Ankara Sağlık Bilimleri Dergisi (ASBD)
Journal of Ankara Health Sciences (JAHS)
ISSN:2146-328X (print)
e-ISSN: 2618-5989 (online)
DOI: https://www.doi.org/10.46971/ausbid.657862

Özgün Araştırma / Research Article

Tipik Gelişen ve Otizm Spektrum Bozukluğu Olan Çocukların Ebeveynlerinin Yemek Zamanı Çocuklarına Olan Tutumlarının Bazı Demografik Değişkenlere Göre İncelenmesi

Examining the Mealtime Attitudes of Parents towards Their Children with Typical Development and Autism Spectrum Disorder by Certain Demographic Variables

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Özet

Amaç: Erken çocukluk döneminde birincil önem taşıyan ebeveynlerın tutumları, çocukların yeme davranışları üzerinde kritik bir öneme sahip olabilmektedir. Mevcut çalışmanın amacı: Yemek zamanlarında ebeveynlerin çocuklarına (tipik gelişim gösteren ve otizm spektrum bozukluğu) karşı tutum ve davranışlarının çocuğun yaşına, ebeveynlerin yaşlarına ve kardeş durumu gibi demografik değişkenlerine göre farklılılığını incelemektir. **Bireyler ve Yöntem**: Çalışmaya Ankara'da okul öncesi eğitim kurumları ve özel eğitim ve rehabilitasyon merkezlerinden 180 çocuğun (90 tipik gelişen ve 90 otizm spektrum bozukluğu) ebeveyni katılmıştır. Ebeveynlerin yemek zamanında çocuklarına karşı olan davranışlarını değerlendirmek için, Ebeveyn Yemek Zamanı Davranışları Ölçeği-EYZD (The Parent Mealtime Action Scale-PMAS) ve demografik bilgi formu kullanılmıştır. Toplanan verilerin analizi için T Testi, ANOVA, Mann-Whitney U ve Kurskal Wallis test yöntemleri kullanılmıştır. **Bulgular:** Sonuçlar otizm spektrum bozukluğu olan çocukların ebeveynlerinin özel yemekler hazırlama eğiliminde daha fazla olduklarını göstermektedir. Genç anneler çocuklarının yemesi için daha fazla ısrar etmekte ve ödül kullanmaktadırlar. Ayrıca otizm spektrum bozukluğu olan çocukların ebeveynleri, tipik gelişen çocukların ebeveynlerine göre, çocuklarının yemesi için daha fazla ısrar etmekte ve atıştırmalık sınırı koymaktadırlar. **Sonuç:** Sonuçlar göz önünde bulundurulduğunda demografik değişkenler, ebeveynlerin çocuklarına yemek zamanlarındaki davranışlarını belirlemede önemli olduğu ifade edilebilir**.**

Anahtar Kelimeler: otizm spektrum bocukluğu, yemek zamanı davranışları, ebeveynler

Alındığı tarih/Received Date: 15.12.2019
Kabul tarihi/Accepted Date: 26.05.2020

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Abstract

Objective: Parental attitudes can be considered as a critical factor influencing eating behaviors in early childhood since parents hold primary importance for the child. The aim of this study was to examine differences between parental attitudes towards their children with typical development (TD) and autism spectrum disorder (ASD) during mealtimes by certain demographic variables, such as the child's age, parental age, presence of siblings. **Methods:** Parents of a total of 180 children (90 with ASD and 90 with TD) participated in the study, who were reached in preschools and special education and rehabilitation centers in Ankara, Turkey. The Parent Mealtime Action Scale (PMAS) was used to uncover parental attitudes towards their children during mealtimes. Moreover, a personal information form was used to get demographic information from parents. T-test, ANOVA, Mann-Whitney U test, and Kruskal-Wallis test were carried out for the analysis. **Results**: Results indicate that parents who have children with ASD tend to show more frequent attitudes during special mealtimes. Younger mothers tend to have more insistence on their children's eating and the use of rewards. Parents with a child with ASD tend to show more insistence on the child's eating and put more snack limits when compared to the ones with more than one child. **Conclusion:** According to results, demographic variables have a substantial effect on parental attitudes during mealtimes**.**

Key words: autism spectrum disorder, mealtime action, parents.

INTRODUCTION

The interactions of parents and other individuals with the child determine the place of the child within the family. Such attitudes towards the child have a critical place in the shaping of the first experience of the child (Yavuzer, 2017). When it especially comes to the preschool period, children need less care and can do more on their own. Parents who have children in preschool age need to respect the independence of their children and should be aware of their growing and ready to help them only when they need it (Bayhan and Artan, 2012). In addition, parents should present behaviors that they try to gain the child, who learns through imitation, and the child shows similar attitudes by observing such behaviors from its parents (Yavuzer, 2016).

Feeding is a usual need for the development of every living being (Mermer, 2003; Baysal and Arslan, 2007). According to Abraham Harold Maslow's (1943) hierarchy of needs, the basic needs are considered as physiological needs. Physiological needs include particular needs, such as feeding, sleep, and health. Many of the behaviors of children arise from not satisfying such needs (McLeod, 2007). Parents' excessive sensitivity to their children's needs may transform eating behavior to a problem for the child and adversely affect the interaction between the parents and child (Mermer, 2003; Baysal and Arslan, 2007).

Children establish the first emotional attachment to the individual who feeds them. For this reason, close relations are essential for the eating habits of children (Baysal, 2016). Children's primary and immediate parents and then, the preschool institutions are the primary decision-makers on proper and healthy foods for children rather than their own (Özgenç, 2008; Zembat, Kılıç, Ünlüer, Çobanoğlu, Usbaş, and Bardak, 2015). Children shape both their behaviors and eating habits by observing parental behaviors and their reactions (Yavuzer, 2013). Mother, father, and siblings are critical models to develop a proper eating habit for children (Köksal and Gökmen, 2016). Particularly in preschool-age in which children take their parents as role-models, proper eating habits can easily be passed on children (Sümbül, 2009). However, excessive parental control prevents the development of children's control mechanisms (Berk, 2015).

Insistence on eating, comparing them to their peers, using rewards or punishments are examples of negative attitudes that may adversely affect children's eating habits (Baysal, 2016; Köksal and Gökmen, 2016). Instead of insisting on making the child eat more by assuming it eats too little or comparing it to other kids, it is necessary to know what the child needs and to offer it an opportunity accordingly (MEB, 2013). In order to make the children gain proper and healthy eating habits, parents should consider their children's metabolism and body structure (Baysal, 2016), spending time at the table with all family members, offering a limited choice of meals to the child, being a model upon according to the rules of etiquette, setting an eating pattern by restricting the duration of mealtimes and amount of food, and creating insightful attitudes without pressure on eating (Yavuzer, 2013). When parents exhibit more insistent attitudes by assuming their children are malnourished, they try to give their children a meal out of mealtimes, which may inadvertently prevent children from gaining proper eating behaviors (Uyaroğlu, 2016). Eating habits will already be healthy and proper during early childhood when the parents become a model for healthy and balanced nutrition and make mealtimes enjoyable (Santrock, 2012). In conclusion, when parents have healthy eating habits, so their children do (MEB, 2013).

Mealtime needs of children with ASD may differ from children with TD as nutritional problems are more common in children with ASD (Volkert and Vaz, 2010; Meral and Fidan, 2015; Balikçi and Çiyiltepe, 2017). In a study conducted with parents of children with ASD, it was found that the parents of children with ASD considered that mealtimes were challenging times while all of them regarded mealtimes as important for their children (Ausderau and Juarez, 2013). For this reason, it is thought that parents of children with ASD may have different actions towards their children at mealtimes than parents of children with TD.

The current study aims to examine what kind of demographic variables affect parental attitudes towards their children during mealtimes. It also compared two groups of parents whose children with TD and ASD.

MATERIALS and METHODS

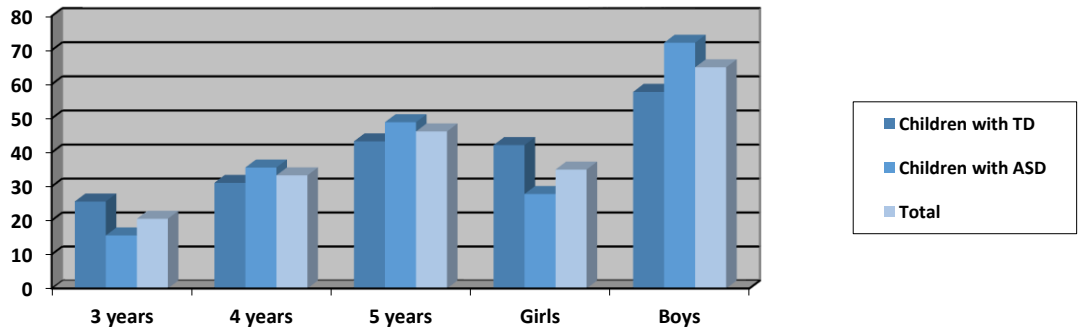
The study was conducted based on survey design (Karasar, 2009; Erdoğan, Nahcivan, and Esin, 2014).

Sampling procedures and the sample

The sample of the study was composed of children aged 3-5 years with TD and ASD, as well as their parents to determine parental attitudes during mealtime. The participants were selected using the simple random sampling method. The children in the sample attended private preschools and private education and rehabilitation centers during the 2017-2018 academic year in eight different districts of Ankara, Turkey.

Firstly, the context of the study was discussed with 115 randomly selected private education-rehabilitation centers, and 41 randomly selected private preschools. The research was carried out in 39 private education-rehabilitation centers and 18 private preschools, which agreed to participate in the study. The steps followed in sample size calculation are: type 1 error margin (α) = 0.05, effect size = 0.5, testing power = 0.85. Such calculations, at the intended confidence level, revealed the total sample size as 180. Each parent was allowed to participate in the study with their only one child. Voluntary participation was essential for the study so that each parent who had agreed to participate in the study completed a consent form. The total sample was 180, in which 90 were parents of the children with TD, and 90 were parents of children with autism spectrum disorders. Figure 1 shows the ages and gender of children with TD and ASD.

Figure 1. Distribution of sample by age group and gender



Measures

The "Parent Mealtime Action Scale (PMAS)" was used to identify parental feeding attitudes towards their children during mealtimes, and the "Personal Information Form" was used to gather demographic information.

The Parent Mealtime Action Scale (PMAS)

The PMAS was developed by Hendy, Williams, Camise, Eckman, and Hedemann (2009). The scale assesses the behaviors of parents while they are feeding their children during mealtime and consists of 31 items and 9 distinct sub-scales. Parents are asked to choose one out of 3-point Likert scale (1 = never, 2 = sometimes, 3 = always) as a response to the question "During a typical week in the past month, how often did you show each mealtime action?". The sub-scales of are snack limits (SL), positive persuasion (PP), daily food-vegetable availability (DFV), use of rewards (UR), insistence on eating (IE), snack modeling (SMO), special meals (SM), fat reduction (FR), and many food choices (MFC) (Hendy, Williams, Camise, Eckman, and Hedemann, 2009; Hendy, Harclerode, and Williams, 2016).

The scale was adapted to Turkish by Arslan (2012) within her thesis. Cronbach-α coefficients of the nine distinct sub-scales and 31 items were found to be in the range of 0.41-0.75 (Arslan, 2012).

Personal Information Form

Personal Information Form seeks to find out the children's ages, parental age, children's gender, and the number of siblings. The questionnaire contains an informed consent form that introduces the researcher, explains the purpose of data collection, discloses that the

collected data will be kept confidential, and indicates that the participation in this study should be totally voluntary.

Ethical Issue and Data Collection Procedures

Relevant permissions to use the scales described above were obtained from the responsible authors. Before administering the scales, ethical approval was obtained from the Hacettepe University Research Ethics Committee to be able to use the scales in the sample group. Practitioners ensured parents completed the consent forms and administered the PMAS to the volunteer parents at an available time for the schools and centers based on a predetermined practice plan.

Data analysis

Kurtosis and Skewness values of the scores were sought to determine whether the scores on the sub-scales distributed normally or not. In this regard, it is assumed that if the kurtosis and skewness values of the scores are between -1 and +1, it can be asserted that there is a normal distribution in the data; otherwise, it cannot. Moreover, it was examined whether the scores on the sub-scales showed statistically significant differences by predetermined categories of independent variables. Therefore, if the distribution of the scores on the sub-scales were normal in each category of the independent variable considered, independent samples t-test was used; if the number of categories was two, ANOVA was used. When the distribution of the scores of the sub-scales was considered normal in each category of the independent variables and the number of categories was two, the Mann-Whitney U test was used for independent samples, and if the number of categories was more than two, Kruskal-Wallis test was used.

RESULTS

Table 1 shows the differences between groups by the PMAS.

Table 1. Comparison of the differences between the scores on the sub-scales of the PMAS by children with TD and ASD.

T Test	Groups	N	Mean	Sd	t	p
Positive persuasion	TD	90	10,08	178	1,02	0,31
	ASD	90	9,80			
Daily food-vegetable availability	TD	90	7,84	178	0,61	0,54
	ASD	90	7,73			
Use of rewards	TD	90	8,08	178	-1,57	0,12
	ASD	90	8,53			
Snack modelling	TD	90	5,07	178	0,05	0,96
	ASD	90	5,06			
Special meals	TD	90	5,74	178	-3,92	0,00*
	ASD	90	6,64			
Fat reduction	TD	90	5,61	178	0,16	0,87
	ASD	90	5,58			
Many food choices	TD	90	8,24	178	0,60	0,55
	ASD	90	8,09			
Mann-Whitney U Test	**Groups**	**N**	**Mean rank**	**Sum rank**	**U**	**P**
Snack limits	TD	90	92,70	8343,00	3852,000	0,54
	ASD	90	88,30	7947,00		
Insistence on eating	TD	90	95,37	8583,00	3612,000	0,19
	ASD	90	85,63	7707,00		

The results of the Mann-Whitney U test were examined for the scores on the sub-scales of PMAS, and it was found that the scores of parents with children with ASD on the "special meals" sub-scale showed a statistically significant difference (t_{SM}=-3.92; p_{SM} = 0.00; $p < 0.05$).

Moreover, according to the results of the ANOVA and Kruskal Wallis tests applied to

the sub-scales of the PMAS, it was determined that there is no statistical difference between the scores of parents with children with ASD and TD on the sub-scales of the PMAS and children's ages (both children with TD and ASD) (p>0.05).

Table 2 indicates the differences in the scores of the parents with TD on the PMAS by maternal age.

Table 2. Comparison of the scores of the parents with children with TD on the sub-scales of the PMAS by maternal age.

ANOVA	Variance	Sum Sq.	Mean sq.	sd	F	p	Difference
Snack modelling	Between groups	7,58	3,79	2	1,73	0,18	
	Within groups	190,03	2,18	87			
	Total	197,60		89			
Kruskal-Wallis	**Groups**	**N**	**Mean rank**	**sd**	**Chi-sqr.**	**p**	**Difference**
Snack limits	20-29 years	21	42,64	2	0,40	0,82	
	30-39 years	60	46,48				
	40 years and older	9	45,67				
Positive persuasion	20-29 years	21	55,07	2	5,43	0,07	
	30-39 years	60	44,08				
	40 years and older	9	32,61				
Daily food-vegetable availability	20-29 years	21	40,69	2	1,58	0,45	
	30-39 years	60	46,10				
	40 years and older	9	52,72				
Use of rewards	20-29 years	90	59,24	2	12,57	0,00*	20-29 years> 40 years and older
	30-39 years	21	43,93				
	40 years and older	60	23,94				
Insistence on eating	20-29 years	21	50,88	2	5,34	0,07	
	30-39 years	60	46,25				
	40 years and older	9	27,94				
Special meals	20-29 years	21	50,33	2	2,99	0,22	
	30-39 years	60	45,70				
	40 years and older	9	32,89				
Fat reduction	20-29 years	21	45,57	2	1,65	0,44	
	30-39 years	60	46,99				
	40 years and older	9	35,39				
Many food choices	20-29 years	21	45,17	2	0,77	0,68	
	30-39 years	60	46,64				
	40 years and older	9	38,67				

Table 3 indicates the differences in the scores of the parents with ASD on the PMAS by maternal age.

The results of ANOVA and the Kruskal-Wallis test suggested the scores of the parents of children with ASD on the sub-scales of "use of rewards" and "insistence on eating" differed statistically by maternal age (X2UR (sd= 2, n = 90) = 11.48; <0.05). As a result of the nonparametric post hoc test used to determine the source of the difference, it was determined that the scores of the group aged 20-29 years were higher than of the group aged 40 years and older.

It was sought to find out whether parental attitudes during mealtimes differ by paternal age. According to the results of ANOVA and the Kruskal Wallis tests applied to the sub-scales of the PMAS, it was found that there was no statistical difference between the scores of the parents of children with TD by paternal age (p>0.05).

Table 4. Comparison of the scores of the parents with children with ASD on the sub-scales of the PMAS by paternal age.

ANOVA	Variance	Sum Sq.	Mean sq.	sd	F	p	Difference
Positive persuasion	Between groups	12,10	6,05	2	1,49	0,23	
	Within groups	352,30	4,05	87			
	Total	364,40		89			
Snack modelling	Between groups	0,67	0,33	2	0,16	0,85	
	Within groups	184,05	2,12	87			
	Total	184,72		89			
Fat reduction	Between groups	15,43	7,72	2	4,40	0,02	20-29 years>40 years and older, 30-39 years>40 years and older
	Within groups	152,52	1,75	87		*	
	Total	167,96		89			
Many food choices	Between groups	9,83	4,91	2	1,35	0,27	
	Within groups	317,46	3,65	87			
	Total	327,29		89			
Kruskal-Wallis	**Groups**	**N**	**Mean rank**	**sd**	**Chi-sqr.**	**p**	**Difference**
Snack limits	20-29 years	11	52,86	2	3,55	0,17	
	30-39 years	48	47,81				
	40 years and older	31	39,31				
Daily food-vegetable availability	20-29 years	11	51,41	2	4,12	0,13	
	30-39 years	48	48,89				
	40 years and older	31	38,16				
Use of rewards	20-29 years	11	47,27	2	11,48	0,03	30-39 years> 40 years and older
	30-39 years	48	53,14				
	40 years and older	31	33,05				
Insistence on eating	20-29 years	11	60,32	2	4,82	0,09	
	30-39 years	48	44,97				
	40 years and older	31	41,06				
Special meals	20-29 years	11	51,68	2	0,89	0,64	
	30-39 years	48	45,57				
	40 years and older	31	43,19				

Table 4 shows the differences in the scores of the parents with ASD on the PMAS by paternal age.

The results of ANOVA and the Kruskal-Wallis test suggested the scores of the parents of children with ASD on the sub-scales of "fat reduction" and "use of rewards" differed statistically by paternal age FFR (2.89) =4.40 (sd = 2, n = 90) = 11.48; <0.05). As a result of the nonparametric post hoc test to determine the source of the difference, it was found that 40-49-years-old parents of children with ASD used rewards more than the other parents.

It was sought to find out whether parental attitudes during mealtimes differed by the presence of siblings. According to the results of the T-test and Mann-Whitney U test, it was found that there was no statistical difference between the scores of the parents of children with TD on the sub-scales of the PMAS by the presence of siblings (p>0.05).

Table 5. Comparison of the scores of the parents with children with ASD on the sub-scales of the PMAS by presence of any siblings.

T Test	Group	N	Mean	sd	t	p
Use of rewards	**Yes**	57	8,60	88	0,39	0,70
	No	33	8,42			
Snack model	**Yes**	57	5,07	88	0,13	0,90
	No	33	5,03			
Fat reduction	**Yes**	57	5,58	88	0,01	0,99
	No	33	5,58			
Many food choices	**Yes**	57	8,35	88	1,72	0,09
	No	33	7,64			
Mann-Whitney U Test	**Group**	**N**	**Mean rank**	**Sum rank**	**U**	**p**
Snack limits	**Yes**	57	41,50	2365,50	712,50	0,04*
	No	33	52,41	1729,50		
Positive persuasion	**Yes**	57	48,85	2784,50	749,50	0,10
	No	33	39,71	1310,50		
Daily food-vegetable availability	**Yes**	57	44,60	2542,00	889,00	0,65
	No	33	47,06	1553,00		
Insistence on eating	**Yes**	57	39,11	2229,00	576,00	0,00*
	No	33	56,55	1866,00		
Special meals	**Yes**	57	45,27	2580,50	927,50	0,91
	No	33	45,89	1514,50		

Table 5 presents the differences in the scores of the parents with ASD on the PMAS by the presence of siblings.

The results of the Mann-Whitney U test were examined for the scores on the sub-scales of PMAS, and it was found that the scores of the parents with only one child on the sub-scales of "snack limits" and "insistence on eating" were statistically significant. (zSL = -2.08, pSL= 0.04; p <0.05). (zIE= -3.18, pIE= 0.04; p <0.05). In other words, limiting snacks and insistence on eating were more prevalent for children with ASD without sibling.

DISCUSSION

In this study, the differences in the mealtime attitudes of parents towards their children during mealtimes were examined concerning these children's being with TD or ASD. As a result, parents of children with autism spectrum disorder tend to be more likely to prepare special meals for their children. As it is known, children with autism spectrum disorder may show some differences in terms of nutrition and metabolism compared to the typically developing ones (Ünal and Özenoğlu, 2016). Many studies concluded that children with ASD have special diets (Önal and Uçar, 2017). The diet practices urge their parents to prepare special meals for such children. Since these special diets are even assessed for each child individually, special diets and meals and meal practices are applied to such children (Raiten and Massaro, 1986; Hyman, Stewart, Schmidt et al., 2012; İftar, 2012; Uçar and Samur, 2017).

When it comes to the relationship between the mealtime attitudes of the parents with children with TD and ASD and children's ages, parental attitudes do not show a significant difference by children's age (both TD and ASD). In a study conducted by Hendy and Williams (2012) with parents of children aged 3-10 with typical development, they concluded that as the age advances, food choices increase while positive persuasion, the use of reward, insisting on eating more, and the consumption of animal fat decrease. In addition, positive persuasion was found to be used at 3, 4, and 5 years of age at most. In a study conducted with a similar age group in Brazil, Korea, and the United States of America, significant relationships were found between the ages of children with high body mass index and reduction of the consumption of animal less persuasive behaviors to make children eat more (Hendy and Williams, 2012). This study, where significant relationships were found by the age variable, was conducted with a sample group with a wider age range (3-10).

On the other hand, the current study was not able to find a significant relationship in the children with TD by the age variable, which is thought to be due to the restricted age range (3-5). Considering the age range, if the research had been conducted with a wider age group, different results might have been obtained. In addition, if eating behaviors had been considered by the developmental stages, a significant difference could have been obtained between these variables. However, since the current study measured parental attitudes during mealtimes and the children's interest levels to foods, it is an expected case not to get a significant result.

It was determined that those who are 20-29 years among the mothers of children with TD and parents of children with ASD are more likely to exhibit a higher attitude of using reward than the ones 40 years and older. In other words, younger parents frequently try to use more rewards to convince their children to eat their meals during mealtimes. According to the study of Ünlü (2011), it was observed that perfectionist attitudes might cause negative attitudes that occur in children during mealtimes and such attitude may be related to paternal age (Ünal & Özenoğlu, 2016). Nowadays, changing social characteristics lead to changing parents' expectations from their children (Tezel-Şahin, 2007). With the development of technology, parents have an opportunity to compare their children's development to those of other parents, which is also thought to lead to higher perfectionism. For this reason, it is thought that parents may exhibit a rewarding attitude as the most effective method to ensure their children's eating acceptance.

Mothers aged 20-29 years with children with ASD exhibit the attitude of insistence on eating at mealtimes than the ones aged 40 years and older, which means that younger mothers are more likely to show more insistence towards their children on eating more. It may stem from the characteristics of the psychosocial developmental stage, which such parents experience. It is thought that parents aged 40 years and older apply several other attitudes upon their experience to convince their children to eat more. For this reason, it is thought that parents with a more dynamic age group like 20-29 show such insistence more than other groups.

The mealtime attitudes of parents of typically developing children do not differ by the parental age. In Turkish culture, it is known that mothers take more responsibility for the care of the child while fathers are more in second place compared to mothers (Demiriz and Dinçer, 2000). In the study conducted by Metbulut (2016), it was determined that the engagement of fathers on child nutrition was 15% (Metbulut, 2016). On the other hand, fathers aged 20-29 years and 30-39 years with children with ASD were found to be more likely to reduce fats in meals more than the ones aged 40 years and older. Parents under 40 years care about their health, weight, and appearance more than the ones aged 40 years and older, which is thought to be the reason why they tend to reduce fat in the meals. At the same time, such an attitude is only seen in the fathers of children with autism spectrum disorder. It is known that individuals with ASD follow special dietary practices to improve intestinal flora to experience positive changes to their problems. Since younger fathers are more likely to follow such practices, they may show the above-mentioned attitude more frequently than their counterparts in other age groups. In addition, according to Melbulut (2016), fathers tend to be choosier in eating, which was found to contribute to their children's eating problems (Metbulut, 2016). Fat reduction behavior can be associated with such choosy behaviors of fathers.

Besides, it was sought to find whether there is a relationship between parental attitudes towards their children and the number of children they have. While there was no significant difference in the parents of children with typical development, it was found that the parents who have only one child with ASD had more snack modeling and insistence on eating than the ones who have more than one child with ASD. Being a single child can be easier for parents in terms of satisfying the basic needs of it, such as dressing, education, and nutrition (Yavuzer, 2016). Parents with only one child may care about their children more. In fact, these excessive caring behaviors may turn all the attention to the child and its eating behavior by bringing along behaviors such as insistence on eating and restricting the amount of daily snacks such as salty and sweet foods, and carbonated drinks. In addition, when their feeding or sleeping needs are not satisfied, children without siblings tend to exhibit more aggression than the ones with siblings (Yavuzer, 2016; Yavuzer, 2017). This may increase parents' interest in their children, and therefore parents may be more concerned with their children's eating behaviors.

To sum, the results of the study revealed that the mealtime attitudes of parents towards their children are affected by parental age and the number of children. There are also differences between the attitudes of parents who have children with TD and the ones having children with ASD. It is believed that the factors affecting the mealtime attitudes of parents towards their children are an important source of information for intervention programs aimed at changing the attitudes of parents, who are highly influencing on their children's eating behaviors.

CONCLUSIONS

According to the results of the study, it is crucial to understand the variables affecting parental attitudes during mealtimes and daily activities. These are also considered as a critical part of the intervention programs. Family-centered approaches are explicitly considered as essential factors for integrating children into family daily routines. It is critical for intervention programs to know about family mealtime routines. Further research may focus on the details of family daily mealtime practices by observing their mealtime actions. Finally, further studies are recommended to be conducted with larger sample sizes, which is important for the analysis.

Acknowledgments

This paper was prepared by the authors as a dissertation thesis in Hacettepe University, Graduate School of Health Sciences. The author(s) received no financial support for the research. The present study was partially presented in the International Conference on Social Sciences in the 21st Century held in Amsterdam.

REFERENCES

Arslan, N. (2012). Ebeveyn Yemek Zamanı Davranışları Ölçeğinin Türkçe'ye Uyarlanması ve Çocukluk Çağı Obezitesi ile Ebeveyn Yemek Zamanı Davranışları Arasındaki İlişkisi (Parent Mealtime Action Scale of Turkish Version And Relationship Between Childhood Obesity And Parental Behavior In Mealtime) (Master's thesis). Istanbul: Marmara University.

Ausderau, K., & Juarez, M. (2013). The impact of autism spectrum disorders and eating challenges on family mealtimes. ICAN: Infant, Child, & Adolescent Nutrition, 5(5), 315-323.

Balikçi, Ö. S., & Çiyiltepe, M. (2017). Feeding problems of children with autism. PEOPLE: International Journal of Social Sciences, 3(1).

Bayhan, P., and Artan, İ. (22012). Çocuk gelişimi ve eğitimi (Child development and education). Istanbul: Morpa publishing.

Baysal, A. (2008). Genel beslenme. (General nutrition) Ankara: Hatipoglu publishing.

Baysal, A., and Arslan, P. (2007). Doğumdan yetişkinliğe çocuk yemekleri çocuğun bilinçli ve sağlıklı beslenmesi. (Child meals from birth to adulthood: conscious and healthy nutrition of the child) İstanbul: Ozgur publishing.

Berk, L. E. (2015). Infants and children. Erdoğan, N. I. (Ed.) Ankara: Nobel publishing.

Demiriz, S., and Dinçer, Ç. (2000). Okulöncesi dönem çocuklarının öz bakım becerilerinin annelerinin çalışıp çalışmama durumlarına göre incelenmesi. (A study on the preschool children's self-help skills according to their mother's working status) Hacettepe University Journal of Education. 19(19).

Erdoğan, S., Nahcivan, N., and Esin, M.N. (2014). Hemşirelikte araştırma süreç, uygulama ve kriter. (Research process, application and criteria in nursing) Istanbul: Nobel.

Hendy, H., Harclerode, W., and Williams, K.E. (2016). The Parent Mealtime Action Scale revised (PMAS-R): Psychometric characteristics and associations with variables of clinical interest. Appetite. 105, 283-290.

Hendy, H.M., and Williams, K.E. (2012). Mother's feeding practices for children 3–10 years of age and their associations with child demographics. Appetite. 58(2), 710-716.

Hendy, H.M., Williams, K.E., Camise, T.S., Eckman, N., and Hedemann, A. (2009). The Parent Mealtime Action Scale (PMAS). Development and association with children's diet and weight. Appetite. 52(2), 328-339.

Hyman, S.L., Stewart, P.A., Schmidt, B., et al. (2012). Nutrient intake from food in children with autism. Pediatrics, 130 (Supplement 2). S145-S153.

İftar, G. K. (2012). Otizm spektrum bozukluğuna genel bakış. (An overview of autism spectrum disorder) İftar, G. K. (Ed.) Ankara: Vize publishing.

Karasar, N. (2009). Scientific Research Methods. Ankara: Nobel.

Köksal, G., and Gökmen, H. (2016). Çocuk Hastalıklarında Beslenme Tedavisi. (Nutritional Treatment in Pediatric Diseases) Ankara: Hatiboglu publishing.

McLeod, S. 2007. Maslow's hierarchy of needs. Simply psychology. (1): 1-8.

MEB. (2013). 0-36 aylık çocuklar için eğitim programı. (Educational program for children aged 0-36 months) In: https://tegm.meb.gov.tr/dosya/okulonces i/0-36ayliksaglikbakimeslenme.pdf, Ankara: Ministry of National Education General Directorate of Basic Education.

Meral, B. F., & Fidan, A. (2015). Measuring the impact of feeding covariates on health-related quality of life in children with autism spectrum disorder. Research in Autism Spectrum Disorders, 10, 124-130.

Mermer, M. (2003). Kreşe devam eden 3-6 yaş çocukların beslenmeye ilişkin tutum ve davranışlarda ailenin rolü (The role of the family in nutrition attitudes and

behaviors of children aged 3-6), (Master thesis). Ankara: Hacettepe University.

Metbulut, A. P. (2016). Sağlıklı 2-5 yaş arasındaki çocuklarda anne ve büyükanne besleme tutumları ve çocuklarda beslenme sorunlarının değerlendirilmesi (Mother and grandmother's feeding attitudes towards healthy children aged 2-5 years and an evaluation of nutritional problems in children) (Master's thesis). Ankara: Hacettepe University.

Önal, S., and Ucar, A. (2017). Otizm Spektrum Bozukluğu Tedavisinde Beslenme Yaklaşımları. (Nutritional Approaches in the Treatment of Autism Spectrum Disorder) Journal of Ankara Health Sciences. 6(1), 179-194.

Özgenç, F. (2008). Oyun ve Okul Çocukluğu Döneminde Beslenme (Nutrition in Toddler and School Ages). Curr Pediatr. 6(1), 1-5.

Raiten, D.J., and Massaro, T. (1986). Perspectives on the nutritional ecology of autistic children. Journal of autism and developmental disorders. 16(2), 133-143.

Santrock, J.W. (2012). Life-span development. Ankara: Nobel.

Sümbül, İ. E. (2009). 4-6 Yaş Arasındaki Öğrencilerin Okul Dönemindeki Yetersiz ve Dengesiz Beslenme Alışkanlıklarının Saptanmasi (Determination of The Insufficient and Unbalanced Eating Behaviors of 4-6 Years Old School Term Children) (Master's thesis). Konya: Selcuk University.

Tezel-Şahin, F. (2007). Sosyal değişim sürecinde değişen baba rolü (Changing role of father in the process of social transition). International Congress on Asian and North African Studies. 1015, 765-773.

Uçar, K., and Samur, G. (2017). Otizmin Tedavisinde Güncel Yaklaşımları. (Contemporary Approaches to Autism Treatment). Journal of nutrition and dietetics. 45(1): 53-60.

Ünal, G., and Özenoğlu, A. (2016). Nutrition in neurodevelopmental disorders. Clinical and Experimental Health Sciences. 6(2).

Uyaroğlu, B. (2016). Development of self-care skills. Metin EN, ed. Ankara: Pegem Academy.

Volkert, V. M., & Vaz, P. C. (2010). Recent studies on feeding problems in children with autism. Journal of applied behavior analysis, 43(1), 155-159.

Yavuzer, H. (2013). Çocuğu tanımak ve anlamak. (Knowing and understanding the child) İstanbul: Remzi publishing.

Yavuzer, H. (2016). Ana-baba ve çocuk. İstanbul: Remzi publisher.

Yavuzer, H. (2017). Doğum öncesinden ergenlik sonuna kadar çocuk psikolojisi (Child psychology from prenatal period to end of puberty). İstanbul: Remzi Publishing.

Zembat, R., Kılıç, Z., Ünlüer, E., Çobanoğlu, A., Usbaş, H., and Bardak, M. (2015). Çocuğun Beslenme Alışkanlığını Kazanmasında Okul Öncesi Eğitim Kurumlarının Yeri (The Role of Preschool Education Institutions in Gaining Children Nutritional Habits). Hacettepe University Faculty of Health Sciences Journal. 1(2): 417-424.