



Comparing parents' and overweight adolescents' reports on parent mealtime actions



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ABSTRACT

This study aimed to compare answers given by parents and their adolescent children to the Portuguese version of the Parent Mealtime Action Scale (PMAS) and to assess associations among the reported behaviors. To compare these answers, a cross-sectional study was conducted in a sample of 72 patients of the Obesity Clinic of the Division of Nutrology of the Pediatrics Department at the Federal University of São Paulo (Unifesp), Brazil. These patients were aged from 10 years to 19 years and 11 months, and their parents or legal guardians also participated. First, parents were interviewed and instructed to answer how often they perform each behavior measured by the PMAS (never, sometimes or always). Next, the same questions were answered by the adolescents. The general linear model (GLM) showed the effects of the interviewees and of the interaction between interviewees and sex. We also observed a triple interaction effect (sex x interviewees x categorized age). The internal reliability of the PMAS was higher for parental answers than for those given by the children. This finding is probably observed because the scale has been developed and validated to evaluate the pattern of parental responses concerning their eating practices during their children's meals. In addition, although parents believe they are engaging in certain behaviors, the effectiveness of these strategies may not be recognized by their children. Very low intraclass correlation coefficients were observed between parents' and children's answers to the original domains of the PMAS (ICC: 0.130–0.578), suggesting that the factorial structure of the PMAS may only be used to assess parental behavior, as it is not sufficiently accurate to assess the children's understanding of parent mealtime actions.

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1. Introduction

Adolescent eating patterns are influenced by several factors, such as friends and the media (Farthing, 1999). Despite the increased autonomy over food choices during adolescence, an important role of parents in food intake and weight control is still observed (Sato et al., 2011).

To understand the sociocultural influences of the diets of Peruvian adolescents, Banna, Buchthal, Delormier, Creed-Kanashiro, and Penny (2016) verified that parental guidance

helped them to make healthier choices. In addition, the authors reported that parental advice was related to the consumption of foods such as fruits and vegetables and the avoidance of low-nutrient, energy-dense foods such as sugar-sweetened beverages (Banna et al., 2016).

Home food availability and parental food consumption patterns are some of the factors that strongly influence adolescent eating behavior. Gellar, Schrader, and Nansel (2007) found that the availability of unhealthy foods at home was one of the major barriers to healthy eating. In contrast, parental behavior was mentioned as a facilitator of healthy eating. Loth, MacLehose, Larson, Berge, and Neumark-Sztainer (2016) also reported that healthy home food availability and healthy parental modeling were positively associated with a higher intake of fruits and vegetables and a lower consumption of sugar-sweetened beverages and palatable snack foods by adolescents. Finally, Pearson, Biddle, and Gorely (2008)

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showed that parental fruit and vegetable intake was positively associated with the consumption of these foods by their children, reinforcing the importance of parents as role models.

Parental feeding practices are somehow influenced by the adolescents' weight status. Loth, MacLehose, Fulkerson, Crow, and Neumark-Sztainer (2013) observed more restrictive behavior among parents of overweight and obese adolescents compared to parents of non-overweight children. In contrast, pressure to eat was significantly greater among parents of non-overweight children. The parents' weight status can also influence the eating habits of their children. The results found by Berge, Meyer, Loth, MacLehose, and Neumark-Sztainer (2015) suggested that parents use specific feeding practices based not only on the weight status of their children but also on their own weight status, i.e., when the adolescent was obese or overweight and the parents were not, parents used higher levels of restriction than when both the parents and the adolescents were not overweight. Moreover, when parents and their adolescents were both obese or overweight, the level of restriction was the highest.

Family meals are also considered a determinant factor for healthy eating in adolescence (Neumark-Sztainer, Story, Ackard, Moe, & Perry, 2000; Utter, Scragg, Schaaf, & Mhurchu, 2008; Welsh, French, & Wall, 2011). Thus, it is also important to evaluate parent mealtime actions and to identify actions positively or negatively associated with adolescents' food intake patterns, allowing the development of more effective strategies to prevent and control overweight in this population. The Parent Mealtime Action Scale (PMAS) is a tool developed and validated using American parents (Hendy, William, Camise, Eckman, & Hedemann, 2009). Unlike other questionnaires that assess perceptions, concerns, attitudes and parenting styles (Birch et al., 2001; Wardle, Guthrie, Sanderson, & Rapoport, 2001), this scale is used to identify the actions most frequently used by parents during meals.

Although parental influences on adolescents' eating behaviors are relevant, some authors have observed that children may perceive these influences differently from their parents (Kristjansdottir, Bourdeaudhuij, Klepp, & Thorsdottir, 2009; Bere & Kleep, 2004; Tak, te Velde, de Vries, & Brug, 2006; Van Assema, Glanz, Martens, & Brug, 2007), sometimes in a more trustworthy way (Cullen et al., 2003). Taylor, Wilson, Slater, and Mohr (2011) analyzed parents' and children's responses to a scale that assessed parenting styles (responsive or demanding) and found that a child-perceived parenting style was associated with diet and physical activity, whereas the same was not observed for the parent-reported parenting style. Kristjansdottir et al. (2009) observed that children and parents had different perceptions about the determinants of fruit and vegetable intake and that children's perceptions better explained the variance in intake. From these results, the authors suggested that it would be more appropriate to ask children rather than their parents about issues related to the determinants of their food intake.

There are few studies comparing parents' and adolescents' perceptions of parental behavior regarding their children's diet, but some have shown that the reports of parents and adolescents are often discrepant (Cottrell et al., 2003; Kerr, Stattin, & Burk, 2010). The assessment of both perceptions can provide a clearer understanding of the parent-adolescent relationship and lend credibility to strategies that promote healthy behaviors, with the purpose of assisting the control of adolescents' excessive body weight gain. It is important, therefore, to assess not only the parents' perceptions of their own behaviors but also how their children perceive those behaviors.

Therefore, the present study was designed to compare parents' and adolescents' responses to the Portuguese version of the PMAS (Petty, Escrivão, & Souza, 2013) and to evaluate the differences between their perceptions in relation to parent mealtime actions.

2. Methods

2.1. Subjects and procedure

To compare parents' and children's answers to PMAS, 72 patients of the Obesity Clinic of the Division of Nutrology of the Pediatrics Department at the Federal University of São Paulo (Unifesp), aged between 10 years and 19 years and 11 months, and their parents or legal guardians were invited to join the study. Upon agreeing to participate, parents or caregivers signed a Free and Informed Consent Term, and the adolescents signed an Assent Term. Participants were interviewed separately by trained professionals, all of whom were nutritionists and supervisors of the Obesity Clinic. When families had two or more children belonging to the study age group, parents were instructed to answer the questionnaire for the oldest child. Parents and adolescents who had two or fewer family meals (lunch or dinner) each week were excluded, as well as adolescents with chronic diseases that could compromise food intake and/or nutritional status and participants with incomplete questionnaires. Data were entered by two

Table 1

Demographic and socioeconomic characteristics of adolescents and parents. São Paulo, Brazil, 2016.

	Frequency (n)	Percentage (%)
Adolescent's sex		
Male	40	55.6
Female	32	44.4
Adolescent's age range		
10 to 12 years	42	58.3
13 to 16 years	30	41.7
Adolescent's nutritional status		
Overweight	11	15.3
Obese	61	84.7
Family member who answered the questions		
Father	8	11.1
Mother	58	80.6
Caregiver	6	8.3
Mother's nutritional status		
Normal Range	15	20.8
Overweight	26	36.1
Obesity	31	43.1
Father's nutritional status		
Normal Range	7	9.7
Overweight	28	38.9
Obesity	29	40.3
Mother's educational level		
Illiterate to primary school	5	6.9
Primary school to junior high school	21	29.2
Junior high school to senior high school	12	16.7
Senior high school to college	29	40.3
College degree	5	6.9
Father's educational level		
Illiterate to primary school	6	8.3
Primary school to junior high school	17	23.6
Junior high school to senior high school	14	19.4
Senior high school to college	28	38.9
College degree	3	4.2
Per capita household income (BMW)		
<0.5	7	9.7
0.5 to 1	39	54.2
1 to 1.5	15	20.8
1.5 to 2	4	5.6
2 to 2.5	4	5.6
2.5 to 3	1	1.4
>3	2	2.8

BMW = Brazilian minimum wages.

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