

# Family Nutrition: Parenting and Family Life<sup>1</sup>

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## Introduction

According to John Coveney (2002), food does not merely serve a biological function; it also serves a social function. Biologically, our need for daily intake of nutrients means that food is important for nutritional status, growth and development, and health. However, food represents more than just nutrition and health; for many people it is an important part of our relationships with others. When we celebrate, when we congregate, or when we mourn, food is usually there. Given that food serves such a powerful social function, and the family is the basic social unit in society, food and family are natural allies. Think about it: what we eat, when we eat, how we eat, and how frequently we eat are all influenced early in our lives within the context of our family and culture.

Research on the relationship between family and food has shown that well-functioning families have better overall health and well-being than poorly functioning families. In the latter case, when families are not functioning well, parents, children, and others are at an increased risk for poor nutrition, being overweight, or developing other health-related problems like diabetes (Rhee, 2008).

What does a well-functioning family look like, and how is it related to health and nutrition among all members of the family? Researchers who have tried to answer this question have focused on the family's influence on children's nutritional status and food intake as well as child overweight. The family can influence children's weight status in three ways: parental feeding practices and behavior, parenting

style, and overall family functioning (Rhee, 2008). The following sections explore these three areas of influence.

## Parenting Practices and Behavior

According to Ellyn Satter (1987), "normal eating is being able to eat when you're hungry and continue eating until you are satisfied" (pg. 69). Most of us are born with the ability to regulate our eating based on the cues of hunger and satiety. However, as children grow and begin to learn the habits and culture of food in their family, they often listen less to biological cues and more to social and cultural cues for eating. What are some of the parenting practices that research has shown to be related to poor nutrition and weight problems?

### PROMPTING CHILDREN TO EAT

*"Eat your broccoli."*

*"Clean your plate."*

It is normal for parents to be concerned about the foods that their children eat. In some families, getting children to eat their vegetables or other nutritious foods can be challenging. In response, parents will often prompt their children to eat certain foods, "Please eat your vegetables." Although encouraging children to eat healthful foods is common, prompting can lead to negative consequences. Research has found that when parents prompt children to eat, they are likely to eat more food and eat more quickly than is appropriate nutritionally and behaviorally (Savage, Fisher, & Birch, 2007). In some children, this can lead to

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poor self-regulation of food intake leading to excess energy (calorie) consumption and a higher body mass index (BMI). Likewise, prompting or pressuring children to eat their vegetables may actually discourage them from eating these foods and lead them to dislike vegetables because they were “forced” to eat them (Savage, et al., 2007).

Table 2.

**BMI (Body Mass Index):**

A number calculated from a person's weight and height. It provides a reliable indicator of body fatness for most people (Source: Centers for Disease Control and Prevention)

## FOOD AS REWARD

*“If you eat your broccoli, I’ll let you have dessert.”*

Parents may use sugary snacks or treats as a reward for eating foods that their children are reluctant to try or that they do not like. This may result in several unintentional negative consequences (Rhee, 2008). First, in order to receive the reward, the child may consume more food than he or she really needs. Rather than listening to internal cues that they are full, children will end up consuming food well past being satisfied in order to reap the reward of a favorite dessert. Second, using a sugary snack as a reward for eating vegetables, for example, may make the child dislike the vegetable even more. After all, if they must be bribed to eat a food, it can’t be that good. Eating their vegetables becomes a means to an end and the pleasure of enjoying a variety of tasty and colorful vegetables is lost to these children (Rhee, 2008). In fact, research has found that in this scenario, the food used as a reward becomes more desirable, while the food that was required to be consumed becomes less desirable (Benton, 2004); this is the exact opposite of the parent’s intentions. So even though children may increase their consumption of nutritious foods that they do not like (or think they do not like), rewarding this behavior with sugary snacks or other nutrient-poor treats can lead to unhealthful food choices and overall poor diet quality as the children grow older.

## RESTRICTING ACCESS TO FOOD

*“You can’t have any more or you’ll get fat.”*

*“That food is off limits; it’s not good for you.”*

Research shows that for some families, restricting access to certain foods can actually lead to greater problems with weight. Some researchers found that when parents restrict access to certain foods or try to control the amount of food that the child eats, the child may actually eat more of that

food when it is made available (Rhee, 2008; Savage, et al., 2007). This is particularly true for children who are already at risk for becoming overweight. Although it is common for parents to restrict food or control food portions as a way to encourage health among their children, it can result in unhealthy food habits.

## MODELING HEALTHFUL FOOD BEHAVIORS

Finally, because parents serve the roles of both provider and role model, they have a powerful influence on food intake and preferences in their children, especially when the children are young (Savage, et al., 2007). As provider, a parent has considerable influence over the types and amount of food made available to their children. Research shows that a child’s preference for certain foods is dependent on the food’s availability in the home (Rhee, 2008). For example, children raised in homes where fruits and vegetables are readily available often report greater preferences for these foods. Likewise, parents can influence the amount of food that is made available. Both adults and children tend to eat more when given food in large portions. Although research shows that large portions of food are not directly responsible for child overweight, children at risk for becoming overweight will tend to consume more food than necessary if the food is given in large portions (Savage, et al., 2007).

This does **not** imply that children should be restricted in the amount of food that they consume. We do not want to have children go hungry. It does mean, however, that portions served should be reasonable. If a child is still hungry after consuming a leisurely meal (it does take time to feel a sense of fullness), then the child should be allowed to have more food. This issue points to the need for meals to be pleasant times with conversation and no television or other distractions. If we teach our children to eat quickly and mindlessly, they will be much more likely to overeat.

Parents can also serve as role models for healthy eating. Parents who eat a variety of healthy foods tend to have children who do also. It is important for parents to make available a variety of foods so that children can be exposed to new tastes, flavors, textures, and smells. It is normal for children to be hesitant to try new things (neophobic). Parents should not expect their child to try new foods the very first time they are introduced as an option. However, if parents are enthusiastic about trying new foods and eating a variety of foods, children will be more likely to try them and enjoy them as well.

Table 1. Where Parenting Practices and Styles Intersect

Rules...and Responsiveness	Accepting, responsive, child-centered	Rejecting, unresponsive, parent-centered
Demanding, controlling, setting limits	<b>Authoritative</b> Parent sets limits but is affectionate and responsive to the needs of the child	<b>Authoritarian</b> Absolute authority rests with the parent.
Undemanding, lacks control and limits	<b>Indulgent/Permissive</b> Parent is involved in child's life but sets few limits.	<b>Neglectful</b> Parent is uninvolved in child's life

## Parenting Styles

Many of the parenting practices mentioned in Table 1 are extensions of an overall parenting style. Parenting styles refer to the general practices of parenting along two dimensions: a) rules and control; and b) responsiveness and affection (Santrock, 2008). A healthy parenting style is one that has characteristics of both dimensions (e.g., setting rules and boundaries while at the same time showing affection). Maintaining a healthy balance between the two dimensions leads to successful parenting. An imbalance can result in excessive control, over-involvement (indulgence), or neglect.

Researchers have begun to examine the relationship between parenting styles, nutritional intake, and eating practices. They have found that a balance between rules/control and responsiveness/affection are critical ingredients for healthful eating in a family (Enten & Golan, 2008). An imbalance towards rules and control, in the absence of affection, is particularly problematic. Authoritarian parents are described as restrictive and punitive. They expect their children to follow their rules with little explanation or discussion. Research has shown that children with authoritarian parents may be up to five times more likely to be overweight than children of parents with the most healthy parenting style (Rhee et al., 2006). Among the parenting practices reviewed above, authoritarian parents are the most likely to pressure, control, and restrict access to food.

On the other hand, both the permissive parent and the neglectful parent would be more likely to allow their children to freely choose when, what, and how much they eat. A permissive parent is defined as a parent who is emotionally close and supportive of their children, but does not set clear limits for their behavior. A neglectful parent is defined as one who is neither affectionate nor demanding. Although research is less clear on the relationship between these parenting styles and eating behaviors, the lack of rules and limits that characterizes the less demanding parenting styles may be related to behavior that is more conducive to unhealthy eating (Rhee, 2008). For example, permissive or neglectful parents may be more likely to give in to a child's

request to eat an excessive amount of unhealthy foods. In addition, neglectful parents are not likely to provide developmentally and nutritionally appropriate food for their children in an environment that supports healthy eating practices.

The authoritative parenting style, defined as a balance between setting limits and being warm and supportive, is most conducive to healthful eating. Parents set limits on what the child may eat but are responsive to the needs of the child. This balance is reflected in Ellyn Satter's (1987) golden rule for parenting and food:

*Parents are responsible for what is presented to eat and the manner in which it is presented.*

*Children are responsible for how much and even whether they eat.*

Parents often struggle with the question of how much to involve children in making decisions about food and nutrition. Satter's "division of responsibility" suggests that both parents (or caregivers) and children have a role to play in feeding. Of course, parents always have the power to veto any decision. Still, including children in the decision-making process will ensure less resistance and encourage more cooperation among family members (Kaplan, et al., 2007). It will also help in teaching children how to make healthful food choices outside the home (Evers, 1997).

A helpful model for understanding the level of child involvement and empowerment in the family decision-making process is offered by Kaplan and colleagues (2006). The "continuum of control" in family decision-making falls into six categories.

### *Continuum of Control*

On this continuum, an authoritative parent would use a limited partnership; parents set the limits but are responsive to the needs/wants of the child. In relation to food choices, when too much control is given to either the parent (levels 5 and 6) or the child (level 1 or 2), it removes the opportunity for the child to learn how to make healthful food

choices and how to regulate their own food intake (Evers, 1997). By providing choices within healthy parameters, parents are able to encourage their children to make healthful food choices.

## Family Functioning

Finally, researchers who study the impact of *family functioning* on food and nutrition examine the overall health of the family. Families that are well-functioning are defined as those who can manage their daily routines well (provide structure), communicate effectively with one another (provide information), and are emotionally supportive of one another (provide warmth and support). According to Rhee (2008), well-functioning families provide an atmosphere that allows for greater acceptance of individual differences, yet supports parent behaviors that are demanding but not controlling (e.g., authoritative parenting). Research has found that families with overweight children tend to have more difficulty managing family meals, more difficulty in managing their emotions, and more difficulty meeting their obligations to the family (Rhee, 2008). Although it is unclear whether family functioning is a risk factor for childhood overweight, or whether family functioning changes in response to concerns about the child's weight status, the social and emotional health of the family is a good barometer of the social, emotional, and nutritional health of family members.

## Recommendations

What can parents do to improve family health and nutrition?

1. **Steer Clear of Pressure:** As Ellyn Satter, a dietitian and family counselor aptly stated, "Pressure doesn't work!" Instead of pressuring children to eat, parents should offer food in an open-ended manner, such as, "Would you like more to eat?" By asking an open-ended question, children have the option either to take more or to refuse.
2. **Do Not Use Food as a Reward:** Instead of using a snack or sugary treat as a reward for eating more healthful foods, create situations in which healthful foods are more appealing. For example, serving vegetables in ways that children enjoy can encourage them to eat them. Children often like raw veggies, like carrots, celery and grape tomatoes. They can be "dressed up" with a healthy dipping sauce for added appeal. Seasoning cooked vegetables with herbs or spices that children enjoy may make eating them more fun. Mixing-in healthful foods in their favorite recipes can be a good strategy. Also, offering choices among various healthful food options will

encourage children to eat the food they selected, rather than feel coerced.

3. **Avoid Restricting Food:** When parents restrict certain foods, children are likely to eat more when they get the chance. The key is to provide structure around snack times and meal times rather than "restrict" (Satter, 1987). Offer healthful snacks at set times during the day, making sure the children are hungry by dinnertime so that they will be more likely to eat what has been prepared.
4. **Model Good Behavior:** It is difficult for parents to encourage healthful eating among their children if they do not eat healthfully themselves (e.g., "Do what I say, not what I do"). Eating lunch regularly at the fast food restaurant while at work, even out of sight of the children, can establish a climate for unhealthy eating that is passed on to the children. Parents can model healthful eating by preparing and eating a variety of foods, from all food groups, that the family likes. If parents are enthusiastic about preparing and eating healthful foods, children will be more likely to eat them and enjoy them also.
5. **Allow Children a Voice in Food Decision-Making:** Along the "continuum of control," parents should be responsive to their children's food preferences when purchasing food and planning meals. Depending on the age of the child, including the child as a "consultant" or in a "limited partnership" will empower her or him to make healthful food choices. This means allowing children to choose from among a variety of healthful choices, like broccoli ("trees"), butternut squash, or green leafy vegetables, not to choose between purchasing fresh vegetables and candy or chips. Their participation in the decision-making process will lead to a greater ability to regulate the amount and types of food that they eat, and will lead to healthier relationships with family members.
6. **Keep an Eye on the Emotional Health of Family Members:** People often eat for emotional reasons, and keeping an eye on the emotional health of each family member can help avoid problems with food-related behaviors later. A family that provides structure, opportunities for effective communication, and nurturance and support to each family member will not only promote emotional health but nutritional health, too.

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## Other Resources

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