



Parent–child interaction during feeding or joint eating in parents of different weights



Verena Wendt ^{a,b}, Sarah Bergmann ^{a,b}, Katharina Herfurth-Majstorovic ^{a,b}, Anja Keitel-Korndörfer ^b, Kai von Klitzing ^b, Annette M. Klein ^{b,*}

^a Leipzig University Medical Center, IFB AdiposityDiseases, Leipzig, Germany

^b Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Leipzig, Germany

ARTICLE INFO

Article history:

Received 11 December 2014

Received in revised form 2 March 2015

Accepted 29 April 2015

Available online 10 May 2015

Keywords:

Parent–child interaction

Child feeding

Mealtime interaction

Obese mother

Obese father

ABSTRACT

The current study investigates parent–child interaction during feeding or during joint eating, and aimed to explore differences in feeding interactions between mothers and fathers, as well as between overweight, obese and not overweight parents. 148 mothers and 148 fathers with children aged between 7 and 47 months were observed during feeding of or joint eating with their child in the laboratory. The videotaped mother–child and father–child dyads were coded using the Chatoor Feeding Scale. This scale consists of 5 subscales: Dyadic Reciprocity, Dyadic Conflict, Talk and Distraction during Feeding, Struggle for Control, and Non-Contingency. Compared to mothers, fathers showed higher readings on the Talk and Distraction scale; in all other subscales no differences were found. The comparison between overweight, obese and not overweight mother–child dyads revealed no significant differences. Differences in father–child dyads between overweight, obese and not overweight fathers were identified in the subscale Struggle for Control: overweight fathers were marked by a higher amount of Struggle for Control than obese and not overweight fathers. Taken together, differences found in the present observational study are small to moderate, and thus the current results support extant literature demonstrating that there are no differences in feeding behaviour between mothers and fathers or between obese and non-obese parents.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

The development of children's weight is influenced by many factors. While research investigating factors that contribute to overweight or obesity has previously focused on the individual, in recent decades familial factors and parent–child-interactions have received more attention. Research on feeding is unanimous that there is a connection between certain feeding practices (e.g. restriction) or maternal decisions of what to feed (e.g. to breastfeed the child), and overweight or obesity in childhood (e.g. Arenz, Rückerl, Koletzko, & von Kries, 2004; Bergmeier, Skouteris, Horwood, Hooley, & Richardson, 2014; DiSantis, Hodges, Johnson, & Fisher, 2011; Faith & Kerns, 2005; Faith, Scanlon, Birch, Francis, & Sherry, 2004), but critical gaps remain in knowledge about differences in feeding behaviour between mothers and fathers in general, and differences between obese and non-obese parents.

Although the time fathers spend interacting with their children has in general increased (Yeung, Sandberg, Davis-Kean, & Hofferth, 2001), research on the feeding practices of fathers is still scant. A review by

Khandpur, Blaine, Orlet Fisher, & Davison (2014) considered studies that have included fathers. They found 20 studies assessing fathers' child-feeding practices via self-reports (18 studies) or via mealtime observations (2 studies). It was shown that, compared to mothers, fathers control and limit children's food intake and food access less. Instead, pressuring the child to eat was reported as a common feeding style in fathers (Khandpur et al., 2014; Orell-Valente et al., 2007; Pulley, Gallo-way, Webb, & Payne, 2014). In fathers, concern that the child could become overweight is associated with higher responsibility for child feeding and monitoring of what and how much the child eats (Mallan et al., 2014). However, research findings comparing the feeding pattern of parents are not consistent. A number of studies have found no differences between mothers and fathers in terms of restrictive or pressuring feeding patterns (Blissett, Meyer, & Haycraft, 2006; Haycraft & Blissett, 2008).

Although there is a strong association between maternal obesity and heightened risk of obesity in childhood, feeding differences between obese, overweight and normal-weight mothers have received comparatively little attention in the literature. Thompson (2013) gives an overview of the feeding behaviour of obese mothers. Compared to normal-weight women, overweight and obese women are less likely to breastfeed their children, and more likely to wean them earlier (Amir & Donath, 2007). Haycraft and Blissett (2008) reported that

* Corresponding author at: Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Liebigstrasse 20a, 04103 Leipzig, Germany. Tel.: +49 341 9724018; fax: +49 341 9724019.

E-mail address: Annette.Klein@medizin.uni-leipzig.de (A.M. Klein).

obese mothers show more restriction and control of the quantity and quality of foods provided. Furthermore, more pressure to eat during mealtime was observed in women with a higher body mass index (BMI) (Haycraft & Blissett, 2008). However, comparisons of feeding styles between obese and non-obese mothers are partially contradictory: no differences in mother–child feeding behaviour (Lewis & Worobey, 2011; Lumeng & Burke, 2006; Lumeng et al., 2012), especially after controlling for family income (Baughcum et al., 2001), or less control by obese mothers (Wardle, Sanderson, Guthrie, Rapoport, & Plomin, 2002), have also been shown.

The current study therefore investigates parent–child interactions during feeding or joint eating. The central aims of the study are to examine differences (1) between mothers and fathers, and (2) between obese, overweight and not overweight mothers and fathers.

As there is either a lack of research or the results in literature are inconsistent, we investigated possible differences between mother–child and father–child feeding interactions as well as between overweight, obese and not overweight mothers and fathers, in an exploratory fashion.

2. Method

2.1. Study design and sample

The current study is part of the Integrated Research and Treatment Center (IFB) AdiposityDiseases at the University Medical Centre Leipzig, and was embedded in a prospective longitudinal study investigating children's psychological and physical development (Grube et al., 2013). Families were recruited via information and flyers left at kindergartens, paediatricians' practices and facilities for children and families in the area of Leipzig, Germany.

Out of a larger sample, this study included families in which both parents are involved in child care and took part in a feeding/joint eating observation with their child in the laboratory. Fathers did not have to be biologically related to the participating child but could be social fathers/stepfathers.

The sample consists of $N = 148$ mothers and $N = 148$ fathers with their children (76 girls, 51.4%) aged 7 to 47 months. The participating parents were generally highly educated; for details and further information see Table 1.

Out of 148 mothers and 148 fathers, $n = 44$ mothers and $n = 37$ fathers were obese ($BMI \geq 30$), $n = 17$ mothers and $n = 32$ fathers were overweight ($BMI \geq 25.00 \leq 29.99$), $n = 83$ mothers and $n = 77$ fathers were normal weight ($BMI \geq 18.50 \leq 24.99$), and $n = 4$ mothers and $n = 2$ fathers were underweight ($BMI < 18.50$). In this study, we combined the groups of underweight and normal-weight participants, named "not overweight" ($n = 87$ mothers and $n = 79$ fathers). For the mean BMI in the different groups see Table 1.

2.2. Procedure

The families were informed about the study as well as the procedure, participated voluntarily, and each parent gave informed consent prior to their inclusion in the study. The study was approved by the ethics committee of the University of Leipzig. Parents completed a set of questionnaires at home. They were invited to the laboratory of the Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig. The appointment was scheduled to coincide with the child's usual mealtime. Mothers or fathers were advised to bring meals the child normally ate at that time. If mothers and fathers also eat while they feed their child at home, they were encouraged to bring food for themselves and to eat with their child in the laboratory. After a warm-up interview, the father or the mother was left alone in the room with the child. They were instructed to feed their child or eat with their child as they normally would at home. Parents were free to position their child as they wished, on their lap, in a highchair

Table 1
Sociodemographics of the t1 baseline sample.

Parent characteristics	Mothers $N = 148$	Fathers $N = 148$
Age in years, M (SD)	31.44 (4.27)	34.76 (6.03)
Age range	21.44–43.12	22.52–56.59
BMI, M (SD)	26.86 (7.52)	26.72 (6.12)
Weight group, $BMIM(SD)$		
Not overweight	21.87 (1.94)	22.44 (1.82)
Overweight	26.43 (1.34)	27.33 (1.37)
Obese	36.88 (5.69)	35.34 (5.24)
Educational level		
No degree	0 (0.0%)	3 (2.0%)
Certificate of general or secondary education ^a	52 (35.1%)	55 (37.2%)
General qualification for university entrance ^b	38 (25.7%)	39 (26.4%)
University degree	58 (39.2%)	51 (34.5%)
Employed at t1		
Yes	89 (60.1%)	112 (75.7%)
No	29 (19.6%)	29 (19.6%)
Parental leave or other	30 (20.3%)	7 (4.7%)
Relationship status ^c		
Unmarried	78 (52.7%)	74 (50.0%)
Married (living together)	63 (42.6%)	63 (42.6%)
Married (living apart)	2 (1.4%)	1 (0.7%)
Divorced	3 (2.0%)	8 (5.4%)
Other	2 (1.4%)	2 (1.4%)
Child characteristics		
Age in months, M (SD)		24.39 (11.24)
Age range, months		7–47
Sex		
Girls		76 (51.4%)
Boys		72 (48.6%)

^a The certificate of general education is an elementary school diploma, which is obtained on successful graduation from grade 9; the certificate of secondary education is obtained on successful graduation from grade 10.

^b This group also includes parents with the entrance qualification for a university of applied sciences.

^c Mothers and fathers are parenting the same child. Differences in the relationship status indicated by mothers and fathers result from e.g. fathers being divorced from an earlier marriage.

or on a normal chair at the table. The feeding interactions were videotaped for about 20 min. Each parent fed the child once. Mothers and fathers determined – according to circumstances – who fed the child first. As the child could not be fed twice successively, a further appointment was arranged for the other parent.

2.3. Measures

2.3.1. Anthropometric data

The body mass index (BMI) was calculated using the weight and height of mothers and fathers, measured in the lab in a standardized way. Parents were weighed without shoes on calibrated scales. A calibrated stadiometer was used to measure height. A parental BMI below 18.50 indicates underweight, a value of 18.50 to 24.99 normal weight, of 25.00 to 29.99 overweight, and a BMI above 30 suggests that the person is obese (World Health Organization, 2000).

2.3.2. Mealtime observations

The videotaped mother–child and father–child interactions during feeding and joint eating were rated using the Chatoor Feeding Scale (Chatoor et al., 1997), which was developed to assess mother–child interaction during feeding. It was designed for children aged 1 month to 3 years and consists of 26 mother-specific items and 20 child-specific items. These items are arranged under 5 subscales: Dyadic Reciprocity (quality of relatedness and affective engagement between the mother and her child; 11 maternal items and 5 child items), Dyadic Conflict (overt conflicts between mothers and their children over eating;

Download English Version:

<https://daneshyari.com/en/article/906402>

Download Persian Version:

<https://daneshyari.com/article/906402>

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