Research Article

A Qualitative Exploration Into the Parent–Child Feeding Relationship: How Parents of Preschoolers Divide the Responsibilities of Feeding with Their Children

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ABSTRACT

Objective: To explore the extent to which parents divide responsibilities of feeding (what, when, where, how much, and whether) with their children and the factors that influence parents' approach to feeding.

Design: Individual interviews.

Participants: Parents (n = 40) of preschoolers.

Phenomenon of Interest: Division of feeding responsibilities; motivation for feeding approach; challenges to feeding.

Analysis: Audio-recorded interviews were transcribed verbatim and coded using deductive and inductive content analysis.

Results: Parent's approaches to feeding varied widely. A few parents followed the Division of Responsibility approach closely. Instead, many parents gave their child more than the recommended amount of influence over *what* foods were served and offered children less than the recommended amount of autonomy over the *whether* and *how much* of eating. Meals and snacks were approached differently; parents exhibited less control over the timing of snacks as well as the types and amounts of foods eaten during snacks, compared with the control exhibited during meals.

Conclusions and Implications: This data supports future research to understand the impact of this framework on child health outcomes when it is adhered to on all eating occasions, including snacks. Researchers and clinicians should collaborate to explore alternative frameworks that encourage parents to provide the structure and autonomy support shown to yield positive outcomes in children.

Key Words: child feeding, dietary intake, Division of Responsibility, parent feeding practices, qualitative

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INTRODUCTION

Parents have considerable influence over their children's weight-related outcomes, including dietary intake, eating behaviors, and weight status.[1-8] In particular, a growing body of literature has identified specific food-related parenting practices as a potentially significant correlate of child weight-related outcomes.[8-13] Food-related parenting practices consist of a wide range of goal-directed behaviors including role modeling of healthy dietary intake, encouraging children to eat specific foods, requiring children to clean their plate at mealtimes, restricting the intake of particular foods, and establishing mealtime rules and routines.[14,15]

Much early work exploring the impact of food-related parenting practices on weight-related outcomes focused on coercive parenting practices, including food restriction and pressure to eat.[11] However, experts in the field recently developed a content map to guide future research that highlights the importance of focusing on additional dimensions of food parenting, including structure and autonomy support.[15] Structure includes practices such as the creation of meal and snack routines, enforcement of rules

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and limits regarding eating, guided choices, monitoring, role modeling, and home food availability and accessibility.[15] Autonomy support practices aim to provide an environment within which children can be involved in making food choices at a developmentally appropriate level and engaging the child in conversations about reasons for rules and boundaries regarding food.[15] Coercive behaviors, such as pressuring or bribing the child to eat or restricting the intake of certain foods, have been shown to be associated with overweight,[1-3] unhealthy diet quality,[2-4] lower satiety responsiveness,[5,6] and unhealthy weight control behaviors[7] in children. To date, research focused on understanding the impact of structure and autonomy support dimensions of food parenting has been more limited, but certain aspects of these dimensions, including parent modeling and healthy home food availability,[8,16] have been shown to have more of a protective influence on weight and weight-related outcomes in children,[15] and the prevailing wisdom within the research community is that these dimensions are associated with optimal weight-related outcomes.[15]

The Division of Responsibility is an applied framework that reflects the broad dimensions of coercive control, structure, and autonomy support identified in the new content map,[15] and is identified as best practice by a large number of expert groups and leaders in clinical practice, including the Academy of Nutrition and Dietetics,[17] the American Academy of Pediatrics,[18] *Head Start*,[19] the *Special Supplemental Nutrition Program for Women, Infants, and Children*,[20] and the US Department for Agriculture Food and Nutrition Service.[21] This framework, proposed by Satter,[22] posits that 5 basic responsibilities are involved in feeding a child: what, when, where, how much, and whether. The Division of Responsibility approach suggests that parents take on the responsibilities of *what*, *when*, and *where*; ie, parents should decide what foods are served for meals and snacks, when meals and snacks are served, and where food is eaten during meals and snacks. In turn, children should be responsible for decisions related to *how much* and *whether*; this means that children should decide *how much* food they eat during a meal or snack time and *whether* they choose to eat at a meal or snack time. This approach may promote healthful eating and weight outcomes among children by allowing parents to retain responsibility for the providing a healthful food environment while engaging in responsive feeding techniques with their child.

Whereas the Division of Responsibility approach to feeding is distinct from broad research-driven dimensions of food-related parenting practices, such as coercive control, structure, and autonomy support,[15] in that it is a specific, applied framework, there is parsimony and many conceptual similarities between them. For example, the Division of Responsibility approach to feeding encourages parents to: (1) avoid coercive control (eg, pressuring or bribing children to eat or limiting intake of foods that are offered), and instead (2) establish structure (eg, rules and limits, and routines) around feeding occasions, while still (3) providing children with significant autonomy support (eg, child involvement, encouragement, and reasoning); these recommendations align with the broad dimensions discussed within the literature. In some ways, the Division of Responsibility approach is a framework that allows physicians and public health professionals the opportunity to translate researched-based recommendations into actionable steps for parents. Despite the widespread use of this approach in applied settings, and its potential utility for discouraging coercive control and promoting structure and autonomy support in feeding young children, research is limited on the use of the Division of Responsibility approach.[22] In particular, the extent to which parents subscribe to and follow the tenets of the Divisions of Responsibility approach is unclear. Furthermore, little is known about parents' motivations for dividing the responsibilities of feeding (eg, what, when, where, how much, and whether) between themselves and their child in a particular way.

Thus, the goal of this research study was to use rich, qualitative data collected via one-on-one interviews conducted with parents of preschool-aged children to describe (1) how parents of young children divide the responsibilities of feeding and eating with their children, and (2) the factors that guide parents' choices about sharing responsibilities with children. Deepening scientific understanding of the extent to which parents of preschool-aged children adhere to the Division of Responsibility approach, as well as the motives for and barriers to taking responsibility for different components of child feeding, is of interest.

METHODS

Study Design and Population

The current qualitative research is an ancillary study to Project Eating and Activity in Adolescents and Young Adults (EAT), a large, population-based cohort study on eating and weight-related health.[23,24] Survey data collected from 1,830 young adults as a part of EAT-IV were used to identify a convenience sample of potential qualitative interview participants who met inclusion criteria; young adults who indicated on the EAT-IV survey that they had at least 1 child aged 2–5 years who lived with them at least 50% of the time were invited by e-mail to participate in qualitative interviews in batches of 20. Sample extensiveness[25] was judged to be adequate when recruitment of new participants provided few additional insights and theoretical saturation was reached.[26] Recruitment e-mails indicated that the study goal was to learn more about parents' experiences feeding their preschool-aged child and the factors influencing choices made about feeding. Recruitment was primarily conducted by e-mail with some follow-up phone calls to participants who indicated via e-mail that they were interested in participating, but who preferred to be contacted by phone with more information. Interested participants were scheduled to complete a semistructured interview in person or via phone if the participant did not live locally or had another reason why meeting in person would be challenging (eg, primarily child care issues).

Project EAT study participants reported their age and ethnicity/race on the original school-based survey. On the EAT-IV survey, participants