Knowledge, Understanding and Behaviors When Feeding Young Children: Insights from U.S. Parents and Caregivers

March 2021
Methodology

One thousand online interviews were conducted among adults ages 18+ from December 12-25, 2020 and were weighted to ensure proportional results. The survey followed a “least filled” approach to evenly distribute child ages in the survey, in which each respondent that reported having more than one child/child they cared for was instructed to answer questions based on one of these children.

The Bayesian confidence level for 1,000 interviews is 3.5, which is roughly equivalent to a margin of error ±3.1 at the 95% confidence level.

An additional 199 interviews were conducted among adults 18+ through January 4, 2021 who identified as Black, African American, Hispanic, Latino, or of Spanish descent to assure adequate number of respondents to support comparisons.

Statistical Significance

Something is statistically significant if the result cannot be attributed to random chance. Statistical significance in this presentation is compared within each demographic (e.g., age, race, gender, etc.). For example, if the responses from female respondents is considered to be significant, it is in relation to male respondents and not necessarily other demographic groups.

This research was supported by funding from Abbott.
This survey presents findings on parent and caregiver attitudes and behaviors around feeding children ages 2-10. The findings from this online survey of 1,199 American parents and caregivers ages 18 to 80 focus on:

- Knowledge and understanding of current dietary recommendations for children ages 2-10
- Behaviors associated with feeding this age group
- Sources of information when making dietary decisions
- Purchasing habits when food shopping for children
- Areas of concern parents/caregivers have when feeding this age group
- Areas in need of additional science-based information when feeding this age group

Findings are presented for respondents in the base sample (n=1000). Additional insights are provided based on how findings vary by different types of demographic groups such as by age, race, gender and income.

When comparisons are made between racial/ethnic groups, findings are presented for respondents in the base sample plus the oversample of Black/African American and Hispanic/Latino/Spanish descent respondents (total n=1199).
Key Findings

Overall, parents/caregivers know there is information available on dietary recommendations for children.

Most are satisfied with the amount of information about healthy eating and nutrition available to them (69% extremely/very satisfied), and 85% feel they know enough to make informed decisions about their child’s diet. Half say they know at least a fair amount about the Dietary Guidelines for Americans.

Parents/caregivers focus more on nutrition as their child ages.

Most have increased their focus on their child’s nutritional needs as the child ages, and half indicate that their child’s overall health has become better as they’ve aged. However, 38% agree that it is difficult to monitor their nutritional needs. Of those who agree, 83% say they would make better choices if it was easier to know their child’s nutritional needs.

Parents/caregivers are confident that their child’s diet addresses key health considerations.

Growth and development and the child’s immune system are top considerations, and over three in 4 are confident that their child’s current diet is sufficiently addressing both priorities.

However, they recognize opportunities for improvement.

Two out of 5 parents/caregivers wish they could improve their child’s willingness to try new foods, increase the variety of food they eat and increase the amount of vegetables consumed. However, they cite obstacles including pickiness of child and the cost and taste of healthy foods.
Key Findings

Dietary supplements are commonly used and viewed as important to support child nutrition.

More than three out of four parents/caregivers think that supplements are extremely/very important. Seventy-seven percent give their child at least one supplement, such as a multivitamin, single vitamin and/or mineral and/or nutritional supplement drink. Half of those who give their child supplements think they’re important for growth and development and to fill nutrition gaps.

Trying to limit or avoid sugar in their child’s diet is extremely common, but there is a disconnect between aspiration and behavior.

Eighty-eight percent say they try to limit or avoid sugar in their child’s diet. At the same time, three in four regularly give their child juice and over 90% say their child eats sweets at least once a day.

Parents/caregivers pay attention to food and beverage labels when shopping.

More than half say they always/often look at product labels, including the Nutrition Facts label, ingredients list, front-of-pack icons and serving size information.

The impact of the COVID-19 pandemic on nutrition and eating habits of children is varied.

More than half say there has been no change in their child’s nutrition or eating habits due to the pandemic. Three in ten say their child’s nutrition has improved, due in part to eating healthier, having homemade meals and monitoring the child’s food options and intake. However, one in ten say their child’s nutrition has worsened during the pandemic, due in part to snacking, having a limited variety of food and eating convenient, unhealthy foods.
Decision Makers and Nutrition Guidance for Children
Nearly three in 4 parents/caregivers identify themselves as the main decision makers for their child’s nutrition

- 73% Parent or guardian (survey taker)
- 20% The other parent or guardian
- 5% Influence is shared equally between parents
- 3% Caregiver (survey taker)

Q1: Thinking about your entire household, who makes most of the decisions regarding food and nutrition for your child? n = 952
Q2: Thinking about your entire household, who makes most of the decisions regarding food and nutrition for the child you care for? n = 48
Two out of three parents/caregivers do all of the grocery shopping

Q3: How much of your household's grocery shopping do you do? n = 1,000
Nearly half rank medical professionals as one of the most influential sources of nutrition information for their child.

Q5: Of the following that you mentioned, please rank the top 3 most influential sources of information about nutrition for your child or the child you care for. n = 1,000

- Pediatrician, nurse, or other type of medical professional
- Advice from your own parents or in-laws
- Guidelines from nutrition or pediatric associations
- WIC nutritionist
- Guidelines on food packaging or nutritional labels
- Advice from friends
- Social media sites
- TV shows that are focused on health topics or hosted by doctors
- Online publications
- Advice from a daycare professional or teacher
- Guidelines from government agencies, such as FDA or CDC
- Advice from other family members
- Books
- Online forums or chat rooms
- Magazines
- WIC nutritionist
- Guidelines on food packaging or nutritional labels
- Advice from other family members
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- Guidelines from government agencies, such as FDA or CDC
- Advice from your own parents or in-laws
- Advice from friends
- Social media sites
- Advice from a daycare professional or teacher
- Guidelines from nutrition or pediatric associations
- Online forums or chat rooms
- Media
- Other

Those who live in a rural/small town area are more likely to say a WIC nutritionist is a top source of nutrition information (23%, vs. 15% of those who live in an urban/suburban area)

Q5: Of the following that you mentioned, please rank the top 3 most influential sources of information about nutrition for your child or the child you care for. n = 1,000
More than two out of 3 parents/caregivers are extremely or very satisfied with the amount of information and guidance available regarding healthy eating and nutrition for children ages 2-10.

Q6: How satisfied are you with the amount of information and guidance available to parents/caregivers regarding healthy eating and nutrition for children ages 2-10? n = 1,000

- Extremely satisfied: 30%
- Very satisfied: 25%
- Somewhat satisfied: 39%
- Not too satisfied: 4%
- Not at all satisfied: 2%
- Not sure: 1%
Most agree that they know enough about their children's nutritional needs to make informed decisions

Q7: I know enough about the nutritional needs of my child or the child I care for to make informed decisions about their diet. n = 1,000

- 46% Agree strongly
- 39% Somewhat agree
- 11% Neither agree nor disagree
- 3% Somewhat disagree
- 1% Disagree strongly
- 0.4% Not sure

87% of parents/caregivers age 30+ agree that they know enough to make informed decisions about their child’s nutrition (vs. 77% of those under the age of 30)

88% of consumers with a college degree agree that they know enough to make informed decisions about their child’s nutrition (vs. 81% without a college degree)
Most parents/caregivers are confident that their child is getting the nutrition they need for growth and development

Q17: How confident are you that your child or the child you care for is getting the nutrition they need for growth and development? n = 1,000

- Extremely confident: 27%
- Very confident: 41%
- Somewhat confident: 4%
- Not too confident: 1%
- Not at all confident: 1%
- Not sure: 0.1%
Nearly two out of 5 find it hard to keep track of their child’s nutritional needs

Of those who find it difficult, over 8 in 10 say they could make better choices if it was easier to know nutritional needs

47% of men say that it’s hard to monitor their child’s nutritional needs (vs. 35% of women)

Q8: It is hard for me to monitor/keep track of all the nutritional needs of my child or the child that I care for. n = 1,000
Q9: If it was easier to know the nutritional needs of my child or the child that I can for, I feel like I could make better choices for them. [If agree strongly or somewhat agree with Q8] n = 381
Half say they know at least a fair amount about the Dietary Guidelines for Americans

Q10: Which of the following best describes your familiarity with the “Dietary Guidelines for Americans,” which are the US government-approved, food and nutrition guidelines? n = 1,000

- I have never heard of them: 3%
- I have heard of them, but know very little about them: 16%
- I know a fair amount about them: 31%
- I know a lot about them: 35%
- Not sure: 14%

- 23% of men indicated that they know a lot about the guidelines (vs. 14% of women)
- 19% of Black/African American parents/caregivers know a lot about the guidelines (vs. 10% of Hispanics)
- 25% with an income over $100K know a lot about the guidelines (vs. 17% with an income between $50K-$100K and 12% with an income under $50K)
Nearly seven in 10 say they know at least a fair amount about MyPlate

Q11: How familiar are you, if at all, with the following graphic? n = 1,000

- 34% I have seen it and know a lot about it
- 15% I have seen it and know a fair amount about it
- 2% I have seen it, but know very little about it
- 2% I have never seen it before
- 35% Not sure

SNAP and/or WIC recipients are more likely to say they know a lot about MyPlate (39%, vs. 31% of those who do not utilize a food assistance program)

40% of parents/caregivers younger than 30 know a lot about MyPlate (vs. 29% 40 or older)

47% of Black/African American parents/caregivers know a lot about MyPlate (vs. 34% of Hispanics and 32% of white non-Hispanics)
Roughly one in 3 always look at the Nutrition Facts label

More men and those with incomes >$100K/year always or often look at labels vs. women and those making <$100K/year

A lower rate of Hispanic parents/caregivers always/often look at icons (47% vs. 60% of Black/African Americans)

More parents/caregivers 30 or older always/often look at the ingredient list (64% for 30-39-year-olds, 66% for 40+) than those younger than 30 (54%)

Q34: How often do you look at the following when purchasing foods and beverages for your child or the child you care for? n = 1,000
Considerations and Obstacles
Growth and development and child’s immune system are top food and beverage considerations

Q13: Please rank your top 3 when making choices about foods and beverages to give to your child or the child that you care for. n = 1,000

- Child’s growth and development
- Child’s immune system
- Child’s preferences
- Child’s weight
- Child’s cognitive ability
- Reducing the risk of developing chronic health conditions later in life
- Child’s sleep
- Child’s bone development
- Child’s digestive health
- Preventing or resolving low intakes of specific vitamins/minerals/other nutrients
- Child’s energy levels
- Child’s height
- Child’s sleep
- Other
Most consumers are extremely or very confident that their child’s current diet is sufficiently addressing their top priorities

Q14: How confident are you that their current diet is sufficiently addressing these top 3 priorities? n = 1,000

More men are extremely or very confident that their child’s diet is sufficiently addressing growth and development (84% vs. 76% of women)

More SNAP and/or WIC recipients are extremely or very confident that their child’s diet is sufficiently addressing growth and development (85%), and their immune system (82), compared to 74% and 72%, respectively, for those not utilizing food assistance programs.
Nearly half say they wish their child was willing to try new foods

Q15: What do you wish could be improved about the diet and eating habits of your child or the child you care for? n = 1,000

- Willingness to try new foods: 42%
- Variety of foods eaten: 37%
- Amount of vegetables consumed: 37%
- Snacking habits: 36%
- Amount of sugar consumed: 34%
- Overall balance of the diet eaten: 30%
- Amount of fruit consumed: 26%
- Amount of protein consumed: 26%
- Amount of key nutrients and vitamins consumed: 23%
- Amount of food eaten at a meal or amount of food consumed overall: 23%
- Amount of salt/sodium consumed: 19%
- Calories consumed: 18%
- Amount of whole grains consumed: 16%
- Fat content of diet: 15%
- Other: 0.3%
- None of these: 5%
- Not sure: 3%
Picky eating, cost and taste of healthy foods are top obstacles to healthy eating in a household

Q16: Which of the following are obstacles to healthy eating in your household? n = 1,000

- Child is a picky eater
- The cost of healthy food
- The taste of healthy food
- Adults who are picky eaters
- Not enough time to cook meals/healthy food takes too long to prepare
- Different dietary needs/preferences to account for
- Not enough access to healthy foods in the area you live
- Don’t know enough about how to prepare/cook healthy food
- Don’t know enough about nutrition/healthy eating
- Other

Major obstacle | Minor obstacle | Not at an obstacle | Not sure
---|---|---|---

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Most consumers feel that it is extremely/very important for their child to eat a variety of foods, including the recommended daily servings of food groups as well as key vitamins and nutrients.

More SNAP and/or WIC recipients indicated it was extremely/very important that their child eats the recommended daily servings of fruits/etc. (90%) and key vitamins and nutrients (90%) vs. those who do not use food assistance programs (84% and 85%, respectively).

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Q18: How important is it to you that your child or the child you care for...

- Eat a variety of foods every day
- Eat the recommended daily servings of fruits, vegetables, whole grains, and protein every day
- Eat the recommended daily amounts or levels of key vitamins and nutrients every day

Choices: Extremely important, Very important, Somewhat important, Not too important, Not at all important, Not sure

n = 1,000
Nutritional value, choosing foods that will be eaten and exposing to a variety of tastes/flavors are top three factors when making choices about food for kids.

Q19: When making choices about the foods and beverages to give your child or the child you care for, how important are the following factors in your decision? n = 1,000
More than half of parents/caregivers focus more on child's nutritional needs as child ages.

More men (66% compared to 56% of women) and SNAP and/or WIC recipients (63% compared to 57% no food assistance program) indicated that their focus on their child’s nutritional needs has increased somewhat/greatly.

Q20: As your child or the child you care for has aged, has your focus on their nutritional needs...

- Increased greatly: 26%
- Increased somewhat: 35%
- Stayed the same: 33%
- Decreased somewhat: 5%
- Decreased greatly: 1%
- Not sure: 0.4%
Half indicate that their child’s overall health and nutrition has become somewhat or much better as the child has aged.

Parents/caregivers attribute somewhat/much improved nutrition to:
- Eating healthier, including more fruits/veggies (30%)
- Less pickiness, trying more of a variety (17%)

Parents/caregivers attribute somewhat/much worse nutrition to:
- Picky eating (49%)
- Making unhealthy choices (e.g., sweets, junk food) (25%)
- Eating/snacking too much (12%)

Q21: As your child or the child you care for has aged, has their overall health become better, worse, or is it the same? n = 1,000
Q22: As your child or the child you care for has aged, has their overall nutrition become better, worse, or is it the same? n = 1,000
Q23: Why do you think your/the child’s overall nutrition has improved/worsened? [Somewhat/much worse or somewhat/much better from Q22] Worsened n=63; Improved n = 550
Eating Behaviors and Patterns
Roughly 1 in 3 say their child consumes dairy, protein and/or fruit 3+ times a day; over 9 in 10 report child consumes sweets at least once a day.
Nearly half identify their child as somewhat or much pickier than other children their age

Q25: Compared to other children their age, your child or the child you care for is...? n = 1,000

- Much pickier about food: 17%
- Somewhat pickier about food: 30%
- No different: 28%
- Somewhat less picky about food: 9%
- Much less picky about food: 15%
- Not sure: 1%

More women (49% vs. 42% of men) and SNAP and/or WIC recipients (55% vs. 42% no food assistance program) indicated that their child is much pickier about food than other children their age.
Two in 5 say vegetables and beans/peas/legumes are difficult to get their child to eat.

Q26: What food groups have been difficult to get your child or the child you care for to eat? n = 1,000
Nearly 3 out of 4 parents/caregivers say their child regularly drinks juice

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Juice</td>
<td>74%</td>
</tr>
<tr>
<td>Flavored milk</td>
<td>44%</td>
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<tr>
<td>Flavored water</td>
<td>31%</td>
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<tr>
<td>Iced tea</td>
<td>26%</td>
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<tr>
<td>Regular soda</td>
<td>25%</td>
</tr>
<tr>
<td>Sweetened coffee drinks</td>
<td>9%</td>
</tr>
<tr>
<td>Diet soda</td>
<td>8%</td>
</tr>
<tr>
<td>No, none of the above</td>
<td>13%</td>
</tr>
<tr>
<td>Not sure</td>
<td>1%</td>
</tr>
</tbody>
</table>

Black or African American parents/caregivers were more likely than non-Hispanic whites to say their child regularly drinks juice (82% vs. 74%), iced tea (36% vs. 27%) and regular soda (32% vs. 23%).

Hispanics were more likely than non-Hispanic whites to indicate their child regularly consumes soda (34% vs. 23%).

Parents/caregivers with children age 5-7 and 8-10 were more likely to say their child regularly drinks regular soda (26% and 31%, vs. 17% of those with children age 2-4).

Q27: Does your child or the child you care for regularly drink any of the following beverages? n = 1,000
Vast majority of parents/caregivers try to limit or avoid sugars in their child’s diet

Q28: Do you try to limit or avoid sugars in your/the child's diet? n = 1,000

- Yes, try to avoid: 19%
- Yes, try to limit: 11%
- No, do not limit or avoid: 70%
- Not sure: 1%

Source: International Food Information Council
Compared with other low-calorie sweeteners, parents/caregivers are most open to offering foods/beverages with stevia and monk fruit sweeteners.

**Q29: Would you feed your child or the child you care for a food or beverage that contains any of the following types of low-calorie sweeteners if it means that there is low or no sugar in the food/beverage? n = 1,000**

- **Stevia:** 24%
- **Monk fruit:** 17%
- **Sucralose:** 13%
- **Aspartame:** 9%
- **Acesulfame K:** 6%
- **I would not feed the child any of these:** 40%
- **Not sure:** 22%

“I would not feed my child any of these”:
- More women (44% vs. 31% of men)
- More 40+ year-olds (47% vs. 37% of 30-39-year-olds)
- More with an income <$50k (48% vs. 33% for income between $50K-$100K; 34% for income >$100K)
- More with no college degree (44% vs. 37%)
Most children take at least one form of a dietary supplement

Children living in urban/suburban areas are more likely to consume single vitamin/mineral supplements, nutrition supplement drinks and other dietary supplements vs. those living in rural/small town areas (47% vs. 34%, 36% vs. 22% and 25% vs. 13%, respectively)

Q30: Does your child or the child you care for currently consume any of the following? n = 1,000
Child’s growth and development and filling nutrient gaps are top reasons for giving dietary supplements

- It is important for the child’s growth and development: 52%
- It helps fill nutrient gaps/helps balance the child’s diet: 51%
- It helps me not worry as much about what the child is eating: 31%
- Doctor, nurse, or other medical professional recommended it: 26%
- Other: 2%
- Not sure: 3%

Q32: Why does your child or the child you care for consume this/these supplement(s)? [If consume supplements from Q30] n = 767
More than 3 in 4 think the supplements they give their child are extremely or very important

More men indicate that supplements are extremely/very important to their child’s nutrition (83% vs. 75% of women)

Q33: How important do you think this/these supplements are to their nutrition? n = 767
Impact of COVID-19 on Child Nutrition and Eating Habits
More than half indicated their child’s nutrition was not impacted by the COVID-19 pandemic

Of the children with worse nutrition during the pandemic:
- 23% due to snacking (amount and/or types of snacks)
- 22% due to limited variety of food/access to fresh food
- 21% due to unhealthy/convenient food choices

Of the children with improved nutrition during the pandemic:
- 16% due to eating healthier
- 15% due to homemade meals
- 15% due to monitoring food intake/options

Q35: Overall, how has the nutrition of your child or the child that you care for been impacted during the months of the COVID-19 pandemic? n = 1,000
Q36: Specifically, how has the COVID-19 pandemic improved/worsened the child’s nutrition? [Worsened somewhat/greatly or Improved somewhat/greatly from Q35] Worsened n=113; Improved n=311
Most parents/caregivers say there’s been no change in their child’s eating habits as a result of COVID-19

More parents/caregivers of 8-10-year-old children say they’ve been snacking more (43%) and eating more (28%) than they normally would vs. their 2-4-year-old counterparts (30% snacking and 19% eating more)

31% of Black/African American and 31% of Hispanic parents/caregivers indicated their child is eating more than they normally would, vs. 23% of white consumers

Q38: Has the COVID-19 pandemic impacted the eating habits of your child or the child that you care for in any of the following ways? n = 1,000
Over half of parents/caregivers say they’re cooking for their child at home more as a result of COVID-19

Cooking for child at home more: 54%
Made me look more for food with longer shelf-life: 27%
Made me focus more on purchasing foods that are known to boost child's immune system functions: 25%
Caused me to do less in-person grocery shopping for child: 22%
Made it more difficult to afford the foods that I would usually buy for child: 17%
Made it more difficult to find healthy foods for child: 13%
Cooking for child at home less: 8%
Other: 1%
None of the above: 17%
Not sure: 2%

32% of SNAP and/or WIC recipients indicated they had to look for food with a longer shelf-life (vs. 25% of those who do not utilize food assistance programs)

Men and those with an income > $100K have focused more on foods to boost their child’s immune system vs. women and those making <$100K per year

Q37: Has the COVID-19 pandemic impacted your food purchasing/meal preparation in any of the following ways? n = 1,000
Demographics

Gender
- Female (70.0%)
- Male (29.8%)
- Prefer to self-describe (0.2%)

Age
- Parent/Guardian
  - 18-29 (23%)
  - 30-39 (48%)
  - 40+ (30%)
- Child (2-10 years)
  - 2-4 years (33%)
  - 5-7 years (33%)
  - 8-10 years (34%)

Race or Ethnicity*
- White (67%)
- Black or African American (18%)
- Hispanic/Latino/ Spanish descent (15%)
- Asian or Pacific Islander (6%)
- American Indian or Alaska Native (2%)
- Native Hawaiian (1%)
- Other (2%)

Education
- Less than high school (3%)
- Graduated high school (23%)
- Some college, no degree (19%)
- Associate's degree (15%)
- Bachelor's degree (25%)
- Graduate/professional degree (16%)

Employment Status
- Working full-time (51%)
- Working part-time (10%)
- Student (3%)
- Retired (3%)
- Homemaker (24%)
- Unemployed (10%)

Income
- Less than $35,000 (28%)
- $35,000 to less than $50,000 (16%)
- $50,000 to less than $75,000 (18%)
- $75,000 to less than $100,000 (13%)
- $100,000 to less than $150,000 (15%)
- $150,000 and above (8%)
- Not sure/prefer not to answer (2%)

Base n = 1,000
*Respondents can select multiple categories; Base n = 1,199 (oversample race/ethnicity to assure adequate volume for comparison)
Demographics

Region
- Northeast (17%)
- Midwest (23%)
- South (43%)
- West (17%)

Area
- Rural (19%)
- Suburban (43%)
- Small town (8%)
- Urban (29%)

Marital Status
- Single, never married (16%)
- Married (62%)
- Living with a partner (12%)
- Divorced or separated (8%)
- Widowed (2%)

Number of People in Household
- 1 (1%)
- 2 (7%)
- 3 (28%)
- 4 (37%)
- 5 (17%)
- 6+ (11%)

General Health
- Excellent (23%)
- Very good (35%)
- Good (31%)
- Fair (10%)
- Poor (1%)

Food Assistance
- Yes, SNAP program (22%)
- Yes, WIC program (9%)
- Yes, both SNAP and WIC (8%)
- Yes, other program (0.2%)
- No, do not receive food assistance (59%)
- Prefer not to say (2%)

Base n = 1,000