Influence of Family Meals on Children’s Nutritional Health

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Research shows that eating together as a family has both physical and psychological benefits. These benefits include a series of characteristics like decreased chances of obesity and disordered eating, increased consumption of more nutritious foods, and positive impacts on both the child’s overall well-being and the overall happiness of the family. Children in families who have at least five or more meals together weekly are 25% more unlikely to experience nutritional health issues versus children in families who have one or less family meals per week (Hammons, A. J., & Fiese, B. H. (2011). Children who eat more non-core foods and less whole foods, like fruits and vegetables, show a great correlation with the parenting styles and general food knowledge within the family (Peters, J., Dollman, J., Petkov, J., & Parletta, N. (2012). Positive parental attitude towards eating regular, family meals shows a decreased rate of obesity among their children (Mamun, A. A., Lawlor, D. A., O’Callaghan, M. J., Williams, G. M., & Najman, J. M. (2005). The environment that children grow up in also has a significant impact on the overall family’s health and nutrition (Daniels, L. A. (2019)). After reading a variety of articles on this topic, it is clear that a child’s family and their family’s behaviors towards meals and nutrition has great influence over their nutritional health and eating habits.

Shared family mealtimes are beneficial to the family’s and children’s overall nutritional health. From the lack of regularity of family meals, children and adolescents could develop unhealthy eating habits and poor nutritional health, like disordered eating and obesity (Hammons, A. J., & Fiese, B. H. (2011). Hammons and Fiese (2011) examined seventeen different studies in which they grouped them into three different categories including overweight and obesity, disordered eating, and food consumption and eating patterns among the children. From their studies, they found that children who have three or more family meals per week have
35% decreased chance of disordered eating, are 12% less likely to be overweight, and have a 24% increased healthier eating habits versus children who are in families that have less than three family meals per week (Hammons, A. J., & Fiese, B. H. (2011).

Despite the informative data from this review, there were in fact limitations to Hammons and Fiese (2011) review, which included that the measurement of family mealtimes varied between the studies, showing there were some gaps. Likewise, it also included that there is a need for further research on who is present at the meal and who all is included in the “family”, because some studies included that all family members were present, while others weren’t asked to collect that information (Hammons, A. J., & Fiese, B. H. (2011). This could make a large difference in their results. Based on these results, Hammons and Fiese (2011) stated that more health professionals have been encouraged to support and advocate for families to eat more meals together, as it will promote beneficial eating habits, not only for the children, but for the family as a whole.

In addition, parental attitudes and behaviors greatly impact children overall, but especially when it comes to their nutritional health and the amount of non-core food they consume on a regular basis. Ultimately, Peters, Dollman, Petkov, and Parletta argue that the amount of non-core food consumption of children ages two to five largely relies on parenting skills and restrictiveness. Using three parenting subcategories such as restriction, pressure to eat, and monitoring, Peters, Dollman, Petkov, and Parletta (2012), state that children’s diets may be significantly improved with the help of the parents educating the children more on their general nutrition knowledge, like focusing on more whole food consumption rather than non-core foods. Family environment definitely plays a role in the influence of children’s nutrition as well. With lower reactive parenting styles and restrictions and more family meal times, higher levels of fruit
and vegetables were consumed by the children. Non-core food consumption and higher television viewing times were associated with higher over-reactive parenting styles (Peters, J., Dollman, J., Petkov, J., & Parletta, N. (2012). With more positive and supportive parenting, children’s diets may be significantly improved with the help of overall children food knowledge education, as well as the families as a whole.

Although these findings definitely show a parallel between the other studies, one of the methods for collecting data was taken through questionnaires, which could alter the findings, such as the parents measuring their own reactivity and parenting styles (Peters, J., Dollman, J., Petkov, J., & Parletta, N. (2012). For example, the parents might not be self-aware and therefore they could have put down things that they actually don’t do, but assume that they do— skewing the data. Another limitation would be how the research changes over time and not just within ages two to five, because parenting styles definitely change as the children age as well as the measurement of parenting styles. Overall, the research done on the environmental factors within the children’s nutritional health did show a difference between the parenting styles and the consumption of non-core foods versus fruits and vegetables (Peters, J., Dollman, J., Petkov, J., & Parletta, N. (2012).

Similarly to Peters, Dollman, Petkov and Parletta, a fourteen year study was conducted by Mamun, Lawlor, O’Callaghan, Williams, and Najman (2005). They argue that the maternal attitude towards family eating patterns are associated with child obesity. This study just analyzed whether or not the mothers thought family meals were important and whether or not they had family meals, they did not analyze the amount and frequency of family meals. Similarly, there were a few more significant limitations to this study, as it was conducted at year one and then
again at year 14 and only 53% of the participants from year one contributed to the year 14 data (Mamun, A. A., Lawlor, D. A., O’Callaghan, M. J., Williams, G. M., & Najman, J. M. (2005).

Using a cross-sectional mother-child linked analysis, they concluded that 78% of mothers said that they ate family meals, but only 43% of them stated that it was “important” to have family meals. Mothers who said family meals were not important tended to come from lower income families and had lower levels of education (Mamun, A. A., Lawlor, D. A., O’Callaghan, M. J., Williams, G. M., & Najman, J. M. (2005). While this was a fourteen year study, the obesity and overweight rates of the children were highest at age five. The children of the mothers' who said it wasn’t important to eat as a family had an increased rate of overweight and obesity by 24.1% for males and 27.1% for the females of the offspring at age five within the fourteen years of the study (Mamun, A. A., Lawlor, D. A., O’Callaghan, M. J., Williams, G. M., & Najman, J. M. (2005).

In addition to Hammons and Fiese (2011), Daniels (2019) argues that parent-child interactions and relationships significantly impact a child’s well being and overall health. More specifically, positive food-parenting is important and factors into the child’s overall health as well as the family's happiness. She also touches on the fact that child eating behaviors are, in fact, inherited from parents, and focuses on the different specific parental eating behaviors and the influence they have on the children (Daniels, L. A. (2019). The early feeding environment from the parents shapes the children’s behavior, food consumption and preferences. Picky eating in children was reported by 10-50% of parents which was noted as a concern and conflict within the family (Daniels, L. A. (2019). According to Daniels (2019), this stems from food refusal, or when the child doesn’t eat as much as their mother, or whoever is feeding them, thinks they should. I could argue here that pickiness definitely changes among ages as well. Daniels (2019)
also notes that, “Clinical experience indicates that parents, in an attempt to just get a few more mouthfuls of food into their toddler, can resort to quite bizarre feeding practices that are a source of stress and distress for both parent and child”.

Obesity is also a huge concern for families and puts “pressure” on parents, as 25% of children are over the “healthy” weight range and 70% of adults (Daniels, L.A. (2019). Parental feeding patterns are also mainly focused on mothers, as the ones who are breastfeeding and typically taking care of the children, but the fathers do in fact have a large impact as well. Once again, Daniels (2019), does in fact have limitations in her findings, similar to the others, as she conducted questionnaires that could greatly impact her data.

In conclusion, a child’s family and the family’s parental behaviors towards nutrition have a large impact on the children’s nutritional health and eating habits. While each of these sources presented valid information on the research collected, there were specific limitations for which shows there is a need for further research on the data. Therefore, in order for these sources and information to be completely useful, further studies need to be done. An example of this would be the measurement of the child’s happiness in Daniels (2019) research. Not only is the measurement of the child’s happiness needed to be further studied, but the parental practices and attitudes should shift to a more positive focus in the meantime, because that could definitely improve the child’s overall behaviors and attitudes towards food. With restrictions from parents on food, children are greatly impacted directly from their caregivers, and so approaching it with a more positive perspective, the child definitely will be influenced in a positive manner. Furthermore, future research among all of these sources would be beneficial in order to completely prove these findings.
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