

Feeding Style and a Child's Body Mass Index

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ABSTRACT

Introduction: Early onset pediatric obesity has become a major health concern in the United States. A key contributing factor to early onset childhood is socialization to the eating and mealtime environment. Maternal feeding styles play an integral role in how children are socialized to the eating and mealtime environment.

Method: The study utilized a descriptive correlational research design. The sample was 126 mother/child dyads recruited from a southeastern Michigan Head Start program. Each mother completed a research packet.

Results: Results indicated that maternal beliefs such as nutritional belief and belief about the child's eating style were significantly associated with maternal feeding style. Maternal behaviors were associated with maternal feeding styles.

Discussion: Overall, the study provides a description of maternal beliefs and behaviors related to the body weight status of a preschool-aged child. *J Pediatr Health Care.* (2016) ■, ■-■.

KEY WORDS

Obesity, feeding styles, preschool-aged children

In the United States, pediatric obesity is a major health concern, and although the rates have declined for preschoolers during the past decade, they still hover at more than 8%. When obesity begins in childhood (especially before the age of 5 years), it often lasts a life-

time. Additionally, obesity that begins in childhood tends to be more severe than obesity that starts later in life ([Centers for Disease Control and Prevention, 2015](#)).

Children begin progressing beyond deprivation-based eating patterns at the age of 3 years. At this stage, their eating patterns are largely based on how they become socialized within mealtime environments, which are most often influenced by maternal child-feeding styles during these early and formative years ([Hughes, Power, Fisher, Mueller, & Nicklas, 2005](#)). Thus, although myriad factors influence childhood obesity, maternal feeding styles are a significant factor in its development ([Clark et al., 2008](#)).

Behaviors associated with specific feeding styles affect how children learn to regulate food intake. Feeding styles have the potential to foster either healthy or unhealthy patterns; poor self-regulation can lead to overeating and obesity during preschool years and possibly over a lifetime ([Scaglioni, Salvioni, and Galimberti, 2008](#)).

Thus parents (and particularly mothers) play a key role in the development of eating patterns because they directly influence preschoolers' immediate environments inside and outside the home ([Stang & Loth, 2011](#)).

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In a recent review of the literature, mixed results were found in studies evaluating relationships between the maternal child-feeding style and child's body weight status ([Blissett & Haycraft, 2008](#); [Brown, Ogden, Vogeley, & Gibson, 2008](#); [Carnell & Wardle, 2007](#); [Faith et al., 2004](#); [Frankel et al., 2014](#); [Gregory, Paxton, & Brozovic, 2010](#); [Haycraft and Blissett, 2008](#); [Hughes, Shewchuk, Baskin, Nicklas, & Qu, 2008](#); [Johannsen, Johannsen, & Specker, 2006](#); [May et al., 2007](#); [Powers, Chamberlin, Schaick, Sherman, & Whitaker, 2006](#); [Tovar et al., 2012](#)). Some recent studies evaluated

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Conflicts of interest: None to report.

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parental feeding styles and found a significant relationship between parental feeding style and a child's body weight status (Carnell & Wardle, 2007; Hughes et al., 2008; Johannsen et al., 2006); additionally, Powers and colleagues (2006) found a significant relationship between maternal feeding style and a child's body weight status. Several studies have found a significant relationship between an indulgent feeding style (i.e., a parent allowing a child to eat anything he or she wants) and an increased body mass index (BMI) in children (Frankel et al., 2014; Hughes et al., 2008; Tovar et al., 2012). In a study by Hughes and colleagues (2008), the relationship was so strong that it remained significant even after controlling for children's ages, genders, and ethnicities; parents' BMIs, levels of education, ages; and parental affect. Other studies did not find a significant relationship between maternal feeding style and a child's body weight status (May et al., 2007) or parental feeding style and a child's body weight status (Blissett & Haycraft, 2008; Brown et al., 2008; Gregory et al., 2010; Haycraft & Blissett, 2008).

A significant inverse correlation was found between maternal pressure to eat and a child's body weight status (Powers et al., 2006). Additionally, a significant relationship was found between parental pressure to eat and a child's body weight status (Carnell & Wardle, 2007). In one of the few studies that included fathers, it was found that when a father used a restrictive (or controlling) feeding style with a daughter, the daughter had a higher percentage of body fat (Johannsen et al., 2006). Thus, children's habits, preferences, and eating styles largely develop in response to overall maternal feeding styles, which are defined as "behaviors that parents use/demonstrate as they feed their children either intentionally (as a strategy) or without consideration" (Clark et al., 2008, pg. 1030).

In the literature, feeding style questionnaires have been used in isolation (Blissett & Haycraft, 2008; Brown et al., 2008; Carnell & Wardle, 2007; Faith, et al., 2004; Frankel et al., 2014; Gregory et al., 2010; Haycraft and Blissett, 2008; Hughes et al., 2008; Johannsen et al., 2006; May et al., 2007; Powers et al., 2006; Tovar et al., 2012). The current study utilized two feeding style questionnaires with 126 mother/child dyads to determine the relationship between maternal child-feeding style and a child's body weight status. Mothers were selected because they are often primary caregivers and thus primarily responsible for feeding preschool-age children.

PURPOSE OF THE STUDY

The purpose of this study was to determine the relationship between maternal beliefs and behaviors and the body weight status of their preschool-aged children. Additionally, the study evaluated the correlations between maternal beliefs and behaviors and between

the two feeding style questionnaires. The central hypothesis of the study was that a mother's beliefs and behaviors predict her child's body weight status.

METHODS

Approval for the study was obtained from the Wayne State University Institutional Review Board, and 126 mother/child dyads were recruited from a large Head Start program in southeastern Michigan. An informational meeting took place 1 week before the start of participant recruitment. Direct person-to-person contact was used to recruit participants; they received detailed explanations of the study, and informed consent was obtained. A research packet was given to each mother, which contained the Caregiver Feeding Style Questionnaire (CFSQ), the Parental Feeding Style Questionnaire (PFSQ), a maternal beliefs survey, a nutritional belief survey, and the Child and Diet Evaluation Tool (CADET). The mothers completed the surveys and questionnaires at home and then returned them to a principal investigator who thanked them via gift cards, answered their questions, and reviewed the surveys and questionnaires. The heights and weight of the children were obtained from their Head Start files.

Participants

Participants were recruited from a large Head Start Program in southeastern Michigan, and 126 mother/child dyads participated in the study ($N = 126$). Mothers had to be eligible for food stamps and speak English to be included in the study. Mother/child dyads were eligible to participate if the child was enrolled in the Women, Infants, and Children (WIC) Supplemental Nutrition Program and Head Start. Mothers ranged in age from 20 to 45 years; children ranged in age from 37 to 71 months (Table 1).

Description of Instruments

CFSQ

The CFSQ contained 19 questions that measured parental feeding styles as a reflection of overall parenting styles. The CFSQ was designed to measure two dimensions of parenting style in a feeding context: demandingness and responsiveness. Demandingness is how much a parent encourages a child to eat; responsiveness is how the parent gets the child to eat (Hughes et al., 2008). Each of the questions is measured via a 5-point Likert scale ranging from never to always; participants answered parent- and child-centered feeding questions. Seven of the questions were child-centered feeding questions (reflecting how much a child's eating patterns are based on internal cues of hunger and fullness). Twelve of the questions were parent-centered questions, reflecting how much of a child's eating is based

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