

# **Impact of Childhood Experiences on Adult Eating Patterns: A Qualitative Study on College Students**

## **ABSTRACT**

Eating habits are subconsciously built over time through personal experiences where exposure to environmental factors plays an important role. Children are each exposed to different lifestyles and strictness of living imposed by their families and experiences, thereby imprinting on them a way to live their own lives. In this study, six Participants were interviewed on how their childhood eating habits were formed, how they have developed, and whether those eating habits carried over into adulthood. Several themes were analyzed in this study, including early exposure, childhood awareness, current diet, family intervention, motivation for change, and childhood mealtimes. After analyzing the Participants' responses, we identified early exposure, family intervention, and childhood meal times as crucial factors that develop one's diet. In most participants, their childhood experiences and perceptions of food carry over to adulthood which demonstrates the importance of having a positive experience with food in one's childhood.

## **INTRODUCTION & LITERATURE REVIEW**

Childhood exposure to certain skills and behaviors around food may significantly influence adulthood eating habits and attitudes around food. Every child is raised differently and has their own food preferences but at the same time, every family also has their own attitudes and preferences around food that can affect the child's attitudes and preferences. Children learn and obtain new skills and behaviors from the people around them, and their experiences can impact their current eating habits. For example, families raising approval for their child to eat

vegetables may influence the child to think that eating vegetables is something that is difficult and that psychology around food can carry on to later stages in life. This raises the importance of environmental and social influence on a childhood's attitudes towards food. Current research supports the connection between childhood experiences and adulthood eating experiences.

A 2013 study in Japan randomly selected 2,936 adults over 20 years old (Ainuki et al., 2013). Participants were interviewed in their homes and completed a questionnaire after the interview. Participants were asked questions related to enjoyable family mealtimes as a child, the frequency of consuming vegetables/grains/foods cooked in oil, and skipping breakfast. After the in-person interview, participants were asked to complete a questionnaire that asked diet-related quality of life questions relating to their adulthood. The findings of this study demonstrated that people who reported enjoyable eating experiences during their childhood had a significantly higher diet-related quality of life compared to people who reported having negative childhood eating experiences. Enjoyable childhood eating experiences were also associated with an overall balanced diet, including meals with vegetables and a variety of foods in participants' adulthood. This study signifies that adulthood eating behaviors are greatly influenced by childhood eating experiences and demonstrates the importance of positive experiences around food in one's childhood.

Another study was conducted to examine the prevalence of selective eating behaviors and included Participants of the Stanford Infant Growth Study who were monitored throughout childhood. Participants were given a questionnaire pertaining to body image concerns and eating disorder psychopathology. These questions inquired whether the participants had undergone any kind of eating disorders such as purging, laxatives, fasting, and several other methods. Sixty-one participants were included in this study, where 17 were identified as selective eaters by age 23.

The results concluded that individuals that were classified as selective eaters in childhood continued their selective eating through to adulthood, many of which were affected by parental influence (Tine et al. 2017)).

The relative contribution of childhood experience and adult eating preferences and behaviors was analyzed in a 2016 study (Russell et al, 2013). A total of 21,894 households were selected, but the final sample was 11,243 individuals. Participants were given a structured survey that included demographics, personal relationships, work, physical health, lifestyle behaviors, and mental well-being, where the mean average age was 52 years old and ranged from 18-95 years olds. Self-assessed childhood experience and childhood violence were measured by a 10-point scale and food preference was assessed by identifying if the participants choose foods that are good for health or choose foods that make them feel good. As an indicator of eating behavior, participants were asked about their fruit and vegetable consumption. This study concluded that preventative interventions are likely to reduce the development of poor dietary and other health-risk behaviors (Russell et al, 2013).

Lastly, a study conducted by Nicklas Neuman, Karin Eli, and Paulina Nowicka in 2021 used quantitative analysis to investigate childhood memories of food in 49 low-income adults. The researchers developed two major themes in their analysis, “food and cohesion” and “food and adversity.” When the participants were asked about their memories of childhood eating habits, most participants connected food with social relationships. Of the positive memories of childhood eating habits, participants reported having positive experiences with family gatherings and family meals, despite reporting financial and personal hardships. Others reported negative eating experiences mainly because of their families’ intervention. Some participants reported that their family restricted some food in their childhood, and they saw this as being oppressive and

damaging. One participant reported that her mother put her on a low-carbohydrate diet at six years old, and that diet has impacted her entire life. A second participant reported that her father always gave her comments about her weight as a child and that is why she has body image issues. Another participant connected hunger, addiction, conflict, and poverty to his childhood eating memories. This study demonstrates the implications of positive and negative eating experiences as a child on adulthood eating habits. However, this study did not focus on comparing childhood eating habits to adulthood eating habits. Our study focuses on comparing childhood eating experiences to current adulthood eating experiences to identify common themes.

## **METHODS**

Six college students (3 males and 3 females) were selected and interviewed. Selected participants were acquaintances of the interviewers. Inclusion criteria included participants who were college students and not currently living with their parents. After the individuals were selected, interviews were facilitated via phone calls, and the interviews were recorded using Otter.ai to translate voice recordings into written text. The interviewers read the participants the consent form, informed them that the interview was being recorded, and asked for verbal consent from the participants. The interviewers then facilitated discussions with the participants by using predetermined questions (Figure 1) and asked additional questions if the interviewer wanted the participants to elaborate more on their answers. Each interviewer conducted two interviews with two different participants.

Once all six interviews were completed, the interviewers analyzed the transcribed texts of all participants and highlighted major themes/sub-themes from each interview. The major

themes/sub-themes were Participantly compared across all interviews, and a coding matrix of dominant themes was created.

1) What are your experiences with home-cooked meals/take-out in your childhood compared to your adulthood? (Shady)

Probe: Tell me about the meals your family prepared for you. Do you still eat these same meals now? Why or why not?

2) How important was your household's income as a child when deciding the food your household would buy? (Shady)

Probe: How do you think your household's income as a child has impacted the variety/type of food you eat now?

3) What were your experiences with diets among people in your household growing up? (Omar)

Probe: Did anyone in your household follow any weight loss diets or medical diets growing up? If so, how often did they diet? Tell me more.

4) How important were meal times when growing up? (Omar)

Probe: Are there any meals you currently skip? If so, why?

5) How important was nutrition when choosing the foods you ate in your childhood compared to your adulthood? (Nathan)

Probe: Did your family have any rules about what you can and can't eat? If so, what were they?

6) When in your life did you realize that you wanted to make your own decisions about your diet? (Nathan)

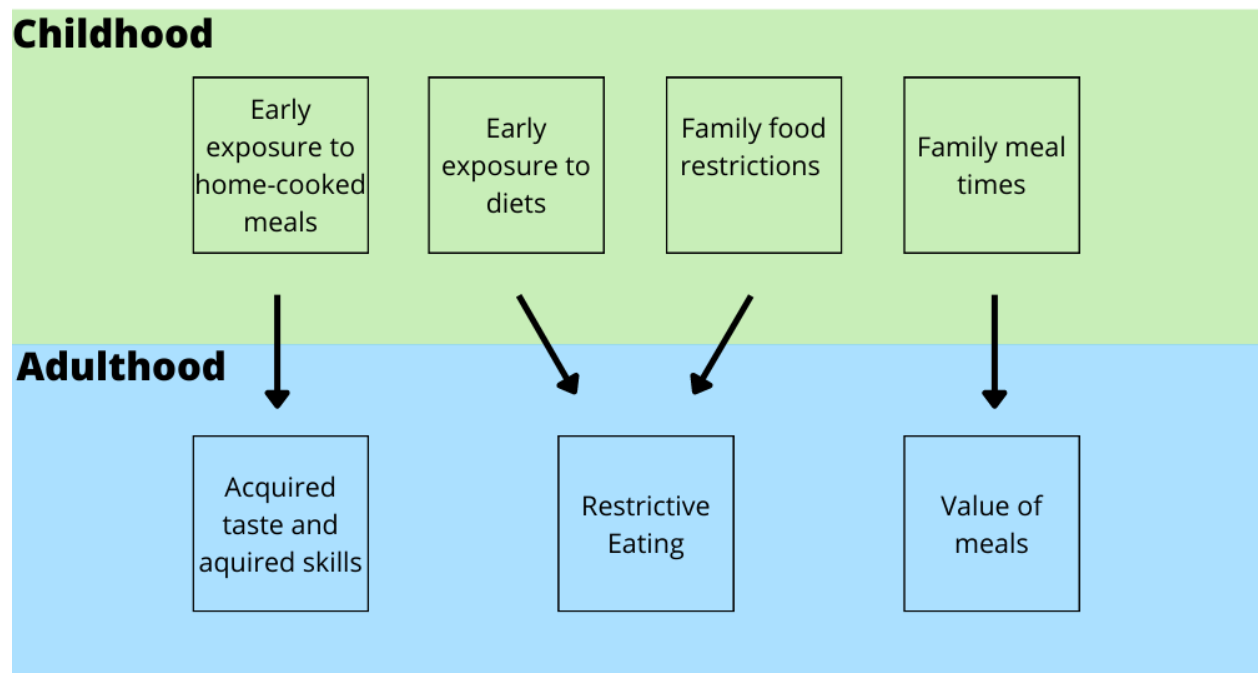
Probe: Why did you want to make these changes?

**Figure 1: Survey Tool.** Participants were asked the above questions in sequential order.

## RESULTS & DISCUSSION

Three prominent themes were identified from our interviews, “early exposure,” “family interventions,” and “childhood meal times.” The early exposure theme captures the importance of early exposure to certain behaviors that may directly affect current eating behaviors. We developed “diets” and “home-cooked meals” as sub-themes where they relate the importance of exposure to diets and home-cooked meals in one’s childhood to current eating habits. The

“family intervention” theme captures the importance of the role of the family in shaping how one eats. The sub-themes of “controlled food choices” and “food restrictions” were identified as important factors that impact current eating behaviors. Lastly, we identified the theme of “childhood meal times” as an important theme, where the sub-themes of “eating alone” and “family dinners” were identified as important factors contributing to current eating patterns.



**Figure 2:** Impact of Childhood Eating Experiences on Adult Eating Behaviors. Major childhood experiences were identified and connected to important adulthood behaviors.

#### Early Exposure to Home Cooked Meals:

After interviewing our participants, we identified “early exposure” as a major theme that shapes how adults currently eat (figure 2). We established “early exposure to diets” and “early exposure to home-cooked meals” as two important sub-themes that can influence how people

currently eat. When asked about his experiences with home-cooked meals, participant 1 said the following:

“Well, I definitely like I was able to have a lot of home-cooked meals. It's like as a kid like, that's like pretty much what I mostly ate. And like even when I'm home now like that's what I'm mostly eating but yeah, I guess it influenced me to like also value home-cooked meals more than like eating out so like, even now as an adult, like I like to cook in most of my meals. You know, like most of the meals I have here are home-cooked. Yeah, and I guess I acquired the taste for it too.”

Participant 1 states that he grew up mostly around home-cooked meals, which led him to value home-cooked meals, and he also developed an acquired taste for his family's cooking. His family is Indian, where they eat a lot of rice and chicken, and the participant states that this is a large part of his current diet even though he no longer lives with his parents. This demonstrates the impact of early exposure to home-cooked meals on adulthood diets as it developed participant 1's food preferences.

Participant 2 states that his parents were not that adventurous when cooking home-cooked meals and that he currently mainly cooks whatever his parents introduced to him as a kid. This could be either because he has developed an acquired taste for that food or because of a lack of skills needed to make other foods. This response also demonstrated the impact of early exposure to home-cooked meals, which helps the child build an acquired taste for certain foods and a set of skills for making certain foods. Participant 3 stated, “I will say I eat very similar to how I ate as a kid.” She currently mostly eats and cooks foods that she was exposed to as a kid, demonstrating the impact of early exposure to home-cooked meals.

Alternatively, participant 6 stated, “When I was a kid, there was never takeout and only home meals, and now that I’m an adult, it's mostly takeout.” Even though this participant was exposed to home-cooked meals as a child, she still eats mostly takeout. This is likely due to a lack of time to cook and prepare meals where takeout is more convenient on a busy college schedule. This information suggests that current lifestyle also plays a huge role in shaping how people eat. Early exposure to home-cooked meals may have given her an acquired taste and acquired skills to make certain meals, but her busy lifestyle was a more important factor in shaping how she eats.

#### Early Exposure to Diets:

When asked about their experiences with diets in their households, participant 1 stated that his mother did not allow beef in the house because of religious reasons, and she was also a vegetarian. However, his father was not a vegetarian, and both of his parents did not push him to eat a certain way. He says, “... I wanted meat and my dad would cook like chicken all the time.... also, I wasn't allowed to like eat beef in the house... So like I only ate like beef, like going out and stuff.” Participant 1 also mentioned that he does not currently eat beef often and mostly eats chicken and ground turkey as his main meats. This illustrates the impact of early exposure to a diet where restrictions can affect current food preferences.

Participant 1 also stated that he was exposed to low-carb diets in his family for weight loss in his childhood. He currently avoids certain foods such as oily foods and follows a high protein diet where his diet is tailored toward reaching his fitness goals. Likewise, participant 4 mentions that his family was following diets such as the keto diet and followed weight watchers. Later in the interview, participant 4 mentions that he eats healthier foods for body image purposes. Alternatively, participant 2 mentions that his family did not follow any specific diets



growing up, and his family did not count calories or plan out their meals. Currently, he does not follow a specific diet and mostly eats whatever he wants. These results suggest that early exposure to diets may lead people to follow a stricter diet in their adulthood, such as with participants 1 and 4.

The findings from this theme support the findings of current literature where selective eating behaviors as a child carried over to adulthood (Tine et al., 2017). Our results suggested that exposure to weight-loss diets in one's childhood leads to some restrictive eating in adulthood. In support, negative experiences in people's childhood centered around food also carry over to one's adulthood (Russel et al., 2013 and Neuman et al., 2021). Our participants did not report any negative experiences centered around food but mostly had positive experiences. The majority of participants were not forced to eat any foods such as vegetables, for example, and all participants mostly ate home-cooked meals as a child. The majority of our participants report eating a relatively healthy diet, aside from some food restrictions. This supports current literature by demonstrating that the absence of negative experiences centered around food in one's childhood is likely the cause of unhealthy adulthood eating behaviors.

### **Family Intervention:**

After concluding our interviews, a family intervention was identified as a major theme in how it shapes adulthood dietary patterns. "Home-cooked meals", "controlled food choices", and "restrictive eating" were three subthemes found in family intervention. It is important to note that family interventions at an early age can influence how a person will eat in their adulthood. On the other hand, parents who allowed their children to eat whatever they wanted, ended up having a healthy relationship with food when they were adults. It is interesting to note that

allowing any foods at an early age and eating mostly home-cooked meals seems to have a positive effect on their relationship with food in adulthood.

All of our participants had home-cooked meals and generally enjoyed eating at home compared to eating out. Most of them said they would rather have home-cooked meals over going out to eat but since they are all college students, they have to resort to convenience foods sometimes. Some participants, like participants 1 and 6, were indirectly and directly impacted by family dietary choices. Participant 1's family does not consume any beef but does consume other meat except the mother because she is vegetarian. The parents of participant 1 gave him a choice to be vegetarian and decided to eat meat but no beef like his family. Participant 6 was not directly told to follow a diet, but she said her mother was "big on dieting" because "she wanted to set a good example for us". Participant 6's dad is following a keto diet in order to maintain his diabetes. Participant 6 then concluded question #3 by saying she was "impacted by parental dieting" in her adult eating behaviors.

Participants 3 and 4 were the only ones in this study that did not have any controlled food choices or restricted dietary intake. They were allowed to eat whatever they wanted whenever they pleased. Although they mentioned that both of them saw their parents or relative on some sort of diet. Participant 3 said that diets were introduced to her by watching one of her aunts go on weight watchers. She contemplated getting on weight watchers as well to "look good" but never did because she was reminded by her parents that she could eat whatever she liked. It is important to note that participant 3 lived on a cattle ranch and ate mostly beef, vegetables, and fruit that were locally available. She continues to eat a lot of fruits, vegetables, and beef in her adulthood. Participant 4 did not have any restricted foods or restricted mealtimes. He stated that it allowed him to "enjoy any food I wanted and definitely overindulged in the past but came to

realize that I shouldn't be eating a whole family size bag of hot cheetos". His family did not intervene with his food choices as a child, so he was able to learn on his own, which has led him to eat better as an adult.

### **Childhood Meal Times:**

While growing up, mealtimes are a very important event for some children. It signifies to the family unit that there is a predetermined amount of time to spend with one another while enjoying food together. However, not all families find meal times as important as others. Childhood meal times differ for each individual based on experience, expectations, and upbringing. This theme is very apparent in Participants #5 & #6. Each Participant had comprehensive answers about how childhood meal times were experienced for them, as well as how they have changed since engaging in mealtimes as a unit.

#### **Participant #5**

Participant #5 stated that when she was growing up, meal times were considered very important for her and her family unit. "We would have specific times to eat", she said. This indicates that her family would meet for a specified amount of time to engage in a meal together. As she got older, she realized that she wanted to make informed decisions about when she would eat her meals, and whether those meals would take place with her roommates or whether she would eat alone. As evidenced from her interview, she admitted that as a result of her freedom from being required to attend family dinners, she now mainly skips lunch because her "busy work and class schedule" prevents her from having a meal in that time frame.

#### **Participant #6**

Participant #6 had a slightly different mealtime pattern. She stated that her family would “either eat together or alone.” This was due mainly to the fact that her parents had very inconsistent work schedules, which made it difficult for her, her sister, and her parents to be available for a meal with all four of them. As a result of her freedom as an adult, Participant #5 stated that she is now too busy in her everyday life to afford to make time for a meal. This is because “I do not wake up early enough for breakfast”, causing her to commonly miss breakfast most days of the week. Another aspect of mealtimes that are affected by her freedom, is she now chooses to eat more inconsistently throughout the day. For example, instead of eating a full meal in the afternoon, she may have a sizable snack and then eat a larger portion of food closer to bedtime after her work shift has concluded.

## **CONCLUSIONS & RECOMMENDATIONS (0.5-1 pages)**

In conclusion, we identified “early exposure,” “family intervention,” and “family mealtimes” as major themes impacting current adulthood eating behaviors. Early exposure to home-cooked meals created food preferences for individuals and developed cooking skills to continue cooking similar meals in one’s adulthood. Early exposure to weight-loss diets lead participants to develop some restrictive eating behaviors where body image and avoiding certain foods were common among these individuals exposed to weight loss diets. Family intervention was also a major theme identified where participants’ current diet was shaped by the role the family played in the child’s diet. Lastly, childhood family meal times developed an appreciation and value for meals, whereas those who reported eating with family often as a child currently value meals more. This study demonstrated the significance of childhood eating experiences in shaping how adults currently eat.

| Theme                      | Participant 1<br>(Shady) | Participant 2<br>(Shady) | Participant 3<br>(Omar) | Participant 4<br>(Omar) | Participant 5<br>(Nathan) | Participant 6<br>(Nathan) |
|----------------------------|--------------------------|--------------------------|-------------------------|-------------------------|---------------------------|---------------------------|
| <b>Early Exposure</b>      |                          |                          |                         |                         |                           |                           |
| Diets                      | X                        |                          |                         | X                       | X                         | X                         |
| Home-cooked meals          | X                        | X                        | X                       | X                       | X                         | X                         |
| Take-out                   |                          |                          |                         | X                       |                           |                           |
|                            |                          |                          |                         |                         |                           |                           |
| <b>Childhood Awareness</b> |                          |                          |                         |                         |                           |                           |
| Income                     |                          | X                        | X                       | X                       |                           |                           |
| Food prices                |                          |                          | X                       |                         |                           |                           |
| Nutrition                  |                          |                          |                         |                         |                           |                           |
|                            |                          |                          |                         |                         |                           |                           |
| <b>Current Diet</b>        |                          |                          |                         |                         |                           |                           |
| Home-cooked meals          | X                        | X                        | X                       | X                       |                           |                           |
| Take-out                   |                          |                          |                         | X                       |                           | X                         |
| Skipped meals              | X                        | X                        | X                       | X                       | X                         | X                         |
| Nutrition                  | X                        | X                        | X                       | X                       | X                         |                           |
| Avoid certain foods        | X                        |                          |                         |                         | X                         | X                         |
| Acquired taste             | X                        | X                        | X                       | X                       |                           | X                         |
|                            |                          |                          |                         |                         |                           |                           |
| <b>Family Intervention</b> |                          |                          |                         |                         |                           |                           |
| Food restrictions          | X                        |                          |                         |                         |                           | X                         |
| Strict                     |                          | X                        |                         |                         |                           |                           |

|                                 |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|
| mealtimes                       |   |   |   |   |   |   |
| Home-cooked meals               | X | X | X | X | X | X |
| Controlled child's food choices | X | X |   |   | X | X |
|                                 |   |   |   |   |   |   |
|                                 |   |   |   |   |   |   |
| <b>Motivation for Change</b>    |   |   |   |   |   |   |
| Body image                      | X |   |   |   | X |   |
| Health                          | X |   | X | X | X |   |
| Independence                    | X | X |   |   | X | X |
|                                 |   |   |   |   |   |   |
| <b>Childhood Meal Times</b>     |   |   |   |   |   |   |
| Rushed breakfast                | X |   |   | X |   |   |
| Skipped breakfast               | X |   |   |   |   |   |
| School lunches                  | X | X |   |   |   |   |
| Family dinner                   |   | X | X | X | X | X |
| Ate alone                       | X |   | X |   |   | X |

**Figure 3: Coding Matrix:** After interviews were conducted, the following subthemes and themes were generated. Each “X” demonstrates that the participant falls under the sub-theme category.

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