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The flavor of vacation: Children's eating consumption and parental awareness in all-inclusive hotels

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ABSTRACT

The aim of this study is to evaluate parental awareness regarding children's eating behaviors and food consumption patterns in all-inclusive hotels during vacations. Additionally, it seeks to investigate the impact of hotel stay duration and parental monitoring on children's dietary habits. This study, conducted between June and November 2022 at six all-inclusive 5-star hotels in accordance with the STROBE guidelines, aimed to explore parental awareness of children's dietary behaviors and food and beverage consumption in such establishments. Comprising 350 parent-child pairs, the research utilized a cross-sectional design and collected data through a questionnaire designed by the researchers, along with the Food Behavior Scale (FBS). The findings revealed unfavorable food behavior scores among all participating children, indicating a prevalent high frequency of unhealthy food consumption. Notably, children with autonomy in making food choices during their vacation exhibited significantly lower FBS scores. Furthermore, the duration of stay at the hotel emerged as a factor with a negative predictive effect on children's food behavior scores. Consequently, hotel management bears the responsibility of adopting child-friendly criteria, while parents and children staying at these establishments should practice responsible and conscious consumption behavior.

1. Introduction

Food and beverage a substantial influence on a visitor's overall trip experience (Kivela & Crotts, 2006; Gössling et al., 2011). Their role in tourism differs significantly from their routine significance in travelers' everyday lives (Gössling & Buckley, 2016; Wang et al., 2017). This shift in dynamics is steering travelers towards the all-inclusive concept in hotels. Families with children, as indicated by visitor profiles embracing this idea, tend to favor such systems. This preference allows families to enjoy a range of services, including food, drinks, and entertainment, while simultaneously economizing on additional expenses for their children throughout the day. A study highlights that the 'absence of the obligation to track daily expenses' and the 'increased attractiveness of the all-inclusive system' contribute to its appeal (Uner, Sokmen & Guler, 2007).

While the all-inclusive system may offer cost-effectiveness for families, it also has the potential to cause health issues for children. The menus of all-inclusive concept hotels often include harmful foods and beverages for children (such as processed foods, sugary and fatty items), and unlimited consumption of these can pose a threat to children's health. Unhealthy and addictive options like various hamburgers, nuggets, schnitzels, onion rings, chips, fries, pizzas, foam ice cream, gummy candies, donuts, hotdog sandwiches, and salami sandwiches, as well as colorful cakes, sweets, carbonated drinks, and fruit syrups, are popular choices among children (Strasburger, 2004; Çelik-Şeker & Keleş, 2019; Estell, Hughes & Grafenauer, 2021; Singh et al., 2021). While certain families promote healthy eating habits for their children during vacations, a considerable number of parents do not impose restrictions on their children's consumption and might even reward them with such foods. This situation can lead children to choose and consume unhealthy foods excessively. These foods may not appear problematic to parents during vacation periods. However, many menus designed for children contribute to various health issues, including obesity (Batada et al., 2012; Moran et al., 2019). Moreover, these foods have addictive effects, and children's interest in and consumption of these unhealthy items may persist even after holidays and become uncontrollable by parents. Upon reviewing the literature, it is observed that there is a lack of awareness or educational studies directed towards parents about children's food

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consumption and preferences in all-inclusive concept hotels during holiday periods. In this context, this research aims to evaluate parental awareness regarding children's food behaviors and the status of food and beverage consumption in all-inclusive concept hotels.

2. Literature Review

All-Inclusive Concept Hotel and Food-Beverage

An all-inclusive system is a system in which all services are provided for a single price during the accommodation period (Alegre & Pou, 2008). This system consists of a pre-planned and pre-paid package that includes transportation, accommodation, meals, entertainment, sports, sightseeing, government taxes, tips, and almost everything else (Heung & Chu, 2000; Wong & Kwong, 2004; Anderson, 2010). The all-inclusive vacation package includes all, or at least most, of the desired elements of a vacation. After the initial payment, all subsequent services are managed by travel agencies and/or resorts. This establishes a standardized service (Çızel et al., 2013; Bilgili et al., 2016). In Turkey, the all-inclusive holiday concept has gained popularity due to the competitive pricing of four- and five-star hotels, comparable to three-star hotels in other destinations. Antalya, a prominent tourism city, boasts around 450 all-inclusive hotel establishments. Among foreign tourists in Antalya, 85% opt for package tours, with 82% specifically preferring all-inclusive packages (Çetin & Süren, 2022). Turkey attracts a substantial number of visitors, particularly from Europe, the Middle East, and Russia, offering high-quality all-inclusive packages. This approach has been widely embraced by Turkish tourism businesses, enabling them to adopt a new marketing strategy and boost occupancy rates significantly (Çolak & Koşan, 2021).

When evaluating the attractiveness of a destination, a crucial factor for tourists is the food and beverage experience (Okumuş & Çetin, 2018). The all-inclusive holiday concept provides tourists with a unique atmosphere by offering a wide range of food and beverage options. In hotel establishments adopting this concept, a specialized diversification scheme can be created to plan food variety in terms of time, location, content, and social interaction. Within this arrangement, tourists can consume food at different times (morning, noon, evening, night, etc.) and at various locations (main restaurant, bars, beach, private restaurants, etc.). This allows tourists to easily access food whenever they desire, enhancing their overall experience (Kılıç & Özdemir, 2022). However, the widespread preference for all-inclusive hotels leads to food waste in accommodation establishments (Gössling et al., 2011). According to a literature review, although the all-inclusive model offers advantages for budget-friendly tourists (Yolal et al., 2017), it has negative aspects, especially since it is favored by low-income tourists (Ayık, Benetatos & Evagelou, 2013; Menekşe, 2005). Additionally, numerous studies have demonstrated the tendency of this system to contribute to waste (Ozdemir et al., 2012; Okumuş et al., 2020; Hazarhun et al., 2020; Elnasr et al., 2021; Tercan & Yeshenkulova, 2021; Çetin & Süren, 2022). The tourism industry is confronted with the significant issue of food waste, which constitutes a substantial portion of overall waste (Goh & Jie, 2019). Guests opting for the all-inclusive concept often perceive a notion akin to "serve endlessly, eat endlessly." In this context, it is crucial to identify the conditions under which food waste occurs and develop recommendations to effectively combat this issue (Gannon et al., 2022).

Child Health and Food-Beverage

The growth, development, and health potential of children are dependent on the quantity and quality of nutrients in their diets. However, in recent years, health issues related to children's excessive intake of calories, fat, sugar, and salt have been on the rise. This situation leads to concerns such as the increase of alarming conditions like obesity, diabetes, hypertension, and high cholesterol (Marotz, 2011; Sahoo et al., 2015; Fedewa & Davis, 2015; Vos et al., 2017). Obesity, which seems to be a problem primarily in developed countries, has also seen a significant rise in childhood obesity in developing nations, reaching epidemic proportions. It is well known that both overweight and obesity have significant effects on the physical and psychological health of children. Additionally, overweight and obese children are more likely to face obesity issues in adulthood, with higher risks of non-communicable diseases such as diabetes and cardiovascular diseases at a younger age (Sahoo et al., 2015; Sondike et al., 2003). Therefore, it is crucial for children to develop healthy eating habits and grow with a balanced diet. Among the factors that negatively affect children's health, the excessive consumption of processed foods stands out. According to the NOVA classification, ultra-processed foods (UPF) are industrial formulations derived from products with little or no whole foods and typically contain additives such as colorings, sweeteners, emulsifiers, and thickeners (Oliveira et al., 2021). Ultra-processed foods generally have higher energy density, free sugar, and unhealthy fat content and are often deficient in fiber, protein, and micronutrients (Oliveira et al., 2021). Sugar, liquid and solid fats, and salt are common components of processed and ultra-processed foods, and these components are often used together. Additives that extend product shelf life, preserve original characteristics, and prevent microbial growth are commonly found in processed and ultra-processed foods. These additives can mask unwanted sensory features of the ingredients, processes, and packaging used in the production of ultra-processed foods, or they can enhance the final product with an appealing taste, smell, appearance, or texture. Carbonated beverages, packaged snacks, confectionery, ice cream, packaged bread, margarines, cookies, ready-made soups, and many other products fall into the category of ultra-processed foods (Monteiro et al., 2019; Pagliai et al., 2021). Studies have shown a positive relationship between the consumption of ultra-processed foods among

children and adolescents and excessive weight, or BMI (Bawaked et al., 2020).

Carbonated beverages, energy drinks, sugar-sweetened beverages, and sugary foods are among the products that adversely affect the health of children (Bleich & Vercammen, 2018). Upon reviewing the literature, significant positive relationships between the consumption of such foods and the risk of obesity have been identified (Clifton et al., 2011; Danyliw et al., 2012; Coppinger et al., 2013; Beck et al., 2014). In a study conducted, each additional portion of sugar-sweetened beverage consumed daily by children (250 g) was associated with a 0.93% increase in body mass index (BMI) (Bremer et al., 2010). Positive associations have also been found between the consumption of sugary beverages and tooth decay (Armfield et al., 2013; Evans et al., 2013; Hoffmeister et al., 2016; Mis et al., 2017). Another study reported that for each additional portion of sugary beverage consumed daily by children, the prevalence of cavities was more than 22% higher (Wilder et al., 2016). Furthermore, it is noted in the literature that caffeinated sugary beverages (e.g., cola) could be associated with various health issues, including low-quality or reduced sleep, headaches, risk-seeking behavior, and depressive symptoms (Bleich & Vercammen, 2018).

Food choices are greatly influenced by consumers' visual perceptions. Color is a crucial factor in consumers' evaluation of a food's attractiveness. Colors used to provide or enhance characteristic colors in food products are routinely added to compensate for color loss during processing and to impart color to products that are normally colorless (Marković et al., 2023). However, research has documented the negative impacts of marketing such foods on children's diets and health (Harris et al., 2018).

Family's Attitude toward Vacation

Processed foods can easily become a habit in both children and adults. Therefore, numerous studies have explored the addictive effects of these foods. While current research may not explicitly label these foods as addictive substances, it is noted that they quickly become highly habitual in a short period of time (Schulte et al., 2015; Filgueiras et al., 2019; Parnarouskis et al., 2022; Gearhardt & DiFeliceantonio, 2023). Hence, it is crucial for parents to closely monitor and not neglect their children's eating habits. In the literature, it is specifically mentioned that parents often use many addictive foods as rewards. These foods may be given as rewards during holidays or as a response to desired behavior from the child. The American Academy of Pediatrics emphasizes that food should never be used as a reward or punishment. In the short or long term, these unhealthy food rewards or bribes can often create more problems than they solve. Additionally, when unhealthy foods are given as rewards, children may perceive these foods as better or more valuable than healthier options. Offering sweets, chips, or sodas as rewards can often lead children to consume high amounts of sugar, fat, and empty calories. Worse yet, it interferes with children's natural abilities to regulate their eating and may encourage them to eat when they are not hungry to reward themselves (Fedewa & Davis, 2015; Terry et al., 2017).

The family structure plays a major role in children's food preferences (Ziauddeen et al., 2018). While some families currently encourage their children to eat healthily during vacation, many parents do not limit their children's consumption during this period. In all-inclusive hotels, the availability of various food and beverage options and the absence of a set consumption limit can lead children to choose unhealthy foods and consume more than necessary. Children who are not controlled by their parents and do not have a set limit on their food and drink consumption may exceed the daily limit of food and beverages they need and consume foods that may pose a threat to their health. Foods and drinks that are unhealthy and can lead to addiction are particularly popular among children (Çelik-Şeker & Keleş, 2019). These foods may not seem like a problem for parents during holiday periods. However, many of the menus created for children contain products that will cause health problems for them in the future, such as obesity, hypertension, and some types of cancer (Batada et al., 2012; Moran et al., 2019). In addition, these foods have addictive effects, and children's interest in and consumption of these unhealthy foods can increase even after the holidays and cannot be controlled by parents. Mazariegos et al. (2016) stated that combo menus, which are made appealing to children through side products, are preferred by children due to their attractive design, but many elements that negatively affect children's health are present in their content (Mazariegos et al., 2016). In conclusion, harmful foods, especially highly processed ones, should not be given as rewards to children, even during holidays, and their consumption should be limited under parental control.

3. Method

Study Design

This study was conducted as a cross-sectional study following the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guideline. The research team comprised members from the Department of Child Health and Diseases Nursing, and the study was conducted in collaboration with the Department of Tourism and Hotel Management using a multidisciplinary approach.

Research Questions and Hypothesis

The research sought answers to the following questions:

1: What are the food behavior scores and frequency of consuming unhealthy foods among children during their vacations?

2: What is the situation when parents monitor their children's eating and drinking during their vacations?

Fourteen hypotheses were also created in the research:

***H1**: There is a significant difference between the countries of origin of children and their FBS scores.*
***H2**: There is a significant difference between the countries of origin of children and the frequency of unhealthy food consumption.*
***H3**: There is a significant difference between the gender of children and FBS scores.*
***H4**: There is a significant difference between the gender of children and the frequency of unhealthy food consumption by them.*
***H5**: There is a significant difference between the BMI of children and FBS scores.*
***H6**: There is a significant difference between the BMI of children and the frequency of unhealthy food consumption by them.*
***H7**: There is a significant difference between the age of children and FBS scores.*
***H8**: There is a significant difference between the age of children and the frequency of unhealthy food consumption by them.*
***H9**: There is a significant difference between parents' education levels and FBS scores.*
***H10**: There is a significant difference between parents' education levels and the frequency of unhealthy food consumption by their children.*
***H11**: There is a significant difference between parents' reasons for choosing all-inclusive hotels and children's FBS scores.*
***H12**: There is a significant difference between parents' reasons for choosing all-inclusive hotels and the frequency of unhealthy food consumption by their children.*
***H13**: There is a negative relationship between the frequency of children's consumption of unhealthy foods and their eating behavior scores.*
***H14**: The length of children's stay at the hotel negatively affects the eating behavior score.*

Sample Size

The study was conducted between June and November 2022 (a period of 6 months) at six all-inclusive 5-star hotels in the Belek region of Antalya. Antalya is one of the cities in Turkey that hosts a significant number of both foreign and domestic tourists. Many tourists from various countries visit Antalya. Therefore, this region has been chosen for the study. The sample of the study consisted of parents and their children who stayed at least one week with their children in these hotels. The sample size was determined to be 350 with a confidence level of 95% (1-α), a test power of 95% (1-β), and an effect size of d=0.5 using the G-Power 3.1.9.4 version program for independent sample t-tests. The inclusion criteria were as follows: (1) being a mother or father staying with their child aged between 9 and 14 years, (2) staying at the hotel for at least one week (this duration aims to allow children to familiarize themselves with diverse menus and experience various food options. A follow-up process has been implemented to understand children's meal selection behaviors and provide parents with insights into their children's food preferences), (3) knowing Turkish or English, (4) participating from within the country or from abroad. Children and parents with any illness or specific dietary requirements were excluded, as well as non-volunteers. The study was completed with 350 parent-child pairs.

Data Collection

The data for the study were collected through face-to-face interviews using a questionnaire method. In this context, ethical committee approval was obtained first for the conduct of the study. Subsequently, contact was made with all-inclusive concept five-star hotels in Belek, Antalya. Six hotel managers allowed the administration of questionnaires to families with children who spoke Turkish or English as guests left the hotel to avoid discomfort. Parents who agreed to participate in the study and their children were interviewed in waiting rooms located near the receptions, and the children's weight was measured with a scale and their height was measured with a meter.

Data Collection Tools

The researchers used a questionnaire form prepared in accordance with the literature and the "Food Behavior Scale" for data collection.

The first part of the questionnaire was intended for parents to fill out. In this section, parents were asked about their country of origin, length of stay, education level, age and gender of the child participating in the study, reasons for choosing all-inclusive hotels, monitoring the child's food behavior outside of the vacation period, allowing the child to make their own food and beverage choices, and consumption amounts during the vacation. The height and weight of the participating children were measured and recorded by the researchers, and their body mass index (BMI) was calculated. It took parents an average of 5 minutes to complete the questionnaire.

The second part of the questionnaire was intended for children to fill out. In the first section, children were asked about their consumption of certain unhealthy foods or food groups for children (such as Hamburger, Chicken Nugget, Schnitzel, Onion Rings, French Fries/Chips, Ice Cream, Sausage, Salami, etc., Baked Goods, and Carbonated Beverage) during the vacation period and were asked to rate them on a scale of (1) never, (2) rarely, (3) sometimes, and (4) often, based on the literature (Kaushik, Narang & Parakh, 2011; Batada et al., 2012; Kuźbicka & Rachoń, 2013; Çelik-Şeker & Keleş, 2019; Moran et al., 2019).

The second part of the questionnaire that children were asked to complete was the “Food Behavior Scale.” The reason for choosing this scale is that validity and reliability have been established for both foreign and Turkish

children, and it is a visual scale, making it easy for all children to mark. They were asked to mark which foods they preferred to consume more during the vacation period. It took children an average of 15 minutes to complete the questionnaire. The food behavior scale was developed as part of the CATCH research project aimed at improving the heart health of children and young people in the United States and reducing their risk of cardiovascular disease. The scale consists of fourteen different question items with pictures and choices of low-fat, high-fat, salty, and unsalted food items to determine children's food consumption. Each item includes a healthy and an unhealthy food option, and children are asked to indicate which of the two comparable food items they consume more of. The scale gives a value of -1 for unhealthy foods and +1 for healthy foods. The total score ranges from -14 to +14, with a high score indicating healthy food habits. The scale's validity and reliability have been tested in Turkish children aged 9-16 years old and have been found to have a reliability coefficient of r=0.76 (Haney & Erdogan, 2013) and 0.82 in this study.

Data Analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS, v.25) with a significance level of 0.05. Normality was tested using skewness and kurtosis values. The results indicated that the data were normally distributed. The criterion of $p<0.05$ was applied to determine significant differences. Pearson correlation (r) and regression analysis were employed for data analysis. The strengths of correlation between variables were defined as follows: $0.00<r<0.10$= negligible; $0.10<r<0.39$ = weak; $0.40<r<0.69$ = moderate; $0.70<r<0.89$=strong; $0.90<r< 1.00$=very strong (Schober et al., 2018). An independent sample T-test was used to compare two independent groups, and Cohen's d was utilized to determine the significant difference. A Cohen's d value of 0.2 or less represents a small effect size, while a value between 0.5 and 0.8 represents a medium effect size, and a value of 0.8 or more represents a large effect size. An ANOVA test was conducted to compare three independent groups, and eta square (η^2) was utilized to determine the effect of significant differences. Eta squares were expressed as <0.01 for a small effect size, 0.06-0.13 for a medium effect size, and 0.14< for a large effect size (Pallant, 2017). Following an ANOVA test result that was significant, pairwise differences between groups that showed significance were identified using Bonferroni tests. Additionally, percentage, frequency, mean, and standard deviation were employed for the analysis.

Ethics Statement

The study obtained ethical approval from the Necmettin Erbakan University Scientific Research Ethics Committee on May 13, 2022, under protocol number 6. The questionnaire included sections to be completed by both parents and children, and consent was obtained from the parents for their children's participation. The willingness of children, whose parents granted consent, to participate in the study was assessed, and those who volunteered were included. Both parents and children received detailed information about the research process.

4. Results

The parents who participated in the study comprised 54.3% mothers and 45.7% fathers, with 53.4% falling between the ages of 29-40 and 46.6% between 41-55, having a mean age of 41.01 ± 5.13. According to Table 1, 28.9% of the participants were from Turkey, 25.1% from Russia, 12.3% from Germany, 6.9% from the Netherlands, 6.6% from the United Kingdom, 5.1% from Poland, 4.9% from Ukraine, 4.0% from Qatar, 3.4% from the United Arab Emirates, and 2.8% from Iran. Additionally, 35.1% had completed high school, and 33.7% had completed an undergraduate degree. The children who participated in the research were 57.7% between the ages of 9-11, 42.3% between the ages of 12-14, with a mean age of 11.34±1.71. Among the children, 50.9% were boys, 58.2% had a normal weight, 22.6% were overweight, 12.3% were obese, and 6.9% were underweight. The participants' accommodation durations ranged from a minimum of 7 to a maximum of 30 days, with a mean of 16.41±6.61 days. Of the participants, 66.3% preferred the all-inclusive concept due to the variety of food and beverages, 52.6% preferred unlimited food and beverage consumption, 94.6% preferred the absence of additional costs, 59.4% preferred entertainment variety, and 95.4% preferred suitability for families with children (Table 1). The children's FBS scores ranged from a minimum of -14 to a maximum of 12, with a total mean FBS of -6.22±5.98. The mean frequency of consumption of unhealthy foods among children is 3.31±0.35 (Table 1).

Statistically significant differences were found in the food behavior scores of children based on their countries of origin, with a moderate level of effect size ($F=4.239$; $p<0.001$; $\eta2=0.10$). To identify the specific groups responsible for this significant difference, a Bonferroni test was conducted following the ANOVA. Consequently, it was observed that the food behavior scores of children from Germany and Ukraine were significantly higher than those from Turkey and Qatar. Additionally, the scores of children from Ukraine were significantly higher than those from Russia and the United Arab Emirates ($p<0.05$) (Table 1).

A statistically significant difference with a moderate effect size was observed in the frequency of consuming unhealthy foods among children from different countries ($F=3.178$; $p=0.001$; $\eta2= 0.07$). According to the Bonferroni post-hoc test, a significant difference was found between children from Ukraine and Qatar ($p<0.05$), with children from Qatar exhibiting a higher frequency of consuming unhealthy foods compared to those from Ukraine. Statistically significant differences with a large effect size were identified between the food behavior scores of children

Table 1: Comparison of descriptive information of parents and children with food behavior scale score and frequency of unhealthy food consumption

			FBS			Frequency of unhealthy food consumption		
Characteristics	**n**	**%**	**Mean**	**Sd.**	**Test**	**Mean**	**Sd.**	**Test**
Country of Origin								
Turkey [a]	101	28.9	-7.44	5.55	F= 4.239; **p<0.001**	3.34	0.33	F=3.178; **p=0.001**
Russia [b]	88	25.1	-6.70	6.20		3.36	0.30	
Germany [c]	43	12.3	-3.72	6.18	**η2= 0.10**	3.17	0.37	**η2= 0.07**
Netherlands [d]	24	6.9	-5.08	6.26		3.31	0.35	
United Kingdom [e]	23	6.6	-5.13	4.12	a, h< c, g	3.17	0.39	h>g
Poland [f]	18	5.1	-5.22	6.32	b, i< g	3.32	0.36	p<0.005
Ukraine [g]	17	4.9	-1.41	4.62	p<0.005	3.08	0.44	
Qatar [h]	14	4.0	-10.42	3.34		3.51	0.25	
United Arab Emirates [ı]	12	3.4	-6.50	7.29		3.32	0.40	
Iran [j]	10	2.8	-9.40	4.11		3.51	0.24	
Education (degree) of Parent								
Middle School	9	2.6	-4.88	2.47	F=1.537; p=0.191	3.32	0.25	F=0.434; p=0.784
High School	123	35.1	-6.74	5.72		3.32	0.34	
Associate Degree	77	22.0	-5.89	5.93		3.27	0.37	
Bachelor's Degree	118	33.7	-6.49	6.23		3.33	0.35	
Graduate Degree	23	6.6	-3.65	6.70		3.27	0.29	
The age of Child (year)								
9-11	202	57.7	-6.45	5.94	t: -0.849; p=0.396	3.34	0.36	t=1.924; p=0.055
12-14	148	42.3	-5.90	6.04		3.27	0.33	
Mean age	11.34±1.71							
Gender of Child								
Boy	172	49.1	-7.10	6.20	t=-0.822; **p=0.005**	3.36	0.33	t=3.025; **p=0.003**
Girl	178	50.9	-5.31	5.61	***Cohen d*= 0.30**	3.25	0.36	***Cohen d*= 0.31**
BMI Status								
Underweight [a]	24	6.9	-5.25	3.32	F=3.174; **p=0.024**	3.22	0.34	F=1.609;
Healthy/Normal weight [b]	204	58.2	-5.54	5.73	**η2= 0.03**	3.29	0.33	p=0.187
Overweight [c]	79	22.6	-7.72	6.78	b<c	3.34	0.39	
Obese [d]	43	12.3	-7.20	6.23	p=0.036	3.39	0.33	
The length of stay at the hotel (day)	16.41±6.61 (min:7-max:30)							
Why Choose an All-Inclusive Hotel Concept								
Variety of Food and Drinks								
Yes	232	66.3	-6.57	5.78	t=1.559; p=0.120	3.33	0.35	t=1.457; p=0.146
No	118	33.7	-5.52	6.31		3.27	0.34	
Unlimited Consumption of Food and Drinks								
Yes	184	52.6	-6.29	6.06	t=0.232; p=0.817	3.30	0.37	t=-0.348; p=0.728
No	166	47.4	-6.14	5.90		3.31	0.33	
No Additional Expenses								
Yes	331	94.6	-6.25	6.04	t=0.403; p=0.687	3.31	0.35	t=1.374; p=0.170
No	19	5.4	-5.68	4.86		3.20	0.33	
Variety of Entertainment								
Yes	208	59.4	-6.25	6.04	t=0.403; p=0.687	3.30	0.36	t=-0.611; p=0.542
No	142	40.6	-5.68	4.86		3.32	0.32	
Economical for Families with Children								
Yes	334	95.4	-6.30	5.97	t=1.180; p=0.239	3.31	0.35	t=0.241; p=0.810
No	6	4.6	-4.50	6.13		3.29	0.29	
Total	350	100.0	**FBS score means**		-6.22±5.98 (Min: -14-Max: 12)	**The mean frequency of consumption**		3.31±0.35

Source: Elaborated by Auyhors

Table 2: Frequency of children consuming certain unhealthy foods and beverages during their stay at the hotel

Food and Beverage	**Never (1)**		**Very Rarely (2)**		**Occasionally (3)**		**Frequently (4)**	
	n	%	n	%	n	%	n	%
Hamburger	-	-	66	18.9	167	47.7	117	33.4
Chicken Nugget, Schnitzel, Onion Rings	29	8.3	78	22.3	190	54.3	53	15.1
French Fries/Chips	18	5.1	56	16.0	124	35.4	152	43.4
Ice Cream	-	-	7	2.0	47	13.4	296	84.6
Sausage, Salami, Etc.	16	4.6	51	14.6	77	22.0	206	58.9
Baked Goods	-	-	43	12.3	115	32.9	192	54.9
Carbonated Beverage	-	-	12	3.4	115	32.9	223	63.7

Source: Elaborated by Auyhors

Table 3: Comparison of the food behavior scores of children according to the attitudes of their parents

	n	%	Mean	Sd.	Test
Monitoring the child's dietary habits during routine times					
Yes	245	70	-5.94	6.26	t=1.247;
No	105	30	-6.80	5.31	p=0.213
Allowing the child to choose the food they want during the stay					
Yes	184	52.6	-7.63	5.94	t=-7.209; p<0.001
No	166	47.4	-2.93	4.64	*Cohen d*= 0.88
Allowing the child to choose beverage they want during the stay					
Yes	263	75.1	-6.39	5.80	t=-0.938;
No	87	24.9	-5.70	6.50	p=0.349
Allowing the child to eat the food in the amount they desire during the stay					
Yes	257	73.4	-8.14	4.82	t=-10.983; p<0.001
No	93	26.6	-0.90	5.66	*Cohen d*=1.34
Allowing the child to drink beverages in the amount they desire during the stay					
Yes	276	78.9	-7.57	5.17	t=-9.106; p<0.001
No	74	21.1	-1.16	6.12	*Cohen d*= 1.13
Total	350	100			

Source: Elaborated by Auyhors

Table 1: Comparison of descriptive information of parents and children with food behavior scale score and frequency of unhealthy food consumption

determined that the food behavior scores of girls were higher than those of boys (Table 1).

A statistically significant difference with a large effect size was found in the frequency of consuming unhealthy foods between children's genders (t=3.025; p=0.003; d=0.31). It was determined that boys consume unhealthy foods more frequently than girls (Table 1). Statistically significant differences with a small effect size were found between the food behavior scores of children based on their BMI (F=3.174; p=0.024; η2=0.03). According to the Bonferroni test results following the ANOVA test, it was found that the scores of children with normal weight were significantly higher than those of overweight children in terms of their BMI (p<0.05) (Table 1).

No statistically significant difference was found between the food behavior scores and the frequency of consuming unhealthy foods concerning the education level of parents, age of children, and reasons for choosing an all-inclusive hotel (p<0.05). There was also no statistically significant difference found between the BMI of children and the frequency of consumption of unhealthy foods, but it was observed that as the BMI of children increased, the average scores for the frequency of consumption of unhealthy foods also increased (Table 1).

Among the children who participated in the research, 33.4% reported frequently consuming hamburgers, while 47.7% reported consuming them occasionally. For chicken nuggets, schnitzel, and onion rings, 54.3% reported occasionally consuming them, while 43.4% reported frequently consuming French fries/chips. Ice cream was frequently consumed by 84.6% of the participants, while 58.9% reported frequent consumption of sausage, salami, etc. Baked goods were frequently consumed by 54.9%, and carbonated beverages were reported as frequently consumed by 63.7% of the children (Table 2).

During the vacation period, 70% of the parents stated that they monitor their children's food behavior; 52.6% allowed their children to make their own food choices; 75.1% allowed their children to choose their own drinks; 73.4% allowed their children to determine the amount of food they wanted; and 78.9% allowed their children to determine the amount of beverage they desired (Table 3).

The statistically significant influence of permitting children to make their own food choices during their parents' stay was identified on the food behavior scores of children (t=-7.209; p<0.001; d=0.88). Similarly, the statistically significant impact of allowing children to determine their own food amounts during their parents' stay was identified on the food behavior scores of children (t=-10.983; p<0.001; d= 1.34). Additionally, the statistically significant impact of allowing children to determine their own beverage amounts during their parents' stay was identified (t=-9.106; p<0.001; d=1.13) (Table 3).

There was a statistically significant, strong, and negative correlation (r=-0.727; p<0.001) found between the unhealthy foods consumed by children during their accommodation process and their food behavior scores (Table 4).

Table 4: The correlation between children's duration of stay at the hotel, frequency of consuming unhealthy foods, and their food behavior scores

		FBS
Frequency of consuming unheated foods	r	-0.727
	p	<0.001
The duration of stay at the hotel	r	-0.647
	p	0.006

Source: Elaborated by Auyhors

Table 5: Regression Analysis Results on the Impact of Children's Length of Stay in the Hotel on Their FBS Scores

Dependent Variable	Independent Variables	B	Sd.	Beta	t	p	F	Model (p)	R^2
FBS	constant	-8.80	0.98		-8.958	<0.001	7.690	0.006	0.02
	The duration of stay at the hotel	-0.13	0.04	0.14	-2.773	0.006			
Durbin Watson: 0.045; VIF: 1.20									

Source: Elaborated by Auyhors

A statistically significant, moderately strong, and negative correlation was found between children's duration of stay at the hotel and their food behavior scores (r=0.647; p=0.006) (Table 4). The length of stay in all-inclusive concept hotels has a statistically significant negative predictive effect on children's food behavior scores (B=-0.13; Beta= 0.14; F=7.690; p=0.006) and explains 2% of the variance in the FBS score (R^2=0.02). A one-unit increase in the length of stay in the hotel decreases children's food behavior scores by 0.13 units (Table 5).

5. Discussion

Many studies in the literature indicate that families with children frequently opt for all-inclusive concept hotels (Menekşe, 2005; Yaylı & Yaylı, 2012). In a study conducted by Koronios et al. (2020), the all-inclusive experience was found to be particularly important for families with children in terms of convenience and resource savings, whereas the same factors were deemed unimportant for families without children. Emir and Pekyaman (2010) also found that a large majority of participating families with children generally preferred the all-inclusive system as their accommodation option. In this study, it was determined that the majority preferred the all-inclusive concept due to the variety of food and beverages, unlimited food and beverage consumption, the absence of additional expenses, entertainment options, and affordability for families with children. These results suggest that the all-inclusive concept is appealing to families with children. When examining the tourism literature, it is stated that tourists who prefer all-inclusive hotels are in the low-income group (Çolak & Koşan, 2021). A study by Menekşe (2005) on hotel managers found that the all-inclusive system reduces the quality of tourists and services due to low-income tourist groups. In a study conducted by Unguren et al. (2009) on accommodation and travel agency managers, it was found that the all-inclusive system creates a low-quality image, causing affluent tourists to stay away from our country and reducing tourist quality. Ozdemir's study (2010) on hotel managers revealed that the all-inclusive system is the most crucial factor in tourists' preferences because it provides an economic option for tourists. In our study, the hotel management did not permit us to inquire about guests' income levels to avoid causing any discomfort. This is a limitation of our study. However, when we examined the education levels of the parents in our research, we found that the majority had lower education levels than a bachelor's degree. In this case, we believe that the guest population choosing the all-inclusive concept has deficiencies in consumer awareness.

In our study, we initially aimed to answer the question, (1) What are the food behavior scores and the frequency of consuming unhealthy foods among children during their vacations? All-inclusive concept hotels offer a wide variety of food and include numerous restaurants. The menus feature healthy foods such as meat, fish, greens, dairy products, seafood, vegetables, and fruits, as well as unhealthy options like fast food, oily foods, and sugary foods (Glanz et al., 2007; Seyitoğlu, 2017; Santos et al., 2020; Çetin & Süren, 2022). However, our research revealed a high frequency of children choosing unhealthy foods. The results indicate that the food behavior scores of children, especially those staying in all-inclusive hotels, are below average and exhibit a negative trend. Additionally, it was observed that the frequency of unhealthy food consumption among these children is high. Considering that the food behavior scores of children from all countries are low and negative, this situation may reflect a general trend (**H_1 and H_2 were accepted**). When the literature is examined, it is stated that overweight and obesity in childhood have doubled in the last thirty years. It is reported that approximately 10% of children worldwide are overweight (Scholten et al., 2014). These data are important in terms of monitoring children's eating behaviors. However, notably, male children show lower food behavior scores and a higher frequency of consuming unhealthy foods, indicating a potential gender influence on children's eating habits, warranting further in-depth studies (**H_3 and H_4 were accepted**). Literature reviews indicate findings consistent with the results of this study, suggesting that male children generally tend to be more overweight or obese than female children (de Bont et al., 2022; Tsolakis et al., 2022; Xiaoxiao et al., 2022). In our study, FBS was higher in children classified as "healthy/normal weight" compared to those classified as "overweight" (**H_5 and H_6 accepted**). This indicates that children with a healthy weight exhibit more positive dietary behaviors than their overweight counterparts. In the literature, it is often reported that the eating behaviors of obese or overweight children are more negative compared to their healthy peers (Scaglioni et al., 2011; Kuźbicka & Rachoń, 2013; Silventoinen & Konttinen, 2020; Sutton et al., 2022). However, when evaluating eating behavior scores in our study, it is observed that children with a healthy weight also have negatively impacted dietary behaviors. These findings are noteworthy for children's health.

The lack of significant differences between a child's age, parents' education levels, reasons for choosing the all-inclusive concept, and food behavior scores, as well as the frequency of unhealthy food consumption, is noteworthy (**H_7, H_8, H_9, H_{10}, H_{11} and H_{12} were rejected**). This suggests that family dynamics and educational levels may not be decisive factors in influencing children's eating behaviors during vacations. In conclusion, these findings provide valuable insights for parents and healthcare professionals to understand and improve children's dietary behaviors during vacation periods.

Secondly, in the study, we sought answers to the question, (2) What is the situation of parents monitoring their children's eating and drinking during their vacations? According to our findings, most parents exhibit low engagement in monitoring their children's eating habits during vacation periods, which is significantly lower than the monitoring level during regular periods. However, we observed that when children are left unmonitored by their parents, their eating habits are negatively affected. Our study also identifies specific foods that children frequently consume during holidays, such as hamburgers, french fries/chips, sausages, salami, baked goods, and carbonated beverages. These foods, widely emphasized in the literature, can contribute to various health issues, including obesity. The neglect of monitoring by parents during vacations may increase children's tendency to excessively consume unhealthy foods, leading to adverse effects on their long-term health. The literature also emphasizes the importance of parents controlling when, what, and how much their children eat (Mahmood et al., 2021). Acquiring and maintaining healthy eating behaviors can be challenging for children. Sensitivity to tasty, unhealthy foods containing high sugar, fat, and/or salt is a biologically predisposed, dominant response that can hinder healthy eating decisions. One of the major challenges of childhood obesity lies in establishing balanced food intake and healthy eating habits. The issue is often the frequent preference for unhealthy foods and their perceived tastiness. Considering biological preferences for sweet and salty tastes, people are sensitive to unhealthy foods containing high fat, salt, and sugar (Ha et al., 2019). In a study, it was determined that allowing parents to control their child's eating is negatively associated with the child's consumption of healthy foods (Vollmer & Baietto, 2017). Therefore, it is expected that children allowed by their parents to indulge during holidays may exhibit negative eating behaviors. This underscores the importance of parents closely monitoring their children's meals during vacations. Upon reviewing the literature, several studies, including Cruz et al. (2018), Mukherjee and Chaturvedi (2017), Madruga et al. (2012), Brown and Ogden (2004), and the US Department of Health and Human Services (1990), indicate that these types of foods quickly become habits, leading to many diseases, especially obesity, and that dietary habits acquired during childhood persist into adulthood (van Vliet et al., 2016; Mahmood et al., 2021). Consequently, the eating habits children develop during the holidays may have long-term health implications. It is also noted in the literature that obese individuals exhibit more persistence in unhealthy food trials compared to lean individuals (Stice et al., 2015), emphasizing the need for parents to closely monitor children, particularly in high-risk groups. These findings serve as a significant warning to parents and healthcare professionals to closely monitor children's eating habits during vacation periods. Parents should play a more active role in instilling healthy eating habits and preventing issues like obesity during holiday processing. The development of awareness and educational campaigns in this regard can assist families in focusing on healthy nutrition during vacations and enhance awareness of healthy eating habits within the broader community.

Our research has revealed a negative correlation between children's frequency of consuming unhealthy foods and their dietary behavior scores (**H_{13} is accepted**). These findings suggest that as children consume unhealthy foods more frequently and in larger quantities, their overall dietary behavior tends to be negatively impacted. Similar findings are also present in the literature (Hartmann et al., 2013; Rodrigues et al., 2017). This highlights that children's tendencies toward such foods play a crucial role in determining their overall dietary quality. The findings of this research offer a meaningful perspective for parents, educators, and healthcare professionals aiming to instill healthy eating habits. It emphasizes that understanding not only what foods children consume but also the frequency of these consumption habits is crucial to developing more effective nutritional education and guidance strategies. These results underscore the importance of considering the link between the frequency of unhealthy food consumption and dietary behaviors when evaluating children's eating habits. This suggests that future studies and nutritional programs need to closely examine this relationship, aiming not only to encourage children to prefer healthy foods but also to ensure that they implement these choices frequently.

Our study suggests that the duration of families' stay in the hotel predicts the dietary behavior scores of children (**H_{14} is accepted**). As the duration of stay increases, the dietary behavior scores of children decrease, indicating a deterioration in their eating habits. This finding aligns with the literature, indicating that children tend to develop unhealthy eating habits during holiday periods, and as the holiday duration extends, this behavior increases. Although the effect size in our study appears to be relatively low, around two percent, these findings are noteworthy and should be considered in the context of our study's objectives. These results imply that there are other factors beyond the duration of stay influencing children's dietary behaviors. However, despite its modest effect, this finding demonstrates that the duration of children's stay in the hotel has an impact on their dietary behavior scores, particularly during extended stays. The findings suggest

that holiday periods contribute to an increase in children's consumption of unhealthy foods, and this effect becomes more pronounced as the holiday duration increases. Similar findings exist in the literature, emphasizing that during holiday periods, especially during prolonged stays, children tend to consume more unhealthy foods (Batada et al., 2012; Moran et al., 2019). This could be attributed to children experiencing more freedom during the holiday period and being outside the supervision of their parents. Longer stays may give children more control over their dietary decisions, leading to a tendency to make unhealthy choices. These findings underscore the importance of parents being more attentive and proactive in monitoring and guiding their children's eating habits during extended holiday periods. Additionally, understanding the potential impact of hotel stays on children's dietary behaviors can assist families and healthcare professionals in developing more effective strategies during this period. The concept of child-friendly hotels is included in the tourism literature. These hotels offer services that prioritize children's food and beverage health by providing children's menus (Song et al., 2020; Akkan & Bozyiğit, 2020; Sarı-Gök & Aylan, 2021; Siwek et al., 2022). Therefore, it is also important for all-inclusive concept hotels that cater to children to have a child-friendly attitude.

Strengths and limitations

In all-inclusive concept hotels, offering guests extensive and unlimited food and beverage options brings the issue of consumer awareness to the forefront. Unconscious consumption not only affects the quality of hotel guests but also has negative effects on health and entails various risks. Many unhealthy foods that are either unavailable or limited in daily life can be excessively consumed in all-inclusive concept hotels, leading to an increase in unhealthy dietary preferences. Especially during holiday periods, children whose dietary behaviors are not monitored or controlled by their families are at a significant risk.

When examining the literature, it is evident that there are no awareness raising studies for parents regarding the food consumption and preferences of children in all-inclusive concept hotels during vacation periods. In this context, this research evaluates parental awareness regarding the food behaviors and food and beverage consumption status of children in all-inclusive concept hotels. Drawing attention to conscious consumption in all-inclusive concept hotels not only contributes to the tourism literature but also holds significance in developing awareness concerning child health.

Collecting information from children and parents from different countries enriches our research. This circumstance led us to conclude that, regardless of their country of residence, monitoring the dietary status of children in all-inclusive concept hotels is essential. Data collected from both children and parents provided us with the ability to confirm information and ascertain whether there was agreement between children and parents' statements. In this regard, the originality of our research is emphasized, highlighting a strong aspect in terms of both child health and tourism by promoting substantial awareness. In addition to all of these, our research also has its limitations. Our study can only be generalized to the population we worked with. However, collecting data from children and parents from different countries also emphasizes the necessity for awareness campaigns in those countries. Despite being perceived as a small sample group, the diversity of our sample demonstrates its significance. Another limitation of our study is the inability to inquire about participants' income levels to prevent discomfort. However, this gap was partially addressed by querying their education levels.

6. Conclusion

We assessed parents' awareness at all-inclusive concept hotels regarding their children's food behavior, food and beverage choices, and consumption amounts during vacations. The food behavior scores of all participating children were adversely impacted, with a notably high frequency of unhealthy food consumption. The duration of stay was identified as a negative predictor for children's food behavior scores, indicating a risk of developing unhealthy food consumption habits during vacations. Despite potential economic implications, it is crucial to educate parents about the significance of their children consuming a diverse range of foods and drinks in limited quantities for their health.

Our study findings carry importance not only for children's well-being but also for the overall quality of the tourism industry. Considering that families with children predominantly opt for all-inclusive concept hotels and that unconscious consumer behavior diminishes the quality of the business, we argue that raising awareness about conscious consumption is pivotal. Proposing that all-inclusive concept hotels adhere to child-friendly criteria can enhance their appeal in a competitive environment and prompt necessary measures for children's health. We recommend implementing educational programs to enhance awareness of unhealthy foods for children's health and advocate for conscientious usage of all-inclusive concept hotels. Large-scale multidisciplinary projects hold the potential to enhance the quality of these hotels and address menus posing risks to children's health. Consequently, it falls upon hotel management to adopt child-friendly criteria, while parents and children staying in the hotels should act responsibly in terms of conscious consumption behavior.

Theoretical Implications

This study opens the door for further exploration of the complex relationship between vacation experiences and the impact of parents on children's dietary habits. It also emphasizes the necessity of delving deeper into the factors influencing children's food choices during vacations. The theoretical implications of this study have the potential to

advance efforts in understanding the complexity of the relationship between holiday experiences, parental influence, and children's dietary behaviors. In addition to acknowledging the existing knowledge gaps, future research could focus on identifying specific mechanisms through which parental influence during vacations shapes children's food preferences and behaviors. This may involve investigating the role of parental modeling, the influence of advertising and marketing, and the impact of cultural and social factors on children's food choices in vacation settings. Furthermore, exploring how these influences interact and potentially mediate or moderate each other could contribute to a more comprehensive theoretical framework. Additionally, considering the long-term implications of children's dietary behaviors developed during vacations and their potential carryover into adulthood, this could be a valuable avenue for future research. Understanding the underlying theoretical mechanisms can not only contribute to academic knowledge but also inform the development of targeted interventions and educational programs aimed at promoting healthier dietary habits among children during vacation periods.

Practical Implications

Our study's practical implications highlight the need for effective measures to address the identified issues. We recommend the implementation of parental education programs in all-inclusive hotels to educate parents about promoting healthy dietary behaviors and making responsible food choices for their children during vacations. Moreover, hotels should actively strive to meet child-friendly criteria by improving menu options, launching awareness campaigns, and participating in multidisciplinary projects aimed at enhancing the quality and safety of food offerings for children.

Encouraging consumer responsibility and conducting educational programs can significantly contribute to creating healthier vacation experiences for families. Hotel managers, facing challenges related to guests' perceptions and eating habits, can take specific initiatives to reduce food waste. Providing information about the current state of food waste and encouraging guests to adopt more sustainable practices while meeting their food needs can be a crucial step towards a more responsible and sustainable approach.

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The flavor of vacation: Children's eating consumption and parental awareness in all-inclusive hotels

Abstract

The aim of this study is to evaluate parental awareness regarding children's eating behaviors and food consumption patterns in all-inclusive hotels during vacations. Additionally, it seeks to investigate the impact of hotel stay duration and parental monitoring on children's dietary habits. This study, conducted between June and November 2022 at six all-inclusive 5-star hotels in accordance with the STROBE guidelines, aimed to explore parental awareness of children's dietary behaviors and food and beverage consumption in such establishments. Comprising 350 parent-child pairs, the research utilized a cross-sectional design and collected data through a questionnaire designed by the researchers, along with the Food Behavior Scale (FBS). The findings revealed unfavorable food behavior scores among all participating children, indicating a prevalent high frequency of unhealthy food consumption. Notably, children with autonomy in making food choices during their vacation exhibited significantly lower FBS scores. Furthermore, the duration of stay at the hotel emerged as a factor with a negative predictive effect on children's food behavior scores. Consequently, hotel management bears the responsibility of adopting child-friendly criteria, while parents and children staying at these establishments should practice responsible and conscious consumption behavior.

Keywords: *Sustainable Winter Tourism, Climate Change, Bibliometric Analysis.*

Authors

Full Name	Author contribution roles	Contribution rate
Mehmet Kasap:	*Conceptualism, Methodology, Software, Validation, Formal Analysis, Investigation, Resources, Data Curation, Writing - Original Draft, Writing - Review & Editing, Visualization, Project administration, Funding acquisition*	*45%*
Bahar Çolak:	*Methodology, Software, Validation, Formal Analysis, Resources, Data Curation, Writing - Original Draft, Writing - Review & Editing, Visualization*	*35%*
Ahmet Büyükşalvarcı:	*Investigation, Writing - Review & Editing, Supervision, Project administration*	*20%*

Author statement: *Author(s) declare(s) that All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.* ***Declaration of Conflicting Interests:*** *The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article*

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