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Abstract: This study investigated the effectiveness of the 'Food Dudes' school-based intervention consisting of rewards, peer-modeling and food exposure on food neophobia and the liking of fruits and vegetables (FV) in a large cohort of children. Five-hundred-sixty children recruited from three schools were assigned to the experimental or control group. For 16 days, children in the experimental group watched motivational videos, were read letters to encourage them to eat FV and received a small reward for eating one portion of both a fruit and a vegetable. The control group was only provided with FV for the same time period. Food neophobia and liking were measured in both groups of children before and after the intervention, and a follow-up measurement was carried out 6 months later. The intervention was effective in reducing food neophobia and, most importantly, a persistent effect was observed 6 months after the intervention as children of the experimental group showed significantly lower neophobia scores than the control group. Additionally, the program was effective in increasing liking for both FV; however, this effect was maintained only for fruit after 6 months.



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Manuscript revision #3 submission to APPETITE

Dear Editor,

The manuscript has been revised according to your minor revisions. In particular, Table 1 has been modified by adding the results of the post hoc test in order to show how mean values within each stimulus and group are differentiated. Modifications are in red font in the revised manuscript. We hope that with this further improvement, the manuscript can be accepted for publication in Appetite.

With kind regards,

Monica Laureati

1) line 153: omit the n=8 from Cronbach's alpha description, as it is more confusing than providing any information.

AU. Correction done

2) In Table 1, it would be more informative to see which of the means differed significantly from each other (not only the timewise consecutive measurements). This would be more informative to the reader, especially as in the analyses you have time as a factor in your GLM ANOVA model (lines 228-233).

AU. Post hoc test results have been added to table 1 to show how mean values are differentiated within each group and food item. Probably, representing these results in a figure, as we proposed with the first submission of the manuscript, would have been easier and more informative.

School-based intervention with children: peer-modeling, reward and repeated exposure reduce food neophobia and increase liking of fruits and vegetables

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*Highlights (for review)

- We applied a school-based intervention based on peer-modeling, reward and exposure
- The intervention reduced children's food neophobia in the short and long period
- The intervention increased liking for fruits and vegetables in the short period
- The effect of the intervention was stronger for younger than older children

1 **School-based intervention with children: peer-modeling, reward and repeated exposure**
2 **reduce food neophobia and increase liking of fruits and vegetables**

3

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24 1. INTRODUCTION

25 Over the past few decades, there has been a steep rise in obesity worldwide, with one-third of
26 children becoming overweight or obese by the time they are 2 years old. Given that child
27 obesity and its health impacts last into adulthood, preventing obesity from an early age has
28 become a major public health priority in the developed world (WHO, 2012). Data on Italian
29 children show that the prevalence of overweight and obesity is about 30%, indicating an
30 increase of 10%-15% in the last 10 years (Ministero della Salute, 2012). The origins of
31 obesity are manifold and complex: although there are some genetic causes, most of them are
32 related to lifestyle and the dietary habits of the children and their families. Currently, the
33 everyday environment provides a surfeit of inexpensive, energy-dense foods that humans are
34 biologically predisposed to choose over less caloric options (Ostan, Poljsak, Simcic &
35 Tijskens, 2010). At the same time, lifestyles have become increasingly sedentary.

36 It is well known that regular consumption of fruits and vegetables (FV) is associated with
37 health benefits (Antova, Pattenden, Nikiforov, Leonardi, Boeva, & Fletcher, 2003; Kraak,
38 Story, & Swinburn, 2013). Also, emerging evidence suggests that increasing FV consumption
39 is one of the factors which may assist dietary weight management strategies to prevent obesity
40 (Ledoux, Hingle, & Baranowski, 2010). Despite this, children's consumption of FV is far
41 below the five recommended servings per day (Baranowski, Davis, Resnicow, Baranowski,
42 Doyle, & Lin, 2000; Coulthard, & Blissett, 2009). Increasing FV consumption has been
43 reported as a global public health nutrition priority (WHO, 2003). However, minimal progress
44 has been made in developing effective means to ensure an adequate intake of these foods
45 because FV continue to be among the most disliked foods by children (Skinner,
46 Carruth, Ziegler, & Reidy, 2002; Chapman & Armitage, 2012).

47 Over the past 30 years, research on children's food habits has identified several variables that
48 can influence their liking and consumption of different foods. According to the social learning

49 account of Bandura (Bandura, 1977), modeling by significant others can be highly influential
50 in establishing food behavior changes. Models that have been shown to be effective with
51 children include cartoon characters, peers, mothers, unfamiliar adults and teachers. In contexts
52 other than food consumption, research has also shown that children are more likely to imitate
53 a model whose behavior they see being rewarded, who is of the same age or slightly older
54 than themselves or who they like or admire. Children are also more likely to imitate the
55 behavior of multiple rather than single models (Lowe, Horne, Tapper, Bowdery, & Egerton,
56 2004). Another influential variable for modifying food habits is to induce prolonged exposure
57 to a stimulus. According to Zajonc's "mere exposure" theory (Zajonc, 1968), repeated
58 exposure to a specific food increases the liking and consumption of that food (Wardle,
59 Herrera, Cooke, & Gibson, 2003b; Cooke, Chambers, Añes, & Wardle, 2011). The
60 mechanism by which repeated exposure increases liking is thought to be a "learned safety"
61 behavior (Kalat & Rozin, 1973). This hypothesis proposes that repeated ingestion of an
62 unfamiliar food without negative consequences leads to increased acceptance of that food.
63 The importance of familiarity related to food choices can be explained with reference to
64 Rozin's concept of "neophobia" (Rozin, 1976). Neophobia is a protective mechanism that
65 prevents animals and humans from eating something that could be harmful to them. At the
66 same time, it leads humans to choose familiar and safe foods instead of new and unfamiliar
67 ones (Mustonen, Rantanen, & Tuorila, 2009). Although food neophobia was evolutionarily
68 useful, in a modern society where food safety is guaranteed, it can have a negative effect on
69 food choices, as individuals avoid new food experiences and thus lack dietary variety
70 (Carruth, Skinner, Houck, Moran, Coletta, & Ott, 1998; Nicklaus, Boggio, Chabanet &
71 Issanchou, 2005). This maladaptive behavior may be of particular relevance for children who
72 show a strong neophobic attitude toward food, especially FV (Cooke, Carnell, & Wardle,
73 2006; Rubio, Rigal, Boireau-Ducept, Mallet, & Meyer, 2008).

74 For several years, researchers have been focusing on establishing psycho-educational
75 programs aimed at improving eating habits and lifestyles in children. For example, recent
76 studies reported a positive influence of sensory education on French and Finnish children's
77 food-related behavior (Mustonen & Tuorila, 2010; Mustonen et al., 2009; Reverdy, Chesnel,
78 Schlich, Köster, & Lange 2008; Reverdy, Schlich, Köster, Ginon, & Lange, 2010).

79 The program used in the present paper, the 'Food Dudes' program, is based on the previously
80 mentioned core principles derived from the literature on the determinants of children's food
81 preference, namely modeling, reward and repeated exposure, which encourage children to
82 taste FV. The 'Food Dudes' program has been applied in countries such as Ireland, the United
83 Kingdom and the United States (Horne et al., 2009; Lowe et al., 2004; Wengreen, Madden,
84 Aguilar, Smits, & Jones, 2013) with encouraging findings. The results showed a large and
85 lasting increase in children's FV consumption, which can be generalized to the home setting.
86 This intervention has never been tested in Italy, except Sicily (Presti, Cau, & Moderato,
87 2013). Therefore, in view of the differences in food habits between the Italian population and
88 British and American people, it might be interesting to apply this program to children with a
89 different food cultural heritage.

90 The present study is part of a larger research program funded by Regione Lombardia aimed at
91 improving healthy food consumption in primary school-aged children. This research project
92 consisted of the application of the 'Food Dudes' intervention in a large cohort of Italian
93 children and the measurement of the impact of such an intervention on several variables, such
94 as FV intake and liking, food neophobia, nutritional status and food behavior. The specific
95 aim of the present study was to verify the effectiveness of the intervention in reducing food
96 neophobia and increasing liking for FV among children who were exposed to the program
97 compared with a control group of children.

98

99 2. MATERIALS AND METHODS

100 2.1 Participants

101 Parents were asked to read a short study explanation, to complete an informative
102 questionnaire and to sign a consent form. Only children that returned the consent form
103 completed by one of the parents or a legal guardian were considered for the study. In total 620
104 consent forms were distributed and 591 were returned, with a response rate of about 90%.
105 Thirty-one children were excluded because the parent's reported that the child suffered from
106 food allergies, followed a specific diet or temporarily assumed drugs that may influence taste
107 and smell perception. A total of 560 children (278 girls and 282 boys) aged 6 to 9 years (mean
108 age: 7.9 ± 1.1) were finally recruited to participate in the study. Thirty classes were enrolled:
109 six 1st graders (4 for the experimental group), nine 2nd graders (4 for the experimental group),
110 eight 3rd graders (4 for the experimental group), and seven 4th graders (3 for the experimental
111 group). Ninety-five percent of them were Caucasian, 70% were normal-weight, 26% were
112 overweight and the other 4% was obese.

113 Four schools were initially contacted in the metropolitan area of Milan (Italy). One school
114 was not willing to participate in the study. Of the three schools that agreed to participate in the
115 study, one school was selected to be the experimental group and the other two schools served
116 as the control group. The choice of using separate schools for the experimental and control
117 groups derived from the need of avoiding that children from the two groups meet and
118 exchange information about the intervention as well as from the ease in the delivery of the
119 intervention (e.g., provision of FV from the supplier). The schools consisted of three separate
120 buildings, which however belonged to the same primary school complex; they shared the
121 same refectory and had the same class schedule. Children from the experimental (N=374) and
122 control (N=186) groups were matched for gender ($\chi^2=0.67$; $p=0.41$), age ($\chi^2=3.66$; $p=0.30$)
123 and BMI ($\chi^2=0.54$; $p=0.55$). The experimental group received the intervention together with

124 the provision of FV; the control group received the FV only. This study adhered to the
125 principles established by the Declaration of Helsinki. The protocol was approved by the
126 Institutional Ethics Committee of at the study site.

127

128 **2.2 Provision of food and vegetables**

129 Both the experimental and the control groups received four different combinations: 1) apple
130 and fennel; 2) pear and radish; 3) grapes and broccoli; 4) miyagawa and carrot. FV were
131 selected based on availability in season, ease of handle and storage. In addition, stimuli were
132 chosen in order to have FV that were familiar for Italian children. A portion (approximately
133 40 g) of each FV was served raw and provided daily during the 16-day intervention phase. FV
134 were served at 10:30 am, immediately prior to the mid-morning break. The FV were fresh and
135 were cut into standardized pieces of uniform size; they were presented to children at room
136 temperature in plastic cups coded with the word “fruit” or “vegetable”.

137

138 **2.3. Food neophobia and liking evaluation**

139 Children’s food neophobia was evaluated using a questionnaire consisting of 8 items: 4
140 related to neophilic attitudes and 4 related to neophobic attitudes. The questionnaire was
141 developed and adapted for Italian children on the basis of the Food Neophobia Scale proposed
142 by Pliner and Hobden in 1992 (Pliner and Hobden, 1992). Specifically, the items “Ethnic food
143 looks too weird to eat”, “I like trying new ethnic restaurants” and “I like foods from different
144 countries” were removed and replaced by the item “I like trying new foods and tastes that are
145 unusual and from other countries”. This modification was necessary because a preliminary
146 test showed that children did not properly understand the term “ethnic”. For each item,
147 children indicated the degree to which they considered the statement to be true for them using
148 a 5-point facial scale (from left to right: “Very false for me”, “False for me”, “So-so”, “True

149 for me”, “Very true for me”). Thus, for each child, a neophobia score ranging from 8 to 40
150 was calculated (for neophilic items, the score was reversed). To ascertain that children
151 understood all the items and the scale, the questionnaire was previously tested on a
152 representative group of children (n=30, 16 girls and 14 boys, age range 6-10 years). Internal
153 consistency in this pilot test was evaluated using Cronbach’s alpha ($\alpha=0.77$). The pilot test
154 revealed that the children had difficulty understanding one item with a double negative (i.e.,
155 “If I don’t know what a food is, I won’t try it”) and were not familiar with the situation
156 described by the item “At dinner parties, I will try new food.” Thus, these two items were
157 slightly modified to eliminate the double negative and to include situations that are more
158 familiar to children (i.e., “When I am at a friend’s party, I will try new food”). With these
159 adjustments, children seemed to properly understand the meaning of all of the items.
160 Cronbach’s alpha calculated on the whole samples of children (n=560) was satisfactory
161 ($\alpha=0.73$).

162 Liking was measured using a 7-point hedonic facial scale (Pagliarini, Ratti, Balzaretto &
163 Dragoni, 2003). At first presentation of each food stimulus, children were also asked to
164 indicate whether they had already tasted it. All items were familiar for more than 93% of
165 children, except for radish, which was known only by 60% of them. Food liking and
166 neophobia evaluations were performed in the classrooms in the presence of a teacher and an
167 experimenter. The number of children in each class ranged from 15 to 25. During evaluations,
168 each child was seated at his or her own table and received a booklet for each evaluation.
169 Before each test, the children received a brief explanation about the use of the scales and how
170 to complete the booklet. The administration method was the same across all age groups of
171 children, except for 6-years-old children for whom the administration was simplified (e.g.,
172 questionnaires administered in small groups of 5-6 children and questions read aloud by the
173 experimenter).

174

175 **2.4 Description of the intervention**

176 The experiment consisted of several phases, which are summarized in **Figure 1**.

177

178 *2.4.1 Pre-intervention phase (baseline)*

179 This phase lasted 9 days; food neophobia was measured on the first day before the FV were
180 served. During the subsequent 8 days, liking of FV was evaluated twice to investigate
181 possible boredom effects due to mere exposure.

182

183 *2.4.2 Intervention phase*

184 This phase lasted 16 days, during which the children received each FV combination four
185 times. To encourage the children to eat the FV, the experimental group was subjected to the
186 ‘Food Dudes’ program, whereas the control group was only exposed to FV. The ‘Food
187 Dudes’ intervention included three principles: taste exposure (FV distribution), modeling
188 (videos and letters) and rewards (gadgets).

189 - Videos: the peer modeling videos included six 6-min episodes featuring the heroic
190 ‘Food Dudes’ who were a group of 12–13-year-old teenagers (two boys and two girls). In
191 each episode, the heroic group of teenagers battle against the evil ‘Junk Punks’ who plans to
192 take over the world by depriving people of their life-giving FV. To arm themselves for their
193 struggle, the heroes eat (and are observed to enjoy) a variety of FV. By doing this, they
194 encourage all other children to do the same. The videos were shown using a television and
195 video recorder in the classroom.

196 - Letters: Prior to presenting the intervention video each day, the teacher read aloud a
197 letter addressed to the children from the ‘Food Dudes’. The purpose of these letters was to
198 remind the children of the target foods of the day, give general feedback on their consumption

199 on the previous day and promise rewards for all children who ate their FV at the next snack
200 time.

201 - Rewards: The rewards were customized 'Food Dudes' items consisting of stickers,
202 pens, pencil cases, rulers, erasers and certificates. These items have been shown to have a
203 wide appeal for primary school children (Lowe et al., 2004). A reward was given only to
204 children who were willing to taste a piece of both the FV of the day. A maintenance phase
205 began immediately after the 16-day intervention. Food Dudes FV containers were provided to
206 encourage parents to supply children with FV in their lunchboxes now that these foods were
207 no longer provided in school. Children who ate FV from their lunchboxes were given a sticker
208 each day to stick onto a wall chart so that they could track their own progress over time and
209 earn a reward whenever they had accumulated sufficient stickers over a specified number of
210 weeks. As maintenance progressed, the rewards were gradually withdrawn and replaced with
211 certificates for children who brought FV from home.

212 To verify the effectiveness of the program, during the last 4 days of the intervention phase,
213 liking for each FV combination was evaluated in both the experimental and control group. In
214 addition, on the day after the end of the FV serving period, food neophobia was measured.

215

216 *2.4.3 Six-month follow-up*

217 Six months after the end of the intervention phase, children of both the experimental and the
218 control groups were exposed to the same 4 combinations of FV. At this stage, liking and food
219 neophobia were measured again to verify the effectiveness of the program over the long term.

220

221 **2.5 Data analysis**

222 The data were first analyzed at baseline to evaluate children's food neophobia and liking before
223 the application of the program. Analysis of variance (ANOVA) was performed considering

224 *Age*, *Gender* and their interaction as factors and food neophobia and liking scores as dependent
225 variables. The factor *School* was initially considered in the model. Because no differences were
226 detected in food neophobia or liking scores between the three schools, this variable was not
227 further considered for data analysis.

228 To evaluate the effectiveness of the program in reducing food neophobia and increasing liking,
229 the data were analyzed through repeated measures GLM ANOVA considering *Time* (pre-
230 intervention, intervention and follow-up) as a within-subject factor and *Group* (experimental,
231 control), *Gender*, *Age* (6-9 years) and *Product* (fruits and vegetables) as between-subject
232 factors. All analyses were conducted with SAS version 9.1.3; $p < 0.05$ was taken as the level of
233 significance throughout the analyses.

234

235 **3. RESULTS**

236 **3.1. Food neophobia evaluation**

237 *3.1.1. Evaluation at baseline*

238 Significant differences were found for *Gender* ($F=4.82$, $p < 0.05$) and *Age* ($F=8.67$, $p < 0.001$).
239 Boys ($M=21.6$) were more neophobic than girls ($M=20.5$). The four age classes differed
240 significantly from each other, and a reduction of the neophobic attitude was observed with
241 increasing age (mean scores: 6 years= 23.3 , 7 years= 21.5 , 8 years= 20.7 , 9 years= 18.8). The
242 *Gender by Age* interaction was not significant, as boys were more neophobic than girls in all
243 age groups, although gender-related differences appeared to decrease in older children
244 (**Figure 2**).

245

246 *3.1.2. Effects of the intervention on food neophobia*

247 The neophobia scores obtained at baseline (pre-intervention, t_0), intervention phase (t_1) and
248 follow-up (t_2) for the experimental and control groups are shown in **Figure 3**.

249 The ANOVA results revealed that the interaction *Time by Group* had a significant effect
250 ($F=4.54$, $p<0.01$) on food neophobia scores. Before the application of the program (pre-
251 intervention, t_0), the mean food neophobia scores for the experimental and control groups
252 were comparable, indicating that children were initially homogeneous in terms of neophobic
253 behavior. After 16 days, a period that coincided with the end of the intervention for the
254 experimental group and the end of the repeated administration of FV for the control group, the
255 scores differed significantly: the experimental group showed significantly lower ratings than
256 the control group ($p<0.01$). At follow-up, the difference between the two groups was still
257 significant ($p<0.01$). If we consider the scores over time within each group of children, food
258 neophobia remained stable over time for the control group, whereas a systematic, significant
259 decrease was observed for the experimental group. In particular, for the experimental group,
260 the scores at intervention and follow-up were significantly lower ($p<0.05$) than those at
261 baseline, indicating that the intervention was effective in reducing neophobic behavior and
262 that this effect had a relatively long-lasting effect. The interaction *Time by Group by Gender*
263 was not significant, whereas the interaction *Time by Group by Age* had an effect on food
264 neophobia scores ($p<0.05$). In particular, in the experimental group, scores gradually
265 decreased over time for children aged 6-8 years, whereas there was a significant increase in
266 food neophobia scores at 9 years. This result suggests that young children appear to benefit
267 slightly more from the intervention than do older children.

268

269 **3.2 Liking evaluation**

270 *3.2.1 Evaluation at baseline (t_0)*

271 A significant effect of *Age* ($F=10.75$, $p<0.001$) on liking score was found. Nine-year-old
272 children ($M=4.3$) had significantly lower ($p<0.001$) liking scores than all other groups (mean

273 scores: 6 years=4.7; 7 years=4.9; 8 years years=4.7), which in turn had comparable liking
274 scores.

275 A significant effect was found for *Product category* ($F=717.44$, $p<0.001$), as fruits ($M= 5.5$)
276 were preferred over vegetables ($M=3.8$). There were no significant effects of the main factor
277 *Gender*, or the interactions *Age by Gender* and *Age by Gender by Product category* on liking
278 scores.

279

280 3.2.2 Evaluation of intervention effectiveness

281 Liking scores averaged by type of FV at the pre-intervention stage (t_0' , t_0''), the intervention
282 stage (t_1) and follow-up (t_2) for the experimental and control groups are shown in **Figure 4**.

283 ANOVA results showed a significant effect of the interaction *Time by Group by Product*
284 ($F=52.95$, $p<0.0001$). At baseline (t_0' and t_0''), the experimental (red and green solid lines)
285 and control (red and green dotted lines) groups were comparable in terms of liking for both
286 FV. After the intervention (t_1), hedonic scores were significantly higher for the experimental
287 group versus the control group for both fruits ($p<0.0001$) and vegetables ($p<0.0001$). These
288 results demonstrate the effectiveness of the program in increasing children's liking in the short
289 term. At follow-up (t_2), the liking scores of the experimental group were still higher than
290 those of the control group but only for fruits ($p<0.0001$).

291 As shown in Figure 4, hedonic scores for the control group decreased systematically over
292 time, suggesting that taste exposure alone had little impact in increasing liking. This finding
293 appeared to be confirmed by the fact that hedonic scores for both FV and for both groups of
294 children (control vs experimental) decreased significantly over the two liking evaluations at
295 pre-intervention (t_0' and t_0''). However, for the control group an increase of vegetables liking
296 was seen at follow-up. This was mainly due to an increase of liking for the two most disliked
297 items, namely broccoli and radish (Table 1). For the experimental group, liking scores

298 increased significantly ($p<0.0001$) after the intervention for both stimuli. Liking remained
299 stable after 6 months for fruit but decreased significantly for vegetables ($p<0.0001$).

300 The interactions *Time by Group by Age* and *Time by Group by Gender* were considered in the
301 ANOVA model to verify whether the program was more effective for younger or older
302 children or for girls or boys. Only the interaction *Time by Group by Age* was significant
303 ($F=4.70$, $p<0.001$); in particular, liking scores of the experimental group after the intervention
304 and at follow up were higher than those of the control group only for younger children (6-8
305 years). Thus, as already verified for food neophobia, younger children appeared to benefit
306 more from the intervention than did older children.

307

308 **3. DISCUSSION**

309 This study investigated whether and how the application of the ‘Food Dudes’ multi-
310 component school-based intervention, consisting of rewards, peer-modeling and repeated
311 exposure to FV, influenced the liking of such food, in addition to food neophobia, in a large
312 cohort of Italian children aged between 6 and 9 years. The main findings of the study were
313 that the intervention is effective in reducing food neophobia and, most importantly, that this
314 effect is also observed over the long term (6 months). Additionally, the program was
315 successful in increasing liking FV, although the effect was more pronounced for fruit.

316 A number of studies have been published in the last decade concerning the effectiveness of
317 school-based interventions in modifying food consumption in children; this is due to the
318 increasing risk of obesity worldwide. It has been suggested that proper education at school
319 and at home may decrease the consumption of junk food and increase the consumption of
320 more healthy foods, such as FV (Reverdy et al., 2008).

321 Evidence from a meta-analysis study conducted on 21 school-based interventions showed that
322 multi-component programs are more effective than single-component programs in increasing

323 food acceptance among children (Evans, Maeghan, Cleghorn, Greenwood, & Cade, 2012).
324 Most of the single-component interventions are based on repeated exposure, which has been
325 shown to be effective in increasing liking and intake with infants, preschoolers and
326 schoolchildren (Wardle, Cooke, Gibson, Sapochnik, Sheiham, & Lawson, 2003a, Wardle
327 2003a; Wardle et al. 2003b). However, there is evidence that when exposure is associated to
328 another reinforcement (e.g., reward), the intervention has a more durable effect (Cooke et al.,
329 2011). Reverdy et al. (2008) used an approach consisting of sensory lessons provided at
330 school to French children aged 8-10 years. They found that neophobia scores decreased as a
331 function of education; however, the effect was only temporary. The same intervention was
332 used by Mustonen and Tuorila (2010) in Finland with children aged 8-11 years. In this case,
333 the program was extended to include further sensory lessons to deepen children's knowledge
334 of food. With this improved version of the program, a stronger decrease was observed in food
335 neophobia but only for younger children.

336 Results of the present study confirm that the combination of several approaches appears to be
337 more effective in motivating children to try new foods and appreciate FV. This hypothesis is
338 supported by the reduction of liking scores during the two measurements at baseline (t_0' and
339 t_0'') and by the systematic decrease of liking over time in the control group. These results are
340 likely to be ascribed to boredom effects that arise due to exposure alone. Indeed, it has been
341 reported that repeated tasting may induce an increased feeling of boredom when participants
342 are exposed to the same stimuli over a short period and that the monotony may lead to a
343 temporary decrease in the consumer's acceptance for the food (Olsen, Ritz, Kraaij, & Möller,
344 2012; Sulmont-Rossè, Chabanet, Issanchou, & Köster, 2008). Also, the fact that liking of
345 vegetables for the control group increased at follow-up and reached initial (baseline) values
346 suggests that exposure have less effect in increasing liking when a food is initially well
347 accepted (all fruits and carrot and fennel), whereas it might be more successful with very

348 disliked items (all vegetables, especially broccoli and radish). Initial liking and familiarity of
349 the stimulus are, indeed, strong determinants of repeated exposure effectiveness (Sulmont et
350 al., 2008).

351 The outcome of a higher liking degree for fruits than vegetables observed in the present study
352 is well known and confirmed by previous reports indicating that vegetables are among the
353 least favored food among children (Skinner et al., 2002; Perez-Rodrigo et al., 2003; Cooke &
354 Wardle, 2005). This pattern of preferences is consistent with the evidence for innate
355 tendencies to prefer sweet tastes and to dislike bitter tastes (Birch, 1999). Indeed, most fruit is
356 sweet, whereas vegetables are often perceived as bitter due to specific compounds (*e.g.*,
357 glucosinolates) that are found in cruciferous vegetables (*e.g.*, broccoli, cauliflower and kale)
358 (Forestell & Mennella, 2007).

359 A further interesting finding of the present study was the greater program effectiveness with
360 younger children. Similar results were reported by Mustonen and Tuorila (2010) and Reverdy
361 et al. (2008), who found that children older than 9.5 years were less susceptible to neophobia
362 reduction than younger children after exposure to a sensory education program. Accordingly,
363 Loewen and Pliner (1999) observed that the evolution of neophobia after exposure to food
364 stimuli was different depending on whether children were older or younger than 9 years old,
365 most likely because children around this age develop a different neophobic reaction due to
366 different optimal levels of arousal. Therefore, the age of 9 years appears to be a critical period
367 in a child's life with respect to food behavior development regardless of his/her country of
368 origin, as similar patterns can be found in Italian, French, Finnish and Canadian children.
369 Furthermore, this outcome is in agreement with the strong age effects we observed for both
370 food neophobia and liking at baseline. More specifically, we found that 9-year-old children
371 are less neophobic than younger children, most likely because experience with food increases
372 with age, and this makes older children more willing than younger children to taste new food.

373 At the same time, the age of 9 years seems to be critical in relation to food appreciation, as 9-
374 year-old children gave lower liking scores for FV than did younger children. This result is in
375 line with the findings of Pagliarini, Gabbiadini & Ratti (2005), who reported age-related
376 differences in children's food preferences for several foods served at the school canteen,
377 including FV. Accordingly, Cooke & Wardle (2005) reported that the number of liked foods
378 decreases with increasing age. We hypothesize that this behavior is due to the acquisition of a
379 more critical attitude toward food with increasing age as a consequence of exposure to a more
380 varied diet, although this apparently contradicts the finding of increased neophilia among
381 older children in the present study. However, it is important to note that the increase in the
382 willingness to try new foods that comes with increasing age does not necessarily mean that
383 these foods are also more liked.

384 Gender-related differences were also found at baseline for food neophobia, with boys being
385 more neophobic than girls. There is little evidence in the literature for gender-related
386 differences in neophobia scores in children. To our knowledge, only two studies have
387 investigated the impact of gender on food neophobia in children. Koivisto & Sjöden (1996)
388 found gender-related differences in 9-year-old children, with girls being more neophilic than
389 boys. Accordingly, Reverdy et al. (2008) reported a marginal effect of gender on food
390 neophobia, with girls being more neophilic than boys.

391 In conclusion, our data suggest that the 'Food Dudes' school-based intervention can have
392 positive effects on Italian children's food attitude, reducing food neophobia and increasing
393 liking for both FV. With the exception of vegetables liking, these effects were maintained at 6
394 months after the intervention. It may be advisable to perform several iterations of the
395 intervention to maintain a high level of liking for vegetables. Additionally, our data indicate
396 that exposure should be associated with other approaches (*i.e.*, peer modeling and rewards)
397 when applying interventions with children. The results from our study confirm previous

398 findings indicating that a suitable age for the commencement of school-based programs could
399 be 8 years or even earlier, as younger children appear to be more likely to change their food
400 behavior than older children. Early intervention is also likely to maximize health benefits
401 because eating habits in childhood are strongly predictive of those in adulthood. Finally, the
402 ‘Food Dudes’ program has been applied with encouraging results in countries such as Ireland,
403 UK and US, which have important culture-related differences as compared with Italy. The
404 positive outcome of the present study seems to indicate that this multi-component intervention
405 based on food exposure, peer-modeling and reward can be successfully applied to primary
406 school children regardless of the culture heritage and the specific dietary habit of a
407 population.

408 One of the strengths of the present paper is that it is an ecological study conducted in an
409 actual mealtime situation. The naturalistic environment is an important point to consider when
410 studying factors linked to food behavior, especially with children. Moreover, the relatively
411 large sample of children makes us confident about the adequate power of the study design.
412 One weakness of this study is that we involved 6-year-old children in our measurements and,
413 despite children of that age can perform hedonic test reliably (Guinard, 2001), some problem
414 may arise in understanding the food neophobia task. In this context, the administration
415 procedure was slightly modified for 6-year-old children in order to make the task easier for
416 them. Examples of administration methods adapted for younger children (e.g., questionnaires
417 administered in an individual instead of collective setting and questions read aloud by an
418 experimenter) are present in the literature and have shown a positive result when validating
419 questionnaires among children as young as 5 years old (Rubio et al., 2008). Finally, one
420 obvious weakness is that we did not measure children’s actual consumption of FV, thus we
421 cannot conclude that the decreased neophobia and increased liking would have translated in
422 an actual higher FV intake by children. However, since liking is one of the most important

423 determinants of children's food consumption (Birch, 1999), it is likely that an increase in FV
424 intake would have been associated with the program.

425

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541 **Figures caption**

542 **Figure 1.** Phases of the experiment.

543 **Figure 2.** Food neophobia score (range 8-40) \pm SEM according to gender and age at baseline
544 measurement.

545 **Figure 3.** Food neophobia score (range 8-40) \pm SEM for experimental and control groups, at pre-
546 intervention, intervention phase and follow-up.

547 **Figure 4.** Liking score (range 1-7) \pm SEM for fruit and vegetable, for experimental and control
548 group, at pre-intervention (t0', t0''), intervention phase (t1) and follow-up (t2).

Figure 1 REV2

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Phases	PRE-INTERVENTION (baseline)									INTERVENTION																after 6-months	FOLLOW UP				
	Days	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16	17	1	2	3
Tests	Food Neophobia evaluation t0	Liking evaluation (4 pairs of F&V) t0'				Liking evaluation (4 pairs of F&V) t0''																Liking evaluation (4 pairs of F&V) t1	Food Neophobia evaluation t1		Food Neophobia evaluation t2	Liking evaluation (4 pairs of F&V) t2					
	F&V distribution (control + experimental groups)									F&V distribution + videos, letters and rewards (experimental group) F&V distribution (control group)																	F&V distribution (control + exp. groups)				

Figure 2
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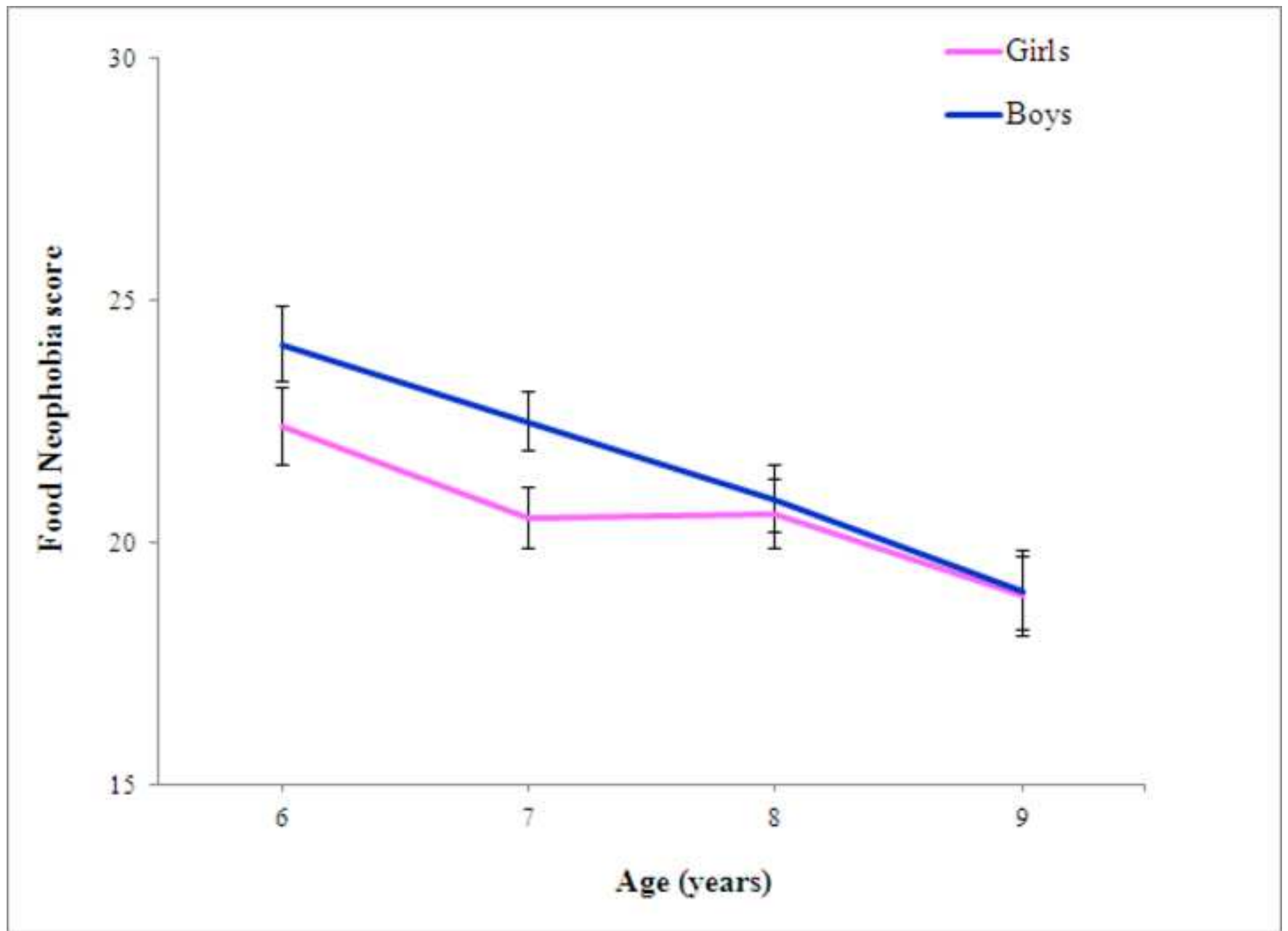


Figure 3
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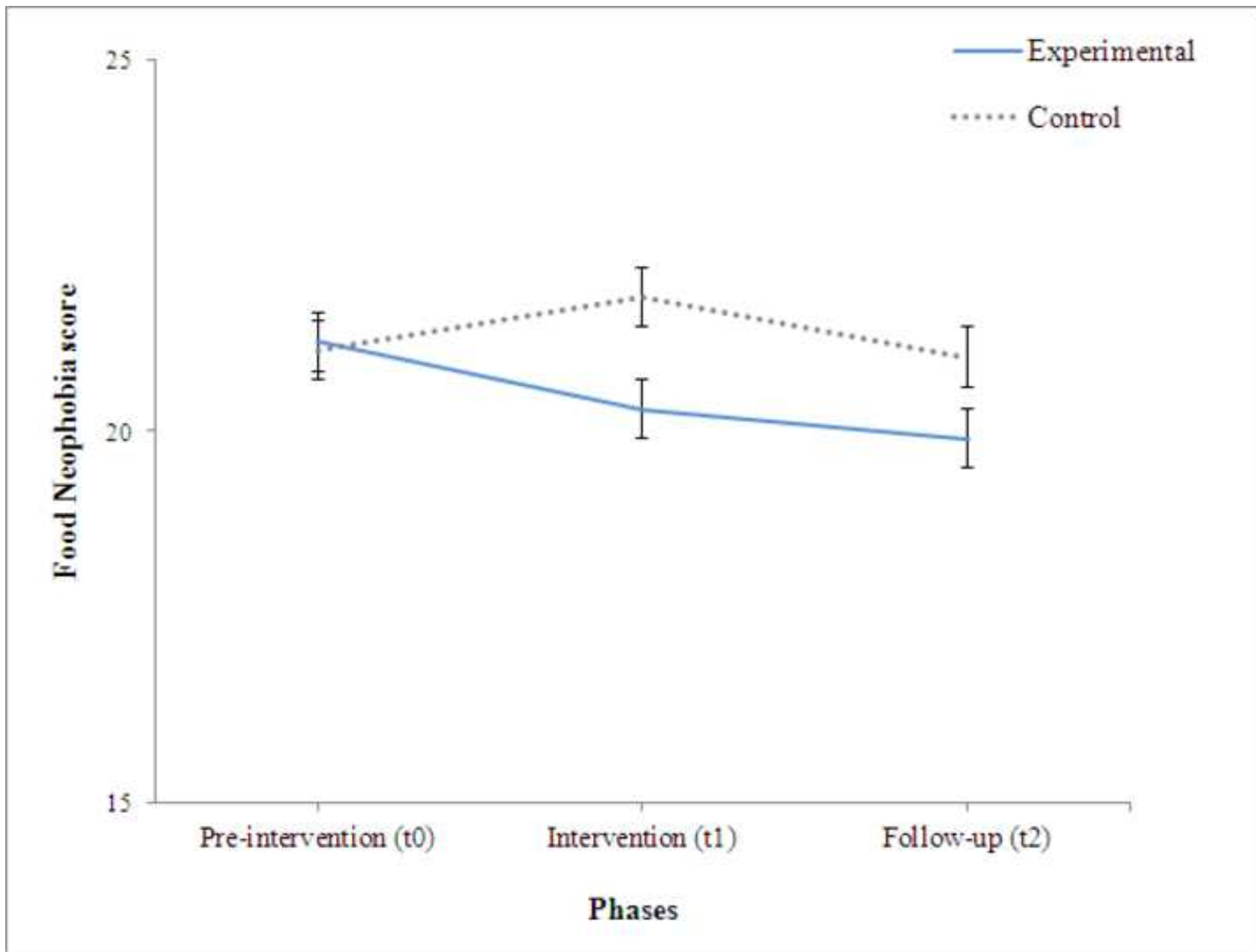


Figure 4
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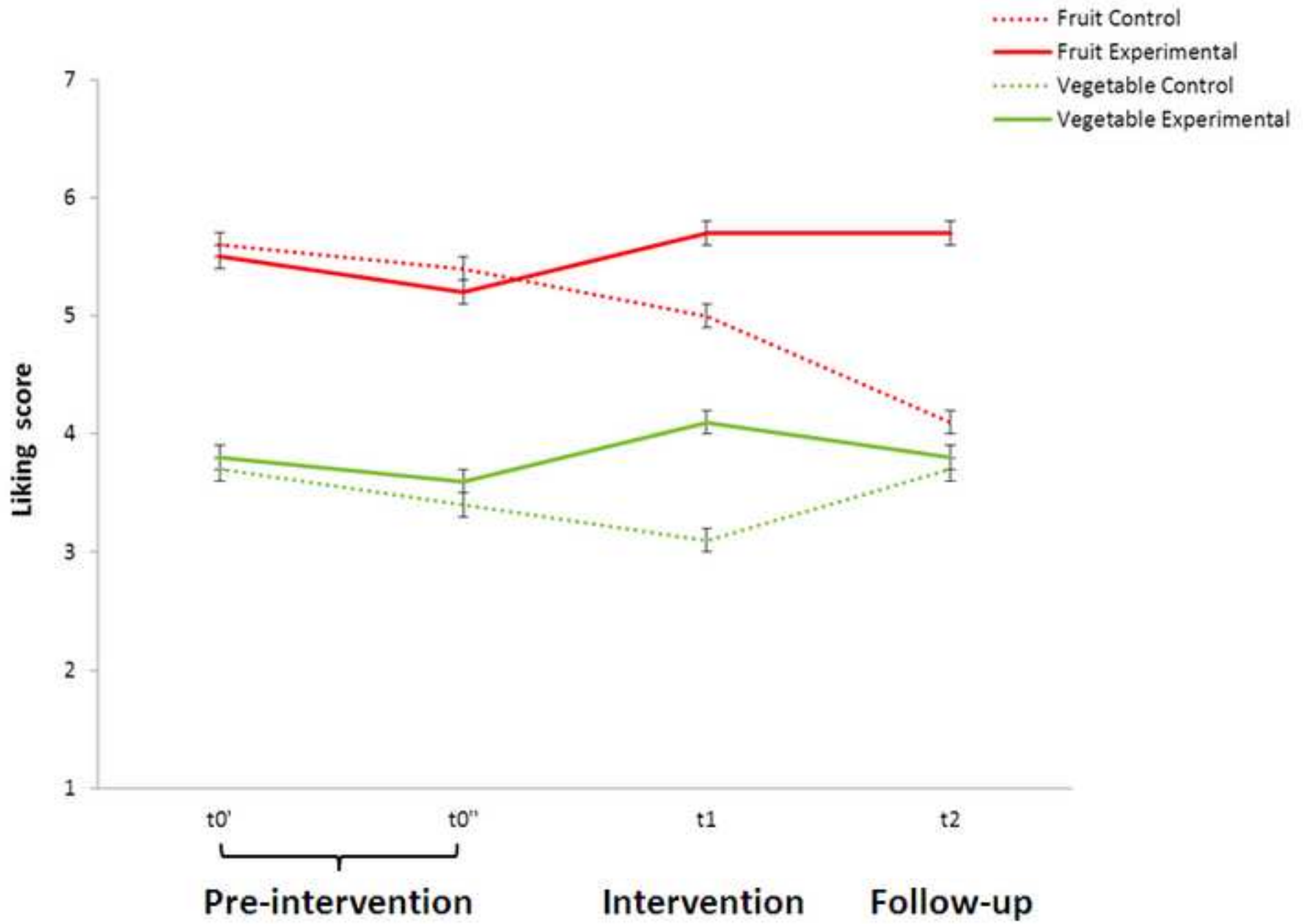


Table 1. Liking scores (range 1-7, SEM=0.1 for all values) for each food item provided to both the experimental and control groups at pre-intervention (t0', t0''), intervention phase (t1) and follow-up (t2).

Average liking scores by row with different letters are significantly different ($p < 0.05$).

Product	Group	Program phases			
		t0'	t0''	t1	t2
Apple	Experim.	6.0 ^{ab}	5.8 ^a	6.1 ^b	5.9 ^{ab}
	Control	6.0 ^c	5.6 ^b	5.4 ^b	4.2 ^a
Grapes	Experim.	5.9 ^b	5.5 ^a	5.6 ^{ab}	5.8 ^b
	Control	5.8 ^b	5.6 ^b	5.5 ^b	3.9 ^a
Miyagawa	Experim.	5.0 ^b	4.2 ^a	5.4 ^c	5.8 ^d
	Control	5.0 ^c	4.4 ^b	3.9 ^a	3.8 ^a
Pear	Experim.	5.4 ^a	5.3 ^a	5.5 ^a	5.3 ^a
	Control	5.7 ^b	5.6 ^b	5.4 ^b	4.0 ^a
Broccoli	Experim.	2.5 ^b	2.2 ^a	2.8 ^b	3.3 ^c
	Control	2.4 ^b	2.0 ^a	1.9 ^a	3.7 ^c
Carrot	Experim.	5.7 ^{ab}	5.5 ^a	5.8 ^b	5.4 ^a
	Control	5.2 ^b	5.4 ^b	4.3 ^a	4.5 ^a
Fennel	Experim.	4.4 ^b	3.8 ^a	4.7 ^b	3.9 ^a
	Control	4.1 ^b	3.9 ^{ab}	3.7 ^a	3.7 ^a
Radish	Experim.	2.6 ^a	2.5 ^a	2.9 ^b	2.5 ^a
	Control	2.9 ^b	2.5 ^a	2.3 ^a	3.7 ^c