



The Evolution of Mothers' Beliefs About Overweight and Obesity in Their Early School-Age Children

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ABSTRACT

OBJECTIVE: To identify changes in maternal beliefs, concerns, and perspectives about overweight and obesity in their children over a 2-year period.

METHODS: A total of 37 low-income English-speaking mothers of overweight or obese children participated in 2 semi-structured interviews, separated by about 2 years. Mean child age was 5.9 years at baseline and 8.2 years at follow-up. Mother and child anthropometric data were obtained, and mothers completed demographic questionnaires at both time points. Mothers' interviews were analyzed using the constant comparative method for longitudinal patterns of change in their perspectives on childhood obesity across the 2 time points.

RESULTS: Six longitudinal patterns of change in mothers' perspectives and beliefs were identified: 1) mothers' identification of a weight problem in their child emerges gradually, 2) mothers' level of concern about their child overeating increases,

3) mothers' concerns about consequences of obesity intensify and change over time, 4) mothers feel less control over their child's eating and weight, 5) mothers' efforts to manage eating and weight become more intentional, and 6) mothers are more likely to initiate conversations about weight as their child gets older.

CONCLUSIONS: Mothers' concerns about children's weight and eating habits increased, and reported weight management strategies became more intentional over a 2-year period. Further research should consider attending to maternal perspectives on child weight and eating and their evolution in the development of family-based interventions for childhood obesity.

KEYWORDS: longitudinal studies; mother-child relations; pediatric obesity; weight gain

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WHAT'S NEW

Mothers of overweight and obese children became more concerned about their child's weight and eating habits over time. Mothers reported using more direct and intentional methods to address the problem of weight in their children as children grew older.

MOTHERS HAVE BEEN cited as important mediators of childhood obesity intervention efforts, as they play a central role in shaping children's eating and physical activity habits.¹ While maternal support of healthy behaviors can reduce children's risk of overweight and obesity,² mothers often do not recognize the problem and consequences of overweight in their children.³ Furthermore, pediatric providers often find it challenging to engage mothers in

childhood obesity intervention and prevention efforts.⁴ An important first step toward engaging mothers is to better understand their concerns, perspectives, and beliefs about the problem of obesity in their children.^{1,5}

Prior work has not examined how mothers' beliefs and perspectives about child overweight and obesity change over time. Weight status is likely to track through childhood,⁶ but mothers' perspectives and beliefs about their child's weight status may evolve over time as the child develops more advanced reasoning, self-control, and autonomy, particularly in eating behaviors. Prior questionnaire-based studies have found that mothers report more concerns about their child's weight status as the child grows older.^{7,8} We have been unable to identify any studies that

have examined this evolution in maternal concerns about child obesity in more depth. Understanding if and how mothers' concerns and beliefs about overweight and obesity in their child evolve could inform the timing and parenting-related content of childhood obesity intervention programs.

Therefore, the objective of this study was to examine longitudinal patterns of change in maternal beliefs, concerns, and perspectives about child overweight and obesity in a sample of low-income US mothers of overweight and obese children.

METHODS

PARTICIPANTS

Participants were recruited from an original longitudinal study that invited children attending Head Start programs (a free, federally subsidized preschool program for low-income children) in south-central Michigan to participate in a study about children's eating behaviors. Exclusion criteria included mothers not fluent in English or had a 4-year college degree or more, child gestational age <35 weeks, significant perinatal or neonatal complications, serious medical problems or food allergies, disordered eating, or foster care. Participants took part in 2 follow-up data collections, described as seeking to understand "how mothers feed their children."

The longitudinal cohort was made up of 285 mother-child dyads at baseline, 116 (40.7%) of which had children who were overweight or obese. This analysis focused on dyads in which the child was overweight or obese at both baseline and follow-up. Theme saturation (described below) was reached with a sample of 37 dyads.

Dyads participated in data collection at baseline and again at follow-up about 2 years (mean 2.30, SD 0.22, range 1.84–2.91 years) later. The institutional review board approved the study, and mothers provided written informed consent and were compensated \$80 at baseline and again at follow-up. Data collection methods were identical at baseline and follow-up. Mothers provided demographic information and completed the Household Food Security Scale.⁹ Maternal and child anthropometrics were obtained by standardized procedure.¹⁰ Children's weight status was categorized as overweight (body mass index $\geq$ 85th to <95th percentile for age and sex) or obese (body mass index $\geq$ 95th percentile for age and sex) on the basis of the US Centers for Disease Control and Prevention growth charts.¹¹

Mothers participated in semistructured interviews at baseline and follow-up. The questions from the semistructured interview have been previously published,¹² as have the methods of developing, administering, and analyzing the interview.^{13–15} In brief, mothers participated in a semistructured interview, administered by trained research staff, which was conducted in a quiet location without the child present. Interviews were audiorecorded and transcribed verbatim. The interview was developed by 2 clinician-researchers and consisted of a series of open-ended questions about mothers' beliefs related to feeding their child and childhood obesity. Sample ques-

tions included, "Do you ever worry that [your child] does or might eat too much?" and "In your opinion, what causes a child to be overweight?"

The unit of analysis was the mother's interview at baseline compared to her interview at follow-up. Longitudinal patterns were defined as the ways in which mothers' beliefs and perspectives about childhood obesity changed or evolved from the baseline to follow-up interview.

For this study, the researchers first sought to identify if there were different patterns of beliefs among mothers of normal-weight children versus mothers of overweight/obese children. Two readers read an initial sample of 15 interview pairs from mothers of normal-weight children and 15 interview pairs from mothers of overweight and obese children. Readers used the constant comparative method¹⁶ to identify longitudinal patterns of change in both groups.

Both readers identified different longitudinal patterns of beliefs in the mothers of normal-weight children compared to mothers of overweight and obese children, specifically noting that concerns for overweight, obesity, and obesity-related behaviors did not emerge in the group of mothers of normal-weight children at either time point. Therefore, the decision was made to continue with analysis of longitudinal patterns using only interviews with mothers of children who were overweight or obese at both baseline and follow-up.

From the reading of the 15 paired interviews with mothers of overweight and obese children, 4 initial longitudinal patterns were consistently identified by both investigators. To further refine these targeted longitudinal patterns, readers reviewed an additional 22 interviews at which point saturation was achieved, meaning that no new longitudinal patterns were identified through reading further paired interviews. Readers met and discussed the longitudinal patterns and further refined these to reflect the most coherent, salient, and saturated final longitudinal patterns. Of the original 4 longitudinal patterns, 2 were divided into subpatterns; 6 total longitudinal patterns resulted. Longitudinal patterns identified were ultimately reviewed with a research psychologist, a clinical psychologist, and a pediatrician, who provided feedback on plausibility of these patterns and their interpretation.

RESULTS

Characteristics of the sample at baseline and follow-up are presented in the [Table](#).

Six longitudinal patterns in mothers' beliefs were identified. Illustrative quotations from each are shown in the [Supplementary Table](#) (available at <http://academicpedsjnl.net>).

MOTHERS' IDENTIFICATION OF AND CONCERN FOR A WEIGHT PROBLEM IN THEIR CHILD EMERGES GRADUALLY OVER TIME

At baseline, some mothers did not identify their child as having a weight problem, with some stating that they did not consider their child to be overweight or obese, but

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