



Original Article

Young girls' emerging dietary restraint and disinhibition are related to parental control in child feeding

J.L. Carper, J. Orlet Fisher and L.L. Birch

Department of Human Development and Family Studies, The Pennsylvania State University

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This research investigated the origins of dietary restraint and disinhibition in young girls by considering how parents' control in child feeding and their daughters' perceptions of these practices relate to girls' dietary restraint and disinhibition. Participants were 197 5-year-old girls (4.6–6.4 years) and their parents. Parental pressure and restriction were measured using the Child Feeding Questionnaire. Girls' perceptions of parental pressure and restriction were measured using the Kid's Child Feeding Questionnaire, and their restraint and emotional and external disinhibition were measured using an age-appropriate version of the Dutch Eating Behavior Questionnaire. Logistic regression was used to determine associations among parental control in feeding, daughters' perceptions of control, and daughters' dietary restraint and disinhibition. The results indicated that one-third of 5-year-olds reported moderate levels of dietary restraint, about 25% of the sample showed evidence of emotional disinhibition, and nearly 75% reported externally disinhibited eating in the presence of palatable foods. Daughters' dietary restraint and emotional disinhibition were related to their perceptions of parental pressure to eat more, while their external disinhibition was related to their perceptions of having restrictions placed on their eating. This research reveals that pressure in child feeding is associated with the emergence of dietary restraint and disinhibition among young girls, eating styles characterized by a lack of responsiveness to internal hunger and satiety cues.

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Introduction

During infancy and early childhood, children show evidence of self-regulation of energy intake by adjusting their intake in response to the energy content of foods that they consume (Birch & Deysher, 1985, 1986; Birch *et al.*, 1991; Fomon, 1993; Tyson *et al.*, 1992). Child-feeding practices that set limits while allowing children to make eating decisions about what and how much to eat may foster self-control in eating (Birch

et al., 1987, 1996; Johnson & Birch, 1994). In contrast, more rigid and controlling approaches to child feeding may impede the development of self control of food intake by focusing children on cues external to their own hunger and satiety (Johnson & Birch, 1994). For instance, adult prompts to eat increase the likelihood that children will eat (Klesges *et al.*, 1983), but can over-ride their own fullness as a guide to terminate eating (Birch *et al.*, 1987). Restrictive feeding practices may also discourage adequate self-control of eating by increasing children's desire to eat restricted foods when available, even in the absence of hunger, suggesting that these restrictive feeding practices may be implicated in the etiology of disinhibited eating (Birch & Fisher, 2000; Fisher & Birch, 1999a,b). These studies indicate that highly controlling approaches to child feeding may have unintended effects on children's eating by diminishing the extent to which children

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Address correspondence to: Leann L. Birch, 211 Henderson Building South, The Pennsylvania State University, University Park, PA 16802, U.S.A. Fax: +1 814 863 7963; Email: llb15@psu.edu

learn to use their own hunger and satiety cues to initiate and terminate eating.

By middle childhood and adolescence, adult-like problematic eating styles begin to emerge and are particularly noted among girls. For instance, dietary restraint, or the cognitive restriction of food intake, has been reported by 9- to 11-year-old girls, and is reflected in their dietary patterns (Braet & Van Strien, 1997; Edlund *et al.*, 1996; Fox *et al.*, 1994; Hill & Franklin, 1998; Hill & Robinson, 1991; Mellin, Irwin & Scully, 1992; Shapiro *et al.*, 1997). In addition, dietary disinhibition, or eating in response to external cues, including emotional stressors, or the sight or odor of foods, has been reported by 9- to 12-year-old children (Allison & Gorman, 1995; Braet & Van Strien, 1997). In fact, recent work revealed that some 5-year-old children will eat when exposed to palatable foods in the absence of hunger (Fisher & Birch, 1999a). Among adults, these problematic styles of food-intake regulation are related to a number of adverse health outcomes, such as overweight, body dissatisfaction, binge eating, and depression (Gustafson-Larson & Terry, 1992; Hill *et al.*, 1992; Killen *et al.*, 1994). While parents' control in child feeding shapes food intake behaviors during early childhood, little is known about whether parental influences may be implicated in the etiology of problems of food intake regulation, in particular dietary restraint and disinhibition that emerge during childhood and adolescence.

The primary objectives of this research were: (1) to determine whether dietary restraint and disinhibition were reported by 5-year-old girls; (2) to evaluate whether parental pressure and restriction in child feeding predicted daughters' levels of dietary restraint, and daughters' emotional and external disinhibition; and (3) to evaluate the predictive value of daughters' perceptions of their parents' child feeding in these relationships. We hypothesized that higher levels of parental control in feeding and daughters' perceptions of higher levels of parental control would be associated with greater problems in food intake regulation among young girls.

Method

Participants

The study participants were 5-year-old girls and their mothers and fathers. Families were recruited for participation in a study of girls' growth, health, and development. Families with age-eligible female children within a five-county radius also received mailings and follow-up phone calls. The eligibility

criteria for girls' participation included living with both biological parents, the absence of severe food allergies or chronic medical problems affecting food intake, and the absence of dietary restrictions involving animal products. A total of 197 5-year-old girls (4.6–6.4 years) and their parents participated in the study. Of those 197 families, three fathers chose not to participate. Forty-one additional eligible families dropped out of the study before attending any interviews. The sample was 99% Caucasian. On average, parents were in their mid thirties (mothers 35.4 ± 0.3 years; fathers 37.4 ± 0.38). Most fathers (97%) and almost two-thirds of mothers (63%) were currently employed, reporting an average of 45 and 20 h per week, respectively. Twenty-nine percent of reported family incomes were below \$35 000, 35% between \$35 000–\$50 000, and 36% above \$50 000. Parents were well educated, with roughly one-third reporting high school diplomas as the highest degree completed (35% of mothers; 39% of fathers), 49% of mothers and 40% of fathers reported an associate's, technical, or bachelor's degree as the highest degree obtained, and 16% of mothers and 21% of fathers reported completing post-graduate degrees. Parents were slightly overweight, with mean body mass index scores (BMI) (weight (kg)/height (m²)) = 25.8 ± 0.39 for mothers, and 28.0 ± 0.31 for fathers. Girls' average weight-for-height percentile score was 62%, indicating that the sample was slightly above the median relative to age and gender specific reference data (Hamill *et al.*, 1979).

Procedure

Girls provided information on their perceptions of restriction and pressure, as well as on dietary restraint and disinhibition, during one-on-one structured interviews. Girls visited the laboratory for two 1-day camp sessions during the summer prior to kindergarten, with approximately six girls visiting the laboratory each day. Girls were interviewed individually to assess their knowledge and practice of dieting, weight concerns, eating practices, food preferences, perception of the home environment, self-concept, and depression. Mothers and fathers provided information on their child feeding practices during a separate 2–3 h session in which they completed a series of pencil and paper measures assessing such constructs as weight concerns, body satisfaction, diet and exercise practices, control of child's access to food, self-concept, depression, family environment and general parenting. All procedures were approved by The Pennsylvania State University Institutional Review Board, and parents provided written consent for their own and for their daughter's participation prior to data collection.

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