As the Twig Is Bent

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It is one thing to know what to eat for good nutrition—that is basic knowledge. It is another type of learning, or wisdom, to know how to influence others, particularly children, to establish the kind of eating practices that will help them all their lives.

Good eating habits begin in infancy, for babies come into the world without established patterns of behavior, and habits formed early develop into lifetime practices.

Start with the child therefore—not with the food.

Provide companionship from the beginning. One of the first ways to start the baby on the route to good eating is to hold him while he eats. Whether your baby is nursed at the breast or fed from a bottle, your concern will be to see that he gets enough food of the right kind and that he enjoys eating.

A breast-fed baby gets contentment out of being close to his mother. The bottle-fed baby who is held while he nurses can feel the same kind of warmth and tenderness about him. You are giving your baby companionship as well as food when you hold him while he eats.

It matters less that you feed your baby by breast or by bottle than that you feel easy and relaxed and confident in your ability to provide for him. The spirit in which you feed your baby counts, as well as the particular kind of milk he gets.

Adapt the schedule to the baby. Babies know when they need to be fed. There is a swing away from beginning with a regulated number of feedings set by the clock.

Letting a baby have a chance to develop a feeding rhythm of his own takes more judgment than feeding him at set intervals. This will require giving careful attention to your baby to learn to judge whether he is hungry or just fussing for attention. It can be very satisfying to you to feel that you are letting the baby guide you in understanding his need to eat. You will be helping him at the same time to take the first step toward the three-meals-a-day custom he will end up with eventually.

There is a difference between "self-demand feeding" and "self-regulation of feeding." Meeting all the demands of a baby does not necessarily prepare him to live happily in a realistic world.
Helping him to regulate his meals, to be content with feedings that get farther apart as he advances in age and development because he takes more at each feeding, is teaching him to adapt his eating demands to changing needs. Sooner or later his feedings can become fairly well regulated so family schedules will not be upset, but the move toward regularity should come slowly.

Add supplementary foods gradually. Regardless of at what age your doctor suggests adding other foods to the initial milk diet, it is essential that the baby enjoy this new experience. I mentioned the importance of the mother’s attitude in influencing the baby’s first acceptance of the eating process and his satisfaction in it. Human beings, influenced as we are by emotions, are affected throughout life by attitudes—of ourselves and of others. Emotions apply to eating as well as to other daily habits.

All new experiences in eating are likelier to bring satisfaction if the strange food is introduced slowly, in small amounts, and under pleasant circumstances. Often the mother provides pleasure by holding the baby on her lap and by not becoming disturbed if the experience is not successful from the start.

A wise procedure in introducing a new food is to initiate the baby into some of the sensations of tasting and feeling a new food and then to concentrate on getting the food into him. As taste and touch become less strange, the baby is more apt to swallow the food, which is the second step in accepting a new food.

If you give the baby the new food early in the meal when his hunger is keenest, very likely he will eat it. Do not crowd him into eating a normal serving of a new food even though he may do so willingly. Follow the new food with a familiar favorite so that the complete process gives the baby a feeling of pleasure with the meal.

Change the form in which food is prepared. Babies can become so accustomed to soft, thin purees that they resist change in the way the food feels to them. Change needs to begin gradually with mashed and chopped foods before the baby gets foods in the coarser forms customarily eaten by the family.

Introduce new methods of eating along with other new eating experiences. Just as it is important to change the flavors and forms of food before habits become so firmly set that change is strongly resisted, it is necessary to change the manner of serving food to babies before these habits also become difficult to change.

Thus a first step in weaning the baby from nursing, whether from the breast or bottle, is to start him gradually taking a few sips from a cup. The object in the beginning is to get him accustomed to the cup. If mothers could accept this as the goal at first instead of feeling frustrated over milk that spills out of the baby’s mouth in the first trials, both mother and baby could experience the new practice with more pleasure.

Acquainting the baby with the cup, like all new sensations, should be brief. Then follow it with a familiar and pleasant process, such as nursing.

Even after a baby has learned to drink well from a cup, he may not be ready to take all his milk and other liquids in this way. Nursing has been one of his chief satisfactions since birth. Letting the baby help hold the cup gives him a degree of satisfaction that takes the place of some of the pleasure he had in the sucking process.

A gradual replacement of nursing is likely to be more acceptable than a sudden change. The baby may need a little extra attention during this time to make up to him for the loss of the close companionship he enjoyed while nursing.

Determine amounts of foods on an individual basis. Each baby deter-
mines how much food his own body needs. Expecting him to take the same amount at each feeding or to take the amount listed in a chart for his age may cause him to refuse food.

Urging a baby to take the same amounts of food consumed by older brothers or sisters when they were infants may be entirely wrong. Undue urging can destroy appetite. It can also have lasting psychological effects.

A baby by nature grows in a rhythm of getting hungry, demanding food, enjoying food, feeling satisfied after eating—several times a day, day after day.

Such a repetition of satisfactions builds into the child’s concept of life feelings of confidence and well-being, and trust in those about him. Any interference in this rhythm tends to disturb the satisfaction that results from completion of the cycle.

If mealtime becomes a struggle between him and his mother, eating becomes a conflict between the baby’s drive to satisfy his appetite and his mother’s goal, which may differ from the baby’s goal. Such conflicts may result in lack of interest in food. Sometimes actual defensiveness and suspicion may develop. Some babies are big eaters. Some have small appetites. Babies, like adults, do not always want the same amounts of food each day or at each meal. Rate of growth is not uniform, even during its period of most rapid progress.

The more disturbed the mother becomes over getting the baby to take food, the more finicky he may become over his eating. Eating is not and cannot be isolated into a mere physical process separated from simultaneous emotional processes.

ENCOURAGE the baby to take a variety of foods. His body’s nutritional needs (like ours) are more likely to be met if they are met from many sources instead of a limited number of foods. Human beings tend to resist change. It usually takes a conscious and concerted effort to convert the baby from satisfaction with a few foods to acceptance and finally enjoyment of a number of different foods.

There are psychological and economical reasons also for teaching the young to eat a variety of foods. As a person widens his living farther and farther away from the home situation to visits away from home, to school, to public eating places, and eventually to his own home, opportunities for food selection expand and vary. Fortunate is the person who can adapt his meal patterns to reasonable circumstances and yet be satisfied and well fed.

Babies and children like best the foods they know best. Give them only a small portion—even as little as a taste—of the unfamiliar food the first time. Introduce it in the same meal with some food the child likes especially. Do not call undue attention to this small amount—maybe only a bite size—and it is more likely to be eaten. Repeat the process in a few days, regardless if the food was eaten or refused the first time it was served.

Watch that your own hunger or liking for a particular food does not cause you to be overly generous or optimistic in the size of the servings.

Purposely serving smaller portions than the child will eat and giving a second small helping if requested mean greater consumption than a larger serving in the beginning. As the child begins to experiment with eating the new food, the amount can be increased gradually to usual family size, and the food can be served as often as it appears in the family menus.

Babies and young children seem to prefer eating all of one food before they start another. They also tend to eat more indiscriminately when they are hungriest—at the beginning of a meal.

The practice of some mothers of mixing a new food with a familiar food may succeed with certain youngsters, but sometimes it may cause a baby to reject not only the new food but the other as well. Alternating bites of less well-liked foods with other foods may be acceptable or even necessary.
If actual unpleasantness occurs at any time during the process of introducing new or unliked foods, it is well to postpone any contact or reference to the food until the baby has had time enough to forget about the previous experience. In reintroducing the rejected food, serve it under circumstances different from the previous time.

Even very young children begin copying the eating habits of those near them. A food rejected by one member of the family may also be refused by the baby. Babies at an early age learn to distinguish between sham and reality, particularly in matters as personal and as recurring as eating. Pretending to like a food is not enough. The real attitudes of family members about foods are soon recognized by the baby.

The mother unconsciously may reveal her attitudes toward the flavor, texture, and color of a food as she prepares it with the hungry youngster eagerly watching her. A common method of testing the temperature of strained or pureed vegetables or meat is to taste a small portion from a spoon just before feeding it. So-called baby foods seldom are seasoned to suit adult preferences. Even the look on the mother's face may be enough to condition the child against the food. Misplaced and ill-advised expressions from other family members are to be discouraged.

Fortunate indeed is the child whose parents provide him with the health benefits of highly nutritious liver or greens, even though adults may not care for them. Conscientious and understanding parents often have to learn to eat the variety of foods they want the baby to eat, particularly as the child's age and his drives toward self-assertion increase. This brings us to a consideration of ways to help the child in eating habits as he progresses from dependence upon others in the daily routine—from being fed to feeding himself.

Expect foods to be handled as the child begins to feed himself and prepare for this by the way you serve his food.

Seek ways of serving suitable foods as "finger" foods during the child's growth period, when coordination of small muscles is too undeveloped to permit the careful handling of spoons, forks, and knives.

A youngster's independence is aided by meats cut into strips before cooking; bacon slices rendered of most of the fat; vegetables, when they are recommended to be served raw, such as carrots and celery; cut into thin sticks; fruit cut into small, convenient-to-eat wedges or chunks; and toast cut into a variety of small shapes. His sense of achievement is stimulated because he can eat foods in these forms without depending upon adult help and without having been fussed at for being so messy with his eating.

The same principle applies to drinking milk and other liquids from a small, flat glass, which perhaps the child may be permitted to refill from a pitcher he can handle.

Select suitable equipment to encourage self-feeding. Small, immature hands cannot handle with confidence the same eating equipment used by the older family members. The size and height of his chair, for example, can influence the child's poise in conveying food to the mouth, as can the shape and size of the spoon or the glass.

Such equipment includes thick-bottomed cups and glasses weighted to keep them upright; dishes of unbreakable materials in a variety of colors; bowls having curved inside walls to fit the shape of the spoon as it scrapes around the sides; spoons with the handle attached to the side of the bowl of the spoon instead of the end (the youngster ladles the food into his mouth); chairs with weight distributed in such a way that they resist toppling over; and blunt tines on short-handled forks.

Whether one purchases furniture and
meal service equipment specially designed for children or improvises it from available home supplies, the result can contribute to greater satisfaction with the eating process for the child as well as for other family members.

Accept growing independence as a stage of normal development and treat it accordingly. However gradual the growth toward independence may be, with recurring relapses even into adulthood, a time comes when children assume responsibility for feeding themselves. During this process of change, many eating problems occur.

The child has learned by this time that his parents, particularly his mother, are sensitive to matters pertaining to his eating. His own interests in the world about him have expanded to include far more pleasures than those associated with satisfying his hunger for food. His hunger itself has changed as has his rate of physical growth. His memory is getting better. He remembers for a longer time and more vividly. He therefore recalls more readily any unpleasant associations with particular foods: He becomes more choosy as well as less hungry at times.

Try to go along calmly with variable food whims when they occur. The chances are that the child will settle down to normal eating habits more readily if his departures from them are not the focus of attention.

Urging an infant to accept some change in eating practice may bring about some resistance, particularly at first, but pressures on children who are actively asserting their drives toward self-direction may turn temporary rejections into permanent ones. Most foods can be replaced in the diet with others of similar composition to provide the needed nutrients.

Allow the child, if he wishes, to eat a larger amount than usual of one wholesome food at the time he may eat less or none of another.

Remember, however, that a child who for a long time refuses all foods of like composition that supply essential nutrients (citrus fruits, for example, or green vegetables) may develop dietary deficiencies that need medical attention.

The rewards from careful training in sound eating habits from the beginning usually come in periods of child development in which normally there occur problems in eating peculiar to the stage of growth.

On the other hand, a child who has been permitted to follow since birth his inclinations against changes in flavors, forms, and varieties of food and in methods of eating is likely to resist any inroads on his developing drives toward independence. Real nutritional deficiencies can result in the child who limits indefinitely his food intake to a few favorite foods, even though the foods (such as milk) in themselves may be especially nutritious.

Respect independence in eating as a desirable trait to be encouraged. Do not leave to chance, however, the learning of good judgment on the child’s part. If we are to permit a child to choose eventually, within reason and to some extent, the foods that will constitute his daily meals, then he needs a knowledge and understanding of the functions of food in life on which to base his choices.

A basic point about the function of food is that food promotes growth. Growth to the young child means, first, body size. He wants to grow big. This is one of his inborn drives and seldom if ever needs motivating.

When a child really learns to the point of being convinced that his food choices affect the way he grows, he has a self-motivated incentive to eat for a conscious purpose. It is through such stages in child learning that his goal in eating and the parents’ goal in directing his eating are likely to coincide at last. This is a turning point in parents’ responsibility in child feeding.
It deserves understanding and appreciation.

Adults responsible for teaching children to eat sometimes fail to realize that few, if any, concepts are learned by the listening process alone.

The opinions and attitudes children form about the functions of food are no exception.

The words, "Eat this, it will make you grow big," are wasted if the child does not already realize that food can make a difference in the way he grows. He may have tested your promise for growth by having followed your request—only to discover, upon investigating, that he is no larger than he was before he ate the food you said would make him grow. A child often has to see to believe, and even then he may doubt at first. We are not born with knowing what food does for us—but with the hunger that causes us to seek it.

How can we help a child to learn that what he eats makes a difference in the way he grows?

Let him see, with you, how fast some animals, possibly pets, grow when they are fed properly, and you will start the child on the road to understanding. The animals you observe should be of fast-growing species, however, if the young child is to see changes in a relatively short time. Otherwise his interest may lag, doubts creep in, and he may lose trust in those who are trying to convince him.

Children usually find pleasure in watching young animals nurse or eat in whatever ways are natural. Help the child associate eating with growing. This is easier to do when a change in growth is obvious in a few days' time, as with kittens, pups, guinea pigs, pigs, and lambs. Calves and colts and many other larger animals that a child may see in the zoo do not show change in size fast enough to establish the desired association of eating with growing, which the child needs to make in his own mind.

Up to the time the child starts to school, the family is certainly his strongest influence in shaping the direction of all his habits of behavior, including those pertaining to eating.

At school, the child moves into an environment that provides him with two additional influences—his teacher and his age mates or peers.

COORDINATE home and school influences for best results. If your child's eating patterns are satisfactory when he starts to school, these practices need protection and encouragement to continue in a new situation where he may begin eating at least the noon meal regularly away from home.

If you have not achieved all that you wished in helping your youngster to form sound eating habits, the school may provide a turning point in new possibilities. To foster the perpetuation of already established satisfactory patterns or to converge efforts toward major changes in eating practices, the family at home and the teachers at school have much to share in working toward common goals for the well-being of the child.

A child's ever-widening curiosity and interest in the world about him naturally includes interest in finding out more about foods—where foods come from, how they are raised and distributed, their names, what they taste like, what they cost, and what they do for us.

ENCOURAGE the people in your child's school to study food and eating habits.

If the practices of the child measure up well against recommended standards, he will benefit from a feeling of achievement. That in itself can motivate him to continue his good habits.

If his patterns of eating have not developed as far as they need to for his well-being, his finding this out in a class situation as a part of his regular school program can go a long way in impressing him with its importance. Sometimes children pay more attention to "what the teacher says" than to what they hear at home.
A study of food habits—often referred to as a diet survey—can serve for class and home projects over many months. Improved behavior or good habit formation is more likely to occur when there are real problems for pupils to solve within their range of interest.

Most teachers know in general, or can find out, the diet patterns of their children without a diet survey. But because every learner is an individual with different hereditary, home, and social backgrounds and with different purposes or drives, learning takes place more readily when emphasis is placed on the individual. This principle alone would point the necessity for individual pupil food surveys as a sound basis for teaching children to eat wisely.

The teacher knows that many of her children may be eating less than recommended amounts of green and yellow vegetables, citrus fruits, and milk. But her knowledge of this general pattern of the children’s dietary shortcomings does not mean that the children (and possibly their parents) have this knowledge. Even if this information is passed on to the children and parents, it still does not reveal the individual child’s eating practices, which very likely will be good in some respects and not so good in other ways. Any child (like his parents) is more interested in his own situation than that of the class as a whole.

Studies of the food habits of individual pupils, from the simple, non-technical types to the more elaborate investigations, are a logical way to determine the needs for emphasizing eating habits. These needs may be a stimulation to both home and school to promote better education in nutrition in the whole community.

Children themselves can understand only the simple studies of food habits. Scientific studies may involve technicians, nurses, physicians, and laboratory analyses and be much more accurate, but they have little value if the child fails to see the relationship between the investigation and his own diet—whether or not he is eating the amounts he needs of a variety of foods.

The very act of learning takes place individually. Since learning can be done only by the individual—it cannot be done for him—every opportunity to relate nutrition education to the individual learner is worth encouraging.

FOLLOW A SIMPLE guide as a basis for food selection.

For convenience in helping the people in our Nation (and in the world) to choose daily meals likely to meet nutritional needs, agencies responsible for promoting nutritional health have grouped together foods making similar nutritional contributions to the body. With the large variety of foods available for human consumption, there is naturally more than one plan for grouping foods of similar composition.

Perhaps the most widely publicized grouping in the past has been the basic seven, which groups foods of similar chemical composition. As a general plan, we are to eat some of the foods from each of the seven groups each day.

A newer and possibly more logical arrangement places foods into four groups. The differences among the groupings are more pronounced than when seven categories are used.

For example, whatever food plan is used as a guide, the amount of milk recommended for daily consumption for elementary school children is 3 to 4 cups. When an individual child’s intake falls short of this amount, he can readily see that he needs to include more milk to meet the recommended amounts for children. This fact can also be transmitted to all parents.

USE SIMPLE terms in discussing foods and standards for wise eating, especially with children in the primary grades.

For instance, dark-green and deep-yellow vegetables, of which many children eat less than the recommended
amounts, must be identified for the young child by names of individual foods, some of which he can already recognize. The very young child thinks of individual foods, not classifications of foods such as "fruit," "vegetables," and "nuts." We cannot expect a child in primary grades to know subgroups like "citrus" fruits and "green and yellow" vegetables, even though he may begin to be introduced to foods by their classifications.

Respect existing meal patterns. Equally important in helping children recognize their individual goals in nutrition is the need for protecting each child from embarrassment over any shortcomings a study of his dietary habits may reveal.

Food practices are personal. As such, they merit respect and confidential treatment.

Eating is an experience around which many cultural forces operate, and some children may feel uneasy and uncomfortable concerning their own eating patterns.

One way of showing respect for existing food habits is to accept the fact that not all families have the same kind of meals. Some families, for instance, prefer cereal foods for the evening meal—others at breakfast; some have meat only for dinner; others have it morning, noon, and evening. The nutritive value of food to the body does not depend on the time of day it is eaten.

Let the child be comfortable in his food pattern. It is important to recognize the good points in each child's food habits. He deserves praise for some practices and should be encouraged to maintain them as a sort of bulwark against the realization that he may have other practices (or, oftener, omissions) that may need changing.

You can do that by checking first to see that recommended foods are included in diets. Bread and cereals are a safe start, because they are likely to measure up well. Thus you have a point on which the child can be commended. The meat group can be next; it usually measures up well against recommendations, except in extremely poor families.

Replies may be misleading unless children understand which foods are to be included in each group. The teacher therefore must be willing to take the time needed to prepare pupils for their job as recordkeeper. Equally important is the willingness on the parents' part to assist and encourage the child in studying his eating habits.

There is sound argument for a survey of the child's total eating habits as against partial surveys that investigate only their breakfast habits, noon-meal habits, or, worse still, the eating of only one isolated food. Such a practice produces incomplete data, but may develop in the child an unsound concept of good nutrition. He can think, for instance, that quality of eating depends on certain individual foods in large amounts instead of learning that by combination of a well-chosen variety of foods he is more likely to furnish the nutrients his body needs.

If the child is ever to be prepared to choose his foods for good health, he has to know that food aids growth and that different foods do different things for him. Such knowledge can stimulate his interest in trying to eat for specific purposes, which his own individual needs determine.

Experiments in classrooms are more convincing than telling. Directed observation of fast-growing animals and plants can convince a child that food aids growth. Quick-sprouting seeds, such as oats or wheat, can be placed in two glass containers with an inch or so of soil. Water is added in one. The other is left dry. Growth soon starts in the glass that is moist because the moisture permits the seed to utilize available food. Growth will not take place in the dry glass. The sprouted seedlings can be kept from light for a few days, and color changes will soon be evident. The children can be guided
to recognize that light, air, and temperature also are factors in growth.

Fast-growing animals such as the albino rat are ideal experimental animals for demonstrating the role of food in growth. Their food habits are more readily comparable to those of human beings than are the nutritive needs of plants. Such experiments are inexpensive.

Schools usually do not conduct feeding experiments with animals commonly used for pets, because some of the animals are deliberately placed on diets that are incomplete in meeting health needs. To treat a pet in this manner would be extremely undesirable.

If your school has not used a rat-feeding experiment in teaching nutrition, perhaps you can be instrumental in encouraging the plan. State departments of health usually can supply information if it is needed in locating suitable experimental animals.

A common practice is to place one weanling rat in a suitable cage. The rat is fed everything that is recommended for boys and girls to eat. This constitutes the "control" experiment. "Some of everything" should be placed in the cage each day in forms the children recognize.

For the very young children, experiments must be extremely simple and in terms they understand. Weighed diets, mixed scientifically to contain all the recommended nutrients, have no place in animal experiments for them. Children need to see milk instead of powdered calcium and carrots or other common deep-yellow vegetables instead of vitamin A concentrate.

Nutritionists know that rats can manufacture ascorbic acid within their bodies, but it seems wise to place foods rich in ascorbic acid (such as oranges, tomatoes, or melons) in the cage along with other foods recommended for children. The concept that one is striving to establish with the child—one should always remem-

The quickest and most convincing experimental comparison with the "good" diet is one that is poor enough to produce some unmistakable signs of poor health in the littermate in another cage. This rat may be given a snack diet, composed largely of carbohydrate foods, such as jelly sandwiches, made of unenriched white bread or crackers (without butter), popcorn, and soft drinks or coffee.

One should be careful in selecting this "poor" diet not to prejudice children against any nutritious food. The teaching of nutrition, to be sound, must always be based on facts.

Accent the positive. Let us teach children about the combinations of foods that support good body nourishment and not alienate them by attempting to wean them away from the foods for which they have a natural acceptance—namely sweets.

Negative approaches often accomplish the opposite from desired goals and put barriers between parents and teachers on one side and children on the other. If children can be encouraged to eat what they need, foods they eat that are superfluous to their needs will not loom in importance.

In one Latin American community where children's diets were lacking in milk and green and yellow vegetables, the teacher and the children in one classroom placed one rat on pinto beans (cooked with peppers), meat (occasionally), and tortillas—the typical diet of most of the children. The teacher had commended the children—and the parents—for the food qualities these foods provided, but she insisted that they see if certain additions to family meals could not increase growth in the children.

The other rat was also fed the identical beans, occasionally some meat, and tortillas, but he also was given milk, carrots, fresh greens, and eggs.

The "ratones" proved the point,
although it took about 3 weeks to observe that the more complete diet was having better results than the usual family diet.

Only the imagination of the teacher and perhaps the imagination of the pupils limit the approaches to simple research studies of nutrition.

Dissection of animals, of course, has no place in classroom research used in teaching elementary-age children. No animals should be permitted to die. As soon as all children in the group recognize that the animals on the incomplete diet are developing poorly, the poorly fed animals should be placed on the recommended diet until all children see that the animals' unhealthy signs are lessening.

It is important to demonstrate that a change from poor to more desirable eating habits can result in improvement. Otherwise a child who learns he has been guilty of omitting necessary foods from his diet may feel that he is already doomed to stunted growth—which of course he may be if the omissions have been severe and over too long a period. But the earlier he can be persuaded to begin meeting his body needs for proper nourishment, the more effectively he can offset at least some of the retardation.

The results of one experiment with suitable laboratory animals can influence the eating habits of an entire school and even a whole community, if communication is carefully planned and carried out.

STUDY THE SCHOOL lunch program in your school, and encourage its use in promoting good nutrition of school-age children. The contents of the child's school lunch is no longer determined by his mother in most cases; instead, the noon meal is a matter of concern for the school, the State, and the Nation.

One out of every three children attending American schools ate in an organized school lunchroom in 1959. The number grows as the consolidation of schools continues. The proportion is even higher among children in the lower grades.

As schools consolidate and more and more children are transported between their homes and the schools and as the number of mothers working outside their homes increases, the well-being of more than 10 million children is affected by the school lunch.

The 1946 School Lunch Act designated State educational agencies as responsible for sponsoring school lunch programs in their respective States. They in turn pass on this responsibility to local school officials or school boards. It is possible therefore for parents to help develop and maintain the types of school lunch programs which individual communities decide are best for their situations. Parents have a responsibility in helping local schools to provide suitable and adequate lunch facilities and to cooperate with the school in making the lunch an integral part of the total educational plan of the school and community.

RECOGNIZE the differences in purpose between youth and adults.

When one examines the personal goals of the child, the poor eater may be far more eager for love and attention than he is for good health. A child may or may not desire good health as he perceives it. He may instead seek the attention he gets when he is not well.

As children advance in age (and in independence), perhaps the final realization of parents in guiding them toward sound nutrition is that parents' goals and children's goals may be widely separated or even opposed, particularly when girls are concerned.

Throughout childhood there is little or no difference in the nutritional goals of boys and of girls, but this changes as the life goals of the two sexes begin to diverge. Boys, being usually larger than girls and participating in more active sports, usually have larger appetites. Because they also still want to grow tall and gain in strength, boys eat large amounts of food.
Girls may be as hungry as their brothers, but because they acquire a different goal with respect to body size, they may restrain their hunger, sometimes to the point of actual nutritional deficiency.

Because adolescence is a period of many changes, some girls, instead of limiting their food intake in their desire to stay thin, seek other avenues of satisfaction. Overeating may be one of them.

Adolescent boys and girls who become overweight are usually self-conscious about it and may experiment with unwise dieting in their efforts to get rid of excess fat.

Parents need to find out why the boy or girl who overeats has to fall back on eating as a way of getting satisfaction. The eating problem, as a rule, will not be solved until the emotional one is faced and solved. Often an understanding family doctor can be more successful than the parents in unearthing subtle emotional anxieties. Obese children are not necessarily happy children.

Parents of adolescents can make special efforts to include in the family meals protein-rich foods such as eggs, meats, fish, cheese, and milk, supplemented with vegetable sources of protein, such as dried peas and beans. These protein-rich foods need to be spread into all three meals, particularly breakfast, which is the meal most likely to be slighted, especially by adolescent girls.

Perhaps the safest insurance against the harm which may come to adolescents who resort to insufficient food intake or overindulgence is for parents to face this problem long before it occurs—during infancy and the preschool years.

Sound eating practices up to the time of adolescence can go a long way in protecting a girl's health in spite of some irregularities in eating for a time. The girl who has practiced good eating habits for 12 to 15 years is not likely to depart very far from them for any length of time.

Parents and teachers can help the girl to recognize the more subtle influences of food on other forms of growth and development besides body size. She can be helped to understand that gracefulness in movement, pleasing disposition, cheerful outlook on life, clear skin, sound teeth, and good posture characterize the well-nourished person.

Again, however, parents and teachers should realize that the young girl is far more interested in herself at the present time than she is in the fact that at some time in the future she is going to make great demands upon her health in order to assume her adult role as wife and mother.

Allow time for education in nutrition. Educating the young in good eating habits is a long, slow process.

It consists of guiding the eating practices of an infant, the preschool child, the school-age child, and the adolescent person up to the time that he accepts full responsibility for his own food choices.

This is too big a job for parents alone. We have to look to schools and to other agencies for help in this important responsibility of parenthood. For all who have a part in contributing to the well-being of youth, the rewards are enduring.

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