HELPING CHILDREN BECOME INDEPENDENT HEALTHY EATERS

Many parents perceive their child to be a picky eater starting when their child is very young. Up to 50% of parents feel their child is a picky eater by the age of 2. Parents are increasingly concerned about the impact of picky eating on the health and growth of their children. Understanding what drives parental perceptions and providing solutions to mitigate picky eating behaviors are important for helping children develop into independent healthy eaters.

WHAT IS PICKY EATING?

We often use the term “picky eating” to describe difficult mealtime behaviors. Scientists have unsuccessfully tried to provide a scientifically objective, operational definition of picky eating. Picky eating is a complex behavior used by people in varied ways. Common traits associated with picky eating include consuming an inadequate variety of foods, consuming inadequate amounts of foods, or having food neophobia (fear of novel food).

One study illustrated that picky eating is experienced by caregivers in various ways. The authors identified four different groups of caregivers who classified a child as a picky eater based on different characteristics. There was even a group of caregivers who deemed a child to be a picky eater based mainly on the child’s challenging behaviors during or before mealtime, rather than the limited types of food children eat. Generally, picky eating is classified as having low dietary variety and rejecting both familiar and unfamiliar food.

How can you encourage your children to enjoy a wide variety of foods?

Since picky eating behavior is complex, there are many different strategies reported in the literature demonstrating varied outcomes and varying levels of success. What is important to realize is that one size does not fit all, and there is no one perfect solution. Here are some evidence-based strategies that may be used to resolve difficult mealtime behaviors:

Try, try, and try again. One of the most common reasons behind a child rejecting the food served is food neophobia. As humans, we all have a fear of the new. This fear extends to what we put into our bodies, an important and basic protective mechanism for survival. So, a child rejecting new food is not a completely bad behavior. It has been demonstrated in the literature that preference toward new foods increases as a function of exposure frequency. The range of numbers reported is up to eight to 10 exposures are needed to develop appreciation for novel foods. One of the phrases from a wise preschool teacher, “Try is to grow, and grow is to try,” is a wonderful mentality to have when caregivers want to encourage their child to try new foods.

Positive wins over negative. Many of us have experienced pressure to eat certain foods (namely vegetables) or finish the food on our plates. We may have been able to accomplish the task when pressured, but how many of us actually enjoyed doing it and repeated the behavior? This type of strategy, used by many caregivers, may result in a child eating the desired food in the moment, but that strategy will not
result in long-term behavior change. Instead, offer positive verbal encouragement and provide a reason why eating certain food supports health. One example: “It would be wonderful if you could eat a bit of broccoli, because it is really good for you and will help you stay healthy.”

It is important to negotiate or offer a reward for good mealtime behavior. We often think providing a reward instead of punishment is a way to provide positive encouragement, but this is not the case. Children may engage in a behavior (such as eating vegetables) when offered a reward, even if they do not want to do it. However, this can result in a negative association with that behavior.

**Be a role model.** It is hard to follow a person who does not walk the walk, but only talks the talk. Our children see everything we do. Parental role-modeling has a significant impact on positive child behavior outcomes, and this is certainly true for mealtime behaviors. If a parent or caregiver wants a child to eat vegetables, but they themselves do not eat them, a child is less likely to give in. It is important for caregivers to model healthy and independent eating habits so that children will do the same.

**REFERENCES**


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