

Issue: 18, 2010

The Influence of Grandparents on Children's Diets

AUTHOR(S): Michele Roberts and Simone Pettigrew

ABSTRACT

Grandparents play an important role in feeding their grandchildren, yet the families in this qualitative study reported that grandparents usually provide their children with unhealthy food. Grandparents were frequently discussed as one of the major enablers of children's unhealthy eating, yet they remain overlooked in campaigns to improve children's diets. The findings suggest ways that social marketers can develop specific campaigns to improve children's diets through their grandparents.

ARTICLE

Introduction

The Australian Government estimates that almost three-quarters of the Australian population will be overweight or obese by 2025, including one-third of all children (National Preventative Health Taskforce 2008). Obesity has been declared a major epidemic in Australia (National Obesity Taskforce 2003) and throughout the world (World Health Organisation 2000). The physical symptoms of obesity in childhood and adolescence include increased cardiovascular disease, abnormal glucose metabolism, hepatic-gastrointestinal abnormalities, and orthopaedic problems (World Health Organisation 2000). Child obesity also has a strong association with Type-2 diabetes (McMahon et al. 2004). Type-2 diabetes can later lead to heart disease, stroke, limb amputation, kidney failure, and blindness (National Obesity Taskforce 2003; McMahon et al. 2004). The mental health problems include low self-esteem (Bokedal and Rasmussen 2004; Lowry, Sallinen, and Janicke 2007), depression (Swallen, Reither, Haas, and Meier. 2005), and increased likelihood of suicide ideation and suicide attempts (Eaton et al. 2005). Obese children also suffer from increased exposure to bullying, both as victims and perpetrators (Australian Institute of Health and Welfare 2004).

There are many studies examining the influence of families on children's diets, and these have identified a range of factors including parental knowledge, parenting style, parental modelling, and home environment (Golan and Weizman 2001). In almost all studies, the role of grandparents remains unexamined. John (1999) argued that family consumption influence needs to be studied at a disaggregate level, breaking it down into discrete influences, such as father to son, or in the case of this study, grandparent to grandchild. This may provide specific, and therefore more actionable, insights to improve children's diets.

Data from the Australian Bureau of Statistics (ABS 2008) indicate that 28% of grandparents regularly care for their grandchildren while their parents work, and as many as 39% provide care during school holidays. During a 12 month period, 83% of children had been cared for by their grandparents. Younger children are up to four times more likely to be cared for by grandparents than by formal day care centres (ABS 2007), yet while grandparents have been largely ignored, day care centres have received considerable attention from those seeking to improve children's diets (Hughes 2000; Story 2006).

Little is known about the influence of grandparents on children's diets. Two studies have focused on the food behaviours of grandparents in relation to their grandchildren, however one of these studies (Kicklighter et al. 2007) focused entirely on the nutritional needs of the grandparents, whilst the other (Jingxiong 2006) was set in China, making it difficult to draw conclusions about less family-oriented cultures such as Australia.

This paper reports findings from a qualitative study of children's diets that explicitly examined the influence of family groups and peer groups. The study focused on the social and psychological factors contributing to child obesity, and in doing so uncovered important insights on the role of grandparents. These insights can inform social marketing interventions that aim to improve children's diets.

Method

As this was an exploratory study, a grounded approach was used to provide a deep understanding of the social and psychological influences on children's diets. Data were collected in three schools – a higher, a middle, and a lower socio-economic status (SES) school. School SES was taken from the Socio-Economic Indexes for Areas (Australian Bureau of Statistics 2001). In total there were 163 study participants, including both children (n=124, including five children living with their grandparents) and parents (n=39). The children were aged from 6 to 12 years. Table 1 provides a breakdown of the gender and SES profiles of the sample members. Many of the parents had multiple children participating in the study, hence the smaller number of adults relative to children. The low number of men in the study reflects the fact that only primary carers were recruited into the study. Data collection took the form of individual interviews and small-group interviews. Table 2 shows the distribution of the sample according to data collection method.

During the interviews, numerous topics relating to children's eating behaviours and parents' feeding practices were discussed. The interviews were audio-recorded and subsequently transcribed. The interview transcripts were then imported into NVivo 8.0 for coding and analysis. Analysis of the data revealed that many parents and children discussed grandparents as enablers of sub-optimal food consumption. An account of their role as enablers is provided below, along with a discussion of the factors that seemed to underpin this behaviour.

A weakness of this study is that grandparents were not identified earlier as a population of interest and actively recruited as sample members. This was unavoidable as the influence of grandparents was an emergent finding, however the data provided by children and parents provided substantial information relating to the role of grandparents.

Table 1: Sample characteristics

Children	Quantity
Gender	
Girls	74
Boys	50
Socio-economic status	
Low SES school	43
Medium SES school	48
High SES school	33
Adults	
Gender	
Women	36
Men	3
Socio-economic status	
Low SES school	14
Medium SES school	12
High SES school	13
Total	163

Table 2: Interview format

	Interview type	Number of interviews	Number of interviewees
Children	Individual	26	26
	Small group	39	98
Adults	Individual	27	27
	Small group	4	12
Total		73	163

Findings

Grandparents were reported by many parents as having considerable impact on their grandchildren's diets. This occurred through their use of foods as gifts and their role as childcare providers, as discussed below. Identifiers are provided with each quote to indicate the SES of the school from which children and parents were recruited (low (LSES), medium (MSES), and high (HSES)) and the data collection format (group or individual (indiv)).

Killing them with Kindness

Food seemed to be a tool that many of the grandparents used to differentiate their role from that of other carers and parents and to send the message that time spent with them was more rewarding than time with other adults.

The grandparents just come with the sugared buns and the lollies every time they see the kids, so the kids automatically associate Nanna and Grandpa with lollies and food...Probably every couple of weeks they see them and Mum will bring a big bag of lollies with her (*HSES, mother, indiv*).

My mum is constantly offering all of her grandchildren rubbish. Whenever she looks after them, when we go to pick them up she's given them three icy poles. It's not just one, it's in excess. So, she's a real big problem when it comes to trying to teach the kids to eat well (*LSES, mother, group*).

This difference in attitude between parents and grandparents may stem from grandparents' perception that the grandchildren are only with them for a limited time and so everyday rules need not apply. However, it is apparent from the comment below that some of these children were spending considerable amounts of time in their grandparents' care.

Nanna would buy them – she used to live round the corner from Hungry Jacks and McDonald's. It was always, 'Can we go to Nanna's for dinner?' We would pop up to Nanna's, and she would be like, 'Let's go to McDonald's'. It used to be a very big problem. Or they would go and stay at her house and she would be cooking and they would say, 'We don't want vegetables tonight', and she would say, 'All right', and give them steak and chips (*LSES, mother, indiv*).

The Rebel Grandparent

This grandparental behaviour did not appear to be accounted for by ignorance or insensitivity to the parents' wishes. Some grandparents were reported to deliberately flout parental food rules, positioning themselves as a higher authority than parental law. The rebel grandparent was a recurring theme in the discussions about grandparents and food.

When we visit them they say, 'I'm the grandma, I can do what I like' (*HSES, mother, group*).

When I was trying to introduce new things and they didn't want to eat, they would ring my mum, and Mum would say, 'You don't have to do this' (*MSES, mother, indiv*).

A particular theme alluded to was the grandparents sneaking food behind parents' backs. There were several accounts of grandparents blatantly subverting parental authority.

My grandparents are constantly sneaking things to them as long as I can remember (*MSES, mother, indiv*).

The dog knocked over her bowl of pasta which had been specially brought from home and she was terribly upset. My mum is here going, 'I've got a bag of Twix here she can eat'. My sister said, 'No, she's got some fruit here – she can eat some fruit', and we actually saw her pull my niece aside and give her the Twix and say, 'Here eat these' (*LSES, mother, group*).

This 'sneaking' emphasises that these grandparents are adults who do not necessarily respect or comply with parental authority. This may help to create a special and unique adult-child relationship that serves as a long-term investment which could pay dividends in the child's continued relationship with the grandparents as they develop interests beyond the family.

Several children alluded to the rebel grandparent, explaining how they regularly received products from their grandparents that were restricted at home. In most cases, it seemed that they were certain to receive the product.

Child: The main time I go to McDonald's is when I'm at Gran and Grandad's house...

Researcher: What else do they get you that Mum and Dad won't get?

Child: Starbursts, those little Starbursts square lollies, I love them. They get them and they get Lemonade. They've got all the fizzy drinks (MSES, girl, indiv).

Child: I tried Roll Ups at my Grandpa's place.

Researcher: What else does Grandpa get you that you like?

Child: He gets me Freddo and sometimes these [points to Oreo bars]...Sometimes the chips...I think they are good for a snack when Grandpa picks me up.

Researcher: Is there stuff that you're allowed at Grandpa's that Mum won't buy?

Child: Yes, she won't let me buy chocolate donuts (HSES, boy, group).

My grandmother, she usually buys us chocolates, and I don't really get them at home (HSES, girl, group).

The excerpt below reveals an interesting aspect of the rebel grandparent. It appears that parents who try to persuade grandparents to support healthy eating may trigger a novel form of reverse psychological reactance, whereby the parents (or in this case, grandparents) rebel against pressure to conform from their own children.

You go up there [to the grandparents] and Mum says, 'Here have a juice', and I say, 'Mum, they don't drink juice', and she says, 'But they like it when they come here, and it's not juice it's the 35%'. So yes, it does cause a little bit of conflict...She probably does it more of a power thing – not liking your child telling you what's healthy (HSES, mother, indiv).

The findings also indicated that grandmothers can be disparaging of their daughters' attempts to improve their children's diets. Rather than supporting their daughters' efforts to encourage healthy eating, some of the grandmothers appeared to be quite dismissive of health concerns.

They [grandparents] do mock me a bit because I'll say, 'No, because it's got too much colours'. They do mock me (HSES, mother, indiv).

Researcher: Do you find other people support your feeding practices?

Mother: My mum came over and I said, 'Try not to give her anything like Coke', and she was like, 'Oh that's rubbish, it doesn't affect them' (MSES, mother, group).

It thus appears that grandparents can play a critical role in reinforcing or undermining healthy eating for their grandchildren. This is likely to be particularly the case for single working mothers who can be highly dependent on the grandparents help with childcare (Australian Bureau of Statistics 2008).

Discussion

This study responds to John's request (1999) to disaggregate family consumption influences to the discrete, relationship level. In doing so, the findings suggest that understanding and improving grandparents' child-feeding practices could be a valuable approach to improving children's diets. As there have been no apparent campaigns to address grandparents' child-feeding practices in Australia, there is much opportunity for improvements in this area.

The findings of this study are useful to social marketers developing campaigns to reduce child obesity. According to selection criteria in the TARPARE model (Donovan and Henley 2003) that prioritises target markets for social marketing, grandparents rate highly on almost every dimension, particularly in terms of their numbers and accessibility. This segment is easy to reach, and is likely to be highly persuadable based on the devotion to their grandchildren reported in this study. Social marketers could attempt to address the attitudes and beliefs underpinning grandparents' child-feeding and food-gifting practices through the use of the traditional marketing mix, as outlined below.

Product

Information could be packaged into a tailored campaign to inform grandparents about the potential harm of unhealthy eating practices for their grandchildren. The campaign could also recommend that grandparents become champions of healthy eating and to encourage and support parents' attempts to improve their children's diets. One approach would be to facilitate the role of grandparents as teachers of cooking skills to grandchildren; there is anecdotal evidence that these skills are diminishing in contemporary society. This is a natural role for grandmothers to assume and would help to position them as endorsers of healthy eating. Information could be provided on how to teach cooking skills to children (e.g., safety advice relating to children's use of knives, ovens, and kettles), the kinds of healthy recipes that are likely to be effective for such purposes, and how to grow a kitchen garden with a child. Attempts to modify perceived norms would be another valuable approach, helping grandparents feel fewer expectations to indulge their grandchildren, encouraging more optimal expressions of devotion, and suggesting alternative ways to enhance their time together.

Price

There will inevitably be costs for grandparents becoming champions of their grandchildren's healthy eating. The cost of stocking the fridge and pantry with fruit, bread, and wholegrain products, rather than chips and snack bars, is considerable, particularly as the children reach adolescence and consume larger quantities of food. A pricing strategy could be to subsidise healthy foods for grandparents; perhaps introducing a system of coupons for items of food which can only be redeemed when grandparents are accompanied by their grandchildren. This would also facilitate their role as teacher during the shared trips to purchase healthy food. Social marketers may also emphasise the physical and mental costs that will be paid by their grandchildren (diabetes, low-self esteem, bullying) if they become overweight.

Place

Access to campaign resources would need to be considered in view of possible limitations on mobility and the need to source healthy, and often heavy, fresh foods to prepare for their grandchildren. One reason that grandparents may serve mostly unhealthy foods to their children when they visit could be because these foods can be stored in the cupboards for indefinite periods of time. Grandparents would need access to appealing healthy foods that will not perish between their grandchildren's visits.

Promotion

Messages will need to be placed in media accessible to grandparents, with additional promotion in seniors' recreational venues. In addition, it should be acknowledged that although the reported influence of grandparents in this study was almost entirely negative in relation to children's diets, this must not be the whole story. There are likely to be many other grandparents who are exceptions to this pattern, offering and enforcing healthy eating to their grandchildren. It would be valuable for future research to seek out these positive examples to gain insights for future campaigns that may empower and enable other grandparents.

People

Social marketers will need to develop partnerships with seniors' organizations to promote the importance of grandparents contributing to a healthy diet for their grandchildren. These organizations can also help to run classes to re-educate grandparents about feeding children, as both the available food and the eating habits of children are likely to have changed somewhat since these grandparents were parents themselves. Partnerships will also be valuable with food retailers to develop coupons to reduce the financial costs of offering healthy food and snacks to children.

As noted earlier, an important limitation of this study was that grandparents were not sampled to provide their perspective on their child-feeding behaviours and the factors impacting their child-feeding choices. Future research could focus specifically on grandparents to investigate their views of children's diets and the barriers and facilitators affecting the provision of healthy foods to their grandchildren. Such an approach may also yield interesting findings relating to grandparents' views of child feeding practices among the current generation of parents and the social and commercial environments in which today's children are being raised.

To conclude, the findings of this study indicate that grandparents are an important group that is currently being overlooked in campaigns to reduce child obesity. Stereotypes of the grandparent role may be contributing to suboptimal feeding behaviours that can have implications for children's weight status. Further research is required to explore this phenomenon in more detail.

References

- Australian Bureau of Statistics (2008), *Media Release: Families Week Facts and Figures from the ABS*, Canberra.
- Australian Bureau of Statistics (2007), *Media Release: Mothers' Day 2007 and National Families Week*, Canberra.
- Australian Bureau of Statistics (2001), *Census of Population and Housing. Socio-Economic Indexes for Areas (SEIFA)*, Canberra.
- Australian Institute of Health and Welfare (2004), *Health, Wellbeing and Body Weight*.
- Bokedal, Carin and Finn Rasmussen (2004), "Self-esteem and Lifestyle in Swedish School Children", *International Journal of Obesity*, 28 (S113), S127.
- Donovan, Robert, and Nadine Henley (2003), *Social Marketing, Principles and Practice*, IP Communications, Melbourne.
- Eaton, Danice K., Richard Lowry, Nancy D. Brener, Deborah A. Galuska, and Alex E. Crosby (2005), "Associations of Body Mass Index and Perceived Weight with Suicide Ideation and Suicide Attempts Among US High School Students", *Archives of Pediatrics & Adolescent Medicine*, 159, 513-519.

- Golan, Moria and Abraham Weizman (2001), "Familial Approach to the Treatment of Childhood Obesity: Conceptual Model", *Journal of Nutrition Education*, 33 (2), 102-107.
- Hughes, Sherryl O., Heather Patrick, Thomas G. Power, Jennifer O. Fisher, Cheryl B. Anderson, and Theresa A. Nicklas (2007), "The Impact of Child Care Providers' Feeding on Children's Food Consumption", *Journal of Developmental & Behavioral Pediatrics*, 28 (2), 100-108.
- Jingxiong, Jiang, Urban Rosenqvist, Wang Huishan, Ted Greiner, Liam Guangli, and Anna Sarkadi (2007), "Influence of Grandparents on Eating Behaviors of Young Children in Chinese Three-Generation Families", *Appetite*, 48 (3), 377-383.
- John, Deborah R. (1999), "Consumer Socialization of Children: A Retrospective Look at Twenty-Five years of Research", *Journal of Consumer Research*, 26, 183-213.
- Kicklighter, Jana, Whitley, Deborah, M., Susan, J. Kelley, Sherry M. Shipskie, Julie L. Taube, and Rashelle Berry (2007), "Grandparents Raising Grandchildren: A Response to a Nutrition and Physical Activity Intervention", *Journal of the American Dietetic Association*, 107 (7), 1210-1213.
- Lowry, Kelly W., Bethany J. Sallinen, and David M. Janicke (2007), "The Effects of Weight Management Programs on Self-Esteem in Pediatric Overweight Populations", *Journal of Pediatric Psychology*, 32 (10), 1179-1185.
- McMahon, Sarah K., Aveni Haynes, Nirubasini Ratnam, Maree Grant, Christine L. Carne, Timothy W. Jones, and Elizabeth A. Davis (2004), "Increase in Type 2 Diabetes in Children and Adolescents in Western Australia", *Medical Journal of Australia*, 180 (9), 459-461.
- National Obesity Taskforce (2003), *Healthy Weight 2008 - Australia's Future. The National Action Agenda for Children and Young People and Their Families*, Department of Communications, Information Technology and the Arts, Canberra.
- National Preventative Health Taskforce 2008, *Australia: The Healthiest Country by 2020 - A Discussion Paper*.
- Story, Mary, Karen M. Kaphingst, and Simone French (2006), "The Role of Child Care Settings in Obesity Prevention", *The Future of Children*, 16 (1), 143-168.
- Swallen, Karen C., Eric N. Reither, Steven A. Haas, and Ann M. Meier (2005), "Overweight, Obesity, and Health-Related Quality of Life Among Adolescents: The National Longitudinal Study of Adolescent Health", *Pediatrics*, 115 (2), 340-347.
- World Health Organisation (2000), *Obesity: Preventing and Managing the Global Epidemic*, World Health Organization, Geneva.