



# A question of balance: Explaining differences between parental and grandparental perspectives on preschoolers' feeding and physical activity



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## ABSTRACT

**Rationale:** Although one quarter of US and UK families rely on grandparents as the main providers of informal childcare, grandparental perspectives on the feeding and physical activity of young children remain understudied.

**Objective:** The study's aim was to elucidate parents' and grandparents' perspectives on young children's feeding and physical activity, and identify how they negotiate potential differences between these perspectives.

**Methods:** We interviewed 22 parents and 27 grandparents from 16 families of children aged 3–5 years in the Pacific Northwest, US. Using familial homeostasis as a novel theoretical framework, the interviews were analyzed to assess differences between parental and grandparental perspectives on feeding and physical activity.

**Results:** The analysis yielded six thematic categories: (1) disagreements about feeding stem from parents' and grandparents' differing definitions of healthy feeding; (2) differences between parents' and grandparents' feeding practices reflect differences in perceived caretaking roles; (3) parents and grandparents negotiate differences in feeding practices through grandparental compliance and parental compromise; (4) differences in preschoolers' physical activity are influenced by parents' and grandparents' own access to and engagement in physical activity; (5) parents and grandparents express few disagreements about preschoolers' screen-time; (6) parents and grandparents rarely discuss preschoolers' physical activity. The findings suggest that parental and grandparental decision-making about feeding and exercise is informed by ideas of what constitutes familial balance and a balanced lifestyle for a preschool aged child, rather than by the child's weight status.

**Conclusions:** Parents and grandparents appear to engage in practices designed to preserve familial homeostasis, which may provide a compelling explanation for the persistent difficulties in implementing family-based childhood obesity interventions.

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## 1. Introduction

While extensive evidence shows that family involvement is crucial to the prevention and treatment of childhood obesity (Oude Luttikhuis et al., 2009; Waters et al., 2011), grandparental practices related to the feeding and physical activity of young children remain understudied. This is of concern since, in many families, grandparents are the main providers of informal childcare: 24% of US families (US Census Bureau, 2011) and 27% of UK families rely primarily on grandparents for childcare (Rutter and Stocker, 2014).

Whereas formal childcare has been associated with reduced risk of being overweight among older children (6–12 years old) (Lumeng et al., 2005), informal childcare has been linked to increased risk of being overweight in infants, toddlers and preschoolers in epidemiological studies from the US (Benjamin et al., 2009; Kim and Peterson, 2008; Maher et al., 2008) and the UK (Pearce et al., 2010). This suggests that grandparents' attitudes and practices may influence young children's eating behaviors, physical activity and ultimately, their weight status. Thus, better insight into grandparents' perspectives might offer valuable information for childhood obesity prevention and intervention.

Preliminary research has suggested there may be important differences between parental and grandparental feeding practices. To date, however, the results have been complex, and at times contradictory (Farrow, 2014; Pulgarón et al., 2013; Speirs et al., 2009). For example, a UK-based study found that grandmothers provided a generally healthy selection of foods to their young grandchildren; however, they were more likely than the children's parents to use feeding practices considered maladaptive, such as regulating the children's emotions through the provision of food (Farrow, 2014), a practice that has been linked to eating without feeling hunger (Baughcum et al., 1998; Blissett et al., 2010). In contrast, a study among US families found that although mothers and grandmothers similarly endorsed feeding fruits and vegetables to young children, compared to the grandmothers, the mothers consumed fewer vegetable servings per day, and were less likely to serve fruits for dinner (Speirs et al., 2009). Adding to the complexity of this landscape, other studies found that those grandparents who spend more time caring for their grandchildren endorse parental feeding practices (Farrow, 2014). This is particularly pronounced when grandparents fill the role of primary caregivers (Higgins and Murray, 2010).

Previous studies have shown that parents demonstrate little concern about preschool aged children's lack of physical activity and screen-time habits (De Decker et al., 2012; He et al., 2005). Such parental attitudes are at odds with extensive evidence that demonstrates that excessive screen-time impacts children negatively (American Academy of Pediatrics 2001; Gable et al., 2007; Mistry et al., 2007). Other studies have shown that parental practices concerning children's physical activity reflect the extent to which time, income, social networks, housing and neighbourhood environment, alongside other resources, are available to them (Brockman et al., 2009; Irwin et al., 2005). Moreover, studies concerning preschoolers' physical activity found that parents perceive children as naturally active at the preschool age (Hesketh et al., 2012; Hinkley et al., 2012b). Such perceptions persist despite the fact that most preschoolers do not meet physical activity recommendations and engage in excessive screen-time (Hinkley et al., 2012a). Only one study has examined associations between grandparental care and preschoolers' physical activity (Pulgarón et al., 2013); the study found that a higher level of disagreement between parents and grandparents was associated with a greater amount of time spent by preschoolers on sedentary activity.

The aim of this study is to elucidate parental and grandparental perspectives on young children's feeding and physical activity, and identify how families negotiate potential differences between these perspectives. We employ a qualitative analysis of interviews with sets of parents and grandparents in a nonclinical sample of preschoolers of normal weight, overweight, and obesity. Throughout the manuscript, we use the phrase "feeding practices" to include the multiple aspects of feeding addressed in the interviews, including the contextual provision of different foods and snacks, the framing of meals and mealtimes, and the use of food in developing relationships and meaning. In studying parental and grandparental discourses on feeding practices alongside discourses on physical activity practices, we aim to move toward a new

analytic framework, and beyond culturally accepted concepts of grandparental feeding practices as merely "spoiling" of children.

We approach parental and grandparental perspectives on preschoolers' feeding and physical activity as part of a familial, intersubjective negotiation of caretaking, with particular attention to sociocultural constructions of grandparenthood. In families where parents are the primary caretakers, grandparents occupy a liminal position, negotiating the sometimes-conflicting values of not interfering with their children's parenting practices, while "being there" for their grandchildren (Breheny et al., 2013; Hebblethwaite, 2015; May et al., 2012). We suggest that these concepts (and enactments) of "good grandparenting" may influence intra-familial dynamics concerning the feeding and physical activity of young children. Specifically, given the simultaneous centrality and circumscription of caretaking in the grandparental role, our analysis employs the novel approach of applying the concept of familial homeostasis to feeding and physical activity practices endorsed by parents and grandparents. Familial homeostasis, as we define it, is a continuous regulatory process, wherein parents and grandparents, deploying the flexibility and liminality of the grandparental role, direct their respective practices toward an intra-familial balance point of caretaking. Since the 1980s, family therapists have described families as homeostatic systems that resist change (Cecchin, 1987; Hoffman, 1985). Through the lens of familial homeostasis, we investigate the dynamics of the extended family as a self-regulating system. As such, this study is the first to examine whether, and how, intra-familial concepts of balance points in young children's feeding and physical activity inform parents' and grandparents' perceptions and negotiations thereof.

## 2. Methods

Families of children aged 3–5 years from the Pacific Northwest (Eugene and Springfield metropolitan area, Oregon) were recruited in February–May 2011 through advertisements about the study, published in the job seekers' and volunteers' sections of Craigslist and in a local newspaper. These advertisement venues were selected because the study aimed to recruit participants from lower income families, where children are at higher risk for obesity (Pan et al., 2013). The advertisements stated that the study would focus on "lifestyle choices" in the family (for additional details about the recruitment process and advertisements, see (Eli et al., 2014)). The main research aim was to evaluate the role of grandparents in the development of preschoolers' eating and physical activity practices, such that the active involvement of grandparents in family life (defined as spending time with the grandchild at least twice a month) was the primary inclusion criterion. Thus, only families in which at least one parent and one grandparent were willing to be interviewed were included. The other inclusion criteria were that the child's age must be between 3 and 5 years, and that the child should have no underlying medical condition or disability affecting his/her weight.

The study was approved by the Institutional Review Board of the Oregon Social Learning Center (OSLC). Participants provided informed consent. Parents and grandparents were interviewed separately at the OSLC. Free child care was provided on site, and the children were not present during the interviews. Each interviewed participant received \$50 as compensation for participating in the study. All the interviewed parents and grandparents as well as the preschoolers in focus were measured for height and weight. A Detecto 439 scale was used to measure weight, and a Seca 222 stadiometer was used to measure height. Children, parents, and grandparents were weighed wearing light clothing. Each participant was weighed and measured three times. Parents and grandparents also completed a sociodemographic questionnaire. The interviews, which were conducted by either the second or the last

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