Low-Income Mothers’ Beliefs about Nutrition and Parenting

By Susan Nitzke

To promote healthy eating behaviors, nutrition and child develop experts urge parents to use authoritative parenting styles (high sensitivity plus high expectations for self-control) and to avoid being overly restrictive or overly indulgent/permissive. For example, USDA’s MyPlate for Preschoolers materials urge parents of preschoolers to serve as positive role models and use positive encouragement rather than negative pressure to influence children’s eating behaviors. To explore low-income parents’ beliefs about feeding styles, Kalinowski and colleagues from the University of Michigan and Eastern Michigan University conducted individual interviews with 91 Hispanic, African American and white mothers from low-socioeconomic-status communities. Questions were designed to explore how mothers manage mealtimes and how they conceptualize the role of parenting (their own and in general) in relation to how mothers remember being fed when they were growing up.

Three primary themes emerged from the mothers’ responses. First, most mothers had strong negative memories about how they were fed when they were children. They frequently mentioned that their parents lacked knowledge about how to prepare balanced meals, their own parents did not spend enough time in food preparation, and mealtimes were overly stressful during their childhood years. Second, mothers described their efforts to serve foods that their children found enjoyable, even to the point of preparing different meals for each family member. Third, most of the mothers, especially mothers of normal-weight children, tended to blame child obesity on inadequate or neglectful parenting.

Implications for Extension Educators

In learner-centered nutrition education sessions with preschool parents, participants are often encouraged to share their observations and offer problem-solving suggestions to fellow learners. Many parents understand the potential problems with overly controlling behaviors (e.g., demanding the child eat everything on their plate) and overly permissive behaviors (e.g.,
allowing children to have limitless access to chips, candy and soda throughout the day), but they might benefit from suggestions and practice-oriented discussions of how to set appropriate rules and limits and how to provide appropriate structure (a concept referred to as “loving firmness” in the months 25-26 issue of UWEX Parenting the Second and Third Years newsletters). The above study demonstrates the potential value of encouraging parents to be sensitive to their children’s needs “while also teaching the child to adhere to rules and structure.”

Resources:


Family influences on food and physical activity

By Gayle Coleman

According to the Dietary Guidelines for Americans 2010, system-wide changes are needed to “improve the health of our Nation’s current and future generations by facilitating and promoting healthy eating and physical activity choices so that these behaviors become the norm among all individuals” and one of the recommended strategies is to “empower individuals and families with improved nutrition literacy, gardening, and cooking skills to heighten enjoyment of preparing and consuming healthy foods.” Two recent articles provide further information on the important role of family dynamics play in promoting nutrition and physical activity and preventing obesity.

In her essay on obesity, Dr. Angela Wiley from the University of Illinois discusses the “layers of everyday life” that influence children’s weight status as they grow. She highlights the role of parents in determining what foods are available in the home, the link between shared family meals and positive child outcomes including healthy weight, and the importance of mealtime rules such as whether the TV is on. She also discusses research that links increased activity levels in children with parents modeling, engaging with or providing support for children’s physical activity. Dr. Wiley encourages educators to identify and build on the strengths of families such as shared mealtimes and family-oriented physical activity as a means to prevent childhood obesity.

Family dynamics also can negatively impact food choices. A study done with low-income families in northern Appalachia revealed that vegetable variety at evening meals was limited because food preparers usually served only what their families liked and deferred to male partners and children’s vegetable preferences.

Fifty middle-aged food preparers and their families, an adult partner and at least one child living at home, participated in the northern Appalachia study which had a randomized, controlled design. Food preparers in both the experimental and control groups were predominately white (98%), female (94%) and married (88%) with several children living at home and had household income no more than $50,000. The experimental program included 8 weekly, 2-hour sessions that emphasized consuming more and a greater variety of dark green (dark lettuces, kale, Swiss chard, spinach, greens), orange (carrots, sweet potatoes, pumpkin, winter squash) and cruciferous (broccoli, cauliflower, cabbage, Brussels sprouts) vegetables. These vegetables were considered ‘target vegetables’ for the study because they are associated with lower disease risk and few Americans eat the amounts recommended in the 2010 Dietary Guidelines for Americans. The sessions addressed common barriers to introducing new vegetables, access and affordability. The experimental group prepared recipes using the featured vegetables and took them home for their families to taste and evaluate. The control group received nutrition information and recipes in the mail.

As qualitative assessment, 10 couples from each treatment group were randomly selected to participate in in-depth interviews. Questions on family roles, rules, power structure and
flexibility were based on Family Systems Theory. There were no important differences between experimental and control groups at baseline. Food systems, personal characteristics and family functioning all influenced dietary behavior, as outlined below.

**Food system**
- Most shopped with a menu plan-based list focused on meat and then vegetables, and had routine dinner menu cycles.
- They shopped at grocery stores and big box stores (e.g., Sam’s Club), and used sales/specials.
- About half had seasonal gardens and many partners secured venison for meals.
- In half the couples, all family members were routinely present for dinner.

**Personal characteristics**
- Parents reported liking more vegetables than their children and food preparers generally liked more vegetables than their partners.
- Almost half the partners disliked or refused to eat many familiar vegetables (i.e., were picky eaters.)
- All couples reported having at least one child who was picky about eating vegetables.
- Peas, corn, carrots, broccoli, green beans and/or sometimes lettuce were most commonly consumed and considered acceptable to children.

**Family functioning**
- Food preparers did most of the shopping and cooking.
- All families expected food preparers to quickly fix foods for dinner that everyone liked and to serve familiar combinations (e.g., ham and green beans.)
- The dinner pattern of meat, potatoes or starch and vegetable was an unspoken rule, and meat and potatoes were favored.
- Most families did not have or enforce rules about eating certain foods or tasting new foods.
- Most couples reported either the father’s or the children’s preferences determined the vegetables served. Most couples indicated that children’s food preferences narrowed vegetable options to potatoes, corn, peas and sometimes green beans and broccoli.
- Serving new foods at dinner was rare although some food preparers occasionally presented new combinations of familiar foods.

Interviews at post-intervention revealed that in both the experimental and control groups’ food system use, personal characteristics and family functioning were similar to baseline. The expectation that food preparers would serve foods the family liked, and husband’s and children’s influence over vegetable choices persisted. Most couples in the experimental group enjoyed the program and looked forward to testing the weekly dishes. About half of these couples reported that most of the recipes were well received. However, 1/3 of these food preparers were unwilling to invest any time in vegetable preparation beyond heating and serving, and several food
preparers reported tweaking program recipes to match family preferences. Most control group couples reported that the number and variety of vegetables served had not changed, 2/3 preferred heating and serving plain canned or frozen vegetables due to time and convenience, and most did not find the mailed materials motivating.

Implications for Extension Educators: These articles highlight the importance of engaging families in educational programs. Working with families and building on their strengths has the potential to be more effective at changing behavior and health outcomes than working solely with children or adults[s1].

Sources:


SNAP to Health Report

By Amber Canto

SNAP to Health (snaptohealth.org) is an initiative of the Center for the Study of the Presidency and Congress (with support from the Aetna Foundation and Robert Wood Johnson Foundation) with the mission of identifying the barriers, best practices, and promising innovations for improving nutrition within the Federal Supplemental Nutrition Assistance Program (SNAP) or FoodShare in WI. Recently they released the report: SNAP to Health: A Fresh Approach to Improving Nutrition in the Supplemental Nutrition Assistance Program.

Earlier this year, the Center for Study of the Presidency and Congress convened an interdisciplinary team of experts in federal and state health policy, nutritional epidemiology, public health, agricultural economics, and health communications. Summarized in more detail in the report, this team has undergone the following activities:

- Conducted a comprehensive scientific literature review on SNAP.
- Conducted in-depth key informant interviews with 27 experts across multiple sectors about innovative strategies to improve nutritional policies in SNAP.
- Designed and implemented a survey of over 500 key stakeholders to identify barriers and opportunities for improving nutrition for SNAP beneficiaries.
- Conducted a comprehensive analysis of data from 1999-2008 National Health and Nutrition Examination Survey to examine relationship of SNAP participation with obesity prevalence and the dietary intakes of children, ages 4-19 years old.
- Launched an interactive website to function as “virtual town hall” and forum for public discourse on improving nutrition in SNAP (snaptohealth.org).

Resulting from these activities were seven categories of policy change for consideration, including lowering the cost and increasing access to healthy foods for SNAP recipients, modifying distribution and amount of SNAP benefits, and supporting SNAP-Ed to reach the greatest number of individuals with comprehensive, effective, and evidence-based educational programs and interventions. These categories were further broken down into ten specific policy recommendations to improve SNAP:

1. Protect current funding levels for SNAP
2. Collect data on SNAP purchases
3. Identify a set of integrated strategies that would help align SNAP purchases with the 2010 Dietary Guidelines for Americans
4. Focus attention on children’s health in SNAP
5. Use incentives to make fruits, vegetables and whole grains the easy choice
6. Establish stronger food stocking standards for SNAP retailers
7. Provide states with flexibility to evaluate fresh approaches to SNAP
8. Promote innovation in SNAP
9. Create a partnership to move SNAP towards health
10. Establish a national strategy of fresh approaches to strengthen SNAP

Implications for educators
The 2012 Farm Bill, the federal legislation that authorizes SNAP, has not yet been passed. The recommendations in this report were compiled with the intent to provide guidance to policymakers as they consider changes to SNAP in the current Farm Bill cycle. Many of the policy recommendations highlighted in the report largely focus on opportunities for influencing the food environment in an effort to make the healthy choice the easy choice, including restricting the ability to purchase unhealthy food items (i.e. soda) with SNAP benefits, while incentivizing the purchase of healthy foods. In the November 2012 Nutrition for Family Living Newsletter, *Soda Wars*, Susan Nitzke goes into further detail about some of the latest research in this area while highlighting considerations for policy makers such as potential stigmatization of low-income consumers, sensitivity to cultural preferences, and increasing complexity of rules that are already confusing for participants and merchants. As we move to influence behavior change through multi-level “systems-based” interventions, nutrition education continues to an important complement to environmental and legislative approaches for improving the health of individuals, families, and communities.

Resources:


Resources added to the FLP resource database

MyPlate for Preschoolers,
https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=9846