

College of Health and Life Sciences

School of Psychology

PY3512 Eating Behaviour

Final Year Examination

Instructions to Candidates

1. Answer **ONE** question from Section A, **ONE** question from Section B, and **ONE** question from Section C.
2. Each answer should be in essay format using a MAXIMUM of 500 words for each answer.
3. Each question is equally weighted
4. Include a single reference list in APA format at the end of your paper, listing all the sources you have cited. This reference list does NOT count toward your word limit.

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Using relevant studies and theories, critically evaluate whether social influence can be used to encourage healthy eating.

Social influence, often referred to as social norming or simply social norms, is the impression of others on our perceptions, attitudes, and behaviors. It is a potent force that drives decision-making and action, including eating behaviors. In that regard, the essay critically examines whether social influence can be used to steer people's eating behaviors toward healthier ones by referring to related studies and theories.

Social modeling is the major way social influence can lead to healthy eating. Social modeling refers to the fact that people tend to imitate the behaviors of others, especially if the other individuals are perceived as similar or as having a desired attribute. Indeed, many studies have revealed that people are more likely to eat healthy options when they see other people doing so (Cruwys et al., 2015). A similar sentiment was brought out in a study by Higgs (2015); it is more probable that a human being will pick a salad for lunch if he observes another colleague picking one. This is because he would conform to the norms and behaviors of the other colleagues in his social group.

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Social influence can also be used to develop new social norms that can strongly influence eating behavior. Social norms are unwritten rules or expectations about how an individual should behave in a particular social situation. Social norms within the context of healthy eating can positively reinforce the choice of nutritious food options and discourage unhealthy choices. According to David and Rundle-Thiele (2018), healthy eating promotion as a norm in society may produce significant consequences regarding people's attitudes and consequent food-related behavior.

Moreover, the theory of planned behavior, derived from the theoretical framework of social influence theory, clarifies how social norms can impact eating behaviors (McDonald & Crandall, 2015). It proposes that behavior is determined by the intentions that become influenced by attitudes, subjective norms, and perceived control over behavior. For example, if a person believes that his or her social group values healthy eating and that they can make healthy food choices, he or she is more likely to adopt healthful eating habits.

Nonetheless, it is pertinent to observe that other factors, such as personal beliefs and individual autonomy, will also limit the effectiveness of social influence to promote healthy eating. A few people, in certain cases, are more likely to say no to social norms and go

opposite to the perceived expectations of their social group. One such domain is that of body image and body weight, in which people feel they should conform to artificial beauty standards. The latter fact is likely to lead to unhealthy eating behaviors (Cruwys et al., 2015). Furthermore, social influence might be less effective on individualistic persons with a strong sense of personal autonomy.

Critically evaluate the impact of restrictive feeding practices on the development of overeating in children.

Restrictive feeding practices aim to control or limit the type of foods children eat. These generally include limiting certain foods and portion sizes and pressuring children to eat or finish their food. Even though the practices might be well-intentioned, such as children's health or concern for their weight, research has proven that this has a negative impact on children's development, especially in overeating.

Shloim et al. (2015) demonstrated that restrictive feeding practices were positively associated with child weight and high levels of emotional eating. It, therefore, can be hypothesized that when a child feels out of control or pressured at mealtimes, they will be likely to take more or eat more in turn. The study conducted by Freitas et al. (2019) goes further to support that children of mothers using more restrictive feeding practices are likely to manifest maladaptive feeding behaviors, such as eating in the absence of hunger.

Besides, controlling feeding practices may also result in a negative feeding environment and interrupt the children's natural self-regulation and intuitive eating processes (Pesch et al., 2018). If the child continually feels that determination of what, when, and how much to eat is made by the adults, then that child is likely to. In such a case, the inner sensations of hunger and satiety of the child are very likely to be tampered with, and this would eventually lead to a problem of food intake regulation among the children. This may take the form of overeating, where food is consumed not for hunger but for other reasons such as boredom or emotional feelings.

In addition, such demanding feeding practices may undermine the child's emotional health. In a review of studies done by Spill et al. (2019), it was noted that the practices were connected to heightened child stress, child anxiety, and conflict over food by both parents and children. This sets up a strained and unhealthy situation regarding food consumption, probably further ingraining the act of overeating and gaining weight.

Additionally, the existence of co-variables such as parental weight and feeding styles often hides the effect of restrictive feeding practices on the development of overeating in children. For example, Freitas et al. (2019) discovered that restrictive feeding practices are common among mothers whose body mass index is high and who use a controlling feeding style. This would suggest that the practices indicate weight concern and are transmitted intergenerationally.

All this means that the studies found that if parents used restrictive feeding, it would likely get in the way of their kids' natural progression toward overeating. Such practices may interfere with natural eating behaviors, induce emotional distress, and foster a negative feeding environment. Parents need to be aware of their weight concerns and not resort to restrictive feeding practices to regulate their child's eating. Instead, a positive and supportive feeding atmosphere, eating intuitively, and modeling good eating behavior may be effective in bringing a healthy relationship with food and preventing the development of overeating behavior.

END OF SECTION B

Using research evidence, describe two factors which predict higher acceptance of bitter vegetables by a 2-year-old child, and explain how these two factors interact to predict acceptance.

This is a complex process based on several factors. Two very important factors likely to predict higher acceptance of bitter vegetables by a 2-year-old child are exposure to variation in taste early in life and parental modeling of vegetable consumption. Early taste exposure is a key determinant of acceptance of bitter vegetables in children. It was, for example, established that children who have had exposure to a wide range of tastes in early life will more easily accept high levels of bitter tastes than those with minimal exposure. It is with early exposure to different tastes that a child gets accustomed to the many flavors in the culinary world and consequently expands their scope of preference. This is because a repeated exposure to a particular taste actually gets kids to accept and like that taste. A 2-year-old child who is made to taste several kinds of bitter vegetables will most probably get accustomed to the stronger taste and might even start to like it.

Parental modeling of vegetable consumption is another important predictor of higher acceptance of bitter vegetables. Children learn about their preferences and eating behavior

because they imitate their parents' eating habits. For example, one study shows that the intake of vegetables by parents had a strong positive association with the child's intake of vegetables. As such, when the parents consume and enjoy bitter vegetables, the children are bound to do so. It could also be that parents who constantly give and support their children to eat different vegetables have children with higher acceptance of bitter vegetables (Johnson et al., 2021).

These two factors interact to predict that 2-year-old children accept bitter vegetables: early exposure to a range of tastes will mean a child will develop a broad array of preferences, including tolerating bitter-tasting vegetables. Adding to this is the modeling of vegetable consumption by parents. If parents eat bitter vegetables and enjoy them, then it stands to reason children are more likely to model this behavior to gain acceptance and liking of those vegetables. This was equally applicable to parents who would provide the vegetables and encourage the children to at least taste the different varieties, thereby more likely to have repeatedly offered children chances to get accustomed to and eventually accept bitter vegetables.

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