Parents’ Perceptions About Serving Young Children Sugar-Sweetened Beverages (SSB)

Christen Cupples Cooper, Ed.D, RDN, Angela Northrup, PhD, RN, FNP, and Michelle Iannacchino, BS

**Problem**
- Young children are consuming too many added sugars, exceeding American Academy of Pediatrics and other recommendations
- SSB contribute around 7.5% out of the 10% of the calories that should be allotted to added sugars, which contribute to overweight/obesity, type 2 diabetes, heart disease, and other chronic conditions
- Research on parents’ reasons for serving SSB to young children is limited

**Objectives**
- Explore perceptions about serving SSB to young children among lower-income parents in an urban setting
- Build a framework for policy and primary care interventions that can help parents to limit SSB intake by their young children

**Methods**
- A qualitative study involving fifteen 35-45-minute open-ended interviews with low-income parents of children who were patients at a federally-qualified pediatric health center in an urban New York town

**Results**
- The more knowledge about SSB, the more likely parents were to limit SSB
- Caregivers who reported confusion about the healthfulness of beverages were most likely to be moderators or indulgers
- SSB are often given to placate children
- Other reasons to serve SSB: affordability, accessibility, cultural acceptability
- All categories of caregivers reported not discussing SSB with their child’s pediatrician

**Next Steps**
- SSB taxes in this urban community
- Adding SSB intake questions to AAP protocol for pediatricians exploring young children’s diets
- Adding additional beverage education to WIC client consultations
- Public service announcements or apps to help parents make wise decisions about healthful beverages

**Limiters (L) and Moderators (M)**
- Greater knowledge of SSB
- Concerns about excess sugar
- Self-efficacy to limit SSB

**Moderators (M) and Indulgers (I)**
- Confusion about 100% fruit juice versus fruit drinks
- Placate children with SSB

**Determinants**
- Perceived threat (diabetes, obesity)
- Perceived benefits (good overall health)
- Self-efficacy to limit SSB
- Cues to action (family illness, documentaries, academic courses)

**Determinants**
- Perceived barriers (children want SSB, high price of healthier options, culture/family
- Self-efficacy (low confidence that they can limit SSB
- Cues to action (no significant cues)