



Correlates of parental feeding practices with pre-schoolers: Parental body image and eating knowledge, attitudes, and behaviours

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ABSTRACT

Parental feeding practices have been linked to eating and weight status in young children; however, more research is needed to understand what influences these feeding practices. The aim of this study was to examine how parental feeding practices that are linked to unhealthy eating patterns in young children, are related to parental body image and eating knowledge, attitudes, and behaviours. Participants were 330 mothers of a 2- to 6-year-old child. Mothers completed measures of knowledge of child body image and eating patterns, overvaluation of weight and shape, internalization of general media and athletic ideals, dieting, and parental feeding practices. Higher maternal knowledge of strategies to promote positive child body image and eating patterns predicted lower weight restriction, instrumental, emotional, and pushing to eat feeding practices. Overvaluation of weight and shape predicted use of fat restriction. Maternal internalization of the athletic ideal predicted instrumental and pushing to eat feeding practices. As these feeding practices have been associated with long-term risk of children's weight gain and/or disordered eating, these findings highlight the need for prevention interventions to target knowledge, attitudes, and behaviours of parents of pre-schoolers.

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Research suggests that the foundations for eating patterns are consolidated during early childhood (e.g., Fisher, Sinton, & Birch, 2009; Variyam, 2001), and some eating patterns may increase a child's risk of disordered eating and obesity. Important factors related to the development of children's positive and negative eating patterns (i.e., both eating behaviours and eating and food attitudes (Hart, Damiano, Chittleborough, Paxton, & Jorm, 2014)) are parental feeding practices (e.g., Clark, Goyder, Bissell, Blank, & Peters, 2007; Faith, Scanlon, Birch, Francis, & Sherry, 2004b). Better understanding the parental factors that may be associated with their feeding practices is important to inform efforts to reduce children's risk of developing disordered eating and obesity.

Parental feeding practices are ways in which parents manage their child's food exposure, intake, and eating patterns. These include: *monitoring* (monitoring children's consumption of high fat or sugary foods) (Birch et al., 2001); *instrumental feeding* (rewarding children's behaviour with food); *emotional feeding* (giving children food to calm or soothe them) (Wardle, Sanderson, Guthrie, Rapoport, & Plomin, 2002); *fat restriction* (controlling or

restricting children's food or caloric intake) (Birch et al., 2001; Musher-Eizenman & Holub, 2007); *weight restriction* (attempts at controlling children's weight) (Rodgers, Paxton, Massey, et al., 2013); and *pushing to eat* (pressuring children to eat more or certain nutritious foods) (Baughcum et al., 2001).

With an increasing need for effective prevention interventions to reduce the rising rates of both eating disorders and obesity in children and adolescents, and the proposed links between parental feeding practices and child eating behaviours that are likely to protect against or be risk factors for unhealthy eating or weight gain (e.g., Gallant et al., 2013; Golan & Crow, 2004; Rodgers, Paxton, McLean, et al., 2013), it is important to better understand what factors may be associated with the parental feeding practices that have been associated with weight gain and disordered eating in children. Some research suggests that monitoring may protect against the development of childhood overweight (e.g., Faith et al., 2004), while other research has shown no impact on child weight (e.g., Farrow & Blissett, 2008; Spruijt-Metz, Lindquist, Birch, Fisher, & Goran, 2002; Webber, Cooke, & Wardle, 2010). In contrast, in preschool children, increases in Body Mass Index (BMI) z-scores over a one year period have been predicted by maternal instrumental feeding (Rodgers, Paxton, Massey, et al., 2013). Feeding practices, including instrumental feeding, emotional feeding, and

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fat and weight restriction, have been cross-sectionally associated with children's increased tendency to overeat, while emotional feeding has been shown to predict more emotional eating and tendency to overeat in children one year later (Rodgers, Paxton, Massey, et al., 2013). Additionally, Fisher and Birch (2000) reported that parents' fat restriction of their 5-year-old daughter's intake of snack foods predicted girls' consumption of more of the restricted foods. Research has also identified that pushing to eat is associated with greater dietary restraint in 5-year-old girls (Carper, Fisher, & Birch, 2000). It appears that, despite parents' best intentions to implement feeding practices to avoid their children becoming overweight, too much control may have a negative effect on children's eating and lead to weight gain. It has been proposed that these feeding practices prevent children learning the skills to self-regulate their eating and food intake, and are thus more likely to overeat a restricted food when it is available (e.g., Fisher & Birch, 2000).

To minimise potentially negative parental feeding practices it would be valuable to determine factors that may influence these feeding practices. In a recent review of 17 papers that explored maternal factors related to feeding practices, McPhie, Skouteris, Daniels, and Jansen (2014) reported that parenting styles, personal characteristics (e.g., maternal level of education and socioeconomic status), and general and eating psychopathology were related to feeding practices; commonly restrictive feeding practices and pushing to eat. Interestingly, the relationship between maternal weight and feeding practices was found to be inconsistent over several studies (McPhie et al., 2014), which may indicate that further investigation is necessary. A strong association has been reported between maternal eating psychopathology and feeding practices, such that maternal dieting and weight concerns have been found to be predictors of fat restriction in relation to their 5-year-old daughter's food intake (Francis, Hofer, & Birch, 2001). A number of studies have shown that higher levels of maternal bulimic behaviours are associated with greater restriction of daughter's eating (e.g., Blissett, Meyer, & Haycraft, 2006; Haycraft & Blissett, 2008). Moreover, Blissett and Haycraft (2011) found that higher levels of maternal eating psychopathology were associated with more verbal pressure for their preschool-aged child to eat, maternal drive for thinness was positively associated with physical prompts to eat, and higher levels of maternal body dissatisfaction were associated with more restrictive feeding practices. In 2-year-old girls and boys, Rodgers, Paxton, McLean, et al. (2013b) reported that higher levels of maternal body dissatisfaction predicted greater restrictive feeding practices; however, this was only significant when mediated by concern about the child's weight. These studies suggest that maternal eating psychopathology is related to a number of parental feeding practices; however, there are other aspects of eating psychopathology that may potentially be associated with feeding practices that have not yet been considered.

One variable that could be explored in this context is internalization of societal appearance ideals as it has been demonstrated that internalization can lead to eating and body dissatisfaction (e.g., Homan, 2010; Slevec & Tiggemann, 2011). Internalization of societal appearance ideals occurs when an individual cognitively subscribes to society's stereotypical ideals of attractiveness and behaves in a manner to approximate these ideals (Thompson & Stice, 2001). Typically, for females society's ideal is for thinness (Thompson & Stice, 2001), while for males society's ideal is for leanness and muscularity (Leit, Pope, & Gray, 2001). Research has demonstrated that parents of pre-schoolers can be concerned about their child becoming overweight and that such concerns relate to parental feeding practices (Gregory, Paxton, & Brozovic, 2010a; May et al., 2007; Rodgers, Paxton, McLean, et al., 2013b). Research has further demonstrated that parental internalization of

media and athlete ideals influence children's weight stigma (Damiano, Gregg, et al., 2015; Spiel, Paxton, & Yager, 2012). Thus, exploring how internalization relates to parental feeding practices related to weight gain and disordered eating in children is also important.

Other factors that could be related to feeding practices are knowledge and beliefs about food and eating. Evidence has shown that mothers' nutrition knowledge is associated with less fat and higher fibre intake (Variyam, Blaylock, Lin, Ralston, & Smallwood, 1999) and increased consumption of fruits and vegetables (Gibson, Wardle, & Watts, 1998) by pre-schoolers. Greater parental knowledge of nutrition has also been associated with lower rates of child overweight (Variyam, 2001), suggesting that parental nutrition knowledge may be a protective factor against childhood obesity. Further, some evidence suggests that higher maternal education is related to less unhealthy feeding practices, such as restriction (e.g., Blissett & Haycraft, 2011), and lower maternal education is related to more unhealthy feeding practices, such as instrumental feeding (e.g., Musher-Eizenman, de Lauzon-Guillain, Holub, Leporc, & Charles, 2009). It might be proposed that these relationships are the result of differences in knowledge about healthy feeding practices. However, research has not been conducted to investigate relationships between feeding practices and parental knowledge of general parenting strategies to prevent unhealthy eating and body dissatisfaction in young children, such as "Parents should encourage their child to listen to their body and trust them to eat when they are hungry and stop when they are full" (Hart et al., 2014).

Some research has also explored the potential influence of child weight status on parental feeding practices. For example, Francis et al. (2001) explored relationships between child characteristics and feeding practices of 5-year-old girls. They found that girls having a higher weight, as well as mothers perceiving their daughter as overweight, were related to mothers using more restrictive feeding practices (Francis et al., 2001). In another study with mothers of pre-schoolers, it was similarly found that mothers who perceived their pre-schooler to be overweight were more likely to restrict food intake, however, no association with children's actual weight status and parental feeding practices was found (May et al., 2007). Similar results were found in a study of mothers of 2- to 4-year-old children, in which concern about child weight was related to feeding practices, including restriction (Gregory, Paxton, & Brozovic, 2010b). In this study, actual child BMI was found to be correlated with pushing to eat, but was not found to be an independent predictor of any feeding practice (Gregory et al., 2010b). The current literature provides inconsistent findings on the potential influence of child BMI on parental feeding practices.

In light of observed relationships between parental feeding practices and children's eating behaviours and weight status, greater understanding of factors associated with parental feeding practices is needed. Although we know that parental eating pathology and body dissatisfaction relate to their feeding practices, little is known about how internalization of societal body ideals and knowledge of parenting strategies to prevent unhealthy eating and body dissatisfaction, relate to feeding practices. Understanding how maternal education and socioeconomic status, as well as both maternal and child BMI, influence these relationships is also of interest. The aim of this study was to identify relationships between parental feeding practices and the body image and eating knowledge, attitudes, and behaviours of parents of pre-schoolers. Of particular interest were feeding practices that have shown some association with higher BMI and disordered eating in children, including fat restriction, weight restriction, instrumental and emotional feeding, and pushing to eat, to determine associations of

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