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3 **The development of basic taste sensitivity and preferences in children**  
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64 **Abstract**  
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66 This study aims at understanding how preference and sensitivity to the basic tastes develop in  
67 the preschool years, and how the two relate to each other. To expand on the existing literature  
68 regarding taste preferences conducted in cross-sectional studies, a longitudinal design was  
69 applied with children from age four to six years old.  
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72 During the springs of 2015, 2016, and 2017, 131 children born in 2011 were tested in their  
73 kindergartens. To investigate preferences for sweet, sour and bitter tastes, the children  
74 performed ranking-by-elimination procedures on fruit-flavored beverages and chocolates with  
75 three taste intensity levels. The beverages varied in either sucrose, citric acid, or the bitter  
76 component isolone. The chocolates varied in the bitter component theobromine from cocoa  
77 and sucrose content. Each year, the children also performed paired-comparison tasks opposing  
78 plain water to tastant dilutions at four concentrations. The stimuli consisted of the five basic  
79 tastes: sweet (sucrose) sour (citric acid monohydrate) umami (monosodium glutamate), salty  
80 (sodium chloride), and bitter (quinine hydrochloride dihydrate).  
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82 Preference for sweetness levels increased with age, while preference for bitterness and  
83 sourness levels were stable. Concerning taste sensitivity, the children showed an increase in  
84 sensitivity for sourness and saltiness, a decrease for sweetness, and stability for umami and  
85 bitterness. A negative association was found between sweetness sensitivity and preference for  
86 sweetness. The study highlights different trajectories of sensitivity and preferences across  
87 tastes. On average, a reduction in sweetness sensitivity combined with an increase in  
88 preference for higher sweetness was observed from the age of four to six. The weak  
89 relationship between taste sensitivity and taste preference in our data suggests that taste  
90 preference development is shaped by a multitude of factors in addition to taste sensitivity.  
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94 **Keywords:** Taste; sensitivity; preference; children; longitudinal; sweet; bitter; sour  
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## 1. Introduction

Taste preferences are an important determinant for the actual food choices of children. Higher sweet taste preference is associated with higher consumption of sweet foods (Liem & Mennella, 2002; Mennella, Finkbeiner, & Reed, 2012; Mennella, Reed, Mathew, Roberts, & Mansfield, 2014) and overweight in children (Lanfer et al., 2013). In addition, a higher preference for sour taste has been associated with the consumption of fruit (Blossfeld et al., 2007; Liem, Bogers, Dagnelie, & de Graaf, 2006), and acceptance of sour fruit and vegetables (Schwartz, Chabanet, Lange, Issanchou, & Nicklaus, 2011). Bitter taste perception has been related to acceptance of some vegetables (Keller, Steinmann, Nurse, & Tepper, 2002; Turnbull & Matisoo-Smith, 2002). Understanding taste preferences in children can help in encouraging a healthier palate with higher consumption of fruits (sweet and sour tastes) and vegetables (sour and bitter tastes).

Several factors influence taste preferences, among others culture (Lanfer et al., 2013), genetics (Fildes et al., 2014), repeated exposure (Beauchamp & Moran, 1984; Liem & De Graaf, 2004), and role models such as parents and siblings (Benton, 2004). Additionally, as investigated in this paper, taste preferences can change over the first years of life (Schwartz et al., 2017). For sweetness, the preferences are stronger in childhood than in adulthood (Lawless, 1985; Pepino & Mennella, 2005; Zandstra & de Graaf, 1998), but less is known regarding the development within the preschool years. An increase in sweet taste preference through the preschool years has been reported (Cooke & Wardle, 2005; Lanfer et al., 2013), but this observation is not systematic, ~~whereas~~; no significant difference in sweet taste preference was observed between 4 and 5-year olds (Liem, Mars, & De Graaf, 2004b). The same tendency is found for sour taste preferences, with about a third of children having a distinctly higher sourness taste preference than their mothers (Liem & Mennella, 2003), but with no age-effect within the span from age five to nine (Liem & Mennella, 2003) nor age seven to 12 years old (Liem, Westerbeek, Wolterink, Kok, & De Graaf, 2004). For bitter taste, a longitudinal study found stability in acceptance between the age of three and twenty months (Schwartz et al., 2017), but little is known regarding later development. However, except for one study (Schwartz et al., 2017), the above-mentioned studies are all cross-sectional, and more insight is needed from longitudinal data. The present study therefore investigated taste preferences during the three last years of kindergarten (4-6 years of age in Norway), which has previously not been investigated.

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180 An additional factor influencing taste preferences in children could be taste sensitivity. Taste  
181 sensitivity can be expressed as the ability to perceive a taste, and-is by some theorised to be a  
182 determinant of preferences for the basic tastes (Lanfer et al., 2013), but others argue that the  
183 association is of small amplitude, as studies are few and the relationship found weak or non-  
184 existent, both in children (Lanfer et al., 2013; Liem, Westerbeek, et al., 2004), adolescents  
185 (Coldwell, Oswald, & Reed, 2009) and adults (Mojet, Christ-Hazelhof, & Heidema, 2005).  
186 Across tastes, sensitivity for the bitter agent quinine has been associated with a preference for  
187 higher sucrose intensities in adults (Duffy, Peterson, Dinehart, & Bartoshuk, 2003; Hayes &  
188 Duffy, 2008), but hasn't been investigated in preschoolers. Taste sensitivity has previously  
189 been found to undergo development during the preschool years, in particular for sweetness.  
190 Sucrose sensitivity increases within the preschool and childhood years (Joseph, Reed, &  
191 Mennella, 2016; Visser, Kroeze, Kamps, & Bijleveld, 2000), continuing into adulthood (De  
192 Graaf & Zandstra, 1999). For bitter taste, no clear developmental trends have been established  
193 (Visser et al., 2000). To our knowledge, the same is true for sourness, saltiness (Bobowski &  
194 Mennella, 2015; Knof, Lanfer, Bildstein, Buchecker, & Hilz, 2011; Lanfer et al., 2013), and  
195 umami (Bobowski & Mennella, 2015; Knof et al., 2011; Lanfer et al., 2013). Among other  
196 reasons, this is because of the difficulty in studying taste sensitivity with the youngest  
197 children. Several studies have not been able to validate methods for four-year olds (Liem,  
198 Mars, & De Graaf, 2004a) or children under the age of six (Knof et al., 2011). An additional  
199 issue is that none of the above-cited studies are longitudinal. Overall, the development of taste  
200 sensitivity and preferences in preschool years is still vastly unknown for all the different basic  
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216 This paper uses a longitudinal design to investigate the development of preferences for sweet,  
217 sour, and bitter taste between the ages of four and six years old, and whether these preferences  
218 are associated with sensitivity for the basic tastes. This paper also reports on the development  
219 of basic taste sensitivity for sweet, sour, bitter, salty and umami within the preschool years.  
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## 225 **2. Method**

### 226 *2.1. Study overview*

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229 The data ~~was~~were collected longitudinally. Children born in 2011 were tested in their usual  
230 kindergartens yearly in 2015, 2016, and 2017, i.e. from the year they turned four to the year  
231 they turned six. The children were recruited in 18 different kindergartens in the eastern part of  
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239 Norway. One hundred and fifty-one children participated in total, with 131 participating all  
240 three years. Fifty-eight percent were boys. Written parental consent was necessary to enrol in  
241 the study, as well as verbal agreement by the child at the beginning of each session. The study  
242 protocol was approved by the ethical committee of the Norwegian Center for Research Data.  
243 Further details have been reported in Vennerød, Almli, Berget, and Lien (2017)  
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248 Each year, the children participated in the same program, divided into four weekly visits from  
249 the experimenters. The first visit aimed at familiarising the children to the experimenters. The  
250 second and the third sessions consisted of taste sensitivity testing, always in the same order  
251 for all tastes: first sensitivity to sweet, sour, and umami, then a week later, to salt and bitter  
252 taste stimuli. The fourth session investigated preferences for sweetness, sourness, and  
253 bitterness, in non-carbonated soft drinks and dark chocolate. The first year (2015), eight  
254 randomly selected kindergartens with 46 children participated in a fifth session consisting of a  
255 retest of either the sensitivity or the preference test (Vennerød, Almli, et al., 2017).  
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261 Careful considerations have to be taken when doing sensory research with children (Laureati,  
262 Pagliarini, Toschi, & Monteleone, 2015; Nicklaus, 2015). In this study, several actions were  
263 employed to facilitate the children's participation. Particularly, tests were designed to lessen  
264 the impact of cognitive differences, both between the children, and during the timespan of the  
265 study. The tests were therefore non-verbal for the children's part, and included several  
266 elements of gamification.  
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272 To investigate differences in cognitive development within the sample, the validated  
273 Norwegian version of the Ages and Stages Questionnaire (ASQ) was used (Janson & Squires,  
274 2004; Richter & Janson, 2007; Squires, Potter, & Bricker, 1999). The ASQ measures  
275 children's cognitive development in five areas: communication, fine and gross motor,  
276 personal-social, and problem-solving skills, and allows deriving a global cognitive  
277 development status score. The questionnaire evolves with the age of the child; each year, the  
278 parents received the appropriate questionnaire according to the age of the child. The ASQ  
279 scores revealed that the vast majority of the sample had developed the minimum skills  
280 expected for their age at each year (92.9% at age four, 94.2% at age five, and 96.4% at age  
281 six).  
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## 288 *2.2. Sensitivity testing*

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290 Taste sensitivity sessions were conducted on five basic tastes with the children. The stimuli  
291 consisted in four levels of water dilutions; see Table 1 for concentrations. The children  
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performed a discrimination task in a paired comparison procedure successively opposing plain water to the tastant dilutions, in 20 ml servings. In order to rely on affect rather than analytical processes, which are not fully developed at this young age, children were told that the cups might contain “magic water”, which would taste differently from regular water. The children were asked to identify the “magic water” in each pair, and sort the cups on to the corresponding place mats (either picture of magical character for magic water, or picture of water drop for plain water). The stimuli were always presented from the strongest concentration (D3) to the weakest one (D6). A more thorough description of the procedure can be found in Vennerød, Hersleth, and colleagues (2017).

Table 1: *Taste dilutions presented against plain water in paired comparison tests. For each basic test, dilutions were always presented from the strongest concentration (D3) to the weakest (D6)*

Basic taste <sup>a</sup>	Taste compound	D3 (g/l)	D4 (g/l)	D5 (g/l)	D6 (g/l)
Sweet	Sucrose	4.32	2.59	1.56	0.94
Sour	Citric acid monohydrate	0.38	0.31	0.25	0.20
Umami	Monosodium glutamate	0.49	0.34	0.24	0.17
Salty	Sodium chloride	0.98	0.69	0.48	0.34
Bitter	Quinine hydrochloride dihydrate	0.0038	0.0023	0.0017	0.0014

<sup>a</sup> All compounds and dilutions correspond to D3-D6 from the ISO-standard 3972 (ISO, 2011), except for bitter taste. For bitter, quinine dilutions are based on Hartvig (2013) and Allesen-Holm and Gadegaard (2009).

### 2.3. Preference testing

#### 2.3.1. Taste carriers

Taste preferences were measured for sweet, sour, and bitter stimuli, each at three intensity levels. Sample development was based on sensory descriptive analysis (ISO 13299-2003) by a trained sensory panel of 11 assessors, and aimed at ensuring a systematic variation at three levels for each target basic taste in the selected sample triads. The taste carriers of the preference test were fruit-flavoured beverages and chocolate, to cover both liquid and solid matrices. Three beverages with different levels of sugar content (4% vs 12% vs 18%) were selected, characterised by large significant variations in sweetness in the sensory description. In addition to sweetness, the sweet drinks showed significant differences on sour taste, astringency, richness, cloying flavour, and to a lower extent on flavour intensity (Figure 1B). The three ~~sour~~ beverages modified in sour taste all contained 8% sugar, and differed in level



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416 To engage the children more, ~~The~~they-children\_ were told that it was Teddy Bear's birthday,  
417 and asked to suggest the best their best liked -samples for his birthday party. They then  
418 performed ranking-by-elimination procedures on the different drinks and chocolates. They  
419 were presented with a sample triad (e.g. the three drinks varying in sour taste intensity), and  
420 were presented with a sample triad (e.g. the three drinks varying in sour taste intensity), and  
421 asked to choose the best one they liked best. This one was removed, and the child was again  
422 asked to choose the best liked sample of the remaining two, thus providing a ranking. The  
423 presentation order of the triads and samples was randomized across children, and testing  
424 occurred in a double-blind condition as the interviewer did not know which sample the child  
425 tested at any time. After the three preference tests on drinks (sweet, sour and bitter taste  
426 variations), three pieces of chocolate (bitterness/sweetness variation) were placed in front of  
427 the child and the same ranking by elimination procedure was repeated for the chocolate. The  
428 drinks were served at room temperature, with 10 ml per sample, and the chocolates were  
429 offered in two small pieces per sample (about 4.5 g per total serving). See Vennerød, Almlí  
430 and colleagues (2017) for a full description of the procedure.  
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#### 441 *2.4. Sensitivity and preference scores*

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443 The sensitivity score is calculated using correct answers. Correct answers were scored based  
444 on the children's performance in the discrimination task, and the indicator is therefore an  
445 interval score from 0 (no discrimination in the pair of the strongest tastant) to 4 (correct  
446 detection of the tastant in all four pairs). A pair was only attributed a hit score if all previous  
447 pairs (higher concentrations of the same basic taste) were a hit. The score is calculated using  
448 the *Child Scoring Criterion* (CSC), where the assignment of the strongest concentration  
449 sample (taste dilution D3) as either magic or plain water defines the blueprint for this basic  
450 taste for this child throughout the procedure, as exposed with full details elsewhere  
451 (Vennerød, Hersleth, Nicklaus, & Almlí, 2017). As "magic water" is an abstract term, the  
452 child thus decides its own criterion for which cup should be labelled as magic, and has to be  
453 consistent with this labelling.  
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462 The preference score is calculated by multiplying the rank of each sample (1, 2 or 3, where a  
463 higher rank codes for a higher preference) with the strength of tastant in the sample (1, 2 or 3,  
464 where a higher strength codes for a higher taste concentration). The calculated scores for all  
465 samples within a taste are then added together, and the preference scores obtained may thus  
466 vary from 10 to 14. The scores are then transformed to an interval-scale ranging between 1  
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475 and 4, inspired by Liem, Mars, et al. (2004a). As an example, if the sweetest drink was the  
476 most preferred, the middle drink the second preferred, and the least sweet drink the least  
477 preferred, the raw preference score would be computed as  $3*3 + 2*2 + 1*1 = 14$ , and then  
478 transformed to a 4 in the interval-scale. A higher score corresponds to a preference for more  
479 intense drinks.  
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## 485 2.5. Data analyses

486 Data analyses were run with children that had completed all the tests for a given taste during  
487 the timespan of the study. This differed from 92 children for preference in chocolate to 124  
488 children for preference in sweet drinks.  
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490 To evaluate the potential impact of developmental differences on sensitivity or preference  
491 between the children within each year, Pearson product-moment correlation coefficients were  
492 calculated, using ASQ-scores and either preference or sensitivity score.  
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494 To investigate how taste preferences developed over the years, four repeated measures  
495 analyses of variance (ANOVA) using preference score were run separately for sweet, sour, or  
496 bitter drinks, or chocolate. If a significant difference was revealed, three paired samples t-tests  
497 were employed to make post hoc comparisons between years, using a significance level of  
498 0.05. To investigate preference development at individual level, the children were grouped  
499 into six preference development profiles. The children were only grouped in one group each.  
500 Three of the groups included children that were stable in their preference: “Low  
501 preferencePreference for low intensities” includes children that had the two lowest  
502 preferences scores for all years (1 all years or 1 combined with and 2), and thus preferred low  
503 intensities. “MediumPreference for medium intensitiespreference” includes children that had  
504 the two medium scores preferences (2 or, and 3 all years, or a combination of the two), and  
505 “highPreference for high intensitiespreference” the two highest (4 all years, or 4 combined  
506 with 33 and 4). Two of the groups included children that had a change in preference:  
507 “Increase” corresponds to at least two points higher at age six than at age four, and “decrease”  
508 to at least two points lower at age six than at age four. The score at age five had to fit with the  
509 trend – i.e. not diverge from increase or decrease, accordingly. The group “other” corresponds  
510 to all other development patterns.  
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534 Five repeated measures ANOVAs were run separately, investigating if there was a change in  
535 sensitivity for each basic taste (i.e. sweet, sour, bitter, umami or salty) over the three years. If  
536 a significant difference was revealed, three paired samples t-tests were employed to make post  
537 hoc comparisons between years, using a significance level of 0.05. To investigate sensitivity  
538 development at individual level, the children were grouped into six sensitivity development  
539 profiles. Three of the groups included children that were stable in their preferencesensitivity:  
540 “Low sensitivity” includes children that had the two lowest scores for all years (0 and 1).  
541 “Medium sensitivity” includes children that had the two medium scores (either 1 and 2, or 2  
542 and 3), and “high sensitivity” the two highest (3 and 4). Two of the groups included children  
543 that had a change in sensitivity: “Increase” corresponds to at least two points higher at age six  
544 than at age four. “Decrease” to at least two points lower at age six than at age four. The score  
545 at age five had to fit with the trend – i.e. not diverge from increase or decrease, accordingly.  
546 The group “other” corresponds to all other development patterns.

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556 In addition, Kendall tau-b correlation coefficients were calculated to investigate if there was a  
557 correlation between preference and sensitivity.  
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### 561 3. Results

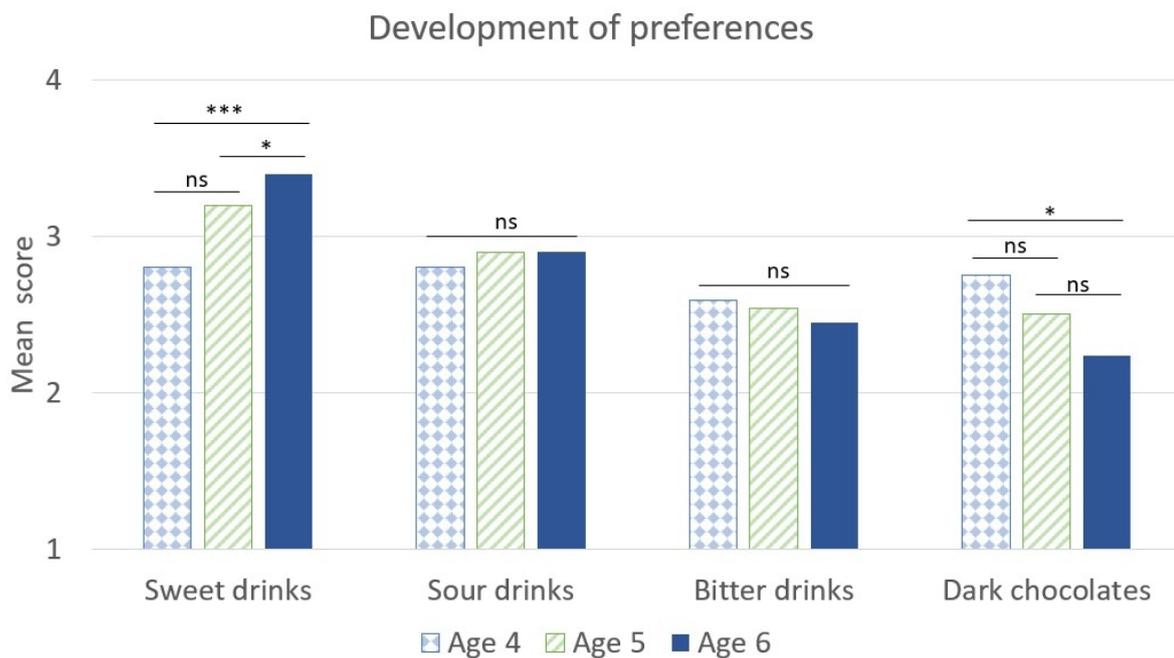
#### 562 3.1. Cognitive development effects

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566 The investigation of potential developmental effects revealed that there was no correlation  
567 between cognitive development (ASQ-score) and taste sensitivity or preference score at any  
568 year. Similar tests were run for each sub-dimension of the ASQ, and did not reveal significant  
569 differences. Thus, individual differences observed in sensitivity and preference scores were  
570 not due to differences in cognitive development level.  
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#### 574 3.2. Development of preferences

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576 Age had a statistically significant effect on sweetness preference  $F(2,124)=5.437, p=.005$ .  
577 Paired samples t-tests revealed that there was a significant increase in sweet preference  
578 between the age of four ( $M=2.8, SD=1.1$ ) and six ( $M=3.4, SD=.88$ ),  $t(123)=-3.946, p<.001$ ,  
579 Cohen’s  $d=0.60$ , and five ( $M=3.2, SD=.97$ ) and six,  $t(123)=-1.725, p=.048$ , Cohen’s  $d=0.21$ .  
580 No difference was revealed between the age of four and five,  $t(123)=-1.033, p=.304$ , Cohen’s  
581  $d=0.40$ . There was no effect of development age on preferences for neither sourness  
582  $F(2,120)=.560, p=.572$ , nor bitterness  $F(2,120)=.393, p=.676$  in beverages. The mean scores  
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during all three years can be seen in Figure 2. There was a statistically significant effect of **development-age** on chocolate preference,  $F(2,92)=3.109$ ,  $p=.048$ . Paired samples t-tests revealed that there was a significant difference between the age of four ( $M=2.8$ ,  $SD=.81$ ) and six ( $M=2.24$ ,  $SD=.96$ ),  $t(91)=2.503$ ,  $p=.014$ , Cohen's  $d=0.57$ , with a decrease in preference for higher levels of cocoa, corresponding to less bitter and sweeter taste. No difference was revealed between neither the age of four and five ( $M=2.5$ ,  $SD=1.13$ ),  $t(91)=1.229$ ,  $p=.222$ , Cohen's  $d=0.03$ , nor the age of five and six,  $t(91)=1.508$ ,  $p=.135$ , Cohen's  $d=0.02$ .



*Figure 2:* The development of preferences for sweet, sour, and bitter drinks, and chocolate, using mean scores for each sample triad per year. Comparison of ages four (beams with diamonds), five (striped beams), and six years old (solid beams). Stars indicate significant differences at  $p<0.05^*$  and  $p<0.001^{***}$ .

The individual preference development profiles indicate that children overall had a stable medium or high preference for sourness (68.5%), stable low, medium or high preference for bitterness (76.1%), either medium/high preference (57.8%) or increase (20.3%) for sweetness (Table 2). No overall trend for chocolate.

**Table 2:** Percentages of children in each preference development profile

	Stable low <sup>a</sup>	Stable medium <sup>b</sup>	Stable high <sup>c</sup>	Increase <sup>d</sup>	Decrease <sup>e</sup>	Other <sup>f</sup>
Sour (beverages)	12.1%	38.0%	30.5%	9.7%	4.3%	5.4%

Sweet (beverages)	4.5%	18.0%	39.8%	20.3%	6.1%	11.3%
Bitter (beverages)	16.1%	40.3%	19.7%	5.6%	8.9%	9.4%
Chocolate	14.2%	26.6%	11.7%	13.3%	25.0%	9.2%

<sup>a</sup> Lowest or second lowest score for all years, <sup>b</sup> The two middle scores for all years, <sup>c</sup> Highest or second highest score for all years, <sup>d</sup> At least two points higher on score at age six than at age four, <sup>e</sup> At least two points lower at age six than at age four, <sup>f</sup> all other development patterns

### 3.3. Development of sensitivity

Age had a statistically significant effect on sensitivity for sweetness  $F(2,113)=11.925$ ,  $p<.001$ . Paired samples t-test revealed a significant decrease in sensitivity score from age four ( $M=1.82$ ,  $SD=1.31$ ) to age five ( $M=1.51$ ,  $SD=1.32$ ),  $t(112)=3.396$ ,  $p=.001$ , Cohen's  $d=0.24$  from age four to age six ( $M=1.04$ ,  $SD=1.18$ ),  $t(112)=4.615$ ,  $p<.001$ , Cohen's  $d=0.62$  and from age five to age six,  $t(112)=2.45$ ,  $p=.016$ , Cohen's  $d=0.37$ .

In addition, a significant effect of age on sour sensitivity was found  $F(2,112)=3.109$ ,  $p=.048$ . Paired samples t-test revealed a significant increase in sensitivity score from the age of four ( $M=2.77$ ,  $SD=1.40$ ) to the age of five ( $M=3.20$ ,  $SD=1.38$ ),  $t(111)=-1.995$ ,  $p=.049$ , Cohen's  $d=0.36$ , and from age four to age six ( $M=3.38$ ,  $SD=1.12$ ),  $t(111)=-2.317$ ,  $p=.023$ , Cohen's  $d=0.55$ , but not from age five to six  $t(111)p=.211$ , Cohen's  $d=0.15$ .

For saltiness, a significant effect of age was revealed,  $F(2,125)=6.918$ ,  $p=.001$ . Paired samples t-test revealed a significant increase in sensitivity score from age four ( $M=2.21$ ,  $SD=1.26$ ) to age five ( $M=2.43$ ,  $SD=1.28$ ),  $t(124)=-4.546$ ,  $p<.001$ , Cohen's  $d=0.15$  and age four to age six ( $M=2.32$ ,  $SD=1.30$ ),  $t(124)=2.702$ ,  $p=.048$ , Cohen's  $d=0.08$ . No difference was found between the age of five and six,  $t(124)=1.56$ ,  $p=1.22$ , Cohen's  $d=0.07$ .

There was no effect of age for neither bitterness,  $F(2,125)=.534$ ,  $p=.587$ , nor umami taste,  $F(2,110)=.1372$ ,  $p=.257$ .

The mean scores during all three years can be found in Figure 3.

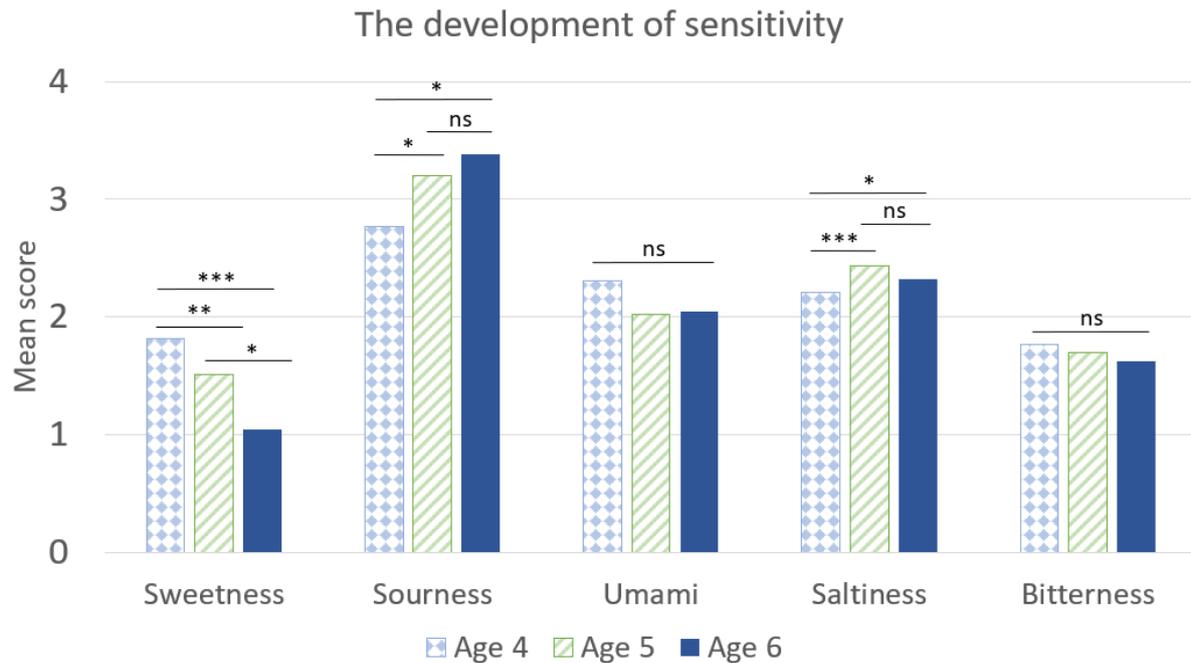


Figure 3: The development of sensitivity for sweet, sour, umami, salt, and bitter stimuli at age four (beams with diamonds), five (striped beams), and six years old (solid beams). Stars indicate significant differences at  $p < 0.05^*$ ,  $p < 0.01^{**}$  and  $p < 0.001^{***}$ .

The individual sensitivity development profiles indicate that the children generally had a low sensitivity for sweetness, with 75% of the children either having a stable low or a decrease in sensitivity score (Table 3). For sour taste, the general trend was opposite, with 85% of the children either having a stable high or an increase in sensitivity score. In umami and bitter taste, the majority of the children show stable sensitivity, but with individual differences in group membership. For salty taste, 30% of the children had an increase, and the other children were almost equally divided in the other groups.

Table 3: Percentages of children in each sensitivity development profile

	Stable low <sup>a</sup>	Stable medium <sup>b</sup>	Stable high <sup>c</sup>	Increase <sup>d</sup>	Decrease <sup>e</sup>	Other <sup>f</sup>
Sweet taste	35%	6%	3%	11%	40%	5%
Sour taste	5%	2%	45%	40%	4%	4%
Umami taste	12%	32%	23%	12%	12%	9%
Salty taste	13%	14%	17%	30%	17%	9%
Bitter taste	49%	12%	7%	10%	12%	10%

<sup>a</sup> Lowest or second lowest score for all years, <sup>b</sup> The two middle scores for all years, <sup>c</sup> Highest or second highest score for all years, <sup>d</sup> At least two points higher on score at age six than age four, <sup>e</sup> At least two points lower at age six than at age four, <sup>f</sup> all other development patterns

### 3.4. Relationship between preference and sensitivity scores

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770 For beverages, there was a significant negative association between sweet taste sensitivity and  
771 preference at age four,  $\tau_b = -.294$ ,  $p = .033$ , age five,  $\tau_b = -.297$ ,  $p = .031$ , and age six,  $\tau_b = -.301$ ,  
772  $p = .029$ , with children more sensitive to sweetness preferring less sweet drinks. Additionally,  
773 there was a significant negative association of small amplitude between bitter sensitivity and  
774 sweet taste preference,  $\tau_b = -.163$ ,  $p = .049$ , at age six, with children more sensitive to bitterness  
775 preferring less sweet drinks. There were no significant relationships between sour or bitter  
776 beverages and sensitivity.  
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782 There was a significant association of small amplitude between preference for chocolate and  
783 sweetness sensitivity at both age four ( $\tau_b = -.208$ ,  $p = .018$ ) and five ( $\tau_b = -.164$ ,  $p = .034$ ) and  
784 bitterness sensitivity at both age four ( $\tau_b = -.168$ ,  $p = .025$ ) and five ( $\tau_b = -.164$ ,  $p = .038$ ), with  
785 children more sensitive to both bitterness and sweetness preferring more bitter chocolate.  
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#### 791 **4. Discussion**

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793 Humans are born with innate taste preferences. This paper investigated how taste preferences  
794 evolve from the age of four to six, and how they relate to taste sensitivity. Additionally, we  
795 investigated how taste sensitivity develops. The different basic tastes did not follow the same  
796 general trends, neither for sensitivity nor for preference. Thus, it appears that the development  
797 of basic taste preferences does not solely rely on the development of basic taste perception.  
798 Even though the global sample of children showed a significant increase or decrease in both  
799 sensitivity and preference for several tastes, large individual differences were observed. This  
800 suggests that the development of sensitivity and preference does not follow specific child-  
801 development stages, but may rely on environmental factors, such as dietary habits and taste  
802 exposure.  
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810 Preschoolers are not considered the most reliable informers, and previous studies have  
811 struggled with collecting sensory data from this age-group (Knof et al., 2011; Liem, Mars, et  
812 al., 2004a). Great care was therefore taken in designing tests that the children could perform  
813 at the youngest age. Retests revealed that the children were reliable in their answers  
814 (Vennerød, Hersleth, et al., 2017). Our procedure was designed to ~~not decrease the influence~~  
815 ~~of differences in rely on~~ cognitive development, and we found different ~~developmental~~  
816 trajectories of perception ~~with age~~ across the basic tastes. We therefore argue that the  
817 ~~developmental change~~ trends found ~~are could be~~ due to taste ~~development~~ change per se.  
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829 *Stability in sour taste preference*  
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831 The preference for sourness was remarkably stable in this study as only 14% of the children  
832 had an increase or decrease in taste preference (Table 2). It therefore seems as preference for  
833 sourness is formed before the age of four. Even though sour preference was stable with age,  
834 there were large differences in preference between the children. In our study, 30.5% of the  
835 children had the highest possible sour preference for all three years (Table 2). Similarly to our  
836 results, previous studies have found some children to prefer strong sour taste, both at 18  
837 months (Blossfeld et al., 2007), at ages five to nine years (Liem & Mennella, 2003), and at  
838 ages six to eleven years (Liem & De Graaf, 2004).  
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840 The preference for sourness was not related to taste sensitivity, which did increase over the  
841 three testing years for 40% of the children (Table 3). It therefore seems that preference for  
842 sour taste is not influenced by taste perception for sour stimuli, which is in line with previous  
843 studies (Liem & Mennella, 2003; Liem, Westerbeek, et al., 2004). In addition, unlike  
844 preference for sweetness, Liem and de Graaf (2004) found sourness preference to be unaltered  
845 by repeated exposure to sour foods in children aged six to eleven years old. Liem, Westerbeek  
846 and colleagues (2004) therefore propose that sourness preferences are mediated by intrinsic  
847 factors in the child other than sensitivity. Our data support that there is a heightened sourness  
848 preference in some children, and that this preference is not due to differences in sensitivity.  
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850 *Increase in preference for sweet taste*  
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852 The major proportion of the children either had a stable sweet preference (39.8%, Table 2) or  
853 ended up with a high sweet preference for drinks. Unlike for sour taste, there was a significant  
854 increase in sweet taste preference, in both sweet drinks (20.3%) and the more complex taste  
855 carrier chocolate (25% decrease in bitterness preference, corresponds to an increase in  
856 preference for sweetness). The increase in sweet taste preference with age fits with the results  
857 of Lanfer and colleagues (2013), who found sweet preferences to increase between the ages of  
858 six to nine in a cross-sectional study. However, unlike studies that found an increase in  
859 sensitivity for sucrose both with the same age-group as ours (Visser et al., 2000) and children  
860 between the age of seven and 14 (Joseph et al., 2016), we found a decrease in sensitivity to  
861 sweet taste (40% of the children, Table 3). Both previous studies were however cross-  
862 sectional, and in the preschool study the authors argue that the effect was small, with few  
863 children in each age-group, and could be due to lack of ability to concentrate in the youngest  
864 children (Visser et al., 2000). In our study, some of the increase in preference could be  
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888 explained by the decrease in sensitivity, but although significant, the correlation was of small  
889 amplitude. Thus, sensitivity for sweetness can only partly explain increase in preference for  
890 higher sweetness levels, while other factors further contribute.  
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894 An important possible factor for the increase in sweet preference could be exposure to sweet  
895 foods. Sweet preferences have been found to be influenced by experiences as early as the age  
896 of six months (Beauchamp & Moran, 1984) and to be influenced by repeated exposure in six  
897 to eleven year olds (Liem & De Graaf, 2004). However, it has also been found to be weakly  
898 or not at all related to sweet consumption in children aged seven to twelve (Divert et al.,  
899 2017). In a previous paper only investigating the first two years of data of the present study,  
900 we found the children's sweet taste preferences to be influenced by at-home exposure to  
901 sweet foods (Vennerød et al., 2017). It therefore seems likely that exposure to sweet foods  
902 could continue influencing sweet preferences until the age of six. Altogether, this corroborates  
903 on the existing knowledge that sweet preferences are impressionable within the childhood  
904 years.  
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#### 911 *Continual-Stable preference in bitterness*

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914 In bitter drinks, 76.1% (Table 2) of the children were stable in their preferences over the  
915 preschool years. We did not find developmental differences in sensitivity for bitter, as it was  
916 stable for 68% of the children (Table 3). The influence of bitter sensitivity on preference for  
917 bitter chocolate was significant, but small, with children more sensitive to bitterness  
918 preferring the chocolates higher in cocoa, which were more bitter and less sweet. As there is  
919 an interesting relationship between bitterness and sweetness, and there is no association  
920 between bitter drinks and sensitivity, this is discussed separately below.  
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926 The established effect of our biology on rejection of bitter taste (Mennella, Spector, Reed, &  
927 Coldwell, 2013) indicates a general low acceptance for bitterness in the preschool years, but  
928 indifference has been observed with infants (Schwartz et al., 2017). In the present study,  
929 19.7% of the children had a stable high bitter taste preference in drink throughout the study  
930 (see Table 2). In a previous paper from the same longitudinal study, we reported a relationship  
931 between a high exposure to bitter snacks (among other dark chocolate) and a higher  
932 preference for bitterness in chocolate (Vennerød, Almli, et al., 2017). We therefore propose  
933 that a minority of the children in this study had a high preference for bitter stimuli, and this is  
934 not due to a low sensitivity, but rather an actual preference for higher bitterness due to higher  
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946 familiarity to bitter taste, in relation to dietary exposure. Sensitivity itself could however also  
947 be influenced by dietary exposure.  
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951 *Across taste modalities: Bitterness and sweetness interactions*  
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953 There was an interesting relationship across taste modalities, with children more sensitive to  
954 either bitterness or sweetness preferring chocolates with higher levels of cocoa (i.e. more  
955 bitter and less sweet). Additionally, the more bitter sensitive children preferred less sweet  
956 drinks. This does not corroborate previous studies that found a positive correlation between  
957 quinine sensitivity and sucrose preference in adults (Duffy et al., 2003; Hayes & Duffy,  
958 2008), nor those regarding the genetic influence on sweetness (Joseph et al., 2016; Mennella,  
959 Pepino, & Reed, 2005). In addition to the effects discussed above, genotypes of TAS2R38  
960 have been found to influence both PROP (a bitter taste carrier) sensitivity and preference for  
961 sweetness (Mennella et al., 2005), and sucrose threshold and sugar intake (Joseph et al.,  
962 2016): children more sensitive to bitterness have a higher sensitivity, intake, and preference  
963 for sweetness. One reason for our opposite trends could be development across the life span,  
964 as the studies mentioned involve adults (Duffy et al., 2003; Hayes & Duffy, 2008), or older  
965 children with a mean age of eight (Mennella et al., 2005) or ten years (Joseph et al., 2016). As  
966 we see development both in preference and in sensitivity for sweetness, our results could  
967 therefore have been different if we tested the children at a later age. Additionally, note that  
968 different bitter compounds were used across these studies, as well as within our study since  
969 bitterness sensitivity was tested with quinine, which was neither present in our bitter beverage  
970 samples nor in our chocolate samples.  
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982 *Saltiness and umami sensitivity*  
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984 We found an increase for sensitivity to saltiness. This is particularly interesting as several  
985 cross-sectional studies with older children have not found a developmental trend (Bobowski  
986 & Mennella, 2015; Lanfer et al., 2013). Too much salt in a diet is not recommended, and  
987 previous studies have found a link between sensitivity to saltiness and blood pressure in  
988 children (Arguelles et al., 2007; Bobowski & Mennella, 2015), though the relationship is not  
989 fully understood (Bobowski & Mennella, 2015). Additionally, children have a preference for  
990 salty taste, and salt preference in children is related to real-life food intake (Bouhlal,  
991 Chabanet, Issanchou, & Nicklaus, 2013). A better understanding of the development of salty  
992 taste perception can thus have important consequences for the prevention of health conditions.  
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1006 The stability in sensitivity to umami taste fits with previous cross-sectional results on children  
1007 between the ages of six and nine (Lanfer et al., 2013). An increase in sensitivity for umami  
1008 has been found between six-year olds and 18-year olds (Overberg, Hummel, Krude, &  
1009 Wiegand, 2012), but in this study the test relied on taste recall, and participants often  
1010 confused umami with salty taste. Umami taste can be particularly challenging to study, as it is  
1011 a complex lingual category for Norwegian children, but this study demonstrates that by  
1012 focusing on taste detection and not identification, it can be investigated with young children.  
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### 1018 *Methodological considerations*

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1020 To our knowledge, this is the first study to investigate taste sensitivity and preference with  
1021 preschoolers using a longitudinal design. We argue that this is an important methodological  
1022 strength of the present study. Careful considerations were taken in designing protocols for  
1023 sensitivity and preference tests that were tailored for preschoolers, which we propose to be the  
1024 other main strength of the study. The study does however present several limitations.  
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1029 When doing sensory tests, the choice of taste carriers will influence the results. In this study,  
1030 it was important to have child-friendly stimuli that could be easily produced identically during  
1031 all years of the study. This constraint affected in particular our choice of bitter stimuli. As  
1032 children generally will reject a strong bitter taste, we chose not to make the bitter samples *too*  
1033 bitter. To reveal larger differences in bitter taste preference between the children, the bitter  
1034 drinks could have contained even more isolone, and the most bitter chocolate could have  
1035 contained more than 65% cocoa. The bitter drinks and the chocolate samples provided in this  
1036 study all contained sugar, which can mask the adverse effect of bitter stimuli (Mennella et al.,  
1037 2014). As such, the bitterness might not have been unpleasant enough to better detect  
1038 variation across children and over years. The results might therefore not be generalizable for  
1039 bitterness preference in other taste carriers. The same may be true for the sweet and sour  
1040 drinks as well. However, the strongest sweet drink contained 18% sugar, whereas, as an  
1041 example, Coca-Cola® contains 10.6% sugar (Coca-Cola, 2018). Our strongest sweet beverage  
1042 could therefore be described to be extremely sweet.  
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1052 In addition, one may argue that using other basic taste concentrations in the sensitivity task  
1053 may have led to different results. This would particularly be interesting for sourness, as the  
1054 children generally had a very high sourness sensitivity based on our stimuli. Perhaps higher  
1055 dilutions could have revealed a different relationship. However, there was an increase in  
1056 sensitivity for sourness, and comparable studies did not find a relationship between sensitivity  
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1065 and preference for sourness (Liem & Mennella, 2003; Liem, Westerbeek, et al., 2004).  
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1067 Further, for bitterness the results could have been different with other compounds. It has been  
1068 suggested that more than 500 bitter compounds exists (Wiener, Shudler, Levit, & Niv, 2011),  
1069 and we used quinine (sensitivity), isolone (drinks), and theobromine from cocoa (chocolates).  
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1071 Quinine was chosen as it is authorised in testing with children, unlike PROP and caffeine. Our  
1072 results are therefore partly related to this choice.  
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## 1077 **5. Conclusion**

1080 This study aimed at understanding how taste preference and sensitivity develop in the  
1081 preschool years between the ages of four and six, and how the two relate to each other. We  
1082 found stability in taste preferences for both sourness and bitterness, and a developmental  
1083 increase in preference for sweetness, corroborating previous cross-sectional studies. There  
1084 was no global developmental trajectory for sensitivity, with an increase in sensitivity for  
1085 sourness and saltiness, decrease for sweetness, and stability in umami and bitterness. The  
1086 weak relationship between taste sensitivity and taste preference in our data suggests that taste  
1087 preference development is shaped by a multitude of factors in addition to taste sensitivity. The  
1088 individual differences in development of both sensitivity and preferences propose that no  
1089 general developmental stage exists, but that sensitivity and preference are shaped by  
1090 environmental factors. We suggest that future research should follow children for an even  
1091 longer period, to investigate at what time sour preferences are formed, and if dietary intake  
1092 can serve as a mediator in the preference-sensitivity relationship.  
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## References

- Allesen-Holm, B., & Gadegaard, S. (2009). *QEMP forsøg 2-Sensorisk Videnskab 2009*. København, Denmark: Københavns Universitet, Institut for Fødevidenskab, Det Biovidenskabelige Fakultet.
- Arguelles, J., Diaz, J., Malaga, I., Perillan, C., Costales, M., & Vijande, M. (2007). Sodium taste threshold in children and its relationship to blood pressure. *Brazilian journal of medical and biological research*, 40(5), 721-726.
- Beauchamp, G. K., & Moran, M. (1984). Acceptance of sweet and salty tastes in 2-year-old children. *Appetite*, 5(4), 291-305.
- Benton, D. (2004). Role of parents in the determination of the food preferences of children and the development of obesity. *International Journal of Obesity*, 28(7), 858-869.
- Blossfeld, I., Collins, A., Boland, S., Baixauli, R., Kiely, M., & Delahunty, C. (2007). Relationships between acceptance of sour taste and fruit intakes in 18-month-old infants. *British Journal of Nutrition*, 98(5), 1084-1091.
- Bobowski, N. K., & Mennella, J. A. (2015). Disruption in the relationship between blood pressure and salty taste thresholds among overweight and obese children. *Journal of the Academy of Nutrition and Dietetics*, 115(8), 1272-1282.
- Bouhhal, S., Chabanet, C., Issanchou, S., & Nicklaus, S. (2013). Salt content impacts food preferences and intake among children. *PloS one*, 8(1), e53971.
- Coca-Cola. (2018). How much sugar is in Coca-Cola Classic? <http://www.coca-cola.co.uk/faq/how-much-sugar-is-in-coca-cola>.
- Coldwell, S. E., Oswald, T. K., & Reed, D. R. (2009). A marker of growth differs between adolescents with high vs. low sugar preference. *Physiology & behavior*, 96(4-5), 574-580.
- Cooke, L., & Wardle, J. (2005). Age and gender differences in children's food preferences. *British Journal of Nutrition*, 93(5), 741-746.
- De Graaf, C., & Zandstra, E. H. (1999). Sweetness intensity and pleasantness in children, adolescents, and adults. *Physiology & behavior*, 67(4), 513-520.
- Divert, C., Chabanet, C., Schoumacker, R., Martin, C., Lange, C., Issanchou, S., & Nicklaus, S. (2017). Relation between sweet food consumption and liking for sweet taste in French children. *Food Quality and Preference*, 56, 18-27.
- Duffy, V. B., Peterson, J. M., Dinehart, M. E., & Bartoshuk, L. M. (2003). Genetic and environmental variation in taste: Associations with sweet intensity, preference, and intake. *Topics in Clinical Nutrition*, 18(4), 209-220.
- Fildes, A., van Jaarsveld, C. H., Llewellyn, C. H., Fisher, A., Cooke, L., & Wardle, J. (2014). Nature and nurture in children's food preferences. *The American Journal of Clinical Nutrition*, ajcn. 077867.
- Hartvig, D. L. (2013). *Children's acceptance learning of New Nordic components and potential challenges*. (PhD), Københavns Universitet, Det Biovidenskabelige Fakultet for Fødevarer, Veterinærmedicin og Naturressourcer.
- Hayes, J. E., & Duffy, V. B. (2008). Oral sensory phenotype identifies level of sugar and fat required for maximal liking. *Physiology & behavior*, 95(1), 77-87.
- Janson, H., & Squires, J. (2004). Parent-completed developmental screening in a Norwegian population sample: a comparison with US normative data. *Acta paediatrica*, 93(11), 1525-1529.
- Joseph, P. V., Reed, D. R., & Mennella, J. A. (2016). Individual differences among children in sucrose detection thresholds: relationship with age, gender, and bitter taste genotype. *Nursing research*, 65(1), 3-12.
- Keller, K. L., Steinmann, L., Nurse, R. J., & Tepper, B. J. (2002). Genetic taste sensitivity to 6-n-propylthiouracil influences food preference and reported intake in preschool children. *Appetite*, 38(1), 3-12.

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- Knof, K., Lanfer, A., Bildstein, M., Buchecker, K., & Hilz, H. (2011). Development of a method to measure sensory perception in children at the European level. *International Journal of Obesity*, 35, 131-136.
- Lanfer, A., Bammann, K., Knof, K., Buchecker, K., Russo, P., Veidebaum, T., . . . Bel-Serrat, S. (2013). Predictors and correlates of taste preferences in European children: The IDEFICS study. *Food Quality and Preference*, 27(2), 128-136.
- Laureati, M., Pagliarini, E., Toschi, T. G., & Monteleone, E. (2015). Research challenges and methods to study food preferences in school-aged children: A review of the last 15years. *Food Quality and Preference*, 46, 92-102.
- Lawless, H. (1985). Sensory development in children: research in taste and olfaction. *Journal of the American Dietetic Association*, 85(5), 577-582, 585.
- Liem, D. G., Bogers, R. P., Dagnelie, P. C., & de Graaf, C. (2006). Fruit consumption of boys (8-11 years) is related to preferences for sour taste. *Appetite*, 46(1), 93-96.
- Liem, D. G., & De Graaf, C. (2004). Sweet and sour preferences in young children and adults: role of repeated exposure. *Physiology & behavior*, 83(3), 421-429.
- Liem, D. G., Mars, M., & De Graaf, C. (2004a). Consistency of sensory testing with 4-and 5-year-old children. *Food Quality and Preference*, 15(6), 541-548.
- Liem, D. G., Mars, M., & De Graaf, C. (2004b). Sweet preferences and sugar consumption of 4-and 5-year-old children: role of parents. *Appetite*, 43(3), 235-245.
- Liem, D. G., & Mennella, J. A. (2002). Sweet and sour preferences during childhood: role of early experiences. *Developmental psychobiology*, 41(4), 388-395.
- Liem, D. G., & Mennella, J. A. (2003). Heightened sour preferences during childhood. *Chemical senses*, 28(2), 173-180.
- Liem, D. G., Westerbeek, A., Wolterink, S., Kok, F. J., & De Graaf, C. (2004). Sour taste preferences of children relate to preference for novel and intense stimuli. *Chemical senses*, 29(8), 713-720.
- Mennella, J. A., Finkbeiner, S., & Reed, D. (2012). The proof is in the pudding: children prefer lower fat but higher sugar than do mothers. *International Journal of Obesity*, 36(10), 1285-1291.
- Mennella, J. A., Pepino, M. Y., & Reed, D. R. (2005). Genetic and environmental determinants of bitter perception and sweet preferences. *Pediatrics*, 115(2), 216-222.
- Mennella, J. A., Reed, D. R., Mathew, P. S., Roberts, K. M., & Mansfield, C. J. (2014). "A spoonful of sugar helps the medicine go down": bitter masking by sucrose among children and adults. *Chemical senses*, 40(1), 17-25.
- Mennella, J. A., Spector, A. C., Reed, D. R., & Coldwell, S. E. (2013). The bad taste of medicines: overview of basic research on bitter taste. *Clinical therapeutics*, 35(8), 1225-1246.
- Mojet, J., Christ-Hazelhof, E., & Heidema, J. (2005). Taste perception with age: pleasantness and its relationships with threshold sensitivity and supra-threshold intensity of five taste qualities. *Food Quality and Preference*, 16(5), 413-423.
- Nicklaus, S. (2015). Sensory testing in new product development: working with children *Rapid sensory profiling techniques* (pp. 473-484): Elsevier.
- Overberg, J., Hummel, T., Krude, H., & Wiegand, S. (2012). Differences in taste sensitivity between obese and non-obese children and adolescents. *Archives of disease in childhood*, archdischild-2012-302363.
- Pepino, M. Y., & Mennella, J. A. (2005). Factors contributing to individual differences in sucrose preference. *Chemical senses*, 30(suppl\_1), i319-i320.
- Richter, J., & Janson, H. (2007). A validation study of the Norwegian version of the Ages and Stages Questionnaires. *Acta paediatrica*, 96(5), 748-752.
- Schwartz, C., Chabanet, C., Lange, C., Issanchou, S., & Nicklaus, S. (2011). The role of taste in food acceptance at the beginning of complementary feeding. *Physiology & behavior*, 104(4), 646-652.
- Schwartz, C., Chabanet, C., Szeleper, E., Feyen, V., Issanchou, S., & Nicklaus, S. (2017). Infant acceptance of primary tastes and fat emulsion: developmental changes and links with maternal and infant characteristics. *Chemical senses*, 42(7), 593-603.

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Squires, J., Potter, L., & Bricker, D. D. (1999). *The ASQ user's guide: a parent-completed, child-monitoring system*: Paul H. Brookes.

Turnbull, B., & Matisoo-Smith, E. (2002). Taste sensitivity to 6-n-propylthiouracil predicts acceptance of bitter-tasting spinach in 3–6-y-old children. *The American Journal of Clinical Nutrition*, 76(5), 1101-1105.

Vennerød, F. F. F., Almli, V. L., Berget, I., & Lien, N. (2017). Do parents form their children's sweet preference? The role of parents and taste sensitivity on preferences for sweetness in pre-schoolers. *Food Quality and Preference*, 62, 172-182.

Vennerød, F. F. F., Hersleth, M., Nicklaus, S., & Almli, V. L. (2017). The magic water test. An affective paired comparison approach to evaluate taste sensitivity in pre-schoolers. *Food Quality and Preference*, 58, 61-70.

Visser, J., Kroeze, J., Kamps, W., & Bijleveld, C. (2000). Testing taste sensitivity and aversion in very young children: development of a procedure. *Appetite*, 34(2), 169-176.

Wiener, A., Shudler, M., Levit, A., & Niv, M. Y. (2011). BitterDB: a database of bitter compounds. *Nucleic acids research*, 40(D1), 413-419.

Zandstra, E. H., & de Graaf, C. (1998). Sensory perception and pleasantness of orange beverages from childhood to old age. *Food Quality and Preference*, 9(1-2), 5-12.