



A NEWSLETTER FOR PROFESSIONALS

Food Attitude and Eating Competence

A competent eater is positive, flexible and comfortable with eating as well as matter-of-fact and reliable about getting enough to eat of enjoyable food.¹

Building a healthy attitude with food is a life journey. A journey influenced by experiences - taste, smell, texture and emotion as well as physical ability and health status. Eating competence is learned within a process that involves structure, opportunity and trust.

Developing a healthy food attitude starts at birth with responsive feeding – part of a healthy feeding relationship. Parents are encouraged to feed when an infant shows early signs of hunger, on demand, rather than on a schedule. Consideration for infant satiety begins the process of learning to be a “good” eater.

Complementary feeding is the period of 6 to 24 months where children learn about food, feeding and choosing from family foods. Children master the skill of feeding over 2 to 5 years if given developmentally appropriate opportunities to learn.

Opportunities are rooted in structure - *what* food is offered, *where* it is offered and *when* it is offered. A child is always responsible for *how much* and *whether* to eat (Division of Responsibility™). The goal is that a child eventually learns to eat from the food options offered at

planned meal and snack times at the family table. It is more than the task of feeding that is important; adult and child have roles that set ground rules, reduce mealtime battles and remove pressure to eat.

Adult roles:

- Choose and prepare food
- Provide regular meals and snacks
- Be the example and set the tone
- Consider a child’s food experience without catering to likes and dislikes
- Let your child grow into the body that is right for them

Trust your child to:

- Eat the amount he needs
- Learn to eat the food you eat
- Grow in the way that is right for her
- Learn to behave at mealtime

A good eater is a competent eater: pays attention to hunger and fullness, chooses from the family foods on the table; and behaves at mealtimes.¹

Adults set structure and boundaries that influence whether food experiences lead to competent eating. Structure is set in the home, at relatives’ homes, daycare and school. All adults have positive and negative emotions that are evoked by smells or tastes rooted in a childhood memory. To raise a “good eater” one must be a competent eater with a healthy “food attitude”.

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Healthy food attitudes include:

- Regular meals and snacks
- Eating often enough to be hungry at meals but not starved
- Making food taste good
- Taking the time to tune in and enjoy
- Not labelling food good or bad

An adult gains eating competence when they listen to their own body cues about hunger and fullness, enjoy food without guilt and eat in a way that is sensible and sustainable. An adult decides their own what, where, when and how much - as well as deciding if they eat or not.

Competent eating is choosing or offering foods you enjoy and getting enough to eat for the hunger you feel. This is not always easy. Stressing over balanced diets or giving a toddler autonomy to choose conflicts with what we think is “good” feeding. Our own food attitudes and biases affect our behaviour and are observed, mimicked and learned by our children.

Relax, be flexible, have fun and ENJOY!

Ask a Nutrition Expert

What are barriers to eating competence?

Examples of barriers include cleft palate, sensory issues, autism, life threatening allergies, reflux and food anxiety.

Families may need the support of health practitioners such as a Physician, Speech Language Pathologist, Occupational Therapist or Dietitian. Guidance and support may help prevent problem eating or growth faltering.

Children are sensitive to their feeding environment. Have you ever sat on a restaurant barstool? How did you feel? What was your eating experience like? Now look at a highchair from a child's perspective.

An infant learning to eat needs to be able to sit independently, upright, in a highchair. A child also needs core strength. An infant's trunk and feet need support to help baby feel secure. A child seated in a highchair without adequate support is like floating in space and is not comfortable. Worrying about falling on one's head makes it difficult to focus on eating. A child that feels secure and stable can focus on the activity of eating. Use a highchair with good back support and a footrest. An infant is learning to use all of their senses when learning to eat, including spatial experience such as using arms and hands to pick up food to bring to the mouth.

Anxiety or neophobia is distressing for children and adults. Some children are more cautious or fearful than others. Fear, hate or disgust of foods can occur for no reason, from an illness (vomit), teething (pain), being told "just one bite" (pressure) or when mom goes back to work (chaos).

When a child feels that their feeding environment is not working, negative associations can interfere with learning to eat. A child can sense adult anxiety and react by not eating or not eating well. Anxiety can override hunger. It is important for adults to set aside their own anxiety before feeding.

Early negative experiences around eating can lead to a child being super sensitive around feeding which can take years to overcome.

The physical skill to eat and swallow affects the types and textures of foods a child will accept. A child can become fearful or refuse food if they are offered textures beyond their developmental stage. This may lead to a child "hating" the feeding experience. A child with oral motor coordination difficulties, such as cleft palate, GERD or reflux, may not be able to chew, swallow or manage different textures of food well. Children with such difficulties may require clinical intervention.

Feed the way your child can eat.¹

Each child learns to eat in their own way. Barriers to feeding well mean that the adults must modify their approach so structure and opportunity will build a child's trust in feeding.

When does picky eating become a problem?

No matter what age, we are all more or less "picky eaters". There are foods we like, dislike, consider favorites and foods we learned to try again later. Who hasn't said "yuck", picked food off a plate or had a fit when nuggets were not on a menu? Picky eating can be normal and can change day-to-day. We need to accept, without criticism, that children have a tendency to be picky, cautious or not adventurous.

Problem eating is beyond picky³. It has associated "red flags" such as growth faltering, still on purees at 9 months, consume a very limited variety of foods (less than 20 foods) or a total meltdown every time a new food is offered. A picky eater balks at a broken cracker but a problem eater refuses all cracker, bread, and biscuit type snacks. Problem eating can occur at any age and many children and adults need support to develop healthier food patterns.

No matter what your age, you learn to accept food by:

- seeing others eat
- looking at food
- smelling food
- touching food
- tasting and spitting
- tasting and swallowing
- eating one bite and stopping
- changing your mind about what you like and dislike

If an individual exhibits signs of problem eating or "red flags", further assessment from a health practitioner is required to prevent malnutrition or disordered eating habits.

Focus on food exploration, learning opportunities and skill development, not on volume or amounts. A smile goes a long way to creating a positive food experience.

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References and Resources

1. Ellyn Satter www.ellynsatterinstitute.org/ Division of Responsibility™ and How to Eat
2. Melanie Potuck mymunchbug.com/ Pediatric Feeding Expert - help for parents and professionals
3. Kay Toomey <https://sosapproachtofeeding.com/>