

## Editorial

One of the benefits of being an editor of *Public Health Nutrition* is the opportunity to read about a variety of research topics appearing in each issue, and to seek common threads running through the work. The common thread that an editor sees will inevitably reflect her personal perspective and bias. So the fact that first-time editorship and first-time motherhood coincided in time for me last year might explain why the thread that I have chosen to highlight in this issue is the influence of the parent on childhood dietary intake and nutritional status. Three articles touch on this thread in the current issue of *Public Health Nutrition*.

In their study of 2–6-year old children in London, Cooke *et al.*<sup>1</sup> found that parental consumption of fruits and vegetables was the strongest predictor of their children's intake of those foods, even when other feeding practices and characteristics of the child were considered. Similarly, in a longitudinal study of 5–10-year old children in Victoria, Australia<sup>2</sup>, parental body mass index was associated both with child's risk of being overweight or obese at baseline and follow-up and with increased BMI in the child over the course of the study. Although the effect of parental BMI on the child's BMI at follow-up largely disappeared when children's baseline BMI was considered, Hesketh *et al.* also state that parents' adiposity may have set children on a "weight trajectory" – such that almost 20% of children in the study were already overweight at baseline. As Cooke *et al.*<sup>1</sup> suggest, parents influence their children's eating habits and nutritional status by controlling the household food environment. By setting rules on where and how meals are taken and making decisions on what foods are purchased, parents control the availability of nutritious foods in the home. By serving as models for eating behaviors, parents influence the acceptability and desirability of different foods for their children.

The study by Pryer *et al.*<sup>3</sup> more starkly demonstrates the crucial role played by parents in determining children's nutritional status. In the slums of Dhaka, Bangladesh, children's better nutritional status was strongly related to parents' financial resources as indicated by household income, home environmental factors, and father's days off due to illness. Here, a parent most strongly influences the household food environment by determining the availability – or rather, sufficiency – of nutritious foods.

In recognizing parental influence on the home food environment, households can be viewed as micro-environments of the larger society, in which economics and politics determine food availability or sufficiency, and advertising influences food desirability.

But households, and the parents who govern them, are themselves influenced by the food environment of the

larger society. In this respect, parents serve as mediators of the effects of the larger food environment on their children's diet and nutritional status. Parents are a path by which, to use the words of Nancy Krieger<sup>4</sup>, children incorporate the part of society that they live in into their biology. This view of parents as mediators has two implications. First, it reinforces the value of providing parents with the proper resources to improve their children's diet and nutritional status. Second, it points to the importance of the larger environment. While parents shape the household food environment, they are themselves shaped by the larger food environment, their own diets influenced by the availability of foods outside the home and the acceptability and desirability of those foods. Their children will either benefit from or fall victim to the same societal forces that confront and mold their parents. Thus, overweight parents are more likely to raise overweight children (how does a parent who loves doughnuts raise a child who does not?), and malnourished mothers are more likely to raise malnourished children (how does a parent provide enough food for her children when she has barely enough for herself?).

A "positive deviance" approach provides, as Pryer *et al.*<sup>3</sup> put it, "indications of how families succeed in maintaining child nutrition in the face of adversity." The shame is that the path to good nutrition should be so adverse for so many people. In overweight societies, having your child snack on carrot sticks rather than cookies is swimming against the tide in a society flowing with cheap, well-advertised cookies. In undernourished societies, selecting foods to produce a well-balanced meal is difficult when financial and educational resources are limited.

Promoting a positively deviant lifestyle, beyond being a catchy slogan, is a good start: for example, providing practical advice to parents on how to promote nutritious eating habits in their children<sup>5</sup>, or sponsoring "hearths" to encourage good feeding practices among mothers<sup>6</sup>. But we might also hold onto a belief in a trickle-down effect for the food environment: policies that promote a healthy food environment on a larger level will make it easier for parents to promote a healthy food environment in the home. Some, particularly in overnourished societies, may argue that such a perspective absolves parents (such as me) of their responsibility in feeding their children well. Certainly parents remain responsible; unless I hope to rely on the do-as-I-say-not-as-I-do approach with my own child, let's hope that I make the right choice between eating an apple or a slice of apple pie for a snack. But as researchers and practitioners in public health nutrition, whether the problem is overnutrition or undernutrition, our goal should be to create a food environment that

minimizes adversity and helps parents succeed in achieving good nutritional status for their children.

My own research primarily focuses on diet in relation to the development of chronic diseases in western societies. I expect that editorship of *Public Health Nutrition* will raise my awareness of a wider range of nutrition-related issues around the world, and my appreciation for commonalities in the roots and resolutions of those issues. I hope that *Public Health Nutrition* will continue to do the same for its readership.

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### References

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- 3 Pryer JA, Rogers S, Rahman A. The epidemiology of good nutritional status among children from a population with a high prevalence of malnutrition. *Public Health Nutrition* 2004; **7**: 311–7.
- 4 Tseng M, Yeatts K. ‘The future of epidemiology:’ a panel discussion. *Epidemiology Monitor* 1997; **18**: 5.
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