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Healthy eating in preschool-aged children: Parents' perceptions – a qualitative study

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Abstract

Introduction
Healthy eating is essential for supporting children's growth and development, laying the foundation for lifelong eating behaviors. The preschool years represent a critical period for the development of taste preferences and the establishment of dietary patterns, both of which are shaped by family dynamics and cultural traditions.

Objective
To examine how parents perceive healthy eating during the preschool years.

Methods
This qualitative, exploratory study involved semi-structured interviews with 10 parents of preschool-aged children receiving care at a Family Health Unit in Alto Minho, Portugal. Data were collected between December 2023 and January 2024. Content analysis followed Bardin's methodology, and all procedures were conducted in accordance with ethical and professional standards. The study received approval from the Life and Health Sciences Ethics Committee.

Results
Parents underscored the importance of providing a balanced and varied diet, emphasizing the inclusion of vegetables, fruits, milk, and dairy products, along with limiting sugar intake. Soup was frequently described as an effective strategy for ensuring vegetable consumption. Still, several parents reported challenges in sustaining these practices on a daily basis, often citing barriers such as children's taste preferences, time constraints related to family routines, and inconsistent access to healthy foods.

Conclusion
While parents generally acknowledged the importance of healthy eating, their knowledge did not always translate into consistent feeding practices. These findings highlight the need to strengthen parental food literacy and implement support strategies that foster healthy food choices from early childhood.

Keywords
Healthy Diet; Parents; Child, Preschool; Qualitative Research.

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Introduction

Eating is both a biological necessity and a culturally embedded practice. It encompasses food selection, preparation, and consumption, serving as a core process through which humans maintain survival, reproduction, and physiological regulation. Nutrient intake through eating supports not only physical needs but also emotional, cognitive, and motor well-being.[1,2]

The family serves as the child's primary social environment, where development takes root, care is provided, and early social competencies are formed. It plays a central role in shaping health beliefs, fostering self-esteem, and supporting self-efficacy.[6] The family is one of the primary forces shaping a child's development, education, emotional well-being, and sense of safety. It functions as a foundational link between the child and the outside world, playing a vital role in shaping eating behaviors and early socialization.[7] Within this context, children begin forming their eating behaviors, as the home environment is where educational influences first emerge—where they encounter food, experience their flavors, and develop preferences that often persist throughout life.[8]

Extensive research underscores the role of family dynamics in shaping children's eating habits, emphasizing the importance of the home environment and the modeling behaviors of caregivers.

Research indicates that the first five years of life mark a period of rapid growth and developmental change, during which children establish eating behaviors that often shape future dietary patterns. During this time, they learn what, when, and how much to eat through the intergenerational transmission of beliefs, attitudes, and culturally embedded feeding practices. Thus, parents and caregivers play a key role in shaping these early food experiences.[9]

From pregnancy onward, the fetus is exposed to flavors from the maternal diet via amniotic fluid, and this sensory exposure continues after birth through breast milk, which reflects maternal food intake. Early flavor exposure helps facilitate infants' acceptance of the foods commonly consumed by their mothers. As children transition to the family diet, their food preferences are shaped by food availability, accessibility, and the modeling behaviors of caregivers within familiar eating routines.[9]

To help children learn to enjoy healthy foods—such as vegetables—they need repeated, early, and positive experiences with those foods, along with opportunities to observe others consuming them. Parents are, therefore, instrumental in determining which foods children become familiar with, from those stored at home to those served during family meals or eaten outside the home.[9]

Childhood is considered a foundational period for developing eating habits, and the nature of caregiver–child interactions during meals plays a central role in this process. These early relational dynamics can influence eating behaviors positively or negatively, as children's food practices and preferences are shaped by the experiences accumulated during their early growth and development. This stage of life is also when personality begins to take shape and enduring behavioral patterns are established.[10]

Children's eating behaviors are shaped by a range of factors, including the guidance provided by caregivers, the routines established at home, each child's individual temperament, and the degree of parental involvement in food selection and meal planning.[11]

Although children's preferences may influence their actual intake, parents primarily control what foods are made available and offered, particularly during the preschool years.[11]

Because diet is a key determinant of health, it requires consistent attention starting in early childhood, including timely nutrition education. Costa et al.[12] highlight the long-term impact of early nutrition on health outcomes, with parents acting not only as food providers but also as children's first nutrition educators.

According to Bandura's Social Learning Theory, individuals learn through observation and imitation, positioning parents as key models in developing children's behaviors. In feeding contexts, caregivers' attitudes and practices directly shape preschool-aged children's eating behaviors and food preferences. Both the availability of healthy foods at home and the quality of caregiver–child interactions during mealtimes are critical factors in this process. In contrast, maladaptive practices—such as using food as a reward or applying excessive control—can have unintended negative effects. Understanding parents' perceptions of healthy eating is, therefore, essential to designing strategies that encourage the development of positive eating habits early in life.[23]

Healthy eating and optimal development in the preschool years are associated with a variety of behaviors and lifestyle factors—many of which can be taught, reinforced, and modified.

Based on scientific evidence, our clinical experience in primary health care, and a local needs assessment, we identified early childhood nutrition as a priority area requiring targeted attention from health professionals—particularly family health nurses—due to parents' strong influence on preschoolers' eating behaviors. We developed this study to answer the following research question: "How do parents perceive healthy eating during the preschool years?" The aim was to expand understanding of parental

perceptions and inform family health nursing practices across home, school, and community environments.

Methods

Given the research question and the study objectives, this investigation adopted a qualitative, exploratory, and descriptive design. It followed a descriptive approach to enable understanding and interpretation of participants' experiences without manipulating them. It was also exploratory in nature, aiming to foster greater familiarity with the topic by uncovering and clarifying key aspects through interviews with individuals directly experiencing the phenomenon under study. This type of research is designed to explore and describe personal experiences from the perspective of those living them.[13] Accordingly, this study aimed to understand how parents perceive healthy eating during the preschool years.

In designing and reporting this study, we followed the COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist to ensure transparency and methodological rigor in qualitative research. The study population included parents of preschool-aged children (3 to 5 years old) who were attending routine health visits at the Alto Minho Family Health Unit, Portugal, which enabled the identification of eligible participants.

This study specifically focused on preschool-aged children, as the period between ages 3 and 5 is widely recognized as a critical window for developing lasting eating habits and healthy lifestyle behaviors. During this stage, children are especially receptive to learning routines that support well-being and prevent disease. Early childhood is also marked by significant physical and social growth, during which foundational dietary patterns are formed that may shape future food choices. Between the ages of 3 and 5, children undergo key developmental transitions that enhance their autonomy and social engagement.

Given these considerations, we employed a non-probability convenience sampling strategy with purposive selection, identifying participants who exhibited typical characteristics aligned with the study's objectives.[13] In this case, parents of preschool-aged children were selected as key informants.

We defined the inclusion criteria as parents of preschool-aged children attending routine health visits at the Alto Minho Family Health Unit who agreed to participate by signing the Informed Consent Form. Exclusion criteria included:

- institutionalized children and/or those with irregular enrollment;
- parents not fluent in Portuguese;
- children with chronic conditions;

Data saturation was determined iteratively through continuous analysis of the interview data. Once it became evident that additional interviews were not yielding new or relevant insights about the phenomenon under study, saturation was considered achieved. This confirmed that a sample of 10 participants was adequate for the purposes of the study.

To better understand the participants, sociodemographic data were collected from the parents, along with selected information about the children. These variables helped to comprehensively characterize the participant profiles. Collected data included the parent's age, gender, relationship to the child (mother or father), educational level, employment status, place of residence, and marital status. For the children, age, number of siblings, and presence of chronic conditions were recorded. These variables provided contextual support for interpreting the findings and allowed for a deeper understanding of participants' perceptions in the study.

Sociodemographic data were analyzed descriptively and presented in charts to facilitate interpretation of the results.

After defining the study focus and identifying the participants, we selected the most appropriate method for data collection. We opted for semi-structured interviews—also referred to as *semi-directed*, *guided*, or *focused* interviews—as our primary data collection instrument.[14]

A pilot interview was conducted with one family (parents of a preschool-aged child). The pilot test aimed to assess the clarity and effectiveness of the interview process and to identify any gaps in the instrument.[13] No difficulties were reported in understanding or answering the questions, and no modifications were necessary, so the original version of the interview guide was retained.

The interview guide consisted of two sections. The first contained nine closed-ended questions designed to collect sociodemographic information about the participants. The second section featured a semi-structured interview with 12 open-ended questions developed in alignment with the study objectives, allowing for an in-depth exploration of participants' perceptions.

This article analyzes one specific question from the interview guide, selected from the broader thematic framework of the original study. The present paper focuses on a particular dimension of that research—parents' perceptions of healthy eating for preschool-aged children. The question analyzed was: "What do you believe defines healthy eating for preschool-aged children?"

Interviews with parents were conducted in December 2023 and January 2024 at the Alto Minho Family Health Unit. They were scheduled in advance by a nurse from the unit based on participant availability and lasted approximately

10 minutes. At the start of each interview, the purpose of the study was explained, confidentiality was ensured, and participants were asked to sign the Informed Consent Form.

During the interviews, participants were encouraged to express their thoughts and feelings freely and spontaneously. They were assured of confidentiality and informed that they could withdraw from the study at any time without penalty or consequence.

All interviews were audio-recorded with prior consent to ensure a complete and accurate record of participants' verbal responses.

Each recording was transcribed in full shortly after the interview, including pauses and emotional expressions such as laughter. Transcriptions were completed as promptly as possible to help preserve nonverbal behaviors—such as posture, facial expressions, body language, crying, and laughter—which, although not captured in audio, were considered important to the study's findings.

Within this context, we identified and highlighted the words that conveyed the core meanings of participants' responses, which were then subjected to a systematic coding process. For data analysis, we used thematic content analysis following Bardin's framework.[14] Accordingly, the interview transcripts were analyzed systematically based on Bardin's established procedures.[14]

This process led to the emergence of analytical categories that reflected how parents perceive healthy eating in preschool-aged children.

To carry out this research, we first obtained approval from the coordinator of the Family Health Unit and subsequently submitted the project to the Administrative Board of the Alto Minho Local Health Unit (ULSAM) for review by the ULSAM Ethics Committee.

Results

We begin the result section with the sample description, as understanding participant profiles is essential for interpreting the data and contextualizing the findings. All 10 participants were women—mothers of preschool-aged children—representing 100% of the study population. Participant ages ranged from 31 to 47 years, with a mean of 39 and a standard deviation of 4.8. The largest age group was 36–40 years (40%), followed by 31–35 years (30%). The remaining participants were 41–45 years (20%) and 46–50 years (10%). As for the educational level, three participants (30%) had completed secondary education, three (30%) held a college degree, and four had completed only basic education—two up to lower secondary (third cycle) and two up to upper primary (second cycle).

Participants reported a variety of occupations, with a notable concentration in the textile industry: two seamstresses, one garment presser, and one factory worker, together accounting for 40% of the sample. Nine participants were employed, and one (10%) was unemployed. Place of residence was classified into three categories: village, town, and city. Half of the participants lived in a village, four in a town, and one in a city. Regarding the marital status, although four categories were initially considered, all participants reported being married or in a common-law marriage, totaling 100% of the sample. The children's average age was 4.3 years: six were 5 years old, three were 3, and one was 4. As for the number of children, eight participants had two children, one had one child, and one had three.

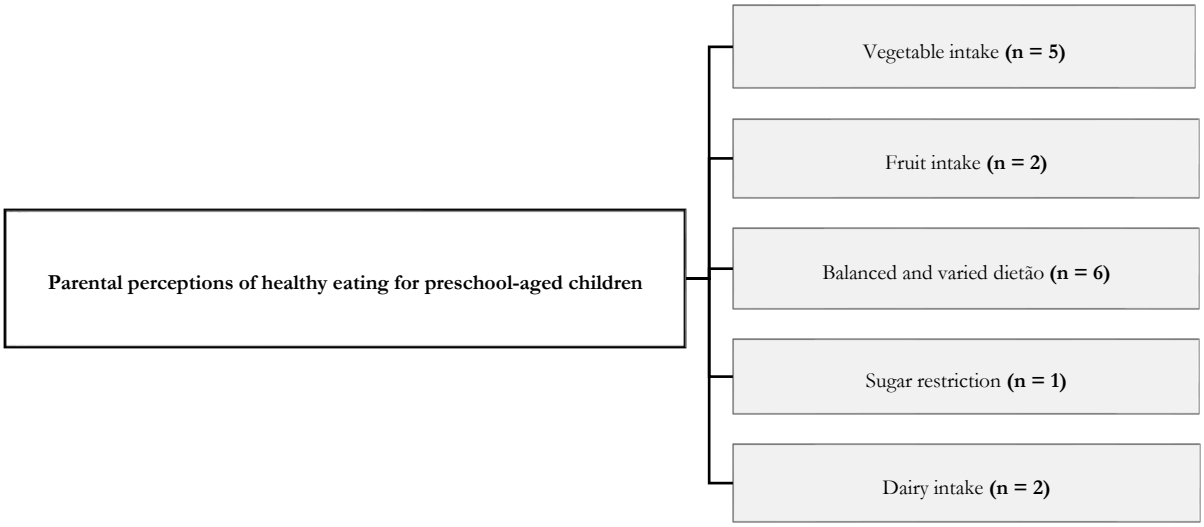

Diagram 1. Parental perceptions of healthy eating for preschool-aged children

Nutrition plays a critical role in healthy child growth, particularly during the preschool years. At this rapid development stage, offering a balanced diet is essential to support physical and cognitive development.[15]

In this study, parents' perceptions of healthy eating for preschool-aged children were explored and analyzed, resulting in five main categories: "vegetable intake," "fruit intake," "balanced and varied diet," "sugar restriction," and "dairy intake" (see Diagram 1). The category "vegetable intake" was mentioned by five parents, and a few illustrative excerpts are presented below:

- P1 - *(…) eat all the vegetables, the soup, (...);*
- P2 - *(…) always eat soup, try to eat as healthy as possible (…);*
- P5 - *(…) anything with vegetables—he eats a lot of vegetables (…).*

The category "fruit intake" was mentioned by two parents, as illustrated below:

- P1 - *(…) eat all (…) the fruit, (…);*
- P3 - *(…) but we always eat (…) and then dessert, which is usually a piece of fruit or (…).*

The category with the highest number of responses was "balanced and varied diet," mentioned by six parents. Selected excerpts include:

- P4 - *(…) we have to include a little bit of everything, right? He can't always eat pasta—he needs to eat rice, potatoes, vegetables. Right now, for example, he still eats soup at every meal. It has to be varied (…);*
- P6 - *(…) varied, healthy, I don't know. Vegetables, fruits, eat everything (…);*
- P8 - *(…) a bit of everything (…);*
- P9 - *(…) he eats soup, his meal, and a snack—usually I'm the one who packs it for school, so I choose what he eats. And basically that's it—fruit (…).*

The category "sugar restriction" was mentioned by only one parent, as reflected in the following response:

- P2 - *(…) always avoid sugars, (…) avoid gummies, avoid chocolate, avoid all that stuff (…).*

The category "dairy intake" was mentioned by two parents:

- P3 - *(…) and then dessert, which is usually (…) or a yogurt (…);*
- P7 - *(…) eat a yogurt, a bit of cheese, because they also like cheese (…).*

Discussion

Parents' perceptions of healthy eating during the preschool years represent a critical area of study, as they directly shape children's food choices and, in turn, their growth and development. Parental knowledge about nutrition plays a pivotal role in promoting healthy eating habits, particularly during early childhood—a foundational stage in the development of food preferences that often persist throughout life.[16]

In this study, most participants emphasized the importance of a "balanced and varied diet," highlighting the need to include different food groups in children's daily meals. This perception is consistent with the recommendations of the Portuguese Directorate-General for Health (DGS), which underscores the importance of dietary diversity, balance, and adequacy for healthy child development.[5,15] However, existing literature indicates that, despite this awareness, parental knowledge does not always translate into appropriate feeding practices.[12,18]

"Vegetable intake" was among the most frequently mentioned aspects by parents, with soup identified as a common strategy for incorporating vegetables into children's diets. Previous studies confirm that soup is widely used in Portuguese households to promote vegetable consumption. However, concerns remain as to whether this practice truly encourages the acceptance of vegetables in other forms.[12,15] The DGS recommends a diversified approach to vegetable intake, emphasizing that it should not rely exclusively on soup to prevent overdependence on this format.[5,15] Likewise, the World Health Organization (WHO) underscores the importance of a daily intake of at least 400 grams of fruits and vegetables to ensure adequate micronutrient consumption and promote health.[3]

In addition to vegetables, parents also emphasized the importance of fruit and dairy products, along with limiting sugar intake. Although these themes emerged less frequently, the literature consistently highlights their role in early childhood nutrition. Regular fruit consumption provides fiber, vitamins, and antioxidants that help prevent chronic disease.[15,18] Still, research shows that fruit and vegetable intake remains below recommended levels, influenced by home availability and parental modeling.[12,20] Similarly, dairy products are an important source of calcium and other essential nutrients for bone development, though children's acceptance often depends on family dietary habits.[5,15]

Sugar restriction was explicitly mentioned by one parent, highlighting a growing concern over the adverse effects of excessive sugar intake—such as increased risk of dental caries and childhood obesity. This concern is consistent with research showing that high consumption of added sugars is associated with a greater prevalence of metabolic

disorders and altered eating behaviors in children.[15,16,19] The WHO recommends limiting free sugar intake to less than 10% of total daily energy intake and suggests reducing it further to below 5% whenever possible to maximize health benefits.[3]

Although the family's influence on children's eating habits is well established, there remains a gap in research regarding the factors that shape parents' everyday food purchasing decisions.[17] Studies indicate that nutritional knowledge does not automatically lead to healthier choices. Having access to information does not ensure its practical application—particularly when parents face obstacles such as time constraints, marketing pressures, or limited access to healthy options.[12] Nevertheless, evidence shows that, despite these challenges, increased nutritional knowledge can positively influence food choices, especially by promoting higher intake of fruits and vegetables.[12,18]

Previous studies conducted in Portugal support this view. For example, one study that validated the Child Feeding Questionnaire (CFQ) with 559 parents found that most demonstrated good knowledge of child nutrition (52.1%), although some gaps were noted—especially among fathers.[12] Another study involving 792 parents of preschool-aged children found that 51.9% had good knowledge of healthy eating, with mothers reporting higher levels of nutritional understanding.[20] These findings suggest that while general knowledge is relatively high, there is still room to strengthen parental nutrition education.

Because children learn through observation and imitation, parents play a decisive role in shaping their eating habits. Numerous studies highlight that, beyond knowledge, parents' own adoption of a healthy lifestyle is essential for children to develop balanced and sustainable eating behaviors over time.[21,22] The literature emphasizes that parent-centered nutrition education should be prioritized in health promotion programs—not only to ensure parents understand the importance of healthy eating but also to support the application of that knowledge in everyday family routines.[12,15,16]

In this context, future research should further explore the factors that influence parental food choices and support the development of effective intervention strategies to enhance the application of nutritional knowledge in everyday life. Investing in parent education and in promoting healthy eating practices from early childhood may be a key strategy for preventing nutrition-related problems and fostering the long-term health of future generations.

Conclusion

This study offered insight into parents' perceptions of healthy eating during the preschool years, emphasizing the value placed on a balanced and varied diet, along with the importance of vegetable, fruit, and dairy intake, and the need to restrict sugar consumption.

There was broad awareness of the vital role nutrition plays in child growth and development, which was reflected in a generally positive attitude toward promoting healthy eating habits. However, the findings also revealed practical challenges in putting these guidelines into practice—often related to family routines, children's food preferences, and other everyday constraints.

Based on these findings, we conclude that although parents hold favorable views of healthy eating, barriers persist in fully implementing these practices in the family setting. These results underscore the need to develop support strategies responsive to families' specific contexts and promote more favorable conditions for adopting healthy eating behaviors from early childhood, contributing to long-term health outcomes in children.

The main limitation of this study is its qualitative design, which does not allow for the generalization of findings. The conclusions apply solely to the specific context examined and are not directly transferable to other populations or settings.

An exhaustive literature search was conducted in specialized databases to identify publications from the past five years. However, it became clear that, within the scope of this topic, the most relevant theoretical contributions date from earlier periods. This observation may reflect the maturity and stability of the theoretical foundations supporting this research field, in which the core concepts have remained largely unchanged over time. Thus, the inclusion of older references is justified, as these works constitute a robust and widely accepted framework for understanding the phenomenon under study.

Given these limitations, future research should aim to expand the sample to encompass diverse geographic and sociocultural contexts, thereby enhancing the generalizability of findings. Employing mixed-methods approaches may complement the depth of qualitative inquiry with broader quantitative analysis. It is also advisable to include the perspectives of additional stakeholders—such as children and education professionals—and to conduct longitudinal studies that monitor the evolution of parental perceptions over time. Finally, ongoing engagement with the scientific literature in this field is essential to incorporate recent theoretical and empirical contributions that can refine and enrich understanding of the phenomenon under study.

Authorship and Contributions

MV: Conception and design of the study; data collection; analysis and interpretation of the data; writing and revision of the manuscript; approval of the final version and assumption of responsibility.
IV: Conception of the study design; data collection; approval of the final version and assumption of responsibility.
MC: Guidance in: study conception and design; data analysis and interpretation; critical revision of the manuscript; approval of the final version and assumption of responsibility.

Conflicts of interest and Funding

No conflicts of interest were declared by the authors.

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