The Impact of Teachers and Families on Young Children's Eating Behaviors

Erin K. Eliassen

Young CHILDREN DEPEND ON THEIR FAMILIES AND TEACHERS to support their well-being and promote positive development, including eating behaviors. Children's food preferences and willingness to try new foods are influenced by the people around them



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The eating behaviors children practice early in life affect their health and nutrition—significant factors in childhood overweight and obesity (Clark et al. 2007)—and may continue to shape food attitudes and eating patterns through adulthood (Birch 1999; Campbell & Crawford 2001; Westenhoefer 2002). Eating environments-mealtime and snack-that make food fun, offer new foods and a variety, and encourage children to taste and choose the foods they want let children develop food attitudes and dietary practices that ultimately support good health (Campbell & Crawford 2001).

Developing eating behaviors

The development of eating behaviors is a dynamic process that begins in infancy and continues throughout life. In this article, eating behaviors refers to food preferences, patterns of food acceptance and rejection, and the types and amounts of food a person eats. Genetics and the contexts in which foods are presented are two key factors that underpin the development of eating behaviors. Although parents provide a child's biological predisposition, which may affect factors like taste perception, they are not the only adults influencing the development of a child's eating behaviors. Every family member and caregiver

interacting with a child at meals or snacks has the potential to do so.

In center- and home-based child care settings, teachers and family child care providers influence children's eating behaviors by the foods they offer, the behaviors they model, and their social interactions with children at snack and mealtimes (Savage, Fisher, & Birch 2007). Here are a few examples of how these factors influence eating behaviors.

Repeated exposure to a new food reduces a child's fear of the food and helps increase acceptance. Observing families and teachers eating and enjoying a variety of foods makes these foods more appealing to children. In contrast, children who are pressured to eat specific foods learn to dislike them. Restricted access to some foods, such as cookies or potato chips, often results in overconsumption of those foods when children are free to choose them (Savage, Fisher, & Birch 2007).

Educators and families are role models

Based on research, the following six subsections discuss food fears, care environments, food behavior models, food restriction, pressures to eat, and food as a reward or celebration. Each area offers suggestions for educators and families to help children develop positive, early eating behaviors.

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Food fears

Most children naturally demonstrate fears of new foods. Neophobia, or fear of the new, is a protective behavior observed in omnivores, including humans, that helps prevent consumption of harmful substances (Birch 1999). Teachers help decrease children's fears by creating supportive environments with enjoyable, nutritious, and fun early food experiences.

For example, teachers could involve families by encouraging each family to bring every child a tasting sample of a unique food their child enjoys (or the teacher may offer suggestions of foods to taste). The teacher can arrange a tasting schedule, with a different family sharing a food tasting each week. Once every family has had an opportunity to share, host a classroom tasting party with all of the foods and invite parents to enjoy the event with their children. Although experiments vary, researchers tell us that offering a food 10 to 15 times appears necessary to increase a child's food acceptance (Savage, Fisher, & Birch 2007). Activities like tasting parties expose



children to foods from different cultures and provide opportunities to learn more about their friends.

The acceptance of new foods is a slow process. Particularly through the ages 2 to 5, persistence is essential (Birch 1999; Satter 2008). A teacher/caregiver may think it is best to hold off on introducing food variety until children's fearful responses decrease. Instead, it is important to continue introducing a variety of foods throughout early childhood. Although children are skeptical of many foods during these early years, the variety of foods they accept is greater in this developmental phase than it is in later childhood (Skinner et al. 2002).

Enjoyable or satisfying experiences with a food highly influence a child's subsequent selection of the food on given occasions or its adoption into his or her regular diet. These experiences are as simple as frequent family meals during which the television is off and parents or caregivers are tuned in to the mealtime experience by talking and enjoying the foods themselves. Positive exposure to multiple foods helps children develop a taste for more foods, choose them as regular mealtime selections, and have needed dietary variety-whole grains, fruits, and vegetables. Many children lack opportunities to taste a variety of healthful foods, compared to the numerous chances our culture

makes available for tasting high-fat, calorie-dense foods (Savage, Fisher, & Birch 2007).

Care environments

Child care settings foster positive development of eating behaviors for 2- to 5-year-olds. Caregivers introduce variety in the foods served at meals and snacks and encourage families to do the same when they send lunches from home. Programs can guide parents by sharing comprehensive lists of foods that present a variety of grains, fruits, vegetables, nuts and seeds, and meats and beans, and an illustration of their nutritional value. For instance, using MyPyramid (www.mypyramid. gov) food groups helps families categorize foods and prepare lunches with variety and nutritional balance. Teachers can share examples of simple, creative lunches with variety in color, texture, and taste to appeal to young children.

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Being persistent and providing repeated exposures to foods is important for both teachers and families. Avoid temptations to remove healthy foods from the program's meal or snack menus just because children reject them. Support families in continuing to offer lunch items even if their child does not consume the food on a given day. When serving a new item such as snap peas at snack time, include it two or three times a month and encourage children to look, smell, touch, and taste the new food. It is perfectly acceptable for a child to avoid a new vegetable the first several times it is offered. Inviting children to touch and smell the food helps them take small steps toward tasting. Encouraging rather than requiring children to eat a food is the key objective.

Food behavior models

Families are typically children's first significant models of eating behavior (Golan & Weizman 2001). Child care providers also are early role models.

Positive role modeling correlates with an increased interest in food and less food fussiness among children (Gregory, Paxton, & Borzovic 2010). Poor role models influence children's perceptions of foods and mealtimes (Matheson, Spranger, & Saxe 2002). For example, negative comments about the taste or texture of a food will make a child less willing to try it. On the other hand, a child is more likely to try a food if he or she observes an adult enjoying it.

Teachers and caregivers become role models by engaging with children at mealtime and sitting down and eating with them. This practice is often called family-style dining. When early childhood programs provide meals, teachers and staff can model healthy eating behaviors by eating the same foods the children eat.

Staff who bring their lunches can model the same kinds of healthy eating as described in the guidelines the program suggests for families who send lunches with their children. For example, if parents send a fruit and a vegetable item, then teachers can include both of these items in their lunches. If children have milk, water, or 100 percent fruit juice as a beverage, teachers should drink these same beverages.

Interesting and engaging mealtime conversations create greater food enjoyment (Hughes et al. 2007). Adults can talk positively about the foods they are eating and also invite the children to describe colors, tastes (sweet, sour, salty), and textures (crunchy, smooth, stringy). However, the conversation should not be about

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the food alone. Also engage children in conversation about other appropriate topics, such as animals or family activities. Too much emphasis on the foods may decrease the children's interest.

Food restriction

Many well-meaning adults try to control the way children eat. They may believe that restricting or forbidding unhealthy foods will decrease children's preference for them, but the opposite is true (Satter 2008). Pressuring a child to eat one type of food (such as fruit or vegetables) leads to resistance. When an adult restricts access to certain foods (such as sweets or french fries), a child may become preoccupied with the restricted food.

A study on the effect of restricted access to foods among a population of 3- to 6-year-olds (Fisher & Birch 1999) found that the children focused great attention on the visible but inacces-

sible food through spontaneous clapping and chanting. In a similar study (Fisher & Birch 1999), restricting a desired, palatable snack food substantially increased children's selection of that food compared to times when both it and similar foods were freely available.

Avoid making comments about children's frequency or quantity consumption of a given food. For example, when serving cookies for snack, offer them as all other snacks are served. Their quantity should not be restricted unless the quantity of all snack foods is restricted. Early childhood educators can develop routines for offering all snacks, both unfamiliar and favorite foods, in the same unbiased way.

Pressure to eat

When families or teachers pressure children to eat at mealtimes, the practice negatively influences a child's food intake as well as attitude

toward food (Galloway et al. 2006). Gregory, Paxton, and Brozovic (2010) report that children pressured to eat were less interested in food over time; whereas, when parents modeled healthy eating, the children expressed greater interest in food and less food fussiness. Coercion to eat specific quantities or types of foods may mean that children eat more at the given meal, but over time they will likely avoid the targeted food (Satter 2008).

In a study involving adults, Batsell and colleagues (2002) traced common food dislikes to the adults' childhood experiences in being pressured to consume certain foods. Galloway and colleagues (2006) learned that refraining from the use of pressure and simply eating with and talking to the children had a more positive impact on children's attitude toward the food offered.

While pressure to eat contributes to a dislike of certain foods, emphasis on having a "clean plate" may hinder children's recognition of the internal



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www.csp.edu admission@csp.edu 800-333-4705 cues of hunger and satiety and contribute to overeating (Satter 2008). It is important for adults to respect the child's expression of food preference and fullness (particularly if the child tastes a food) and to follow a schedule that gives children enough time to eat.

Food as a reward or celebration

Food as reward or celebration is common in some early childhood settings. Such practices may be well intentioned but can have negative consequences and impact long-term eating behaviors (Birch 1999; Brown & Ogden 2004). Food rewards or party treats are often sweets or other "desired" snack items. Giving a desired food as a reward enhances a child's preference for the food (Puhl & Schwartz 2003).

By establishing guidelines for the use of food in the classroom, early childhood programs encourage families to provide alternatives to fast-food lunch parties or cupcake celebrations and to bring instead, for example, fruits or muffins. Class celebrations or everyday activities also give young children opportunities to prepare their own foods in the classroom. Children enjoy making edible art fruit or vegetable skewers, or snacks resembling animals.

Alternative practices for recognition and celebration are growing in variety in early childhood settings. Instead of food, teachers recognize children by giving them special opportunities, such as selecting a song for the group to listen or dance to, choosing a game to play with friends, or having first choice of equipment for gross motor play. Non-food-related activities, like bringing a favorite book or game to class to read or share with friends, are other ways to acknowledge individuals.

Conclusion

Early childhood educators who understand the importance of their role in the development of children's healthful eating behaviors can help improve the lifelong health of the children they serve. They can offer meaningful, positive experiences with food, including growing, preparing, and eating foods with children. Regardless of the foods offered at home, the early childhood educator has the opportunity to model selection and enjoyment of a variety of foods. Food in the program should be associated with opportunities and fun experiences rather than rules and restrictions. Tasting activities help children learn about foods, manners, and even other cultures.

Everyone caring for children needs to be aware that some food strategies have negative effects on the development of eating behaviors. Food practices involving pressure and restriction may not only affect childhood health but also have long-lasting implications, such as problematic behaviors Regardless of the foods offered at home, the early childhood educator has the opportunity to model selection and enjoyment of a variety of foods.

of binge eating and dietary restraint among adults (Puhl & Schwartz 2003).

A supportive, caring early child-hood environment offers guidance through adult modeling, serving a variety of nutritious foods at meals and snacks, and exposing children to new foods in the classroom. These practices encourage children's development of healthy eating attitudes and behaviors and promote positive long-term health outcomes.



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