphasis should be placed on the feeding of children and adolescents, who constitute the core of the society, and are most affected and harmed by the nutritional deficiencies in a process of growth and development. Because children and young people, who comprise the vast majority of the country's population, must be adequately and balancedly fed since that is a prerequisite for them to be healthy individuals in the future (Çomak, 2008).

Having constructive eating behaviors is a prerequisite for acquiring healthy eating habits through eating adequately and balancedly. Especially, children who gain positive eating behaviors in the pre-school period continue their behavior in the later periods of their lives and they can feed adequately and balancedly. Adequate and balanced eating habit is one of the conditions for being able to be mentally, physically, and spiritually healthy. Adequate and balanced feeding is vital for children. Because children's primary areas of development are directly linked to nutrition. The mental potential of a child who is fed adequately and balanced expands, his physical development and weight follow a normal development line, and his life prosperity and resistance to difficulties increases (Özbey, 2008).

Nutrition responsibilities of babies are as important as they are during infancy. When childhood period is compared with the infancy period of a child, despite a slowdown of the physical growth, childhood is a period in which the child develops considerably in social, cognitive and emotional areas. Optimal nutrition, in other words, adequate and balanced nutrition, is as important in childhood period as it is in infancy period. Nutrition programs for pre-school and school children should aim at maintaining a healthy life, reducing the risk of illness, and even preventing it, as well as providing growth and development. It is possible to achieve this goal by choosing nutrients appropriate to the age of the child, without disturbing the child's eating habits, mouth taste, and preferences (Yardımcı, Örmeci, Özdoğan, Sürücüoğlu & Özçelik, 2015).

2.2 Children Eating Behaviors

Eating habits developed in childhood are continued when children go to school and pass to adulthood. Thus, nutrition education in early childhood (0-6

years) may provide a basis for healthy eating habits throughout life (Matheson, Spranger & Saxe, 2002). It is also the period in which food habits are acquired, and enjoyed and disliked nutrients are determined. When children adopt well nutrition habits in this period, they can feed correctly and balanced with good nutrition habits throughout their lives (Arlı et. al., 2003).

In developing children's eating habits; social and economic status of the family, parent's level of education, eating and feeding habits, traditions and customs, environmental conditions are important. And the balanced eating habits gained during this period ensure that children get the energy and calories needed for their growth and that they are healthy and resistant to diseases. Parents' attitudes towards children generally affect their attitudes as well as their behavior. Therefore, a change in the behavior of children in terms of eating can have many different causes. If there is a problem with the food, it should be investigated first (Köse, 2007).

Among prevalent eating problems encountered in pre-school children, there is a decrease in the amount of food, inappetency, slowness in eating, or choosing food. A problem with this issue is that parents should not worry about such changes in their children's eating habits and should not force them to eat. It should not be forgotten that the developmental characteristics and needs of every age are different. Therefore, the amount of eating of children in different periods may also change. In the first year of life, babies show a tremendous growth and multiply birth weight by about a third. In order for this growth rate to continue, a lot of food is needed. On the other hand, pre-school children do not need as much food because the growth rate slows down. As a matter of fact, after 1 year of age, a marked decrease in children's appetite is observed. Therefore, the reduction in the amount of food that is observed in the pre-school period may actually be one of the developmental characteristics of this period (Köse, 2007).

The importance of nutrition during the 0-6 age group is to provide adequate nutritional diversity and optimal growth and development. In this period of slow growth level and rapid motor development, it should be aimed at planning meal order, and getting children improve eating habits and adopt positive lifelong nutrition habits (Kutluay & Merdol, 1999). The most common behavior of 1-5 year old children is to deny the food in order to express their reactions to their family or to their environment. Besides, behaviors such as warning, punishment, and comparison

with other children can cause the child to refuse food as the family table is where the family is often together, and an environment where the family members talk about many different things together with children. Reluctance and fluctuations in appetite loss are also reflected in behavior (Köksal & Gökmen, 2002). The developmental order of eating behaviors in children and the eating behaviors that should be shown by age (Bulduk, Yabancı and Demircioğlu, 2002) are shown in Table 2.1

Table 2.1. Improvement in Eating Behavior in Children

Age (months)	Eating Behavior
0-4	Sucking reflex comes from birth. In the fourth month he/she notices the foods.
5-8	In the fifth month he/she holds some foods (apples, carrots etc). Can sit down without support. Can hold the bottle with both hands.
9-11	Can start to suck the food in his mouth. Can start chewing food. Can drink water and milk from the cup with help.
12-18	Can leave the bottle. Can pass the empty plate. Can start eating with a spoon spilling food. Can sit at the table.
19-22	Can drink water and milk from the cup without help Can eat with a spoon. Can open the paper of food wrapped in paper.
23-24	Can start to use forks.
25-36	Can bail out the fluid from bottle to the cup Can drink water/milk using pipet. Three years old, can eat his/her food without any help.
4-6 years old	Can use napkins. Can choose and use the right staff (knife/fork/spoon) for the meal. Can cut soft things with knife. Can pour and carry water without spilling or overflowing. Can get food to his/her plate. Can finish his/her meal in appropriate time.

Contribution to a preschool child's eating behavior will have an impact on the child's future health and eating behavior (Köksal, 2007). Mothers and fathers should never forget that children have food choices. Because children have limited preferences, they can not eat every meal with their own appetite. Parents need to find ways to make children like food for a healthy diet. In order to avoid this; As long as the family puts the foods that the child does not like on the table and makes the child see and learn them, the child will eat these foods with great pleasure in the future. A

child who sees the same food over and over again will often want to taste spontaneously after a while (Merdol, 2008).

Tripp (2001) stated that learning the basic principles of nutrition from infancy until the age of 6 years and the eating habits in those years are important to prevent illness in the future, good nutrition and proper exercise habits in the pre-school years provide a healthy basis. Mothers and fathers have a great influence on children's eating behaviors. These behaviors can be positive and/or negative. Both positive and negative results can be caused by the formation of both parents' behaviors. Parents who negatively affect their child's eating habits negatively affect their eating behaviors such as pressure to eat, reward, punishment, etc. (Kavas, 2002). Dependence on single food items in children is a common practice (Kavas, 2002).

Nutrient diversity should be provided at the child's feeding. The child should be accustomed to various types of meals without difficulty and an example should be formed as parents. This behavior should be attempted to acquire the habit of choosing the correct meals that extend to the ages. Children should be fed regularly and without skipping meals. Apart from the meals, the child should be tried to get used to a regular nutrition program, such as not allowing food such as biscuits, pretzels, coke, chocolate to be eaten. Self-eating habits should be a part of the child's development. Food should not be placed in the tray more than it needs. In order for the child to gain healthy eating habits and complete his growth and development, feeding him with all kinds of food, proper cooking methods and eating without meals is a prerequisite for the child to be a healthy individual (Kavas, 2002).

No doubt the most important issue in the child's feeding is the eating habit within the framework of "healthy eating". The child builds his first emotional bonds with his own nourishment. In this respect, the elders in the family have a very important place in establishing children's eating habits. The most important problems in child nutrition arise from the fact that children gain wrong nutrition habits. Nutrients such as protein, fat, carbohydrates, vitamins and minerals necessary for adequate and balanced nutrition are provided with nutrients. Nutrients are different in terms of types and quantities of the nutrients they contain. Some foods are rich in protein and some are rich in vitamins and minerals (Arlı et al., 2002).

Nutritional problems in children are usually seen after the first year. Resistance and stubbornness to eat especially begins between the ages of 1-2. This is a problem in the transition from mother milk to additional food. Among nutritional behaviors, behaviors such as emotional eating and slowness in eating are examples of negative behaviors. In general, negative emotional state means more food consumption, but more recent studies have emotionally separated eating and emotionally overdosing (Wardle & Gibson 2001).

Emotional over-eating and emotional under-eating can be characterized by an increase or decrease in eating in response to positive emotions such as joy, happiness, and a range of negative emotions such as anger and anxiety (Sleddens, Kremers & Thijs, 2008). Appetite increases and decreases can be seen in emotional situations in emotional feeding. For example, while dementia increases appetite, it can reduce sadness. Intense emotions suppress food intake and negative emotions can reduce nutrient intake. (Macht, 2008; Troop, Treasure & Serpell 2002). Emotional eating is common in obese children and has a linear relationship with BMI. There was a positive relationship between emotional overeating and children's BMI, while a negative relationship between emotional underemployment and children's BMI was found (Viana, Sinde & Saxton, 2008).

In school-age children, emotional over-eating, especially sweet / salty energy intensive foods and sugary drinks are preferred (Blissett, Haycraft & Farrow, 2010). Blissett, Haycraft and Farrow (2010) reported that there is a relationship between emotional eating and food intake, according to the parental reports in the eating behavior survey conducted on 9-12 year old Belgian school children. Children with negative feelings were found to have higher emotional eating scores and more caloric, fat and sugar content tend to consume high energy.

People have stated that they tend to eat excessively as a way of coping with emotional stress based on early learned experiences (Sleddens et. al., 2008). Emotional overeating occurs early in life. Emotional over-eating has been reported to be 27% in girls aged five years, but similar in children aged 7-12 years. In a study conducted, it was found that emotional and measured eating scores were significantly higher in girls than in boys and significantly correlated with weight gain (Snoek, Van Strien, Janssens & Engels 2007). In a study, scores on scales linked to stronger satiety responsiveness, such as eating slowly, being fussy about eating, getting full

easily or eating less in conditions of emotional arousal, decreased in time. On the other hand, traits linked to food responsiveness and upregulation of eating, such as enjoyment of food, or overeating in response to emotional arousal, increased over time. (Ashcroft, Semmler, Carnell & Van Jaarsveld, 2008). In adolescents, emotional stress can respond to excessive eating in response (Nguyen-Rodriguez, Chou, Unger & Spruijt-Metz, 2008). Emotional under-eating represents a biological response in some ways. Because emotional arousal often reduces eating activity (Wardle & Gibson, 2001). In one study, it was reported that young children show the natural reaction to emotional stressors (loss of appetite when feeling lonely, depressed or afraid) and that emotional (over) eating at this age is quite abnormal. (Van Strien & Oosterveld, 2008). Parents reported that children aged 2-6 eat less in response to emotional stress (Wardle & Gibson, 2001). In a study, children aged 7-12 years responded by reducing emotional stress food intake, and seven-year-old overeating response was not fully developed (Sleddens et. al., 2008).

Slowness in eating is usually measured behaviorally, but is based on reports from parents in the clinical literature that the child has lingered or has spent more than 30 minutes a day. It has been reported that slow eating of babies and young children (> 30 minutes to finish the meal) is associated with problematic eating behaviors (Reau, Senturia, Lebailly & Christoffel, 1996; Wardle, Guthrie, Sanderson & Rapoport, 2001).

2.3 Children's Feeding Difficulties

Feeding difficulties are common in early childhood. Parents' reports on their children's nutrition suggest that 24% of parents with 2-year-olds, 19% with 3-year-olds, and 18% with 4-year-olds have problems feeding their children (Beautrais, Fergusson & Shannon, 1982). The reluctance to eat some familiar or unusual food types known as picky eating (Dovey, Staples, Gibson & Halford, 2008) appears to be the most common in early childhood. The rates vary between 5.6% and 59.3% depending on the identification and evaluation methods used. Although information on the health consequences of picky eaters is inadequate (Mascola, Bryson & Agras, 2010), longitudinal studies, researches, indicate that pick eating is associated with nutritional deficiencies (Galloway, Fiorito, Lee & Birch, 2005), low weight (Galloway, Fiorito, Francis & Birch, 2006), behavioral problems, and anxiety and depression indications.

If it was not noticed by people in research, it would be seen that feeding difficulties tend to continue towards later childhood and adolescence. Late awareness is more or less difficult to correct (Dahl & Sundelin, 1992; Marchi & Cohen, 1990). While children with feeding difficulties are often show retarded growth and delayed cognitive development, their sitters are exposed to higher levels of stress.

Parents often express concerns about their children's being picky or fussy eaters (Mascola et. al., 2010). Due to their picky eating, children can not utilize food and related foods adequately (Dovey et al., 2008; Galloway et. al., 2005). Food complexity can create a barrier to healthy food consumption and a healthy BMI with associated problems such as low fruit and vegetable intake (Galloway et. al., 2005; Jacobi et al., 2003) and basic nutritional deficiencies (Falciglia, Couch, Gribble, Pabst & Frank 2000). Considering that the fussy eating habits that are established during childhood may continue in the later period (Nicklaus, Boggio, Chabanet & Issanchou, 2005), the family is at the forefront of picky or fussy eating to change them. The development of eating behavior in children should be based on the family (Ventura & Birch, 2008).

There are other ways in which to choose to eat food without having to pressure the children to eat it. First of all, it is necessary to make eating fun for the child. Above all, it is necessary to create a cheerful and happy atmosphere at the time of meals so that these hours are the hours that make the child happy. Also allow the child to help the parent while preparing the meal. It can also help the child to be interested in a new and different food. An important aspect of socialization of children's meal by parents is the eating environment for the family. It is accepted that providing children with more healthy food depends on the frequency of family meals (Hammons & Fiese, 2011; Neumark-Sztainer, Wall, Story & Fulkerson, 2004).

Distractions and distraction factors during meals have also been associated with the presence of child feeding problems (Cooper, Nemet & Galassetti, 2004). Parental use of distractions at meal times (a child will attract attention without attention deficit) is accepted as a diagnostic criterion for childhood nutritional disorders (Levine, Mizushima & Virgin, 2011). However, the research results made by Levine et. al. (2011) are more complicated. Distractions such as watching TV have been linked to higher energy intake during meal times (Coon, Goldberg, Rogers & Tucker, 2001) and excessive weight (Dubois, Dehaene-Lambertz, Soares,

Cointepas, Le Bihan & Hertz-Pannier, 2008). Besides, further research is needed to clarify the relationship between fussy eating and its use. Considering meal environment, another important factor is possibly child's autonomy (Satter, 1990; 1995). Satter (1995) emphasizes importance of mutuality during feeding process. Babies and little children should be provided with choosing and exploration opportunities (Satter, 1990). Over time, research has shown that when autonomy is given, young children have a tendency to get enough diets in terms of eating various foods and nutrition (Rolls, 1986). For this reason, it is estimated that autonomy or decision-making in food selection or portion size may be important in the development of adaptive eating behavior (Powell, Frankel & Hernandez, 2017).

In a different study; house is an environment that has deeply influenced health and body weight especially for children and has not yet been sufficiently researched (Monasta, Batty, Cattaneo, Lutje, Ronfani, Van Lenthe & Brug, 2010; Papas, Alberg, Ewing, Helzlsouer, Gary & Klassen, 2007). Among the home environment factors are the physical environment such as food accessibility and accessibility and physical activity opportunities, as well as behavioral environments such as self-sufficiency, self-regulation abilities, and nutrition practices that parents use with their children for change. In the home environment, a particularly noticeable behavior is to share the time of the meal. Evidence that often supports the benefits of family meals is considered to be an important part of development and promotion of health for children (Fruh, Fulkerson, Mulekar, Kendrick & Clanton, 2011). Furthermore, the American Academy of Pediatrics recommends that families eat regularly as part of their childhood obesity prevention strategies. This regularity is provided by eating together in a family setting (Martin-Biggers, Spaccarotella, Berhaupt-Glickstein, Hongu, Worobey & Byrd-Bredbenner, 2014).

Some studies have begun to focus on more accurate ways of discussing picky eating. Rather than focusing on more concrete behaviors, such as food rejection, it has consequently definitively defined " picky eating " (Lafraire, Rioux, Giboreau & Picard, 2016). Until now, picky eating has been discovered by observing child behavior, such as the acceptance or intake of too little food (Boquin, Smith-Simpson, Donovan & Lee, 2014; Werthmann, Jansen, Havermans, Nederkoorn, Kremers & Roefs, 2015). This kind of behavioral study (Boquin et. al., 2014) found that 2-4 year old selective eaters were mostly disappointed by catering, that they were examining food, demanding a different kind of food, or reluctant to try a food

item. The non- picky eaters were served the same dishes. Besides, it is important to note that, together with all of this, parents both describe children as picky eaters and assess children's eating-time behaviors (Fries, Martin & van der Horst, 2017).

Some parents' behaviors were more likely to perceive behavior (for example if the child seems to be disappointed), especially in behaviors that require subjective judgment. Thus, in observational studies for objective assessment, it is necessary to determine whether these behaviors have emerged as a consequence of selective eating or parental perception (Fries et al., 2017). Nutritional problems are seen in 25-35% of all children (Babbitt, Hoch, Coe, Cataldo, Kelly, Stackhouse & Perman, 1994). Most are mild and improve without intervention. Sometimes it can lead to serious problems at levels that will adversely affect development. Eating problems often disrupt the relationship between mother and baby. Sometimes it is too late in seeking help for eating problems and the treatment can become quite difficult. In a Swedish study of 841 infants with eating disorders of 30-71 weeks, the relationship between dietary factors (colic, vomiting, loss of appetite, refusal to eat, swallowing problems, denial of solid foods) and various factors were examined. According to this study, it was determined that eating problems were more frequent in girls. The children with eating problems had more siblings. Children with colic (severe gas pains, crying attacks due to abdominal pain) were found to be less able to concentrate during feeding. The rate of working mothers is higher in children with eating problems. The story of eating before is more in the family. Physical problems are more common during pregnancy in a group that refuses colic or food. Severe breastfeeding problems and vomiting may accompany. More diarrhea in the colic group and more restlessness during the meal are noted. Families of children with eating disorders are more concerned about the child's general health.

Chatoor, Getson, Menvielle, Brasseaux, Rivera and Mrazek (1998) examined parent-child relationships of infants with eating disorders and observed three types of relationship patterns. In first type, there is no regular and calm nutrition that starts at three months of birth and is called "homeostatic feeding disorder". Parents can often be anxious, depressed and have high levels of stress. In second type, there is no secure connection between the type of mother and baby, called "attachment-related feeding disorder", that starts from the second month to the eighth month. Parents can have serious psychiatric problems such as personality disorder, alcohol and substance abuse. In this third type, which begins between the

sixth month of age and the age of three and is called "separation-related feeding disorder" or "infantile anorexia", there is a clear conflict between mother and baby. Especially problems in control, autonomy and independence pattern are observed. Feeding difficulties include picky eating, eating phobia, rejection due to emotion status, messy, noisy, or disruptive mealtime behavior, total food refusing.

Picky eating, also defined as fussy eating, selective eating, faddy eating, and choosy eating, is a complex behavior refers to a combination of traits. As Jacobi, Schmitz and Agras (2008) stated, picky eating has been described as “more of an umbrella term for a spectrum of characteristics perceived by a caretaker or researcher”. Some of the common behavioral traits that have been used to characterize picky eating include food selectivity (i.e., avoiding the intake of certain foods or food groups), sensory-sensitivity (i.e., avoidance of a food based on its sensory properties, or requiring the preparation or presentation of meals in a very particular way) and lack of interest in eating (i.e., eats only small amounts of food, has a poor appetite, eats slowly). (Samuel, Musa-Veloso, Ho, Venditti & Shahkhalili-Dulloo, 2018).

Rejection due to emotion status can be defined as a child's refusal to eat due to his / her mood or restricted food. It is often associated with features such as depression, anxiety, refusal to eat in sad situations, obsessive behaviors, fear and refusal to go to school. Unlike Anorexia Nervosa, the child has not stopped eating because of his obsessions with body and weight (Gonçalves, Moreira, Trindade & Fiates, 2013).

In the context of a good diet, the role of the parent and the child must be clearly defined and clearly shared. The parent is responsible for what the child will offer as a meal. In doing so, he can use his knowledge of healthy eating and his experiences with food that the child likes. It is also responsible for when and how the parent will eat (ie which rules apply to the food table). This rule must be respected. Of course the parent also determines the atmosphere of the dining environment. The child decides whether or not to accept this offer. He decides how much to eat according to the feeling of hunger; and when it is full. If the parent can realize this from birth, the child succeeds in organizing himself / herself in a healthy manner.

In addition, for the purpose of the child's education, it is necessary to comply with a number of family members in order to eat food on the ideal conditions together with the family. so that the child will be more comfortable and quicker to overcome their nutritional difficulties and gain an eating habit. These rules include the shape of the table, mealtimes, external factors (TV watching, negative sound, noise), and starting to eat together. Especially when the meal time is not standardized, the child is affected psychologically from such a disorganized order. Television is one of the most important reasons of why children's meal times are scattered. In a research conducted on television an association has found between watching and children's unhealthy eating habits. This relationship is influenced by variables such as gender, race, level of reading, parental education and occupation (Günlü, 2010). Especially watching TV during meal time can cause children and adolescents to influence their eating behavior and gain negative eating behaviors. There is a close relationship between television watching and children's food consumption. Research suggests that children who are members of families whose television is normal when they are eating tend to consume less fruit, vegetables and consume more pizza, snack foods, and sodas (Coon et. al., 2001).

When children are refused food, nutrition can be a source of stress for the mother, father and baby. Eating disorder is defined as the refusal of the child to receive adequate nutrition for at least one month during infancy or early childhood. Often, eating refuses start between 6 months and 3 years of age, during the transition to feeding with the spoon and during the child's self-feeding period. This problem is seen in up to 40% of children in early childhood and schooling. 1-2% of eating problems during infancy are confronted as serious eating disorders and 70% of them are still in childhood. This can lead to negative consequences such as growth retardation, malnutrition, developmental and psychological deficiencies, social problems, invasive medical interventions such as tuberos nutrition, and death (Gonçalves et. al., 2013).

2.4.The Impact of Family on Children's Eating Habits

The family factor is the most important factor affecting the eating behavior of children. Family is an institution that shapes and directs the psychological development and behaviors of children and adolescents in context of physiological, economic, cultural and societal, and which starts before the birth of a person and

affects his life till the end (Erbil, Divan & Önder, 2006). In the 20th century, biological factors related to eating disorders have begun to be investigated more deeply (Karwautz, Rabe-Hesketh, Zhao, Sham, Collier, & Treasure, 2001), especially since new methods that enable us to use genome maps used and to investigate genetic predisposition have been developed.

The results of studies on family and twins indicate a familial predisposition to eating disorders (Kaye, Klump, Frank & Strober, 2000). The level of knowledge of families about nutrition and diet is important in determining nutrition habits. It is important that parents control their children's feeding. However, their level of knowledge must also be sufficient for this control (Altun, Güven, Basak and Akbulut, 2005). In a study conducted by Yardımcı (1992) on mothers who have children in primary education, the accuracy of the answers given by mothers on the feeding of primary school children was not high.

Many factors such as the education and profession of the mother and father, the number of the individuals in the family, the family structure and the living conditions are the important factors determining the nutritional statuses of children (Açkurt & Wetherilt, 1991). Parents and educators should know that learning as an early age model is effective, and thus provide model behaviors in such topics as cleaning, order, eating, etc.. (Lawatsh, 1990). In a study conducted to determine the growth-development and nutritional status of 0-6 age group children, it was determined that there was a significant relationship between mother's education level, the number of children in the family and the state of breastfeeding, and the growth-development status of children (Hayran, Kayhan and Aksayan, 1990).

The place where children gain the best nutritional habits is family dinner table. Various researches on this subject have also shown the importance of family dinner in this regard. There is a relationship between parents' behaviors and child's behavior during meal . The negative reaction of the family may be a reaction to the child's malnutrition, or it may be a precursor of it. A social interaction environment is an important determinant of a child's food choice. Negative approaches to children seem to be a form of behavior often used by families (Contento & Basch, 1993).

Undoubtfully, the most important issue in the child's nutrition is gaining an eating habit in the context of healthy nutrition. A child builds his first emotional

bonds with the one who feeds him/her. In this respect, the elders in the family have a very important place in the children's eating habits (Arlı et al., 2003). As children develop into an adult diet, he learns about social and cultural customs related to food and eating, and socializes to adapt to adult eating behaviors and attitudes (Rolls, Engel & Birch, 2000). Parents often worry that their children choose food. However, the ways to respond to this eating habit are different. Parents play an important role in improving eating behaviors of children through their parenting styles and feeding styles. (Shloim, 2015). As a result, when the attitudes of the parents are taken into account in the feeding of the children; They seem to think that they prefer to deprive an activity they love in situations where the child does not want to eat, but that they are not always effective in solving the problem. It is noteworthy that in decisions and rules about food, the decisions taken by choosing to eat another food instead of a food the child does not want to eat are not treated consistently. Some mothers, on the other hand, think that other children outside the mother and father are also influencing children's eating habits. It is the responsibility of each family member to educate children to acquire dietary habits (Tepe, 2010).

Parents' insistence on eating negatively affects their children's eating habits. According to Behaviorist theorist Guthrie, in order to prevent unwanted behavior, the main thing to do is to remove the stimulus that causes unwanted behavior. The punishment imposed can not be an effective method if it does not serve this purpose. It is necessary to avoid giving punishments that may cause the child to experience negative emotions.

Accordingly, in order to correct the child's eating habits, it is first necessary to observe in which situations the behavior occurs. Once you have identified what causes you to eat, it can be said that you should look for ways to give different reactions in the same situation. Again, eating a food for the child may be the result of conditionality. For example, if a food you have eaten previously caused a nausea, you may refuse to eat it for a long time. The relationship that the child sets up between this food and the nausea is a conditional example and is known as the Garcia effect (Uz Baş, 2007).

In this case, it may be advisable that the foods the children refuse to eat are presented with the foods they prefer to eat more. It can also be beneficial to give the child the opportunity to adjust the amount of food, to notice when he / she has not

eaten, to feel when he / she has eaten, to talk about the benefits of foods and their positive effects on health, and to provide opportunities for the child to express himself / herself. Besides, it should be avoided that the child insists on eating too much, is strict and ruthless about food, eating with games and fairy tales, and behaving inattentively to the child with no appetite (Razon, 2013).

2.5. Parenting Styles

Experts working in the field of developmental psychology have long wondered how parents have influenced the development of their children. But it is difficult to discover the relationship between parents' behaviors and their children's future behaviors. Some children grow up in different environments and acquire similar personalities, while some children may grow up in the same environment and become different personalities. Despite these difficulties, researchers have a very basic theory of parents' styles and their effects on children. In the early '60s, psychologist Diana Baumrind conducted a study with more than 100 pre-school children. Using observation, parent interviews and other research methods, she discovered four types of building blocks that are important to parenting which are; Sense of discipline, Maintenance and support, Communication style, Maturity expectations and control. Based on these size / building blocks, Baumrind stated that there are 3 different parenting styles (Baumrind, 1991), and in 1983 Maccoby and Martin added a fourth parenting style to these attitudes (Maccoby and Martin, 1983).

2.5.1. Authoritarian Parenting

Such parents expect their children to completely strict with the rules. Failure to obey the rules will bring punishment. Authoritarian parents have difficulty explaining the reasons behind the rules. When an explanation is expected, there are simple answers: "Because I said so!" These parents are in high expectation, but they are not very sensitive to their children. According to Baumrind (1991), this type of parents are those who attach importance to obedience, who are status-focused, and who are waiting to comply with their rules without any explanation.

When we look at eating behaviors in children with authoritarian parenting, we can see that the child who sees you overly concerned about eating food will enjoy using it after he/she catches this sensitive side of yours. The common characteristic of children is that they develop a negative attitude towards the subject they are most

under pressure. In this way, a desired nutrition will not be provided. However, it may be advisable in order to be able to lead 0-2 aged children to obtaining a regular eating habit .

2.5.2. Authoritative (Democratic) Parenting

Like authoritarian parents, authoritative parents put rules and expect to adhere to their rules, but this kind of parenting works in a more democratic manner. Authoritative parents are sensitive to their children and are eager to listen to their questions. When a child makes a mistake, such parents try to protect it and are more willing to forgive than punishment. Baumrind (1991) has recommended to Authoritative parents that the rules for their children be clear and followable. Baumrind (1991) sees such parents as advocating their rights, but not challenging and non-restrictive. Disciplinary methods of them are very supportive of the child rather than daunting and they want their children to grow up as able to advocate their rights, self-sufficient, co-operative, and sensitive to collective rights.

When we look at eating behaviors in children with authoritative parenting; it is observed that both the children's and their families' demands are met because they always offer alternatives to the children. They also give the children the opportunity to make appropriate choices for his age. Offering choices help to teach children problem-solving skills, and to encourage them to tak responsibility, and to increase their freedom. It is fairly simple but effective behavior to provide alternative food or to say to the child that he/ she will remain hungry when he/she chooses not to eat, and to support it with behavior at the same time. Thus, children can take the nutrient from another nutritional alternative. So, the authoritative parenting can determine the duration of a meal and what foods are available, but may allow the child to serve himself and choose how much to eat.

2.5.3. Permissive Parenting

Permissive parents demand less from the child. Such parents rarely discipline their children because they have less expectations for maturity and self-control. According to Baumrind (1991), permissive parents are more sensitive than demanding, far from tradition and tolerant. They allow children to self-supervise and avoid confrontation. Permissive parents are usually people who care about their

children and communicate well with them, but, rather than a parent-child relationship, there is a friendship relationship between them.

When you look at eating behavior in children, you see that children who grow up with permissive parental attitudes can not know their boundaries because they are accustomed to irregularities, can not postpone their requests, and become ill-tempered when their requests are delayed. Because of the unlimited consumption of their favorite foods, it is highly likely that these children will have selective eating and obesity.

2.5.4. Irrelevant (Uninvolved) Parenting

Such parents are almost irresponsible to their children, they have little expectation from them, and their communication with their children is limited. They meet the basic needs of their children, but they are disconnected from their children's lives. In some extreme cases, they can even be observed neglecting their children.

When looking at eating behaviors in children with irrelevant parenting; since parents do not have a warm relationship with the child and do not help the child, they can not help their children obtain a regular eating habit. The child consumes the food he loves. Parenting Styles show differences due to such factors as culture, personality, number of people in the family, socioeconomic status, education level. It is emphasized that an authoritative parenting style is often associated with the most positive child outcomes, such as higher school performance (Maccoby & Martin, 1983) and a more positive and orderly home food environment (Shloim, 2015).

2.6. Feeding Style and Feeding Practices

Feeding styles can be seen as a sub-parental style category specific to mealtimes; and for that reason, in the context of nutrition, same demand and willingness dimensions get applied (Hughes et al., 2005; Ventura & Birch, 2008, Blissett et. al., 2010). Parents are actively promoting their children to eat as they have an authoritative eating style. But, they do so through supportive behaviors, including rules that are expressed sensitively. However, with an authoritarian style, parents encourage eating via parent-centered rules (Shloim, 2015).

Feeding practices point to specific parental behaviors that parents use to directly influence their children's eating. This may include initiatives to increase or decrease the intake of certain foods. Among common feeding practices are: Modeling of eating behavior, the restriction of certain types of foods, forcing the children to eat, rewarding positive behavior with food and existence of food at home (Shloim, 2015).

Feeding practices are specific behaviors are such behaviors as modeling a meal or restricting a child's intake that parents use to control when and how much their children , eat or consume something It is shown that many practices are associated with children's weight statuses. Parents' attitudes and beliefs or parenting style that creates an emotional environment for the parent-child interactions is an important determinant of children's weight statuses and the general attitudes, beliefs and behaviors towards nutrition and food, (Savage et.al., 2007; Ventura & Birch, 2008).

Other classifications of feeding practices include clear and confidential control. The first is defined as the control by the parent that can be perceived by the parent and can not be perceived by the child (Ogden, Reynolds & Smith, 2006). Although parents generally have dominant parenting styles, actual parenting practices, behaviors, or strategies may vary depending on the content (Kasparian, 2017). Parental feeding practices are usually a combination of various strategies that can vary depending on a number of factors, such as parental age, country of residence, and child sex (Brown & Ogden, 2004; Kasparian, 2017; Ogele, & Gibson, 2008). As a result, Parents seem to be interacting with their children (parenting style) and especially at times of eating (feeding style). This interaction can affect the choice of parental feeding practices or the consequences of these practices (Collins, Duncanson & Burrows, 2014; Larsen, Hermans, Sleddens, Engels, Fisher & Kremers, 2015; Stang & Loth, 2011).

2.7. Models That The Child Plays in Winning Nutrition Habits

Children learn to eat not only by their own experience, but also by watching others (Petti, Voelker, Shore & Hayman-Abello, 2003). The evolving dimension of the research shows similarities between parents and children's choice of food, consumption and willingness to consume new foods. Especially mother and children

show great similarities in food selection and eating (Chen, Fontham, Groves, Craig, & Correa, 1991).

Children's consumption of fruits and vegetables is undoubtedly similar to that of their parents, and their parents' healthy eating habits depend on consuming low-fat foods (Fisher et al., 2005). According to research by Rozin and his colleagues, children in Mexican families are more eager to eat spicy foods compared to the elder family members of the family. It would be more effective for them to see their mother than the one they do not know because when they see any such adult eating a food they do not know they are more prone to taste it (Rozin, 1990).

Another research shows that children are better able to adopt others' eating styles as a model. For example; parents who report problems with feeding or forcing on nutrition will be the girls with similar behavior. For these reasons, parents' attitudes and behaviors related to eating, preferences and eating patterns are related to similar behaviors in their children (Cutting et. al., 1999). Understanding children's eating habits and behaviors is important for children's health. Evidences, testimonies are indications which show that childhood eating habits continue during adulthood (Kelder, Perry, Klepp & Lytle, 1994; Nicklas, 1995, Steptoe, Pollard & Wardle, 1995). Research also shows that childhood nutrition plays a role in adult health (Berenson et al., 1998; Hales et al., 1991; Moller et al., 1994). There is a need for adequate and balanced nutrition to be healthy, strong and calm, to prevent nutrition-related persistent diseases and to improve quality of life.

In many parts of the world, childhood malnutrition (stunting / weakness) is an important public health problem. Social values on weakness cause parents and children to be particularly interested in the amount and type of food consumed by their daughters. Traditionally, a child with a high body weight and much eating habit is considered healthy. When considerations about being a good parent and being able to raise good and healthy children gets combined with the belief that fat child is healthy child, parents may feel guilty thinking that they can not raise their children well (Anon, 2000). By informing parents and educators that early learning is effective as an early model; they should set model behaviors on such topics as cleaning, order, eating, etc. (Lawatsh, 1990).

In a study conducted, it was observed that parents used controls on children's behaviors in potentially problematic and important areas for themselves or the child. For example, parents who have problems with balancing their own nutrition or body weight can be cautious about having their children eat unhealthy and "fattening" foods. This is evident in families where parents with problematic eating or weight problems (Fister & Birch, 1999).

In recent years, changes in children's lifestyles and eating habits may be linked to changes in family and social life in general. These changes are due to increases in working families, a decrease in the number of births and family members, advances in agriculture, fisheries, and food technology, rapid population shifts to urban areas, the spread of health institutions and education, the increase in the scope of television and the start of children at an earlier age (Selimoğlu, Aydoğdu & Yağcı, 2000).

2.8.Home Environment and Family Relationships

The child's good nutrition habits; the mother and other family members play a very important role in ensuring that their behavior is consistent, measurable, coherent and loving. Individuals who share the duty and responsibility to educate the child must be a limitation in their tolerant and understanding behavior about the child's nutrition. However, the borders must not be exceeded. Good habits can not be earned by behaviors such as punishment for solid prohibitions, unlimited tolerance, and giving and doing of the child's every wish (Köse, 2007).

A variety of factors such as the inadequate attitude and behavior of family members, the inability to assess the child's mental status, the low level of education, the lack of realistic value judgments, and discord among individuals make it difficult for the child to nurture and acquire good habits. The child is affected by what they do more than they say about nutrition, and imitates what they do (Köse, 2007).

Nutrition hours and family functions should be brought to a happy event that the child is expecting. Discussions, conflicts, painful and grievous speeches should not be made on the family table, and children should be taken care of. Parents should not mention that their child does not like certain foods, the child rarely eats, does not have appetite and does not like certain foods, and should not compare with other children. The child should be helped until the self-feeding skill is developed, then the

food of the child itself must be provided, and the child should not be over-helped. In the age to understand, the child should be encouraged to speak well, be guided by interesting things, and be helped to gain good habits by taking advantage of the opportunities. Again, it is not right to feed someone else who can eat on their own (Köse, 2007).

Among prevalent eating problems encountered in pre-school children, there is a decrease in the amount of food, anorexia, slow food, or choosing food. A problem with this issue is that parents should not worry about such changes in their children's eating habits and should not pressure them to eat.

The inability of parents to show enough interest and love that their children want and need can be one of the reasons for the problem of food that occurs in children in preschool age. Children want to be constantly on top of their parents, and if they show interest in them, it may not be enough for them. Therefore, behaviors such as slow food or reduced appetite, especially in the pre-school period, may emerge as a way of attracting children to their interesting superiors. This is especially true of parents who are very busy working, or children with siblings. Children who want their parents to take care of themselves constantly realize that they are more interested while eating when they are not eating or eating less. This reinforces the behavior of eating less or eating slowly. So some families have a lot of meal times. Parents who work hard during the day try to encourage their children to eat because they are disturbed by the spoils of their children in their mouths or by their slow chewing, and thus the length of their meal hours. So, during the meal, they say to them, "Come on, do you eat quickly?" But in such cases these words have an adverse effect and the child who is aware of his interest continues to eat slowly or not to eat. Parents need to be patient about food. The slower you eat with the child, the more you eat the food on your plate or the faster. However, parents should not be too relaxed about eating. Because such an attitude sometimes leads to duration of meals lasting for hours. Therefore, it is necessary to limit the meal time together with the pressure on the food. The child must know that he has to finish his meal for the entire time he has left, otherwise he will be lifted. It is important to note here that this kind of food is not given to children who do not like to eat, but who like to eat junk food such as chocolate, biscuits. Otherwise, the children will not eat anything during the meal and want to fill their stomachs with low nutritious food, since they are hungry after the meal is removed. Again, in this case, consistent parental attitude is

important for putting children's eating habits in order. If the child is not asked to snack anything between meals, this rule must be respected by other adults at home and the child should not be given any snacks such as chocolate or biscuits. Another reason for the decrease in the amount of children eating may be the conditions that the child has. In other words, eating in children as well as in adults is also related to their psychology (Eğercioğlu, 2009).

The circumstances in which a child is experiencing an excessive reduction in the amount of food should be considered and investigated to see if he or she is unhappy. For example, a child who suffers sister jealousy and thinks that he is no longer loved as previously is likely to have an appetite. This situation can be caused by two interconnected phenomena. The first, one might think that the child does not really liked by his parents as much as previously, and that the parents are not interested enough. Therefore, this change in eating habits is part of the depressed mood of the child, or, as we have already mentioned, the child may begin to eat less than his old amount to attract attention. In both cases, the change in eating behavior actually reflects the child's emotional state differently, and this should be addressed (Eğercioğlu, 2009).

Eating is not just an act of hunger for adults. At the same time it is a form of socialization. It is necessary for parents who want to raise children with balanced eating habits to make the eating environment for their children go to their liking and to enjoy their meal. Otherwise we can not ensure that children develop a balanced diet (Eğercioğlu, 2009).

As a result, it is observed that healthy eating behaviors are seen in positive home environments (low family conflict, high family adjustment and low household chaos), and unhealthy foods are consumed in negative home environments (high family conflict, low family adjustment and high household chaos).

2.9. Family Cohesion

Family cohesion theoretically defined as indicative of the affective relationship between parents and children (Konger, Elder, Lorenz, Simones & Witback, 1992). Familial variables are known to have an affect on child and adolescent eating behaviors (Zeller & Daniels, 2004). The attitudes of children and their mothers towards food differ markedly. While children perceive food as a

necessity for their lives, their mothers show it as a source of pleasure and nutrition without food. The analysis often refer to the needs of the family, the working life, the healthy eating and the happy atmosphere at meal times as difficult elements to combine. Some information has been provided about the attitudes of children towards food, the level of their confidence in their mothers, and the ability of their mothers to find nutritious foods for them (Macaux, 2001).

Various studies investigating the relationship between eating disorders and attachment theory have shown that anxious / insecure attachment is more frequent in women with eating disorders than in women in other clinical and control groups (Armstrong & Roth, 1989; Cole-Detke & Kobak, 1996). In addition, when a number of dysfunctional family characteristics such as lack of family compatibility, lack of emotion, and lack of support for personal development come together with bonding problems, the risk of eating disorder was increased (Latzer, Hochdorf, Bachar & Canetti, 2002).

Wade and Lowes (2002) suggested that self-confidence is the intervening variable between family conflicts and abnormal eating attitudes and behaviors. Another research supporting this view suggests that among 15-16 year old girls, those who are at risk for eating disorders have a much lower level of satisfaction with their self-esteem and family relationships, and that about 40% of these students are in conflict and unable to communicate adequately (Button, Loan, Davies & Sonuga Barke, 1997).

Having a low level of harmony in a family affects eating attitudes and behaviors in a negative way, while an harmonious family environment can be a factor preventing the development of eating problems. In a longitudinal study, girls who had a positive relationship with their family are found to be with less interest in weight and eating situations, and a close relationship with a father was found to be at least as much an important preventive factor in the development of eating problems as with mother. (Swarr & Richards, 1996). According to a study, it was found that the individuals with eating disorders did not empathize with and understand each other enough, and that they could not establish a healthy communication among themselves, and that their families had a family structure that did not function in a general sense (Steiger, Liquornik, Chapman & Hussain, 1991).

Families of people with eating disorders were found to have less emotions, less fit, and more conflicts than their control group (Laliberté, Boland & Leichner, 1999). In another study, emotional problems were encountered in the children of mothers with eating disorders (Evans & le Grange, 1995). It is thought that people with abnormal eating attitudes and behaviors have fewer emotional outbursts in their families, more unhealthy communication, and more conflicts in these families. Research has shown that there is a relationship between domestic conflicts and particularly bulimic symptoms (Dolan, Lieberman, Evans & Lacey, 1990). A discussion of family members in a cohort causes the child to refuse to eat. For the child to be fed well, the environment where the family members are together provides the child with a better nutrition by creating a comfortable, stress-free environment. It is not only that the child gains health nutrition habits, but that the child has to have a good character and to be a beneficial individual in the society, so the family cohesion and harmony must increase. especially when it is considered in the health nutrition center, the following rituals can be made with the aim of strengthening family cohesion.

Family meals can be defined as family gathering together family routines or rituals together. It is to come to fruition as part of a series of family activities that define a family, create stability in the family, and act as a potentially protective factor. For example, Wolin and Bennet (1984) have described family rituals, particularly those that incorporate their meal times, as interactions that can be carried out with an organizational purpose and cultural transmission. For this purpose, it was observed that family meal times were shared and the family increased the frequency of all kinds of comfort by going beyond eating frequency. Research has shown that family rituals, including shared mealtimes, annual celebrations and shared activities, are positively related to healthy adjustment to individuals and lower levels of anxiety in children (Fiese & Klein, 1993).

Common family meal times are the largest part of family routines. Family routines are defined as "observable, repetitive behaviors that occur with predictable regularity in the ongoing life of the family" (Boyce, Jensen, James & Peacock, 1983). The frequency of participation in family routines is not only a positive outcome of regular nutrition. It has been shown that children with respiratory diseases are protective factors in their families and that academic achievement at

higher levels is associated with psychological disturbances at lower levels (Boyce Jensen, Cassel, Collier, Smith & Ramey, 1977; Flor, 1997).

Within the scope of the researches, the parents stated that they had the best breakfast with their children in the home environment. For this reason, it is emphasized that the efficiency of home environment for healthy nutrition is positively related to the frequency of family breakfast. Parents with a high level of regular nutrition tend to see more of the importance of sharing at breakfast. The high frequency of family breakfasts will ensure parents have more opportunity to actively control the amount of food they eat for breakfast, so that they are fed well enough before going to the school. Because the frequency of the family breakfast offers more possibilities to watch what the child eats (at least for breakfast).

According to Berge, Wall, Larson, Eisenberg, Loth and Neumark-Sztainer (2014), organizing, preparing and eating a family meal can be a stressful event. For this reason, it is thought that parents often organize family meals more successfully when their parents provide a healthy home environment and may be more organized and structured when they come to eat. Thus, the bond between the family members will increase even more, the sincerity is high, and the behavior of the health nutrition becomes easier.

2.11. Aim of The Study

Exploration of mealtime structure in more detail, rather than just the frequency of family meals, may provide greater insight into how mealtime structure may be adapted to promote healthier child eating behaviour. (Powell, Farrow, Meyer & Haycraft, 2016). Mealtimes are also beneficial for family unity by giving opportunity for conversation, togetherness, relaxing, and laughing as a family (Fulkerson, Stor, Neumark-Sztainer & Rydell, 2008).

While studies have provided both direct and indirect support for the influence of parental attitudes and behaviors on children's eating habits, few have explored psychological aspects of the overall family climate or the extent to which children's views of the familial environment may play a role in developing healthy eating behaviors. The research on eating difficulties suggest for the need of further research to consider the understanding of family meal patterns in youth with eating difficulties. By this way, specific strengths and weaknesses can be identified and

treatment plans can be done enhancing parents' abilities to help their children improve eating behaviors (Barak, Sztainer, Goldschmidt & Grange, 2014). Several studies have found potential links between low family affection or high family conflict and later onset of eating disorder symptoms (Berge et. al., 2014; Johnson, Cohen, Kasen & Brook, 2002). These findings suggest that a positive family environment may help to decrease liability to eating disorder symptoms.

In many studies conducted in USA and Europe, the relation of children's body weight states and eating behaviors with the parental feeding behaviors and the variables affecting the parental feeding style were examined. There are limited number of studies examining parental feeding style in our country. By reviewing the current child's eating behavior literature and drawing parallels from the rich body of child socialization literature, the specific modifiable aspects of parent-child interactions (parenting styles and feeding practices) and their associations with child eating behavior is needed.

Finally, as much of the research focuses on mothers' interactions with children during mealtimes, studies of fathers are generally out of consideration to identify gender differences in parenting style, feeding styles, and practices (Khandpur, Blaine, Fisher & Davison, 2014; Tschann, Gregorich, Penilla, Pasch, de Groat, Flores & Butte 2013).

In this study, it's aimed to find out if there is a relationship between parental mealtime behavior and child eating behavior of pre-school children who are in the period of growth and development and for whom adequate and balanced nutrition is of special importance. Family cohesion is also expected to be related to child's eating behavior. To reach the aim of the study four scales have been used which are (Parent's Mealtime Action Scale (PMAS), Child's Eating Behavior Questionnaire (CEBQ), Family Assesment Device (FAD) and Parenting Style Scale (PAS)), and hope that this study will contribute to literature and be a valuable source for future studies.

2.12. Research Hypothesis

The hypotheses within the scope of the study are as follows:

Hypothesis 1: Parenting style is expected to have significant relationship with child's BMI. Authoritative parenting (sub-dimension of PAS) would be negatively correlated with high BMI (obesity) in children whereas authoritarian parenting would be positively correlated with high BMI.

Hypothesis 2: Authoritative parenting style is expected to be positively correlated with parents' snack limits sub-dimension, positive persuasion sub-dimension, daily fruit/vegetable availability sub-dimension and snack modeling sub-dimension of Parent Mealtime Action Scale (PMAS).

Hypothesis 3: Authoritative parenting style is expected to be positively correlated with child's enjoyment of food (positive eating behavior) which is sub-dimension of Child's Eating Behavior Questionnaire (CEBQ).

Hypothesis 4: Parents' use of positive persuasion (sub-dimension of PMAS) is expected to be negatively correlated with child's food fussiness (sub-dimension of CEBQ) which is considered negative eating behavior.

Hypothesis 5: Healthy family function measured by Family Assessment Device (FAD) is expected to show a negative correlation with child's emotional over-eating and emotional under-eating scores of sub-dimensions of CEBQ.

CHAPTER 3

METHOD

3.1. Participants

The data was collected from 102 parents (102 mothers and 102 fathers) of the children visiting preschools in İzmir. Parents with an eating disorder was not included to this study due to genetic transition probability. Of the children, 54 of them are boys and 48 of them are girls and age range is between 4-6 years. Information about child's height and weight are gathered from their parents. Their BMI is calculated according to criteria of "World Health Organization". This calculation provides BMI and the corresponding BMI-for-age percentile based on the growth charts for children. According to the criteria of WHO, 60 children are classified as normal, 19 children as fat and only 5 children are within the range of obese category. The demographic features of the participants are shown in Table 3.1.

Table 3.1. The Demographic Features of the Participants

	Frequency	Percentage
Child's Gender		
Boy	54	52,9
Girl	48	47,1
Child' Age		
4	30	29,4
5	26	25,5
6	46	45,1
Child's Percentil		
Thin	18	17,6
Normal_	60	58,8
Fat	19	18,7
Obese	5	4,9
If Child Has a Chronic Disease		
Yes	7	6,9
No	95	93,1
If Child Has a Eating Disorder		
Yes	0	0
No	102	100
Parents Living Together		
Yes	102	100
No	0	0

As can be seen in Table 3.1, of the participant parents' children; 52.9% of them (n=54) are boys and 47.1% of them (n=48) are girls. 29.4% of them (n=30) are 4 years old, 25.5% of them are (n=26) are 5 years old and 45.1% of them (n=46) are 6 years old. 17,6% of them (n=18) are thin, 58,8% of them (n=60) are normal-weight, 18,7% of them (n=19) are fat, and 4,9% of them (n=5) are obese. In deciding the children's percentile category; "World Health Organization" criteria was used as a reference. The percentiles of the children are calculated with their weight, length, age and gender. According to Centers for Disease Control and Prevention's criteria: <5. Percentile accepted as "Thin", ≥ 5 .<85. Percentile as "Normal", ≥ 85 .<95. Percentile as "Fat", ≥ 95 . Percentile as "Obese". 93.1% of them (n=95) have no chronic disease while 6.9% of them (n=7) have. None of them (n=0) have eating disorder. All the parents (n=102) are living together.

3.2. Instruments

The questionnaire form consists of two parts. In the first part, there are questions about socio-demographic information for children and their parents. In the second part, there are questions of four different scales.

3.2.1 Parent's Mealtime Action Scale (PMAS)

The first scale that was used in the study is Parent's Mealtime Action Scale (PMAS) which was developed by Hendy et. al., (2009) and adapted to Turkish by Arslan (2012). The scale consists of 31 questions of 9 sub-dimensions (Snack limits, positive persuasion, daily fruit vegetable availability, use of rewards, insistence on eating, snack modeling, special meals, fat reduction and many food choices). The questions are in 3-point scale (1=Never, 2=Sometimes, 3=Always). . The scale does not have a total score and each of the sub-dimensions can be used and scored separately. Turkish adaptation of PMAS was developed by Arslan and Erol (2014). Cronbach's Alpha values for the sub-dimensions of the scale were found between .41 to .75. In the context of test-retest reliability, the value of Pearson's correlation for the sub-dimensions was found between .91 and .99 ($p < 0.001$).

3.2.2 Child's Eating Behavior Questionnaire (CEBQ)

The second scale that was used in the study is Child's Eating Behavior Questionnaire (CEBQ) which was developed by Wardle and Gibson (2001) and adapted to Turkish by Yılmaz, Özçetin, Erkorkmaz and Esmeray (2011). The scale consists of 35 questions of 8 sub-dimensions (Food responsiveness, enjoyment of food, emotional overeating, desire to drink, satiety responsiveness, slowness in eating, emotional undereating and fussiness). The questions are in 5-point scale (1=Never, 2=Seldom, 3=Sometimes, 4=Often, 5=Always). And the scale is found to be reliable and valid. (Yılmaz, Esmeray & Erkorkmaz, 2011). Reliability coefficients (Cronbach Alphas) ranged from 0.61 to 0.84. Confirmatory factor analysis was calculated as 0,049 according to the RMSEA index of fitness and this analysis revealed suitability of the scale for Turkish population. Factor structure, internal reliability and subscale correlations were similar to original CEBQ.

3.2.3 Parenting Style Scale (PAS)

The third scale that was used in the study is Parenting Style Scale (PAS) which was developed by Darling and Steinberg (1993) and adapted to Turkish by Demir and Şendil (2008). The scale consists of 46 questions of 4 sub-dimensions (Authoritarian, authoritative, permissive, uninvolved (irrelevant)). The questions are in 5-point scale (1=Never, 2=Seldom, 3=Sometimes, 4=Often, 5=Always). The scale is found to be reliable and valid. (Demir & Şendil, 2008). Reliability coefficients (Cronbach Alphas) ranged from 0.74 to 0.83.

3.2.4 Family Assesment Device (FAD)

The fourth scale that was used in the study is Family Assesment Device (FAD) which was developed by Epstein et. al., (1983) and adapted to Turkish by Bulut (1990). The scale consists of 60 questions of 4 sub-dimensions (Problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, general functioning). The questions are in 5-point scale (1=Strongly agree, 2=Agree, 3=Disagree, 4=Strongly disagree). This scale has been filled by family members who are above 12 years old. Every family member will end up with seven subscale scores (Bulut, 1990). The scale is found to be reliable and valid for Turkish population. Reliability coefficients (Cronbach Alphas) ranged from 0.72 to 0.92.

3.3. Data Analysis

The data obtained by the questionnaires were analyzed with “SPSS 24.0” statistical package program. The reliability of the study results were tested with reliability analysis using Cronbach Alpha technique. In addition, Kolmogorov Smirnov normality test was used to test whether the data was normally distributed. Furthermore, in order to explain the socio-demographic characteristics of the participants the frequency analysis was made; and Spearman correlation analysis was performed to determine the relationships between the variables.

CHAPTER 4

RESULTS

4.1. Descriptive Statistics for Participants

In this part; means, variances and standard deviations of the four scales used in the study are given. Only the values of sub dimensions of the scales used in hypothesis are presented. (See Table 3.2)

Table 3.2. Descriptive and inter-correlations among the study variables.

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.PMAS	2,05	0,15	1	,619**	,486**	,332**	,324**	,355**	,346**	,158	,285**	,281**	,287**	,101	,248*	-,007	,391**	-,355**	-,027
2.SnckLim	2,37	0,65		1	,067	,036	-,084	,132	-,116	-,067	,199*	,064	,186	-,061	,102	,097	,197*	-,216*	,101
3.PosPer	2,24	0,40			1	,043	,185	,077	,094	,042	,095	-,077	,055	-,008	,047	,060	,189*	-,236*	,058
4.DailyFV	2,51	0,38				1	-,071	-,117	-,046	,012	,099	,113	,155	,091	,064	,041	-,121	-,092	,044
5.UseOR	1,85	0,33					1	,241*	-,012	,105	-,119	,195*	,111	,110	,240*	-,271**	,041	-,006	-,031
6.InsOnE	1,50	0,34						1	,144	,151	-,202*	,000	,164	,054	,322**	-,061	,164	-,216*	,022
7.SnckMdl	1,59	0,34							1	,047	-,091	,233*	,044	,100	,122	,097	,277**	-,323**	-,239*
8.SpecialM	2,07	0,18								1	-,067	-,028	,113	-,032	,073	-,059	,055	,106	,044
9.FatRed	2,13	0,47									1	-,388**	-,032	-,019	-,306**	-,127	-,193	,194	,173
10.ManyFC	2,18	0,36										1	,189	,188	,332**	,092	,391**	-,348**	-,399**
11.CEBQ	2,57	0,34											1	,444**	,466**	-,144	,142	-,184	-,259**
12.EmOver	1,50	0,52												1	-,065	-,077	,223*	-,244*	-,589**
13.EmUnder	3,23	0,79													1	-,102	,015	-,170	-,190
14.PAS	2,87	0,25														1	,534**	-,047	,104
15.Authrtv	1,66	0,61															1	-,694**	-,290**
16.Authrtm	4,11	0,63																1	,356**
17.FAD	1,98	0,15																	1

* p<.05, ** p<.01

4.2. Findings and Comments of The Research Hypothesis

In this part, findings and comments of the research hypothesis will be presented.

4.2.1 Findings and Comments of Hypothesis 1

To test the relationship between parenting style and fat and obese child's BMI, to test whether child's BMI is negatively correlated with authoritative parenting and positively correlated with authoritarian parenting, correlation analysis was made. In this test only fat and obese childrens' data were used (n=24). To decide which correlation test to be applied, first Kolmogrov-Smirnov normality test was made. Since all the three variables weren't normally distributed, non-parametric test of Spearman correlation test (One-tailed) was chosen. The results are below in Table 3.3.

Table 3.3. Spearman Correlations Between Authoritative and Authoritarian

Variables	1	2	3
1. Authoritative parenting	1		
2. Authoritarian parenting	-,384*	1	
3. Child's BMI	-,347*	.311	1

Parenting Styles and Child's BMI

*p<.05, **p<.01.

Spearman correlation test results show that;

Authoritative parenting style is negatively correlated with child's BMI ($r=-.384$, $p<.05$), but there is no correlation with authoritarian parenting style and child's BMI ($r=-.311$, $p>.05$). That means, when the level of parents' authoritative parenting behaviors increase; the children's BMI decrease. But there's not a significant relationship between authoritarian parenting style and child's BMI. So, hypothesis 1 was partly accepted.

4.2.2 Findings and Comments of Hypothesis 2

To test whether there's a positive correlation between authoritative parenting style and parents' snack limits, positive persuasion, daily fruit/vegetable availability and snack modeling which are sub-dimensions of Parent Mealtime Action Scale (PMAS), correlation analysis was applied. To decide which correlation test to be applied, first Kolmogorov-Smirnov normality test was made. Since all the variables weren't normally distributed, non-parametric test of Spearman correlation test (One-tailed) was chosen. The results are below in Table 3.4.

Table 3.4. Spearman Correlations Between Authoritative Parenting Style and Parents' Snack Limits, Positive Persuasion, Daily Fruit/Vegetable Availability and Snack Modeling

Variables	1	2	3	4	5
1. Snack Limits	1				
2. Positive Persuasion	,067	1			
3. Daily Fruit/Vegetable Availability	,036	,043	1		
4. Snack Modeling	-,116	,094	-,046	1	
5. Authoritative Parenting Style	,197*	,189*	-,121	,277**	1

*p<.05, **p<.01.

Spearman correlation test results show that;

Authoritative parenting style is positively correlated with parents' snack limits ($r=.197$, $p<.05$), positive persuasion ($r=.189$, $p<.05$) and snack modeling ($r=.277$, $p<.01$). On the other hand, no significant relationship between authoritative parenting and daily fruit/vegetable availability was found ($r=-.121$, $p>.05$). That means, when the level of parents' authoritative parenting behaviors increase; they tend to use snack limits, positive persuasion and snack modeling more. So, hypothesis 2 was partly accepted.

4.2.3. Findings and Comments of Hypothesis 3

To test whether there's a positive correlation between authoritative parenting style and child's enjoyment of food (positive behavior) which is sub-dimension of Child's Eating Behavior Questionnaire (CEBQ), correlation analysis was applied. To decide which correlation test to be applied, first Kolmogorov-

Smirnov normality test was made. Since both variables weren't normally distributed, non-parametric test of Spearman correlation test (One-tailed) was chosen. The results are below in Table 3.5.

Table 3.5. Spearman Correlations Between Authoritative Parenting Style and Child's Enjoyment of Food

Variables	1	2
1. Authoritative Parenting	1	
2. Child's Enjoyment of Food	,189*	1

*p<.05, **p<.01.

Spearman correlation test results show that;

Authoritative parenting style is positively correlated with child's enjoyment of food ($r=.189$, $p<.05$). That means, when the level of parents' authoritative parenting behaviors increase; their children enjoy eating more. So, Hypothesis 3 was accepted.

4.2.4. Findings and Comments of Hypothesis 4

To test whether there's a negative correlation between parents' use of positive persuasion (sub-dimension of PMAS) and child's food fussiness (sub-dimension of CEBQ), correlation analysis was applied. To decide which correlation test to be applied, first Kolmogrov-Smirnov normality test was made. Since both variables weren't normally distributed, non-parametric test of Spearman correlation test (One-tailed) was chosen. The results are below in Table 3.6.

Table 3.6. Spearman Correlations Between Parents' Use of Positive Persuasion and Child's Food Fussiness

Variables	1	2
1. Parents' Use of Positive Persuasion	1	
2. Child's Food Fussiness	-,349**	1

*p<.05, **p<.01.

Spearman correlation test results show that;

Parents' use of positive persuasion is negatively correlated with child's food fussiness ($r=-.349$, $p<.01$). That means, when parents try to persuade their children on eating new food more, their children experience food fussiness problems less. So, Hypothesis 4 was accepted.

4.2.5. Findings and Comments of Hypothesis 5

To test whether there's a negative correlation between healthy family function (mean score < 2 in Family Assessment Device) and child's emotional over-eating and emotional under-eating (sub-dimensions of CEBQ), correlation analysis was applied. To decide which correlation test to be applied, first Kolmogorov-Smirnov normality test was made. Since all three variables weren't normally distributed, non-parametric test of Spearman correlation test (One-tailed) was chosen. The results are below in Table 3.7.

Table 3.7. Spearman Correlations Between Healthy Family Function and Child's Emotional Over-Eating and Child's Emotional Under-Eating

Variables	1	2	3
1. Healthy Family Function	1		
2. Child's Emotional Over-Eating	-,510**	1	
3. Child's Emotional Under-Eating	-,168	-.065	1

* $p<.05$, ** $p<.01$.

Spearman correlation test results show that;

Healthy family function is negatively correlated with child's emotional over eating ($r=-.510$, $p<.01$), but there is no correlation with healthy family function and child's emotional under eating ($r=-.168$, $p>.05$). That means, in healthy families the more the family function gets healthier, the less children in these families have emotional over-eating problems. But there's not a significant relationship between the families' healthy functions and children's emotional under-eating problems. So, hypothesis 5 was partly accepted.

CHAPTER 5

DISCUSSION

This study aimed to examine the relationships between child's eating behavior, parenting style, parent's mealtime behavior and family cohesion. In the first chapter, background of this study and the aim of this study was stated. In the second chapter, previous researches that studied parent's mealtime behavior, parenting style, family cohesion and child's eating behavior are summarized. Within the third chapter, information about the method and results of the analysis are given. This chapter will cover the analysis of the results of this study with relation to previous studies.

5.1. Discussion on Hypothesis-1

In hypothesis 1, it was expected to find a negative correlation between authoritative parenting style and children's high BMI (only fat and obese), and a positive correlation between authoritarian parenting style and children's high BMI (only fat and obese).

In line with the hypothesis, results showed that authoritative parenting style is negatively correlated with children's high BMI (only fat and obese). On the other hand, no significant relationship between authoritarian parenting style and children's (Only fat and obese) BMI was found.

In literature, among the studies that categorized parenting style into distinct groups (i.e. authoritative, authoritarian, permissive, and neglectful), five studies provided evidence that maternal and/or paternal authoritative parenting was associated with lower BMI gains and less risk of obesity among boys and/or girls in comparison to authoritarian parenting style. Another longitudinal study among 872 children in the United States showed that authoritative parenting style was related with smaller gains in overweight/obesity prevalence compared to all other parenting styles. (Sokol, Qin & Poti, 2017)

The results related to hypothesis 1 show that as the level of parents' authoritative parenting behavior increases, their children's BMI decreases as

expected. It's thought that authoritative parenting style behaviors show their effects also in mealtime behavior like in every other family functions. Thus, with authoritative parenting style it's thought that parents use persuasion and lovely tactics more than strict restriction ones. And this method gives better results in child's BMI. Therefore, the result "The level of parents authoritative parenting style increases, the less their children's BMI" are as expected.

5.2. Discussion on Hypothesis-2

In hypothesis 2, it was expected to find a positive correlation between authoritative parenting style and parents' snack limits, positive persuasion, daily fruit/vegetable availability and snack modeling which are sub-dimensions of Parent Mealtime Action Scale (PMAS). The results show that; authoritative parenting style is positively correlated with parents' snack limits, positive persuasion and snack modeling. On the other hand, no significant relationship between authoritative parenting and daily fruit/vegetable availability was found.

This finding is in parallel with Blissett et. al., (2010) who found that authoritative parenting is associated with more healthful feeding practices in their study which was on sample of mothers and fathers of UK preschool children of average 42 months old.

The results related to hypothesis 2 show that as the level of parents' authoritative parenting behavior increases, parents prefer to use snack limits, positive persuasion, snack modeling more, as expected. As mentioned in Chapter 2, with authoritative parenting style both the children's and their families' demands are met. In this parenting style parents can determine the duration of a meal and what foods are available, but may allow the child to serve himself and choose how much to eat and can make all these things in an amiable and pragmatic way.

5.3. Discussion on Hypothesis-3

In hypothesis 3, it was expected to find a positive correlation between authoritative parenting style and child's enjoyment of food which is sub-dimension of Child's Eating Behavior Questionnaire (CEBQ). The results of this study were consistent with hypothesis 3 and showed that authoritative parenting style is positively correlated with child's enjoyment of food. It is also supportive of Özgen

and Demiriz (2014) who also found that authoritative parenting style is associated with children's positive children eating habits, in their study with 4-5 years old children.

This finding is also in parallel with Horst and Sleddens's (2017) study who found enjoyment of food, with the highest scores in authoritative parents. Also, they stated that food fussiness and eating enjoyment are factors that are correlated with each other and they found both high eating enjoyment and lower fussiness in children of authoritative parents.

The result of the present study, contributes a clearer understanding of child autonomy in mealtime as proposed by Satter, 1990. Researchers has shown that over time, given autonomy, young children tend to eat a variety of food and achieve a nutritionally adequate diet (e.g. Rolls, 1986). Therefore, as characteristics of authoritative parenting, allowing children autonomy and include children in decisions about food, is important in the development of child's adaptive eating behaviour.

Frankel, O'Connor, Chen, Nicklas, Power and Hughes (2014)'s study on parents and their preschool aged children, also indicates a positive correlation between authoritative parenting style and child's enjoyment of food.

The results related to hypothesis 3 show that as the level of parents' authoritative parenting behavior increases, their children enjoy eating, as expected. As mentioned before, authoritative parenting style provides best solutions for making children's behaviors change in a positive way. It's so also for their eating behaviors. With this parenting style it's easier to make children gain healthy feeding habits. So this result is as expected.

5.4. Discussion on Hypothesis-4

In hypothesis 4, it was expected to find a negative correlation between parents' use of positive persuasion (sub-dimension of PMAS) and child's food fussiness (sub-dimension of CEBQ). Results of this study was in line with hypothesis 5 and showed that parents' use of positive persuasion is negatively correlated with child's food fussiness.

Most studies have focused on feeding practices and indicated that parental feeding is closely related to the child's eating behavior early as they are between 2 to 5 years old (Blissett et. al., 2010; Gregory et. al., 2010; Haycraft et. al., 2010). So, food fussiness can be preventable by environmental factors such as parents' feeding practices by using positive persuasion.

The result of this study is also in parallel with Rodenburg, Kremers, Oenema and van de Mheen (2012)'s study conducted on 1275 children with a mean age 9 years old. The results revealed negative correlation between positive persuasion and child's food fussiness. So, parents' use of positive persuasion is negatively correlated with child's food fussiness.

5.5. Discussion on Hypothesis-5

In hypothesis 5, it was expected to find a negative correlation between healthy family function (mean score < 2 in Family Assessment Device) and child's emotional over-eating and emotional under-eating (sub-dimensions of CEBQ). The results show that; Healthy family function is negatively correlated with child's emotional over eating, but there is no correlation between healthy family function and child's emotional under eating.

In literature, family context is stated as an important environmental factor that could influence children's eating behavior. For example, a study conducted with mothers of obese children report that their families face more inter-personal conflicts, greater psychological distress, lack of cohesion, and deficit of family structure compared to mothers of normal-weight children. (Hasenboehler, Munsc, Meyer, Kappler & Vögele, 2009)

These findings highlights the importance of meaningful association between dysfunctional familial structures, emotional eating and therefore overweight. The results indicate that unhealthy family structures have a negative impact on restrained eating in children (Hasenboehler et.al., 2009). Previous researchers indicated that negative emotionality was positively related with emotional over-eating and emotional-under eating even after controlling for covariates (age, sex, BMI and SES) in preschool children (Martin-Biggers, Quick, Spaccarotella & Byrd-Bredbenner, 2018). As Franko et.al., (2008) stated in his study family cohesion is likely linked to

psychological health, which may directly affect the development of healthy attitudes and eating behaviors in children.

The results related to hypothesis 5 show that as the the more healthier family structure is, the less their children have emotional overeating problems. Therefore in children's emotional overeating problems, the family structure may be a reason. In healthier families, in which the roles are clear and applied better and in which the communication and the harmony between family members are better, the children are less likely to have emotional overeating problems. So this result is as expected. Although a negative correlation was expected between healthy family function and emotional undereating problems, in this study no correlation was found.

Strengths, Limitations and Future Implications of The Research

Convenience sampling method was used as the sampling method in the study. In this method, only accessible ones for the sample set are included in the sample. So, the findings of the present study are limited to different preschools only in İzmir. It is assumed that the questions in the questionnaire are correctly and fully understood by the respondents, they give realistic answers to the questions and they answer the questions without feeling any pressure. Longitudinal studies are needed for future studies to explain to which circumstances these associations may stay stable over time or may potentially change under different parenting conditions at middle childhood. For future studies it's recommended to make the survey in different parts of Turkey especially in eastern or southeastern part of Turkey where the cultural, socio-economic and environmental features are much more different from Izmir, western part of the country. With this, it can be tested, if the same results would be found out also in other parts of Turkey and may enable to make comparisons of situations in different regions. Also, they could use alternative data collections methods which can be observation or interview to get more objective data. Finally, the results show that in children's eating behaviors, both positive and negative, their parents' attitudes during meals, the family structures and the parenting styles play a role. With this study the relations between these were presented. This study, which is the unique one in literature in Turkey with the four scales used first time in a study, is hoped to contribute to literature much.

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APPENDICES

APPENDICE-1: Socio-Demographic Information Form

SOSYO-DEMOGRAFİK BİLGİ FORMU

Sevgili anne ve babalar,

Sizlerin yemek zamanlarında göstermiş olduğunuz davranışların, çocuklarınızın yeme davranışları üzerindeki etkilerini belirlemek amacı ile bir araştırma yapmaktayım. Bu amaçla, araştırmamın ilk basamağı olarak sizden aşağıda bulunan maddeleri en uygun ve doğru şekilde doldurmanızı rica ediyorum.

Dikkatiniz ve ilginiz için çok teşekkür eder, saygılarımı sunarım.

Çocuğunuzun boyu, kilosu, VKİ [Vücut Kitle İndeksi = Ağırlık (kg) / Boy² (m)] ve sizin VKİ'niz siz formu doldurup gönderdikten sonra araştırmacı tarafından hesaplanacaktır.

Elif Çebi

Yaşar Üniversitesi

Psikoloji Anabilim Dalı

Yüksek Lisans

SOSYO-DEMOGRAFİK BİLGİ FORMU

Çocuğunuzun Adı Soyadı:

ANNE BİLGİLERİ:

1) Annenin yaşı:

2) Annenin eğitim durumu?

() Okur yazar değil () Okur yazar () İlköğretim () Ortaöğretim

() Lise () Üniversite ve üstü

3) Anne çalışıyor mu? Çalışıyor ise mesleği nedir?

() Evet () Hayır

4) Annenin Boyu? Kilosu?

GENEL BİLGİLER

Herhangi kronik bir rahatsızlığınız var mı? ()Evet (Belirtiniz:.....) ()Hayır

Yeme bozukluğu ile ilgili tanı aldınız mı? ()Evet (Belirtiniz:.....) ()Hayır

BABA BİLGİLERİ:

5) Babanın yaşı:

6) Babanın eğitim durumu?

() Okur yazar değil () Okur yazar () İlköğretim () Ortaöğretim

() Lise () Üniversite ve üstü

7) Baba çalışıyor mu? Çalışıyor ise mesleği nedir?

() Evet () Hayır

8) Babanın Boyu? Kilosu?

GENEL BİLGİLER

Herhangi kronik bir rahatsızlığınız var mı? ()Evet (Belirtiniz:.....) ()Hayır

Yeme bozukluğu ile ilgili tanı aldınız mı? ()Evet (Belirtiniz:.....) ()Hayır

9) Eve giren aylık gelir düzeyi: ()Düşük ()Orta ()Yüksek

10) Anne ve baba birlikte mi? () Evet () Hayır

COCUK BİLGİLERİ

Çocuğunuzun yaşı?

Çocuğunuzun cinsiyeti?

Çocuğunuzun boyu?

Çocuğunuzun kilosu?

GENEL BİLGİLER

Herhangi kronik bir rahatsızlığı var mı? ()Evet (Belirtiniz:.....) ()Hayır

Yeme bozukluğu ile ilgili tanı aldı mı? ()Evet (Belirtiniz:.....) ()Hayır

APPENDICE-2: Family Permit

AİLE İZİN BELGESİ

Sevgili Ebeveynler;

Yaşar Üniversitesi Psikoloji Yüksek Lisans öğrencisi olarak “Ebeveynlerin Yemek Zamanı Davranışlarının Çocukların Yeme Davranışları Üzerindeki Etkisini” araştırmak üzere bir çalışma yürütmekteyim. Çocuğunuzun çalışmaya katılması adına izninizi istiyorum.

Araştırma, çocuğunuz ve sizin hakkınızda tarafınıza gönderilecek olan kapalı zarflar içindeki formlar ile sizden alınan bilgiler doğrultusunda tamamlanacaktır. Sizin verdiğiniz bilgiler ile birlikte okulda öğretmenden aldığımız bilgiler de göz önünde bulundurulacaktır. Bunun dışında çocukla birebir görüşme veya çocukla yapılacak herhangi bir çalışma yoktur.

Bu araştırmaya katılım gönüllülük esasına dayalıdır. Çocuğunuzun bu çalışmaya katılımı, başka bir şekilde kendisine tanınan herhangi bir menfaatinin kaybolmasına yol açmaz. Çocuğunuz ve kendinizle ilgili verdiğiniz bilgiler araştırmacılar tarafından gizli tutulacaktır.

Herhangi bir sorunuz olursa lütfen bana mail adresimden ulaşın.

Psikolog Elif ÇEBİ

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Lütfen aşağıdaki ifadelerden birini işaretleyerek çocuğunuzun bu araştırmaya katılmasına izin vermek isteyip istemediğinizi belirtin.

----- Çocuğumun araştırmaya katılmasına **izin veriyorum.**

----- Çocuğumun araştırmaya katılmasına **izin vermiyorum.**

Ebeveyn Adı Soyadı

Çocuğun Adı Soyadı

Ebeveyn İmzası

Tarih

APPENDICE-3: Parenting Style Scale (PAS)

ÖLÇEK – 1 (Bu ölçeği ANNE doldurmalıdır)

Cümleleri okuduktan sonra o ifadenin size ne kadar uyduğunu aşağıdaki 5 seçenektan birinin altındaki kutucuğa işaret koyarak belirtiniz. Örneğin, okuduğunuz ifade size tamamıyla uyuyorsa "**her zaman böyledir**" seçeneğini, size çoğunlukla uyuyorsa "**çoğu zaman böyledir**" seçeneğini, bazen uyuyorsa "**bazen böyledir**" seçeneğini, size çok az uyuyorsa "**nadiren böyledir**" seçeneğini ya da size hiç uymuyorsa "**hiçbir zaman böyle değildir**" seçeneğini işaretleyebilirsiniz. Bu ifadelerde doğru veya yanlış yoktur, sadece size uyan seçeneği işaretlemeniz gerekiyor. Araştırma için, bütün soruların cevaplandırılması çok önemlidir. Bu nedenle, bazı ifadeler size benzer gelse de lütfen hepsini mutlaka cevaplandırınız. 2-6 yaş arasında birden fazla çocuğunuz varsa, lütfen soruları çocuklardan **sadece birisi** için cevaplandırınız.

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE
1	Ben bir başkasıyla konuşurken çocuğumun araya girmesine izin veririm.					
2	Çocuğumun kendine özgü bir bakış açısı olduğunu kabul ederim.					
3	Çocuğumla aynı fikirde olmadığımız zaman, benim fikirlerimi kabul etmesi için onu zorlarım.					
4	Çocuğumu, hayatın ufak tefek güçlüklerinden korurum.					
5	Çocuğuma bağımsız olmayı öğrenmesi konusunda yardımcı olurum.					
6	Çocuğuma, kurallara neden uyması gerektiğini açıklarım.					
7	Çocuğuma yaptığı şeyin önemli olduğunu hissettiririm.					
8	Çocuğumu, kendisi için yorucu olabilecek işlerden korurum.					

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE
9	Çocuğum söz dinlemediğinde ona vururum.					
10	Çocuğumun iyi ve kötü davranışı karşısında neler hissettiğimi ona açıklarım.					
11	Çocuğumu yola getirmek için onu azarlarım.					
12	Çocuğuma karşı koruyucu davranırım.					
13	Çocuğum iyi davrandığında onu överim.					
14	Çocuğumun kişisel görüşlerine saygı gösteririm.					
15	Çocuğumu bir şeyleri kendi başına yapması konusunda cesaretlendiririm.					
16	Arkadaşları çocuğuma sataştığı zaman onu korurum.					
17	Çocuğumun başkaları konuşurken araya girmesine izin veririm.					
18	Çocuğumun cinsel konularda sorduğu soruları anlayacağı bir dilde doğru olarak cevaplarım.					
19	Çocuğum yanlış bir şekilde davrandığında ona bağırırım.					
20	Ebeveynlik konusunda bir yanlış yaptığımda çocuğumdan özür dilerim.					
21	Çocuğumu, kendisi için zor olabilecek işlerden korurum.					
22	Çocuğumun hastalanmasından endişe ederim.					
23	Çocuğumun duygularını serbestçe ifade etmesine izin veririm.					
24	Çocuğumun istediği saatte uyumasına izin veririm.					
25	Çocuğum yanlış davrandığında, bunun neden yanlış olduğunu ona açıklarım.					
26	Çocuğuma kızdığımda çocuğumu					

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE
	cezalandırırım.					
27	Fiziksel cezayı, çocuğumu disipline sokmanın bir yolu olarak kullanırım.					
28	Çocuğumun hayal kırıklığına uğramaması için elimden geleni yaparım.					
29	Çocuğumun büyüdükçe yeni şeyler denemeyi göze alması gerektiğine inanırım.					
30	Çocuğumun her şeyi yapmasına izin veririm.					
31	Çocuğumun yanlış davranışını görmezden gelirim.					
32	Çocuğumu başka çocuklarla kıyaslarım.					
33	Çocuğumun şımarıklıklarına göz yumarım.					
34	Çocuğumu şımartırım.					
35	Çocuğuma karşı çabuk öfkelenirim.					
36	Çocuğum bana birşey anlatırken sözünü kesmeden dinlerim.					
37	Çocuğuma bir şey alırken onun da fikrini alırım.					
38	Çocuğumla her konuyu konuşabilirim.					
39	Çocuğuma karşı sabırsızım.					
40	En ufak bir hatasında, çocuğumu cezalandırırım.					
41	Çocuğum için hemen hemen bütün eğlencelerimden fedakarlık ederim.					
42	Çocuğumun kendi başına becerebileceği şeyleri denemesi için ona fırsat tanırım.					
43	Çocuğumun bana sormaksızın şahsi eşyalarımın herhangi birini alıp kullanmasına izin veririm.					
44	Evimizde hangi televizyon programının izleneceği, çocuğumun isteğine göre belirlenir.					

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE
45	Çocuğumu yapabileceğinden fazlasını yapması için zorlarım.					
46	Çocuğumu, onun cesaretini kırabilecek zor işlerden uzak tutarım.					



ÖLÇEK – 1 (Bu ölçeği BABA doldurmalıdır)

Cümleleri okuduktan sonra o ifadenin size ne kadar uyduğunu aşağıdaki 5 seçenekten birinin altındaki kutucuğa işaret koyarak belirtiniz. Örneğin, okuduğunuz ifade size tamamıyla uyuyorsa "**her zaman böyledir**" seçeneğini, size çoğunlukla uyuyorsa "**çoğu zaman böyledir**" seçeneğini, bazen uyuyorsa "**bazen böyledir**" seçeneğini, size çok az uyuyorsa "**nadiren böyledir**" seçeneğini ya da size hiç uymuyorsa "**hiçbir zaman böyle değildir**" seçeneğini işaretleyebilirsiniz. Bu ifadelerde doğru veya yanlış yoktur, sadece size uyan seçeneği işaretlemeniz gerekiyor. Araştırma için, bütün soruların cevaplandırılması çok önemlidir. Bu nedenle, bazı ifadeler size benzer gelse de lütfen hepsini mutlaka cevaplandırınız. 2-6 yaş arasında birden fazla çocuğunuz varsa, lütfen soruları çocuklardan **sadece birisi** için cevaplandırınız.

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE DEĞİLDİR
1	Ben bir başkasıyla konuşurken çocuğumun araya girmesine izin veririm.					
2	Çocuğumun kendine özgü bir bakış açışı olduğunu kabul ederim.					
3	Çocuğumla aynı fikirde olmadığımız zaman, benim fikirlerimi kabul etmesi için onu zorlarım.					
4	Çocuğumu, hayatın ufak tefek güçlüklerinden korurum.					
5	Çocuğuma bağımsız olmayı öğrenmesi konusunda yardımcı olurum.					
6	Çocuğuma, kurallara neden uyması gerektiğini açıklarım.					
7	Çocuğuma yaptığı şeyin önemli olduğunu hissettiririm.					
8	Çocuğumu, kendisi için yorucu olabilecek işlerden korurum.					
9	Çocuğum söz dinlemediğinde ona vururum.					
10	Çocuğumun iyi ve kötü davranışı					

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE DEĞİLDİR
	karşısında neler hissettiğimi ona açıklarım.					
11	Çocuğumu yola getirmek için onu azarlarım.					
12	Çocuğuma karşı koruyucu davranırım.					
13	Çocuğum iyi davrandığında onu överim.					
14	Çocuğumun kişisel görüşlerine saygı gösteririm.					
15	Çocuğumu bir şeyleri kendi başına yapması konusunda cesaretlendiririm.					
16	Arkadaşları çocuğuma sataştığı zaman onu korurum.					
17	Çocuğumun başkaları konuşurken araya girmesine izin veririm.					
18	Çocuğumun cinsel konularda sorduğu soruları anlayacağı bir dilde doğru olarak cevaplarım.					
19	Çocuğum yanlış bir şekilde davrandığında ona bağırırım.					
20	Ebeveynlik konusunda bir yanlış yaptığımda çocuğumdan özür dilerim.					
21	Çocuğumu, kendisi için zor olabilecek işlerden korurum.					
22	Çocuğumun hastalanmasından endişe ederim.					
23	Çocuğumun duygularını serbestçe ifade etmesine izin veririm.					
24	Çocuğumun istediği saatte uyumasına izin veririm.					
25	Çocuğum yanlış davrandığında, bunun neden yanlış olduğunu ona açıklarım.					
26	Çocuğuma kızdığımında çocuğumu cezalandırırım.					
27	Fiziksel cezayı, çocuğumu disipline sokmanın bir yolu olarak kullanırım.					

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE DEĞİLDİR
28	Çocuğumun hayal kırıklığına uğramaması için elimden geleni yaparım.					
29	Çocuğumun büyüdükçe yeni şeyler denemeyi göze alması gerektiğine inanırım.					
30	Çocuğumun her şeyi yapmasına izin veririm.					
31	Çocuğumun yanlış davranışını görmezden gelirim.					
32	Çocuğumu başka çocuklarla kıyaslarım.					
33	Çocuğumun şımarıklıklarına göz yumarım.					
34	Çocuğumu şımartırım.					
35	Çocuğuma karşı çabuk öfkelenirim.					
36	Çocuğum bana birşey anlatırken sözünü kesmeden dinlerim.					
37	Çocuğuma bir şey alırken onun da fikrini alırım.					
38	Çocuğumla her konuyu konuşabilirim.					
39	Çocuğuma karşı sabırsızım.					
40	En ufak bir hatasında, çocuğumu cezalandırırım.					
41	Çocuğum için hemen hemen bütün eğlencelerimden fedakarlık ederim.					
42	Çocuğumun kendi başına becerebileceği şeyleri denemesi için ona fırsat tanırım.					
43	Çocuğumun bana sormaksızın şahsi eşyalarımın herhangi birini alıp kullanmasına izin veririm.					
44	Evimizde hangi televizyon programının izleneceği, çocuğumun isteğine göre belirlenir.					
45	Çocuğumu yapabileceğinden fazlasını yapması için zorlarım.					

	CÜMLELER	HER ZAMAN BÖYLEDİR	ÇOĞU ZAMAN BÖYLEDİR	BAZEN BÖYLEDİR	NADİREN BÖYLEDİR	HIÇBİR ZAMAN BÖYLE DEĞİLDİR
46	Çocuğumu, onun cesaretini kırabilecek zor işlerden uzak tutarım.					



APPENDICE-4: Family Assesment Device (FAD)

ÖLÇEK – 2 (Bu ölçeği ANNE doldurmalı)

İlişikte aileler hakkında 60 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, sizin ailenize ne derecede uyduğuna karar veriniz. **Önemli olan, sizin ailenizi nasıl gördüğünüzdür.** Her cümle için 4 seçenek söz konusudur (**Aynen Katılıyorum/ Büyük Ölçüde Katılıyorum/ Biraz Katılıyorum/ Hiç Katılmıyorum**)

Her cümlenin yanında 4 seçenek için de ayrı yerler ayrılmıştır. Size uygun seçeneğe (X) işareti koyunuz. **Her cümle için uzun, uzun düşünmeyiniz.** Mümkün olduğu kadar **çabuk ve samimi cevaplar** veriniz. **Kararsızlığa düşerseniz, ilk aklınıza gelen doğrultusunda hareket ediniz.** Lütfen her cümleyi cevapladığınızdan emin olunuz.

	CÜMLELER:	AYNEN KATILYORUM	BÜYÜK ÖLÇÜDE KATILYORUM	BİRAZ KATILYORUM	HİÇ KATILMIYORUM
1	Ailece ev dışında program yapmada güçlük çekeriz, çünkü aramızda fikir birliği sağlayamayız.				
2	Günlük hayatımızdaki sorunların (problemlerin) hemen hepsini aile içinde hallederiz.				
3	Evde biri üzgün ise, diğer aile üyeleri bunun nedenlerini bilir.				
4	Bizim evde, kişiler verilen her görevi düzenli bir şekilde yerine getirmezler.				
5	Evde birinin başı derde girdiğinde, diğerleri de bunu kendilerine fazlasıyla dert ederler.				
6	Bir sıkıntı ve üzüntü ile karşılaştığımızda, birbirimize destek oluruz.				
7	Ailemizde acil bir durum olsa, şaşırıp kalırız.				

	CÜMLELER:	AYNEN KATILIYORUM	BÜYÜK ÖLÇÜDE KATILIYORUM	BİRAZ KATILIYORUM	HİÇ KATILMIYORUM
8	Bazen evde ihtiyacımız olan şeylerin bittiğinin farkına varmayız.				
9	Birbirimize karşı olan sevgi, şefkat gibi duygularımızı açığa vurmaktan kaçınırız.				
10	Gerektiğinde aile üyelerine görevlerini hatırlatır, kendilerine düşen işi yapmalarını sağlarız.				
11	Evde dertlerimizi üzüntülerimizi birbirimize söylemeyiz.				
12	Sorunlarımızın çözümünde genellikle ailece aldığımız kararları uygularız.				
13	Bizim evdekiler, ancak onların hoşuna giden şeyler söylediğimizde bizi dinlerler.				
14	Bizim evde bir kişinin söylediklerinden ne hissettiğini anlamak pek kolay değildir.				
15	Ailemizde eşit bir görev dağılımı yoktur.				
16	Ailemizin üyeleri, birbirlerine hoşgörülü davranırlar.				
17	Evde herkes başına buyruktur.				
18	Bizim evde herkes, söylemek istediklerini üstü kapalı değil de doğrudan birbirlerinin yüzüne söyler.				
19	Ailede bazılarımız, duygularımızı belli etmeyiz.				
20	Acil bir durumda ne yapacağımızı biliriz.				
21	Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınırız.				
22	Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmekte güçlük çekeriz.				
23	Gelirimiz (ücret, maaş) ihtiyaçlarımızı karşılamaya yetmiyor.				

	CÜMLELER:	AYNEN KATILIYORUM	BÜYÜK ÖLÇÜDE KATILIYORUM	BİRAZ KATILIYORUM	HİÇ KATILMIYORUM
24	Ailemiz, bir problemi çözdükten sonra, bu çözümün işe yarayıp yaramadığını tartışır.				
25	Bizim ailede herkes kendini düşünür.				
26	Duygularımızı birbirimize açıkça söyleyebiliriz.				
27	Evimizde banyo ve tuvalet bir türlü temiz durmaz.				
28	Aile içinde birbirimize sevgimizi göstermeyiz.				
29	Evde herkes her istediğini birbirinin yüzüne söyleyebilir.				
30	Ailemizde, her birimizin belirli görev ve sorumlulukları vardır.				
31	Aile içinde genellikle birbirimizle pek iyi geçinemeyiz.				
32	Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.				
33	Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.				
34	Aile içinde birbirimizle ilgilenmeye pek zaman bulamıyoruz.				
35	Evde genellikle söylediklerimizle, söylemek istediklerimiz birbirinden farklıdır.				
36	Aile içinde birbirimize hoşgörülü davranırız				
37	Evde birbirimize, ancak sonunda kişisel bir yarar sağlayacaksa ilgi gösteririz.				
38	Ailemizde bir dert varsa, kendi içimizde hallederiz.				
39	Ailemizde sevgi ve şefkat gibi güzel duygular ikinci plandadır.				
40	Ev işlerinin kimler tarafından yapılacağını hep birlikte				

	CÜMLELER:	AYNEN KATILIYORUM	BÜYÜK ÖLÇÜDE KATILIYORUM	BİRAZ KATILIYORUM	HİÇ KATILMIYORUM
	konuşarak kararlaştırırız.				
41	Ailemizde herhangi bir şeye karar vermek her zaman sorun olur.				
42	Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine ilgi gösterir.				
43	Evde birbirimize karşı açık sözlüyüzdür.				
44	Ailemizde hiçbir kural yoktur.				
45	Evde birinden bir şey yapması istendiğinde mutlaka takip edilmesi ve kendisine hatırlatılması gerekir.				
46	Aile içinde, herhangi bir sorunun (problemin) nasıl çözüleceği hakkında kolayca karar verebiliriz.				
47	Evde kurallara uyulmadığı zaman ne olacağını bilmeyiz.				
48	Bizim evde aklınıza gelen her şey olabilir.				
49	Sevgi, şefkat gibi olumlu duygularımızı birbirimize ifade edebiliriz.				
50	Ailede her türlü problemin üstesinden gelebiliriz.				
51	Evde birbirimizle pek iyi geçinemeyiz.				
52	Sinirlenince birbirimize küseriz.				
53	Ailede bize verilen görevler pek hoşumuza gitmez çünkü genellikle umduğumuz görevler verilmez.				
54	Kötü bir niyetle olmasa da evde birbirimizin hayatına çok karışıyoruz.				
55	Ailemizde kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler, çünkü böyle durumlarda ne yapılacağı aramızda konuşulmuş ve belirlenmiştir.				
56	Aile içinde birbirimize güvenimiz.				

	CÜMLELER:	AYNEN KATILIYORUM	BÜYÜK ÖLÇÜDE KATILIYORUM	BİRAZ KATILIYORUM	HİÇ KATILMIYORUM
57	Ağlamak istediğimizde, birbirimizden çekinmeden rahatlıkla ağlayabiliriz.				
58	İşimize (okulumuza) yetişmekte güçlük çekiyoruz.				
59	Aile içinde birisi, hoşlanmadığımız bir şey yaptığında ona bunu açıkça söyleriz.				
60	Problemimizi çözmek için ailecek çeşitli yollar bulmaya çalışırız.				

ÖLÇEK – 2 (Bu ölçeği BABA doldurmalı)

İlişkilerde aileler hakkında 60 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, sizin ailenize ne derecede uyduğuna karar veriniz. **Önemli olan, sizin ailenizi nasıl gördüğünüzdür.** Her cümle için 4 seçenek söz konusudur (**Aynen Katılıyorum/ Büyük Ölçüde Katılıyorum/ Biraz Katılıyorum/ Hiç Katılmıyorum**)

Her cümlelerin yanında 4 seçenek için de ayrı yerler ayrılmıştır. Size uygun seçeneğe (X) işareti koyunuz. Her cümle için uzun, uzun düşünmeyiniz. Mümkün olduğu kadar **çabuk ve samimi cevaplar** veriniz. **Kararsızlığa düşerseniz, ilk aklınıza gelen doğrultusunda hareket ediniz.** Lütfen her cümleyi cevapladığınızdan emin olunuz.

	CÜMLELER:	AYNEN KATILYORUM	BÜYÜK ÖLÇÜDE KATILYORUM	BİRAZ KATILYORUM	HİÇ KATILMIYORUM
1	Ailece ev dışında program yapmada güçlük çekeriz, çünkü aramızda fikir birliği sağlayamayız.				
2	Günlük hayatımızdaki sorunların (problemlerin) hemen hepsini aile içinde hallederiz.				
3	Evde biri üzgün ise, diğer aile üyeleri bunun nedenlerini bilir.				
4	Bizim evde, kişiler verilen her görevi düzenli bir şekilde yerine getirmezler.				
5	Evde birinin başı derde girdiğinde, diğerleri de bunu kendilerine fazlasıyla dert ederler.				
6	Bir sıkıntı ve üzüntü ile karşılaştığımızda, birbirimize destek oluruz.				
7	Ailemizde acil bir durum olsa, şaşırıp kalırız.				
8	Bazen evde ihtiyacımız olan şeylerin bittiğinin farkına varmayız.				
9	Birbirimize karşı olan sevgi, şefkat gibi duygularımızı açığa vurmaktan kaçınırız.				
10	Gerektiğinde aile üyelerine görevlerini hatırlatır, kendilerine düşen işi yapmalarını sağlarız.				
11	Evde dertlerimizi üzüntülerimizi birbirimize				

	CÜMLELER:	AYNEN KATILIYORUM	BÜYÜK ÖLÇÜDE KATILIYORUM	BİRAZ KATILIYORUM	HİÇ KATILMIYORUM
	söylemeyiz.				
12	Sorunlarımızın çözümünde genellikle ailece aldığımız kararları uygularız.				
13	Bizim evdekiler, ancak onların hoşuna giden şeyler söylediğimizde bizi dinlerler.				
14	Bizim evde bir kişinin söylediklerinden ne hissettiğini anlamak pek kolay değildir.				
15	Ailemizde eşit bir görev dağılımı yoktur.				
16	Ailemizin üyeleri, birbirlerine hoşgörülü davranırlar.				
17	Evde herkes başına buyruktur.				
18	Bizim evde herkes, söylemek istediklerini üstü kapalı değil de doğrudan birbirlerinin yüzüne söyler.				
19	Ailede bazılarımız, duygularımızı belli etmeyiz.				
20	Acil bir durumda ne yapacağımızı biliriz.				
21	Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınırız.				
22	Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmekte güçlük çekeriz.				
23	Gelirimiz (ücret, maaş) ihtiyaçlarımızı karşılamaya yetmiyor.				
24	Ailemiz, bir problemi çözdükten sonra, bu çözümün işe yarayıp yaramadığını tartışır.				
25	Bizim ailede herkes kendini düşünür.				
26	Duygularımızı birbirimize açıkça söyleyebiliriz.				
27	Evimizde banyo ve tuvalet bir türlü temiz durmaz.				
28	Aile içinde birbirimize sevgimizi göstermeyiz.				
29	Evde herkes her istediğini birbirinin yüzüne söyleyebilir.				
30	Ailemizde, her birimizin belirli görev ve sorumlulukları vardır.				
31	Aile içinde genellikle birbirimizle pek iyi geçinemeyiz.				
32	Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.				
33	Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.				
34	Aile içinde birbirimizle ilgilenmeye pek zaman				

	CÜMLELER:	AYNEN KATILYORUM	BÜYÜK ÖLÇÜDE KATILYORUM	BİRAZ KATILYORUM	HIÇ KATILMIYORUM
	bulamıyoruz.				
35	Evde genellikle söylediklerimizle, söylemek istediklerimiz birbirinden farklıdır.				
36	Aile içinde birbirimize hoşgörülü davranırız				
37	Evde birbirimize, ancak sonunda kişisel bir yarar sağlayacaksa ilgi gösteririz.				
38	Ailemizde bir dert varsa, kendi içimizde hallederiz.				
39	Ailemizde sevgi ve şefkat gibi güzel duygular ikinci plandadır.				
40	Ev işlerinin kimler tarafından yapılacağını hep birlikte konuşarak kararlaştırırız.				
41	Ailemizde herhangi bir şeye karar vermek her zaman sorun olur.				
42	Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine ilgi gösterir.				
43	Evde birbirimize karşı açık sözlüyüzdür.				
44	Ailemizde hiçbir kural yoktur.				
45	Evde birinden bir şey yapması istendiğinde mutlaka takip edilmesi ve kendisine hatırlatılması gerekir.				
46	Aile içinde, herhangi bir sorunun (problemin) nasıl çözüleceği hakkında kolayca karar verebiliriz.				
47	Evde kurallara uyulmadığı zaman ne olacağını bilmeyiz.				
48	Bizim evde aklınıza gelen her şey olabilir.				
49	Sevgi, şefkat gibi olumlu duygularımızı birbirimize ifade edebiliriz.				
50	Ailede her türlü problemin üstesinden gelebiliriz.				
51	Evde birbirimizle pek iyi geçinemeyiz.				
52	Sinirlenince birbirimize küseriz.				
53	Ailede bize verilen görevler pek hoşumuza gitmez çünkü genellikle umduğumuz görevler verilmez.				
54	Kötü bir niyetle olmasa da evde birbirimizin hayatına çok karışıyoruz.				
55	Ailemizde kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler, çünkü böyle durumlarda ne yapılacağı aramızda konuşulmuş				

	CÜMLELER:	AYNEN KATILIYORUM	BÜYÜK ÖLÇÜDE KATILIYORUM	BİRAZ KATILIYORUM	HİÇ KATILMIYORUM
	ve belirlenmiştir.				
56	Aile içinde birbirimize güveniriz.				
57	Ağlamak istediğimizde, birbirimizden çekinmeden rahatlıkla ağlayabiliriz.				
58	İşimize (okulumuza) yetişmekte güçlük çekiyoruz.				
59	Aile içinde birisi, hoşlanmadığımız bir şey yaptığında ona bunu açıkça söyleriz.				
60	Problemimizi çözmek için ailecek çeşitli yollar bulmaya çalışırız.				

APPENDICE-5: Parent's Mealtime Action Scale (PMAS)

ÖLÇEK – 3 (Bu ölçeği ANNE doldurmalı)

Bir hafta boyunca, aşağıdaki yemek zamanı davranışlarını hangi sıklıkta göstermektedirsiniz? Size uygun seçeneğe (X) işareti koyunuz.

	CÜMLELER:	HIÇBİR ZAMAN	BAZEN	HER ZAMAN
1	Yemek yemeyi çocuğum için bir eğlenceye ya da oyuna dönüştürdüm.			
2	Çocuğuma verdiğim yemeğin aynısını ben de yedim.			
3	Çocuğumla masaya oturdum ama ben yemedim.			
4	Çocuğumun istediğini yemesine izin verdim.			
5	Çocuğuma yemeğine baharat, ketçap, mayonez vb. İsteddiği tatlandırıcıları katmasına izin verdim.			
6	İyi davranışını ödüllendirilmek için, çocuğuma sevdiği bir yiyeceği verdim.			
7	Çocuğuma yemeğini yemesi için ödül olarak sevdiği bir faaliyet ya da oyuncağı teklif ettim.			
8	Çocuğuma yemeğini yemesi için ödül olarak sevdiği bir tatlıyı vermeyi teklif ettim			
9	Çocuğuma, istemediği bir yemek yerine sevdiği başka bir yemeği yemesine izin verdim.			
10	Çocuğuma, önerdiğim yemek seçeneklerinden istediğini seçmesine izin verdim.			
11	Çocuğuma, ailemizin yediği yemeklerden farklı özel bir yemek hazırladım.			
12	Çocuğumun aşırı yemek yemesini engelledim.			
13	Çocuğuma yemek yemeyi ne kadar çok sevdiğimi söyledim.			
14	Çocuğuma, eğer denerse yiyeceklerin tadının ne kadar güzel olduğunu fark edeceğini söyledim.			

	CÜMLELER:	HIÇBİR ZAMAN	BAZEN	HER ZAMAN
15	Çocuğuma, arkadaşlarının ya da kardeşlerinin bu yemeyi ne kadar çok sevdiklerini söyledim.			
16	Çocuğuma yemeyin onu sağlıklı, akıllı ve güçlü yapacağını söyledim.			
17	Çocuğuma her gün meyve verdim.			
18	Çocuğumun yemeğindeki hayvansal yağları (margarin, kuyruk yağı, kaymak vb.) azalttım.			
19	Her gün meyve yedim.			
20	Her gün sebze yedim.			
21	Her gün gazlı içecek (örn. Kola, fanta, gazoz vs.) içtim.			
22	Her gün tatlı yiyecekler ve şeker yedim.			
23	Her gün tuzlu atıştırmalıklardan (cips vb) yedim.			
24	Kendi yemeğimdeki hayvansal yağları (margarin, kuyruk yağı, kaymak vb.) azalttım.			
25	Çocuğumun bir günde yiyebileceği tatlı yiyecek miktarını sınırladım.			
26	Çocuğumun bir günde içebileceği gazlı içeceklere sınır koydum.			
27	Çocuğumun bir günde yiyebileceği tuzlu atıştırmalıkların miktarına sınırladım.			
28	Çocuğum “aç değilim” dese bile ona yemek yemesi için ısrar ettim.			
29	Çocuğuma uykusu varken ve kendini iyi hissetmezken bile yemek yemesi için ısrar ettim.			
30	Çocuğuma duygusal olarak üzgün olduğu durumlarda da yemek yemesi için ısrar ettim.			
31	Çocuğuma her yemekten biraz verdim.			

ÖLÇEK – 3 (Bu ölçeği BABA doldurmalı)

Bir hafta boyunca, aşağıdaki yemek zamanı davranışlarını hangi sıklıkta göstermektedir? Size uygun seçeneğe (X) işareti koyunuz.

	CÜMLELER:	HİÇBİR ZAMAN	BAZEN	HER ZAMAN
1	Yemek yemeyi çocuğum için bir eğlenceye ya da oyuna dönüştürdüm.			
2	Çocuğuma verdiğim yemeğin aynısını ben de yedim.			
3	Çocuğumla masaya oturdum ama ben yemedim.			
4	Çocuğumun istediğini yemesine izin verdim.			
5	Çocuğuma yemeğine baharat, ketçap, mayonez vb. İsteddiği tatlandırıcıları katmasına izin verdim.			
6	İyi davranışını ödüllendirilmek için, çocuğuma sevdiği bir yiyeceği verdim.			
7	Çocuğuma yemeğini yemesi için ödül olarak sevdiği bir faaliyet ya da oyuncağı teklif ettim.			
8	Çocuğuma yemeğini yemesi için ödül olarak sevdiği bir tatlıyı vermeyi teklif ettim			
9	Çocuğuma, istemediği bir yemek yerine sevdiği başka bir yemeği yemesine izin verdim.			
10	Çocuğuma, önerdiğim yemek seçeneklerinden istediğini seçmesine izin verdim.			
11	Çocuğuma, ailemizin yediği yemeklerden farklı özel bir yemek hazırladım.			
12	Çocuğumun aşırı yemek yemesini engelledim.			
13	Çocuğuma yemek yemeyi ne kadar çok sevdiğimi söyledim.			
14	Çocuğuma, eğer denerse yiyeceklerin tadının ne kadar güzel olduğunu fark edeceğini söyledim.			
15	Çocuğuma, arkadaşlarının ya da kardeşlerinin bu yemeyi ne kadar çok sevdiğini söyledim.			

	CÜMLELER:	HİÇBİR ZAMAN	BAZEN	HER ZAMAN
16	Çocuğuma yemeyin onu sağlıklı, akıllı ve güçlü yapacağını söyledim.			
17	Çocuğuma her gün meyve verdim.			
18	Çocuğumun yemeğindeki hayvansal yağları (margarin, kuyruk yağı, kaymak vb.) azalttım.			
19	Her gün meyve yedim.			
20	Her gün sebze yedim.			
21	Her gün gazlı içecek (örn. Kola, fanta, gazoz vs.) içtim.			
22	Her gün tatlı yiyecekler ve şeker yedim.			
23	Her gün tuzlu atıştırmalıklardan (cips vb) yedim.			
24	Kendi yemeğimdeki hayvansal yağları (margarin, kuyruk yağı, kaymak vb.) azalttım.			
25	Çocuğumun bir günde yiyebileceği tatlı yiyecek miktarını sınırladım.			
26	Çocuğumun bir günde içebileceği gazlı içeceklere sınır koydum.			
27	Çocuğumun bir günde yiyebileceği tuzlu atıştırmalıkların miktarına sınırladım.			
28	Çocuğum “aç değilim” dese bile ona yemek yemesi için ısrar ettim			
29	Çocuğuma uykusu varken ve kendini iyi hissetmezken bile yemek yemesi için ısrar ettim.			
30	Çocuğuma duygusal olarak üzgün olduğu durumlarda da yemek yemesi için ısrar ettim.			
31	Çocuğuma her yemekten biraz verdim.			

APPENDICE-6: Child's Eating Behavior Questionnaire (CEBQ)

ÖLÇEK – 4 (Bu ölçeği ANNE doldurmalı)

Cümleleri okuduktan sonra o ifadenin çocuğunuzun beslenme davranışına ne kadar uyduğunu aşağıdaki 5 seçenektan birinin altındaki kutucuğa işaret koyarak belirtiniz. Örneğin, okuduğunuz ifade çocuğunuza hiç uymuyorsa "ASLA" seçeneğini, çoğunlukla uymuyorsa "NADİREN" seçeneğini, bazen uyuyorsa "ARADA BİR" seçeneğini, çoğunlukla uyuyorsa "SIKLIKLA" seçeneğini ya da tamamen uyuyorsa "HERZAMAN" seçeneğini işaretleyebilirsiniz. Bu ifadelerde doğru veya yanlış yoktur, sadece çocuğunuza uyan seçeneği işaretlemeniz gerekiyor. Araştırma için, bütün soruların cevaplandırılması çok önemlidir. Bu nedenle, bazı ifadeler size benzer gelse de lütfen hepsini mutlaka cevaplandırınız. Birden fazla çocuğunuz varsa, lütfen soruları çocuklardan sadece araştırmaya katılan çocuğunuz için cevaplandırınız.

	CÜMLELER	ASLA	NADİREN	ARADA BİR	SIKLIKLA	HER ZAMAN
1	Çocuğum yiyecekleri, yemeği sever.					
2	Çocuğum endişeliyken, üzgün olduğunda çok yer.					
3	Çocuğum çok iştahlıdır.					
4	Çocuğum yemeğini hızlıca bitirir.					
5	Çocuğum yemeğe önem verir, yiyeceklerle ilgilidir.					
6	Çocuğum sürekli içecek bir şey ister.					
7	Çocuğum yeni yemekleri başlangıçta reddeder.					
8	Çocuğum yavaş yer.					
9	Çocuğum kızginken, sinirliyken daha az yer.					
10	Çocuğum yeni yiyecekleri, yemekleri tatmaktan hoşlanır.					
11	Çocuğum yorgunken daha az yer.					

	CÜMLELER	ASLA	NADİREN	ARADA BİR	SIKLIKLA	HER ZAMAN
12	Çocuğum sürekli yemek ister.					
13	Çocuğum sıkıntılı, rahatsız olduğunda çok yer.					
14	İzin verilirse çocuğum çok fazla yiyecektir.					
15	Çocuğum huzursuzken, endişeliyken çok yer.					
16	Çocuğum çok çeşitli yiyeceklerden hoşlanır.					
17	Çocuğum yemeğin sonunda tabağında yemek bırakır.					
18	Çocuğumun yemeğini bitirmesi 30 dakikadan uzun sürüyor.					
19	Şans verilirse, çocuğum tüm zamanını yemek yiyerek geçirir.					
20	Çocuğum öğün zamanlarını ipe çeker.					
21	Çocuğum yemeği bitmeden doyar.					
22	Çocuğum yemek yemekten hoşlanır.					
23	Çocuğum mutlu olduğunda daha çok yer.					
24	Çocuğumu yemekle mutlu etmek zordur.					
25	Çocuğum mutsuz olduğunda daha az yer.					
26	Çocuğum çabuk doyar.					
27	Çocuğum yapacak bir şeyi olmadığında daha çok yer.					
28	Çocuğum doymuş (tok) bile olsa sevdiği yiyeceğe midesinde yer bulur.					
29	Çocuğum şans verilirse gün boyu içecek (meşrubat, su, meyve suyu) içecektir.					
30	Çocuğum yemekten hemen önce abur cubur yerse, atıştırırsa yemek yiyemez.					
31	Çocuğum, şans verilirse, daima içecek bir şey					

	CÜMLELER	ASLA	NADİREN	ARADA BİR	SIKLIKLA	HER ZAMAN
	bulabilir.					
32	Çocuğum daha önceden bilmediğı, tatmadığı tatları tatmakla ilgilenir.					
33	Çocuğum tadına bile bakmadan bir yiyecekten hoşlanmadığına karar verir.					
34	Şans verilirse çocuğum ağızında yemek, lokma tutar.					
35	Yemek süresi boyunca çocuğum yavaş, daha yavaş yer.					

ÖLÇEK – 4 (Bu ölçeği BABA doldurmalı)

Cümleleri okuduktan sonra o ifadenin **çocuğunuzun beslenme davranışına** ne kadar uyduğunu aşağıdaki 5 seçenekten birinin altındaki kutucuğa işaret koyarak belirtiniz. Örneğin, okuduğunuz ifade çocuğunuza hiç uymuyorsa "**ASLA**" seçeneğini, çoğunlukla uymuyorsa "**NADİREN**" seçeneğini, bazen uyuyorsa "**ARADA BİR**" seçeneğini, çoğunlukla uyuyorsa "**SIKLIKLA**" seçeneğini ya da tamamen uyuyorsa "**HERZAMAN**" seçeneğini işaretleyebilirsiniz. Bu ifadelerde doğru veya yanlış yoktur, sadece çocuğunuza uyan seçeneği işaretlemeniz gerekiyor. Araştırma için, bütün soruların cevaplandırılması çok önemlidir. Bu nedenle, bazı ifadeler size benzer gelse de lütfen hepsini mutlaka cevaplandırınız. Birden fazla çocuğunuz varsa, lütfen soruları çocuklardan **sadece araştırmaya katılan çocuğunuz** için cevaplandırınız.

	CÜMLELER	ASLA	NADİREN	ARADA BİR	SIKLIKLA	HER ZAMAN
1	Çocuğum yiyecekleri, yemeği sever.					
2	Çocuğum endişeliyken, üzgün olduğunda çok yer.					
3	Çocuğum çok iştahlıdır.					
4	Çocuğum yemeğini hızlıca bitirir.					
5	Çocuğum yemeğe önem verir, yiyeceklerle ilgilidir.					
6	Çocuğum sürekli içecek bir şey ister.					
7	Çocuğum yeni yemekleri başlangıçta reddeder.					
8	Çocuğum yavaş yer.					
9	Çocuğum kızginken, sinirliyken daha az yer.					
10	Çocuğum yeni yiyecekleri, yemekleri tatmaktan hoşlanır.					
11	Çocuğum yorgunken daha az yer.					

	CÜMLELER	ASLA	NADİREN	ARADA BİR	SIKLIKLA	HER ZAMAN
12	Çocuğum sürekli yemek ister.					
13	Çocuğum sıkıntılı, rahatsız olduğunda çok yer.					
14	İzin verilirse çocuğum çok fazla yiyecektir.					
15	Çocuğum huzursuzken, endişeliyken çok yer.					
16	Çocuğum çok çeşitli yiyeceklerden hoşlanır.					
17	Çocuğum yemeğin sonunda tabağında yemek bırakır.					
18	Çocuğumun yemeğini bitirmesi 30 dakikadan uzun sürüyor.					
19	Şans verilirse, çocuğum tüm zamanını yemek yiyerek geçirir.					
20	Çocuğum öğün zamanlarını ipe çeker.					
21	Çocuğum yemeği bitmeden doyar.					
22	Çocuğum yemek yemekten hoşlanır.					
23	Çocuğum mutlu olduğunda daha çok yer.					
24	Çocuğumu yemekle mutlu etmek zordur.					
25	Çocuğum mutsuz olduğunda daha az yer.					
26	Çocuğum çabuk doyar.					
27	Çocuğum yapacak bir şeyi olmadığında daha çok yer.					
28	Çocuğum doymuş (tok) bile olsa sevdiği yiyeceğe midesinde yer bulur.					
29	Çocuğum şans verilirse gün boyu içecek (meşrubat, su, meyve suyu) içecektir.					
30	Çocuğum yemekten hemen önce abur cubur yerse, atıştırırsa yemek yiyemez.					
31	Çocuğum, şans verilirse, daima içecek bir şey					

	CÜMLELER	ASLA	NADİREN	ARADA BİR	SIKLIKLA	HER ZAMAN
	bulabilir.					
32	Çocuğum daha önceden bilmediğı, tatmadığı tatları tatmakla ilgilenir.					
33	Çocuğum tadına bile bakmadan bir yiyecekten hoşlanmadığına karar verir.					
34	Şans verilirse çocuğum ağızında yemek, lokma tutar.					
35	Yemek süresi boyunca çocuğum yavaş, daha yavaş yer.					