



Maternal concerns about children overeating among low-income children



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ABSTRACT

Addressing overeating is essential to obesity treatment and prevention. The objectives of this study were to investigate maternal concern for child overeating, to identify associated participant characteristics and to determine if concern for child overeating is associated with maternal feeding practices. Low-income mothers (N = 289) of children (mean age 70.8 months) participated in a semi-structured interview. Themes of maternal concern for child overeating were identified and a coding scheme was reliably applied. Maternal feeding practices were measured by questionnaire and videotaped eating interactions. Logistic regressions were used to test the associations of participant characteristics with the presence of each theme, and bivariate analyses were used to test the associations of the presence of each theme with feeding practices. Three themes were identified: 1) mothers worry that their child does overeat, 2) mothers acknowledge that their child may overeat but indicate that it is not problematic because they manage their child's eating behavior, and 3) mothers acknowledge that their child may overeat but indicate that it is not problematic because of characteristics inherent to the child. Child obesity predicted the themes; mothers of obese and overweight children are more likely to be concerned about overeating. Themes were associated with lower levels of observed pressure to eat. Only Theme 2 was associated with greater restrictive feeding practices. Interventions that provide parents' practical, healthy ways to prevent child overeating may be helpful.

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1. Introduction

Overtaking is an overarching construct that could be conceptualized as encompassing several types of obesogenic behaviors such as eating in the absence of hunger (Birch, Fisher, & Davison, 2003), enjoyment of food (Wardle, Guthrie, Sanderson, & Rapoport, 2001), food responsiveness (Wardle et al., 2001), low satiety responsiveness (Wardle et al., 2001), and loss of control eating (Tanofsky-Kraff et al., 2007). All of these behaviors, which could be considered forms of overeating perceived by parents, have been associated with greater risk of child obesity and overweight or higher body mass index (BMI) z-scores

(Birch et al., 2003; Domoff, Miller, Kaciroti, & Lumeng, 2015; Vannucci et al., 2012).

Maternal beliefs surrounding child obesity have received attention as potential intervention targets. Specifically, researchers have extensively described the difficulties mothers have in accurately recognizing that their child is overweight (Baughcum et al., 2001; Campbell, Crawford, & Ball, 2006; Carnell, Edwards, Croker, Boniface, & Wardle, 2005; Jansen & Brug, 2006; Jeffery et al., 2015; May et al., 2007; Spargo & Mellis, 2014; Warschburger & Kröller, 2012), leading to public health efforts to ensure that parents are aware of their child's overweight status (Chomitz, Collins, Kim, Kramer, & McGowan, 2003; Nihiser et al., 2007). Additionally, researchers have examined whether or not mothers are concerned about their child's weight status when they are aware their child is overweight (Campbell et al., 2006; Carnell et al., 2005; Moore, Harris, & Bradlyn, 2012), on the premise that greater concern for the health effects of overweight is associated with greater parental readiness to help their child lose weight (Rhee, De Lago, Arscott-Mills, & Mehta, 2005). Despite these relatively large

Abbreviations: SEP, standardized eating protocol; BMI, body mass index; CFQ, Child Feeding Questionnaire.

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literatures, only two studies (Baughcum et al., 2001; Johannsen, Johannsen, & Specker, 2006) have focused specifically on whether mothers are concerned about their children overeating. Furthermore, we have been unable to identify any studies that have examined whether maternal concern for overeating is associated with differences in parenting and feeding practices.

Understanding maternal concern for overeating is important for childhood obesity intervention as it is a step in the path toward motivating behavior change around child feeding. Recognizing that one's child is overweight is necessary, but likely not sufficient, to change maternal feeding behaviors. The next step, being concerned about the child being overweight, is likewise necessary, but also not sufficient, to change maternal behavior. Specifically, many mothers recognize their child is overweight and are concerned about it, but perceive the overweight as being due to inadequate physical activity, genetics, or metabolism (Jain et al., 2001). In order to motivate change in maternal feeding behaviors, mothers must be concerned that the child is overeating. However, no work to date has examined this question without combining the construct of overeating with others concerns such as concern for fussy eating (Johannsen et al., 2006) or concern for overweight (Baughcum et al., 2001). Examining maternal concern for overeating as an independent construct, as well as associated feeding behaviors, may provide insights that could lead to novel targets for childhood obesity interventions involving mothers.

A number of studies have examined characteristics of the child and mother that predict maternal concern for overweight as well as the accuracy of perception of child weight (Rietmeijer-Mentink, Paulis, Middelkoop, Bindels, & Wouden, 2013). Accurate perception of child weight status has been predicted by older child age (Jeffery et al., 2015; Rietmeijer-Mentink et al., 2013), female child sex (Jeffery et al., 2015), and lower child and maternal weight status (Carnell et al., 2005; Rietmeijer-Mentink et al., 2013; Warschburger & Kröller, 2009). However, we could not identify any studies that have examined associated characteristics with maternal concern for overeating. Understanding if concern for overeating is associated with specific characteristics of the child, the mother or household could be important for identification of key participants for intervention programs.

Some prior work has examined the associations between the related constructs of concern about the child becoming overweight and controlling feeding practices (Birch & Fisher, 2000; Cachelin & Thompson, 2013; May et al., 2007), finding an association between concern for overweight with higher levels of restriction and lower levels of pressuring (May et al., 2007). No prior studies have examined the relationship between maternal concern for child overeating and feeding practices.

Therefore the objectives of this study were three-fold: 1) to explore maternal concern for overeating, 2) to examine whether child, mother and household characteristics predict maternal concern for child overeating, and 3) to evaluate if maternal concern for child overeating predicts maternal feeding practices. We hypothesized that having an obese child would predict maternal concern for child overeating and that maternal concern for child overeating would predict maternal feeding practices.

2. Methods and materials

2.1. Participants

Participants were a convenience sample of 289 low-income female primary caregiver-child dyads from South-central Michigan, who enrolled in a longitudinal study examining psychosocial and behavioral contributors to children's obesity risk in 2009–2011. Participant characteristics are provided in Table 1. Participants in the original longitudinal study were invited through their child's Head Start program (free, federally subsidized preschool programs for low-income children) to participate in a study about children's eating behaviors. Participants were

Table 1
Participant characteristics, (n = 289).

	Mean (SD) or n (%)
Child characteristics	
Sex (male); n (%)	149 (51.6)
Age (months); mean (SD)	70.8 (8.4)
Child weight status; n (%)	
Obese (BMI ≥ 95th %)	61 (21.1)
Overweight (BMI 85th– < 95th %)	60 (20.8)
Normal weight (BMI 5th– < 85th %)	164 (56.7)
Underweight (BMI < 5th %)	4 (1.4)
Maternal characteristics	
Age (years); mean (SD)	31.1 (7.1)
BMI; mean (SD)	33.1 (9.4)
Race/ethnicity; n (%)	
White non-Hispanic	198 (68.5)
Black non-Hispanic	46 (15.9)
Hispanic	23 (8.0)
Other (Native American, Asian, Pacific Islander or Biracial)	22 (7.6)
Household characteristics	
Food security; n (%)	
Secure	199 (68.9)
Insecure	90 (31.1)
Maternal self-reported feeding behavior	
CFQ Monitoring; mean (SD)	4.0 (1.0)
CFQ Restriction; mean (SD)	3.3 (0.9)
CFQ Pressure; mean (SD)	2.7 (1.1)
Observed maternal feeding behavior	
Home mealtime restriction^a; n (%)	
Non-askers	56 (21.1)
Infrequent restriction	71 (26.7)
Varied restriction	59 (22.2)
Frequent restriction	80 (30.1)
Home Mealtime Pressure^a; n (%)	
Low Total Pressure	36 (13.6)
Medium Total Pressure	145 (54.9)
High Total Pressure	83 (31.4)
SEP Total Discouragements for Chocolate Cupcakes ^b ; mean (SD)	1.66 (2.58)
SEP Total Discouragements for Green Beans and Artichokes ^b ; mean (SD)	1.00 (2.22)
SEP Total Encouragements for Green Beans and Artichokes ^b ; mean (SD)	6.79 (6.78)

^a n = 266.

^b n = 225.

followed longitudinally, and about 2 years after the original study ended in 2011, they were invited to participate in this follow-up study, which was explained as seeking to “understand how mothers and caregivers feed their children.” Of the parent sample, 95% were biological mothers. The remaining 5% were adoptive mothers, stepmothers and grandmothers; henceforth we refer to the entire group as “mothers”.

Eligible mothers were fluent in English, had less than a four-year college degree, and prepared and ate dinner with their children at least 3 days a week. Exclusion criteria for the parent study included the child having a gestational age less than 35 weeks, significant perinatal or neonatal complications, serious medical problems or food allergies, any form of disordered eating or foster care.

2.2. Study design

This was an observational cross-sectional study. The mothers participated in a semi-structured interview and completed questionnaires, all without the child present. Anthropometrics were measured at a second visit. Dyads participated in up to three video-recorded home dinner mealtimes, and a laboratory feeding session using a standardized eating protocol (SEP). The Institutional Review Board approved the study protocol. The mothers provided written informed consent and were each compensated \$150.

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