

## Qualitative Research

## Maternal Styles of Talking about Child Feeding across Sociodemographic Groups

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## ABSTRACT

This study sought to identify maternal styles of talking about child feeding from a semistructured interview and to evaluate associated maternal and child characteristics. Mothers of preschool-aged children ( $n=133$ ) of diverse race/ethnicity and socioeconomic status (SES) (45 lower SES black, 29 lower SES white, 32 lower SES Hispanic, 15 middle to upper SES white, and 12 middle to upper SES Asian) participated in a semistructured interview about feeding. Interviews were audiotaped and transcribed. Themes were identified, and individual interviews were coded within these themes: authority (high/low), confidence (confident/conflicted/unopinionated), and investment (deep/mild/removed). Demographic characteristics were collected and a subset of children had measured weights and heights. Cluster analysis was used to identify narrative styles. Participant characteristics were compared across clusters using Fisher's exact test and analysis of variance. Six narrative styles were identified: Easy-Going, Practical No-Nonsense, Disengaged, Effortful No-Nonsense, Indulgent Worry, and Conflicted Control. Cluster membership differed significantly based on maternal demographic group ( $P<0.001$ ) and child weight status ( $P<0.05$ ). More than half (60%) of children of mothers in the Conflicted Control cluster were obese.

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*Manuscript accepted: May 9, 2011.*

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*0002-8223/\$36.00*

*doi: 10.1016/j.jada.2011.09.003*

Maternal styles of talking about feeding are associated with maternal and child characteristics.

*J Am Diet Assoc. 2011;111:1861-1867.*

Maternal feeding style, defined as how a mother interacts with her child around eating, is believed to be an important contributor to a child's eating behaviors (1) and risk of obesity (2). Understanding maternal beliefs about feeding, which differ on the basis of race/ethnicity (3) and socioeconomic status (SES) (4), is important in the context of the current obesity epidemic, which disproportionately affects these populations (5,6).

Maternal feeding styles have been broadly conceptualized in a number of ways often related to demandingness and responsiveness (7) from Baumrind's classic parenting styles (8). In the realm of child feeding, demandingness or increased control refers to how a parent sets limits with regard to food and mealtime, whereas responsiveness refers to how a parent encourages eating and involves the child in mealtime choices (7). Some studies have linked demanding or controlling feeding practices such as restricting a child's access to palatable foods (9,10) or forcing a child to clean the plate (11) with obesity-promoting behaviors. Other studies have shown that less demandingness, as seen in permissive or indulgent feeding styles, is associated with lower consumption of nutrient-rich foods (eg, fruits and vegetables) (12) and higher child body mass index (13).

Although prior research has primarily relied on questionnaires (14), this methodology may not be ideal for investigating matters as complex as maternal feeding style for several reasons. First, it is unclear whether mothers' interpretations of questionnaire items are valid, particularly among low-income and minority groups (15). Furthermore, cross-cultural differences in questionnaire response style have been described, including preference for extreme responses among racial/ethnic minorities (16). Importantly, in clinical practice, a provider does not use questionnaires but relies on a mother's narrative about her child, which is inherently filled with the mother's subjective thoughts and emotions (17). For example, a mother's narrative may be well articulated and very detailed, conveying well-thought-out concerns, confidence, and satisfaction with her approach (18). Other mothers' narratives may be less well thought out and nondescript (19). Experienced clinicians attend to a mother's narrative style, hearing not only the content of her responses to questions, but also the style with which the mother talks about feeding.

Maternal narrative styles are important for several reasons. Foremost, they are thought to reflect a mother's internal feelings that she may not yet fully realize or

appreciate (20), and these internal feelings predict children's outcomes (21-23). These styles shape interactions with clinical providers in important ways. First, they help to shape clinical impressions from which a provider chooses what information to deliver and how to deliver it. Second, some of these styles have the potential to shape a clinical interaction in ways that are not productive. For example, narrative styles that seem disinterested may lead clinicians to assume that a mother is not invested and to end the conversation prematurely.

This study sought to identify common styles with which mothers talk about feeding their preschool-aged children. We focused on the preschool age range because it has been described as a sensitive period for food preference formation (24) and the development of long-lasting eating habits (25). This study also sought to determine whether maternal styles of talking about feeding are associated with characteristics of the mother or the child. To accomplish this goal, a semistructured interview, a methodology often used to study parenting (26), was used to elicit maternal narratives about feeding. Individual mothers were ultimately categorized into one of the identified narrative styles, and characteristics of mothers and children were quantitatively examined in relation to these narrative styles.

## METHODS

### Sample and Recruitment

Mother-child dyads were recruited from rural and urban areas in the midwestern United States via a flyer seeking "mothers of 3- to 6-year-old children to better understand children's eating behavior and how mothers feed their children." Eligible participants were biological mothers able to speak English or Spanish fluently. The child could not have significant developmental delays, and the mother or child could not have any medical condition that may affect appetite or eating. A purposive sampling strategy was used to achieve a diverse cohort with regard to maternal race/ethnicity and SES. The child attending Head Start and mother having less than a 4-year college degree defined lower SES. Middle to upper SES was defined by the mother having a 4-year college degree or more, private health insurance, and a household income >200% of the federal poverty line (27). We therefore identified five demographic groups: lower SES white, lower SES black, lower SES Hispanic, middle to upper SES white, and middle to upper SES Asian. The Institutional Review Board approved the study. Mothers gave written informed consent and were compensated \$20 for their participation.

### Data Collection

Mothers participated in a semistructured interview (mean length 47.4±23.0 minutes, range 16.7 to 133.4 minutes) with a trained interviewer matched to the mother's race/ethnicity. A bilingual native Spanish speaker interviewed Hispanic mothers. Interviewers administered a set of open-ended questions (Figure 1) and were trained to avoid giving positive, negative, or leading reactions to a mother's answers. Interviews were audio taped and transcribed and Spanish interviews were translated to English before coding. Demographics were gathered by questionnaire and maternal weight and height were measured. For the lower SES

How do the people in your house usually eat their meals on a typical day?

What works well and what does not?

Can you describe yesterday's dinner?

How did you feel about it?

Is there anything that you would change that would make it a better experience from your perspective?

What are special foods for you and your child? Why are these special?

How would you describe your child's activity level?

Do you have any concerns about your child's activity level?

How is it similar or different from your own?

Do you do anything to help change it? How does that work?

How would you describe your child's personality?

Would you say he/she is typically easy to get along with or more challenging? How so?

Do you ever worry that your child doesn't or might not eat enough? What do you worry about? What might happen?

Do you ever give your child food as a reward or motivation? Can you give an example?

How do you think it works?

How were you fed when you were growing up?

Do you see similarities or differences to your own way of feeding your kids?

How do you think your mother felt about the way she fed you?

How do you feel about your own family weight?

Was weight ever hard for you?

What does overweight mean to you?

What does obese mean to you?

What causes a child to be overweight?

Can you help me brainstorm some things parents can do to keep their children from becoming overweight? Do you do any of these things?

Do you think your cultural background plays a role in how you think about food and weight? If so, how?

**Figure 1.** Open-ended questions used to prompt maternal narratives about feeding from mothers of preschool-aged children.

sample (n=83), children's measured weights and heights were available and children were categorized as obese vs not based on the Centers for Disease Control growth charts and standards (28).

### Analysis of Interview Data

All interviews were read by three of the investigators, each of whom generated her own list of salient themes

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