Have you ever worked with low-income, rural mothers to educate them about consumption of fruits and vegetables? If so, have you ever felt frustrated because some continue to consume less than desired quantities? Are you left wondering if there are other factors affecting their behavior that could be considered in your existing programs in order to facilitate the promotion and maintenance of healthy eating in these homes?

These questions guided a recent pilot study whose purpose was to understand family contexts in which low-income, rural mothers and their children live and the influence of the extended family system on food decision-making and childhood obesity. Such findings could serve to enrich and enhance existing family-based nutrition education programs.

Background

Children raised in families with low incomes and educational levels are at-risk of low levels of food security and inadequate dietary intake, particularly consumption of fruits and vegetables, which is often associated with increased risk of obesity.

In rural Maryland, children do not eat the recommended amount of fruits and vegetables. Only 24.8% of children under 18 in rural counties in MD get the recommended amount of fruits and vegetables each day.1

Gillespie & Gillespie2, writing about family food decision-making, emphasized the need to better understand the interaction of forces internal and external to families that affect decision-making. They provided evidence that nutrition educators need to understand, and incorporate in their programming, influences on decisions to consume or not consume recommended food for the nutritional needs of the children and family.

Those influences include perceptions as well as food preferences of the immediate and extended family members.

The literature reveals significant gaps in knowledge about the influence of other family members on children’s eating habits. Existing research has found that children spend a significant amount of time, often including meal or snack times, with extended family members. Specifically, research has established that:

◊ Grandparents are important caregivers for preschool-aged children, with 22.9% of children under five years old, who live with their mothers, being cared for by their grandparents.3

◊ Grandmothers play an important role in determining what preschool-aged children eat and the lifelong eating habits they develop.4, 5, 6

Although grandmothers spend time with their young grandchildren and are likely influential in their grandchildren’s feeding practices and preferences, few studies have investigated the role of grandmothers in the development of healthy eating habits. If gaps in knowledge regarding the influence of family members, and particularly intergenerational members, were better understood, the findings could be utilized to enrich family-based nutrition education programs and to enhance their effectiveness in changing family behavior and ultimately reducing childhood overweight.
Recent Findings regarding Rural Grandmother Involvement

<table>
<thead>
<tr>
<th>Rural Grandmothers Interviewed (N = 18)</th>
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<tbody>
<tr>
<td>Average Age: 53</td>
<td>Mean Household Size: 3</td>
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<td>Married or living with partner: 50%</td>
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<tr>
<td>Race/Ethnicity: African American, Non-Hispanic: 72%; White, Non-Hispanic: 29%</td>
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<tr>
<td>Median Monthly Income: $2590</td>
<td>Median Monthly Income per Household Member: $1160</td>
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<td>Percent above the federal poverty level: 81%</td>
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<tr>
<td>Percent who report high or marginal food security: 50%</td>
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◊ More than 75% reported caring for their grandchildren occasionally.
◊ 83% reported making or buying some or all of the food their grandchildren ate.
◊ 61% always or most of the time paid for the food that their grandchildren ate with them.
◊ The majority (72%) reported that they sometimes served their grandchildren an evening meal.
◊ 72% served vegetables almost always or always when they served their grandchildren the evening meal.
◊ 39% always or almost always served fruit when they provided their grandchildren with an evening meal; 61% sometimes served fruit for the evening meal.
◊ Paying for food was challenging; low food security is a deterrent to fruit and vegetable intake.
◊ Fruit and vegetable intake was below the recommended servings.

What these findings tell us:

The results from the pilot study were consistent with existing research findings and revealed that grandmothers were involved in the purchasing and serving of food to their grandchildren.

Given the extensiveness of purchasing food for, and serving, the children:

Why aren’t grandparents being taught about health eating behaviors?
Would nutrition education programming be more effective if grandmothers were expressly targeted?

Answering these questions could be the basis for further research. Who better to find answers than the Cooperative Extension network who delivers nutrition education to low-income families?

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References


Copies of this and other briefs available at: http://www.sph.umd.edu/fmsc/people/fac/braun.html

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