



Maternal feeding practices and children's eating behaviours: A comparison of mothers with healthy weight versus overweight/obesity



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ABSTRACT

This study aimed to explore differences between mothers with healthy weight versus overweight/obesity in a wide range of their reported child feeding practices and their reports of their children's eating behaviours. Mothers ($N = 437$) with a 2–6-year-old child participated. They comprised two groups, based on their BMI: healthy weight (BMI of 18.0–24.9, inclusive) or overweight/obese (BMI of 25.0 or more). All mothers provided demographic information and completed self-report measures of their child feeding practices and their child's eating behaviour. In comparison to mothers with healthy weight, mothers with overweight/obesity reported giving their child *more control* around eating ($p < 0.001$), but encouraged *less balance and variety* around food ($p = 0.029$). They also had a less healthy home food environment ($p = 0.021$) and demonstrated less modelling of healthy eating in front of their children ($p < 0.001$). There were no significant differences in mothers' use of controlling feeding practices, such as pressure to eat or restriction, based on their own weight status. Mothers with overweight/obesity reported their children to have a greater desire for drinks ($p = 0.003$), be more responsive to satiety ($p = 0.007$), and be slower eaters ($p = 0.034$). Mothers with overweight/obesity appear to engage in generally less healthy feeding practices with their children than mothers with healthy weight, and mothers with overweight/obesity perceive their children as more avoidant about food but not drinks. Such findings are likely to inform future intervention developments and help health workers and clinicians to better support mothers with overweight/obesity with implementing healthful feeding practices and promoting healthy eating habits in their children.

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1. Introduction

Parents are known to have a key influence on their children's eating behaviours (e.g., Anzman, Rollins, & Birch, 2010; Savage, Fisher, & Birch, 2007). One important determinant of children's eating behaviours is the feeding practices parents use (e.g., Faith, Scanlon, Birch, Francis, & Sherry, 2004; Gregory, Paxton, & Brozovic, 2010). These have been shown to be influenced by both parent and child factors (e.g., Haycraft & Blissett, 2012). Feeding

practices fall broadly into two main types; controlling (or directive) feeding practices (such as pressure to eat and restriction of foods; e.g., Birch et al., 2001), and non-controlling (or non-directive) feeding practices (such as modelling and teaching children about nutrition; e.g., Musher-Eizenman & Holub, 2007). The use of controlling feeding practices has been associated with less healthy child eating behaviours (Bergmeier, Skouteris, Haycraft, Haines, & Hooley, 2015; Birch & Fisher, 2000). In contrast, non-controlling feeding practices, such as having home environments that provide healthy foods (Melbye, Øgaard, & Øverby, 2013) and involving children in the preparation of meals (Russell, Worsley, & Campbell, 2015), alongside healthy modelling of eating behaviour (Palfreyman, Haycraft, & Meyer, 2014; Palfreyman, Haycraft, & Meyer, 2015; Thompson, 2013) and providing nutrition education

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(Russell et al., 2015), have been found to promote healthy child eating behaviours and relationships with food. Despite this evidence, gaining a better understanding of *why* some parents use controlling feeding practices yet other parents use non-controlling ones is vital for developing effective interventions aimed at promoting healthy child eating behaviours and preventing obesity and disordered eating.

Parents have been found to be particularly controlling in areas of children's development in which they are either highly invested themselves, or in which they perceive an element of risk for their children (Costanzo & Woody, 1985). It is well established that parents who have their own eating or weight concerns are likely to be more controlling in their child feeding interactions (e.g., Blissett & Haycraft, 2011; Blissett, Meyer, & Haycraft, 2006; Stein, Woolley, Cooper, & Fairburn, 1994). However, these controlling feeding practices have been associated with less healthy child eating behaviours (e.g., Galloway, Fiorito, Francis, & Birch, 2006) and later disordered eating (e.g., Marchi & Cohen, 1990). Fewer studies have explored the use of feeding practices which are not seen to be controlling in mothers with eating or weight concerns. Extrapolating from past research conducted with mothers with eating disorders and concerns, it seems logical that parents' weight status will impact their child feeding behaviours. Better understanding the potential role of parent weight status in child feeding interactions will be useful for elucidating potential contributory mechanisms behind the well-established relationship between parent and child weight/body mass index (BMI) (e.g., Cutting, Fisher, Grimm-Thomas, & Birch, 1999).

To date, we are aware of just two studies which have explored maternal weight status in relation to their child feeding practices. Early research by Wardle, Sanderson, Guthrie, Rapoport, and Plomin (2002) compared four types of feeding style; emotional feeding, instrumental feeding (using food as a reward), prompting/encouragement to eat, and control over eating, among a sample of mothers with either obesity or a healthy weight. They found that mothers with obesity were no more likely than mothers with a healthy weight to use food as a reward, use food to deal with emotional distress, or pressure their child to eat. However, the mothers with obesity reported less control over their child's food intake than mothers with a healthy weight (Wardle et al., 2002). A limitation of this work is that it only considered four feeding style constructs rather than a wider range of feeding practices, which have been shown to be important. More recently, Musher-Eizenman, de Lauzon-Guillain, Holub, Leporc, and Charles (2009) found that French ($n = 72$) and American ($n = 59$) mothers with higher BMIs reported less modelling of healthy eating, less teaching about nutrition, and less encouragement of balance and variety with their children. Their findings, while limited by relatively small sample sizes, suggest that there is value in further exploring the role of maternal weight in a larger sample of mothers who are a healthy weight compared with mothers with overweight/obesity, whilst considering a broad array of maternal feeding practices.

In addition to determining links between maternal weight status and feeding practices, it is also necessary to extend those links to maternal perceptions of their child's eating behaviour. Parents are the gatekeepers of their children's diets (Savage et al., 2007) and so their perceptions of their children's eating behaviours, for example whether their child is fussy, is responsive to satiety, or enjoys food, will likely impact on children's mealtime experiences, food and meals served, and potentially impact indirectly on child weight status too. It seems likely that mothers' perceptions of their children's eating behaviour might differ as a function of their own weight status and eating behaviours given that mothers with their own weight concerns tend to have more concerns about their child's eating and weight (Baughcum et al., 2001; Francis, Hofer, &

Birch, 2001). Moreover, children of mothers with obesity have been found in previous research to be more likely to eat in the absence of hunger (Faith et al., 2006) and to have a lower preference for vegetables (Wardle, Guthrie, Sanderson, Birch, & Plomin, 2001); both of which can contribute to the development of child overweight. Given evidence for the intergenerational transmission of eating and weight between parent and child (e.g., Kroller, Jahnke, & Warschburger, 2013; Whitehouse & Harris, 1998) and the fact that maternal weight is a strong predictor of child weight (Cutting et al., 1999), better understanding whether children's eating behaviour might differ as a function of mothers' own weight status and eating behaviours would be beneficial for child health promotion efforts.

The present study therefore aims to build on existing work (Musher-Eizenman et al., 2009; Wardle et al., 2002) by examining differences between mothers who are a healthy weight and those who are overweight/obese on a wide variety of child feeding practices. Further, it aims to extend past work by exploring how perceptions of child eating behaviours might differ in mothers with healthy weight versus overweight/obesity. Given established differences between mothers' and fathers' feeding practices, and the fact that mothers tend to report spending more time in mealtime interactions with young children than fathers (Haycraft & Blissett, 2008; Lloyd, Lubans, Plotnikoff, Collins, & Morgan, 2014), only mothers' feeding practices will be explored. It was predicted that there would be differences between these two groups of mothers in relation to both their feeding practices and their children's eating behaviours.

2. Method

2.1. Participants

Five hundred and fifty parents with a child aged 2–6 years participated. Parents were excluded if they had not provided details of their child's age ($n = 36$), if they were the child's father ($n = 26$), or if their self-reported BMI was missing ($n = 43$) or under 18, indicating that they were 'underweight' ($n = 8$). This left a total sample of 437 mothers with a mean age of 34 years ($SD 5.7$; range 21–52 years). Most mothers reported their ethnicity as White British (76%), 26% were educated to university degree level and 25% had a post-graduate qualification. The mean child age was 4.21 years ($SD 1.35$), 49% were boys and the mean age- and sex-adjusted BMI z-score was -0.60 ($SD 2.66$) (Child Growth Foundation, 1996).

2.2. Measures and procedure

Following institutional review board ethical approval, participants were recruited via nurseries, schools and playgroups from across the UK, and via social media (e.g. Twitter, Facebook). They provided demographic information (including age, self-reported height and weight, ethnicity, education level, child age, gender, height and weight) and then completed a series of validated self-report questionnaires, as described below.

2.3. Comprehensive Feeding Practices Questionnaire (CFPQ; Musher-Eizenman & Holub, 2007)

The CFPQ is a 49 item self-report measure of various child feeding practices. It has 12 subscales: Child control ("At dinner, do you let this child choose the foods s/he wants from what is served?"); Encourage balance and variety ("I encourage my child to try new foods"); Environment ("Most of the food in the house is healthy"); Involvement ("I involve my child in planning family meals"); Teaching about nutrition ("I discuss with my child why it's important to eat healthy foods"); Modelling ("I try to show enthusiasm about eating

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