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The importance of teaching our children how to eat



Nowadays, nobody discusses that what we learn when we are children will mark our adult life. Among the many things that we learn being children, we find eating habits, that is to say, how and what we feed. Among other things, what children learn when they develop can determine that, as an adult, this person suffers from food disorders, like bulimia or anorexia. A recent investigation tackles the complex study of the risk factors of food disorders, integrating individual and familiar patterns of attitudes towards food, during childhood and the adolescence.

Early problematic eating patterns (e.g. struggle and conflict over eating) and gastrointestinal difficulties are developmental factors of relevance for eating disorders. Indeed, children's attitudes toward food and children's evaluation of satiety are influenced by their parents and their family environment. Parents provide access to foods in the home, may operate as models and offer encouragement/discouragement for specific eating behaviors.

The aim of our study was to examine whether individual and family eating patterns and food choices during childhood and early adolescence were associated with disordered eating

behaviors in Spanish female population. Our research was carried on in a large sample size of young patients and healthy controls.

We found two specific eating patterns that might be related to a later eating disorder: skipping breakfast and consuming excessively sweets and snacks before the age of 12. Skipping breakfast is often employed as a weight reduction method on nutritional intake among young women, and it has also often been related to other adverse lifestyle habits such as smoking, alcohol use and low exercise. The excessive ingestion of sweets and snacks may be linked to the conflict and difficulties around meals or problematic eating.

Furthermore, maladaptive paternal attitudes towards food were associated with the development of a later bulimia nervosa in their daughters. This result suggested that eating disordered females recounted a poor father–daughter relationship, lower paternal care, less paternal empathy and overprotection.

The last but not least finding of our study was that some eating patterns during childhood and early adolescence might be associated with an increased body mass index, especially not having regular meal patterns and using food as a reward.

Programs to improve childhood and adolescent eating patterns need to focus on a wide range of environmental factors. The family should be informed about the importance of structuring meal times with shared meals, particularly breakfast, and limiting the accessibility to sweets-snacks. Furthermore, maintaining structured family meals might encourage healthier diets in children and adolescents and could also allow the family to gain a better understanding of the child's food choices. The social interaction at meal times may promote children to experience eating constructively and could therefore help in creating positive attitudes towards food, which could persist into later years.

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References

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