

Exploring Grandparents' Roles in Young Children's Lifestyle Behaviors and the Prevention of Childhood Obesity: an Australian Perspective

Lucinda K. Bell, PhD; Rebecca A. Perry, PhD; Ivanka Prichard, PhD

ABSTRACT

Childhood obesity remains a significant public health issue. Because lifestyle behaviors and weight are established early and track through life stages, prevention strategies must commence in the first years of life. Traditionally, such strategies target parents or formal child care providers. Yet grandparents are increasingly providing care to grandchildren and therefore have an important role in their eating and activity behaviors, which creates a major research gap. This commentary piece, focusing on the Australian context, argues that it is imperative and timely for obesity prevention research to include investigations regarding the role of grandparents in the prevention of obesity-related behaviors in young children.

Key Words: activity, behavior, career, child, grandparents (*J Nutr Educ Behav.* 2018;■■:■■–■■.)

Accepted December 14, 2017.

INTRODUCTION

Childhood obesity in children aged <5 years is a significant public health concern with considerable health consequences including an increased risk for cardiovascular disease and type 2 diabetes.^{1,2} Internationally, childhood obesity rates are continuing to rise in some countries (eg, China, Canada) while plateauing in others (eg, US, Australia).³ Nonetheless, they remain high globally,⁴ with an estimated 42 million children aged <5 years overweight or obese in 2015.⁵ Strong evidence exists that once obesity is established in childhood, it is difficult to reverse and persists into adulthood.² Thus, primary prevention strategies are essential to reduce the rates of childhood obesity worldwide.

Over the past few decades, the evidence base for childhood obesity

prevention has accumulated. School- and community-based interventions have been effective in primary school-aged children⁶⁻⁸; however, evidence for prevention in young children aged 0-5 years is still emerging.^{8,9} Intervening in the first years of life to establish healthy lifestyle behaviors is crucial because food preferences^{10,11} and activity behaviors¹² are established at this time and track into adulthood.¹³ As such, the World Health Organization Commission on Ending Childhood Obesity focuses especially on obesity prevention initiatives that target early childhood.¹⁴

To date, obesity prevention strategies in children aged <5 years typically targeted parents, because they are the agents of change for children's physical activity and nutrition behaviors,^{15,16} and the home environment as well as other settings where children spend a significant portion

of their time, such as long-day care centers (ie, formal child care settings).^{9,17,18} However, informal care providers such as babysitters, nannies, friends, and family members are increasingly providing significant amounts of care to young children. In particular, grandparents are an important source of child care worldwide, providing care to approximately one quarter of children in the US,¹⁹ UK,²⁰ and Australia²¹; the prevalence is highest among children aged <5 years. Although child care type may not be associated with child weight status *per se*,²² the nutrition and physical activity environments within these settings can affect children's health outcomes. Therefore, grandparents could have a potential role in obesity prevention-related diet and activity behaviors in young children.

THE CURRENT AUSTRALIAN PERSPECTIVE

In Australia, 1 in 5 children are overweight or obese by the time they start school.²³ Over the past decade, obesity prevention trials among children aged 0-5 years were undertaken to address this issue, with a large focus on the first 2 years after birth.²⁴⁻²⁸ However, all of these high-quality, randomized, controlled trials targeted the parents and the home environment. Yet, changes

College of Nursing and Health Sciences, Flinders University, Adelaide, South Australia, Australia

Conflict of Interest Disclosure: The authors' conflict of interest disclosures can be found online with this article on www.jneb.org.

Address for correspondence: Lucinda Bell, PhD, Nutrition and Dietetics, Flinders University, GPO Box 2100, Adelaide, South Australia 5001, Australia; Phone: +61 8 8204 6406; Fax: +61 8 8204 5957; E-mail: lucy.bell@flinders.edu.au

© 2018 Society for Nutrition Education and Behavior. Published by Elsevier, Inc. All rights reserved.

<https://doi.org/10.1016/j.jneb.2017.12.007>

in the Australian workforce have transformed the use of child care.²⁹ Over the past 30 years the presence of women in the labor market has risen by 18%^{30,31} and in families where the youngest child is aged 0–4 years, 51% and 28% of mothers in coupled and single families, respectively, are employed in some capacity.²⁹ This has increased the need for child care. Low availability and/or the high cost of formal care³² have subsequently resulted in a rise in the number of young Australian children being cared for by informal resources such as grandparents. Data from 2011 indicated that of young Australian children aged birth to 4 years who regularly attended some type of child care, 1 in 2 (50%) were cared for by a grandparent.³³ Importantly, children aged birth to 4 years spent more time in care by grandparents (10 h/wk) than did older children aged 5–12 years (6 h/wk).³³ With half of Australian children aged <5 years in care regularly cared for by a grandparent³³ for an average of 19 h/wk,³² grandparents represent a significant source of informal care provision for young children.

GRANDPARENTS' ROLE IN YOUNG CHILDREN'S OBESITY-RELATED BEHAVIORS

Given that children's food preferences^{10,11} and activity behaviors^{12,34} are extremely malleable in the early years of life and influence future behaviors,¹³ grandparents who care for children aged <5 years may have a role in developing their food preferences and activity behaviors. Previous research in children, including those aged <5 years, showed that some grandparents may unintentionally employ unhelpful feeding practices such as using food to regulate emotions³⁵; restricting access to certain foods³⁵; spoiling or treating their grandchildren with food^{36–40}; using food as a reward^{39,41}; pressuring grandchildren to eat more^{37,42}; making high-fat and high-sugar foods available⁴³; allowing grandchildren a high degree of input and control when planning mealtimes and food choices^{35,37,44}; and providing less encouragement of a balanced intake than do parents.^{35,36} Various reasons have been identified for such behavior, such as to differentiate their role

from that of other carers and parents,³⁹ to demonstrate love and care,^{36,45} or to exercise power over the parents.³⁹ These practices by parents are known to be associated with maladaptive eating patterns in young children and can increase the risk of childhood obesity.⁴⁶ Whether this same relationship exists for grandparents requires further exploration. Grandparents may also influence children's physical development through their own activity behaviors and environment,³⁸ which is also an area for further exploration. Although the amount of time grandparents spent with children was not accounted for in a recent review on links between grandparents and child health, findings showed a negative effect of grandparent involvement (which varied from full-time carers who live in the child's home to part-time carers) on children's (aged 0–18 years) weight status.⁴⁷ This suggests that grandparents may be an appropriate intervention target.

GRANDPARENTS' ROLE IN THE FEEDING RELATIONSHIP AND FAMILY DYNAMICS

Societal changes, including an increase in the proportion of mothers of young children in the paid workforce in recent decades,^{48,49} has led to changed family roles and an increased reliance on child care. As parents are increasingly struggling to find formal child care centres with a suitable location, price, quality, and availability,³² many are turning to informal care, in particular grandparents, to meet their child care needs.³³ Many parents now rely on grandparents to provide care to their young children and significantly value their contribution. However, there is evidence that some parents feel their efforts to undertake positive child feeding practices, such as repeated exposure to a range of flavors and textures, and responsiveness to infant cues of hunger and satiety,⁵⁰ are often undermined by grandparents.^{37–39} Given that the current food and activity environments of children are different from prior generations,^{51,52} feeding children and adhering to recommendations regarding physical activity are often mentioned as sources of conflict between parents and grandparents.^{36,53}

Studies reported that conflict and tensions between caregivers may arise owing to different food rules or practices,^{37,39} different definitions of healthy eating,³⁸ and parents' beliefs about grandparents undermining their authority and disregarding their rules.³⁹ Similarly, grandparents' fear about interfering with and undermining parents may result in ambivalence about getting involved with any aspect of child rearing.⁵⁴ The need for grandparents to manage familial relations carefully, particularly with parents, was previously expressed,^{45,55} and thus supporting grandparents, as well as parents, with the skills to foster good intergenerational relationships could be beneficial for child health.⁵⁴

THE NEED TO SUPPORT GRANDPARENTS IN THEIR ROLE AS CARERS OF YOUNG CHILDREN

Considering the significant number of children being cared for regularly by a grandparent in Australia and internationally, and the important role they can have in influencing the eating and activity behaviors of young children, supporting grandparents in caring for young children may help to improve their eating and activity behaviors. However, in Australia, informal child care provided by grandparents is currently largely unsupported.⁵⁶ In comparison, formal child care (ie, long-day child care and family day care) is regulated and receives government funding and support⁵⁷ to foster healthy lifestyle behaviors in young children. Thus, support programs or initiatives for grandparents would complement other established activities in formal care environments to promote healthy lifestyle behaviors in young children. In addition, research showed that grandparents who are responsible for providing valuable care for grandchildren often experience social isolation,⁵⁸ among other considerable sacrifices.⁵⁹ Social support for grandparents who care for grandchildren may minimize any negative impacts on grandparents' well-being⁶⁰ and even protect against childhood obesity.⁶¹ Thus, a program or initiative that focuses on social support and recognizes and supports the important

Download English Version:

<https://daneshyari.com/en/article/6843539>

Download Persian Version:

<https://daneshyari.com/article/6843539>

[Daneshyari.com](https://daneshyari.com)