



Beliefs and practices regarding solid food introduction among Latino parents in Northern California



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Latino children are more likely to be obese than non-Hispanic white children, and feeding patterns that begin in infancy may contribute to this disparity. The objective of this study was to elucidate beliefs and practices related to the introduction of solids and solid food feeding in the first year of life among low-income Latino parents residing in Northern California. We conducted 26 semi-structured interviews that explored the timing of introduction of solids, selection of foods to serve to infants, feeding strategies, sources of information on solid food feeding and concerns about infant weight. We found that most parents relied on traditional practices in selecting first foods for infants and had a strong preference for homemade food, which was often chicken soup with vegetables. Parents generally described responsive feeding practices; however a minority used pressuring practices to encourage infants to eat more. Very few parents practiced repeated gentle introduction of unfamiliar food to increase acceptance. High calorie low nutrient foods were typically introduced at around 12 months of age and parents struggled to limit such foods once children were old enough to ask for them. Parents were concerned about the possibility of infants becoming overweight and considered health care providers to be an important source of information on infant weight status. The results of this study can be used to inform the development of interventions to prevent obesity in Latino children with similar demographics to our study population.

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1. Introduction

Latino children are significantly more likely to be obese than non-Hispanic white children (Ogden et al., 2016), a disparity that emerges in infancy (Ogden, Carroll, Kit, & Flegal, 2014). Among Latinos, children born to low-income families are at particularly high risk for obesity. For example, in a cohort study of low-income Mexican American mother-infant dyads living in Arizona, 36% of infants were found to have a weight-for-length ≥ 95 th percentile by age 12 months per World Health Organization (WHO) growth standards (Luecken, Jewell, & MacKinnon, 2017). Rapid weight gain during infancy is an important risk factor for childhood obesity (Monteiro & Victora, 2005; Taveras et al., 2011), and eating patterns that are associated with obesity often begin in infancy (Siega-Riz et al., 2010). For example, the Feeding Infants and Toddlers study (FITS) examined dietary intake among infants and toddlers in the

United States and found that 43% of 9–11 month olds had consumed a dessert or sweetened beverage on the day prior. Consequently, the first year of life may offer a window of opportunity for the prevention of childhood obesity.

Research on obesity prevention has only begun to focus on the infant period. Nonetheless, several infant feeding behaviors have emerged as either possible or likely contributors to childhood obesity. Infant feeding practices that may be protective against obesity include breastfeeding (Baker, Michaelsen, Rasmussen, & Sorensen, 2004), responsive feeding practices (meaning that parents identify and attend to the infants' signals of hunger and satiety) rather than pressuring feeding practices (Savage, Birch, Marini, Anzman-Frasca, & Paul, 2016), and avoiding high-calorie low-nutrient food and beverage choices (Acharya, Feese, Franklin, & Kabagambe, 2011; Ambrosini, Johns, Northstone, Emmett, & Jebb, 2016; Davis, Whaley, & Goran, 2012). In addition, the specific practice of gentle repeated exposure to previously rejected foods has been shown to increase infant acceptance of healthy foods such as vegetables (Cooke, 2007).

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While the study of obesity prevention in infancy is still an emerging science, there are guidelines on infant feeding based on the best available evidence to date. For example, the American Academy of Pediatrics (AAP) *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents* advises exclusive breastfeeding for about the first six months of life and recommends that infants be introduced to solid foods when the infant is developmentally ready, which is typically between 4 and 6 months of age (Hagan et al., 2017). From 6 to 12 months of age, *Bright Futures* advises that caregivers introduce infants to a wide variety of nutritious foods including fruits, vegetables, whole grains, fish, poultry and meat and avoid introduction of high calorie low nutrient foods and beverages (chips, cookies, ice cream, sweetened drinks, etc.). *Bright Futures* also recommends that parents be counseled on responsive feeding practices and the practice of continuing to introduce healthy foods that were previously rejected. The Robert Wood Johnson Foundation Healthy Eating Research program recently convened an expert panel to develop feeding guidelines for children ages 0–24 months (Pérez Escamilla, Segura Pérez, & Lott, 2017). The panel report entitled *Feeding Guidelines for Infants and Toddlers: A Responsive Parenting Approach* also advises exclusive breastfeeding for the first 4–6 months of life followed by the introduction of solids and specifically emphasizes the importance of responsive feeding practices, repeated gentle exposure to healthy foods (such as vegetables) to increase their acceptance, and avoiding foods and beverages rich in added sugars and sodium.

Two United States based intervention trials that promoted parental use of responsive feeding practices and the specific behavior of gentle repeated introduction of healthy foods resulted in lower weight gain in infancy (Paul et al., 2011; Savage et al., 2016). However, these studies largely enrolled white mothers with a college education. Thus, the results may not apply to low-income Latino families. In order to develop effective interventions to promote optimal feeding practices among low-income Latino parents, it is important to understand parental beliefs and practices regarding infant feeding as well as parental supports and resources on this topic. Previous qualitative research has explored Latino mothers' beliefs regarding breastfeeding (Bunik et al., 2006; Flores, Anchondo, Huang, Villanos, & Finch, 2016; Hohl, Thompson, Escareno, & Duggan, 2016; Woo Baidal et al., 2015), and one qualitative study with Latino parents in Massachusetts touched on beliefs and practices related to the introduction of solids among numerous other topics (Woo Baidal et al., 2015). In addition, a study conducted in Northern California examined Latina mothers' beliefs regarding infant feeding through age 6 months, addressing both milk and solid food feeding practices (Heinig et al., 2006). There remains, however, a paucity of research offering an in-depth focus on Latino parents' beliefs and practices regarding the introduction of solids and solid food feeding throughout the first year of life (Harrison, Brodribb, & Hepworth, 2017). The central objective of this study was to elucidate beliefs and practices related to the introduction of solids and solid food feeding in the first year of life among low-income Latino parents residing in Northern California. We used semi-structured interviews to address beliefs and practices regarding the timing of introduction of solids, selection of foods to feed to infants, use of responsive versus pressuring feeding practices, concerns about infant weight and growth, and sources of information on these topics.

2. Methods

2.1. Recruitment and eligibility

Parents were eligible to participate if they identified as Latino and had a child between the ages of 4 and 24 months of age.

Participants were recruited for the study in four community health centers in three different counties in the San Francisco Bay Area. All four recruitment sites were clinics that serve a low-income, publicly insured population that is primarily of Mexican and Central-American origin. Parents were informed about the study by medical assistants or health care providers during clinic visits and were referred to study staff if they were interested. They were then screened for eligibility and provided informed consent. We continued recruiting new participants until thematic saturation was reached (no new themes emerging).

2.2. Study procedures

Interviews were conducted in a private room in the clinic just after the clinic visit concluded and ranged in duration from 25 to 50 min. The interviews were performed by a bilingual researcher with previous qualitative experience in the language of the participants' choice (English or Spanish). Interviews were audiotaped and subsequently transcribed in original language for analysis. Parents were given a supermarket gift card as compensation for the time spent on the interview. The interview guide was developed by the research team which included two general pediatricians and a medical anthropologist with expertise in qualitative research with Latino parents. The guide included a series of open-ended questions about beliefs and practices related to solid food feeding of infants as well as specific follow-up probes. Parents were asked to talk about when they first fed their infants solids, what foods they offered initially and then subsequently in the first year of life, what foods they considered to be the healthiest and what foods infants should avoid, how they determined how much to feed infants, concerns about their infants growth or weight, when and why they introduced high-calorie low nutrient foods and their sources of information about infant feeding. In reviewing the first five interviews, we noted that infants were being introduced to high calorie low nutrient foods such as dessert and fried foods around one year of age. While our planned focus was on infant feeding in the first year of life, we thought that the introduction of high calorie low nutrient foods was an area worthy of detailed exploration. Thus, we added questions to the interview guide that specifically asked about the timing and circumstances around the introduction of common high calorie low nutrient foods including ice cream, cookies, candy, cake, *pan dulce* (a sweet Mexican pastry), chips, and French fries. For parents who had not yet introduced these foods to their child, we asked when they planned to first introduce them. Parents were asked to focus their responses on their youngest child, but some also discussed experiences with older children. In addition, while the interviews focused largely on feeding during the first year of life, we found that the introduction of high calorie low nutrient foods spanned the infant and toddler period, and thus discussion of this particular topic explored toddler feeding practices as well. Parents also completed a brief demographic questionnaire. The interviews were completed between October 2013 and May 2014. Ethics approval for this study was granted by the Committee on Human Research of the University of California, San Francisco.

2.3. Analysis

Descriptive statistics were used to summarize the demographic data. The manuscripts were analyzed using a general inductive approach (Thomas, 2006). NVivo 10 software (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 10, 2012) was used to assist with coding. Two bilingual researchers (AB and KH) read each manuscript in its original language to identify emergent themes relevant to the study objectives along with

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