

# “Are you done?” Child Care Providers’ Verbal Communication at Mealtimes That Reinforce or Hinder Children’s Internal Cues of Hunger and Satiation

Samantha A. Ramsay, MS, RD, LD<sup>1</sup>; Laurel J. Branen, PhD, RD, LD<sup>1</sup>; Janice Fletcher, EdD<sup>1</sup>; Elizabeth Price, PhD<sup>2</sup>; Susan L. Johnson, PhD<sup>3</sup>; Madeleine Sigman-Grant, PhD, RD<sup>4</sup>

## ABSTRACT

**Objective:** To explore the verbal communication of child care providers regarding preschool children’s internal and non-internal hunger and satiation cues.

**Methods:** Video observation transcripts of Head Start staff (n = 29) at licensed child care centers in Colorado, Idaho, and Nevada were analyzed for common themes.

**Results:** Adults’ verbal communication with children at mealtimes emphasized non-internal cues: (1) cueing children to amounts without referencing children’s internal cues; (2) meal termination time; (3) asking children if they wanted more without referencing their internal cues; (4) asking children if they were done without referencing their internal cues; (5) telling children to take, try, eat, or finish food; (6) praising children for eating; and (7) telling children about food being good for you. Adults demonstrated an overriding effort to get children to eat.

**Conclusions and Implications:** Training needs to be developed that gives specifics on verbally cueing young children to their internal hunger and satiation cues.

**Key Words:** child, child care, mealtimes, hunger and satiation, internal cues (*J Nutr Educ Behav.* 2010;42:265–270.)

## INTRODUCTION

The rising prevalence of childhood obesity has triggered interest in explaining contributing factors.<sup>1</sup> Fisher and Birch note a behavioral factor of eating in the absence of hunger.<sup>2</sup> Children are born with the capacity to recognize hunger and satiation, and more importantly, to self-regulate their intake of food,<sup>3,4</sup> and this capacity to self-regulate food intake continues throughout early childhood.<sup>5-7</sup> This capacity is fostered when adults follow Satter’s division of responsibility in

adult and child roles, where children choose how much food they want to eat from the food adults offer.<sup>8</sup> However, the division of responsibility is not always followed, and too often, children’s cues are overridden by what adults say to them.

Verbally cueing children to attend to hunger and satiation can be supportive of their self-regulation of energy intake, however there is evidence demonstrating that adults’ verbal communication at mealtimes is predominantly detrimental to children’s attention to internal cues of

hunger and fullness.<sup>9-11</sup> Adults often override young children’s internal cues of hunger and satiation by controlling food intake, rewarding and bribing with food, and restricting food.<sup>6,12-14</sup> In a seminal study, Birch et al examined the impact of internal and external cues on children’s food intake.<sup>6</sup> Children who were cued to the amount of food on their plate and given rewards for eating showed less responsiveness to hunger and satiation as compared to children who were cued to their hunger and satiation while eating. Fletcher et al also reported that older adolescents’ perceptions of their caregivers’ feeding behaviors during early childhood disrupted their internal cues, namely, being required to clean their plates, being given food incentives to get them to do things, and caregivers determining how much they were to eat.<sup>13</sup>

These behaviors that override children’s internal cues are not restricted to feeding practices occurring in the home environment. Child care providers have also been reported to use directive feeding practices, such as controlling children’s food and portions, asserting the sequence in which

<sup>1</sup>Department of Family and Consumer Sciences, University of Idaho, Coeur d’Alene, ID

<sup>2</sup>Department of Family and Consumer Sciences, University of Idaho, Moscow, ID

<sup>3</sup>Department of Pediatrics, University of Colorado Denver, CO

<sup>4</sup>University of Nevada Cooperative Extension Southern Area, Reno, NV

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Address for correspondence: Samantha A. Ramsay, MS, RD, LD, University of Idaho, Coeur d’Alene, 1000 W. Hubbard Ave, Suite 145, Coeur d’Alene, ID 83814; Phone: (208) 292-2541; Fax: (208) 664-1272; E-mail: sramsay@uidaho.edu

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food may be eaten, and having attitudes and beliefs that can encourage children to overeat.<sup>14</sup> Some controlling feeding practices, such as efforts to get children to eat more, stem from their concerns about making sure children get enough food, since they may be experiencing food insecurity at home.<sup>15</sup>

The above studies demonstrate that internal cues are often overridden by the type of adult verbal communication used at mealtimes, both at home and in child care settings. An analysis of family meals in the home with 5-year-old children identified a number of parental verbal strategies, for example, neutral prompts, pressure/demand to eat, reasoning, food reward, praise, food restriction and portion control, threat to withhold food, threat to withhold play, and offering play as a reward for eating.<sup>10</sup> Examples of statements included: "If you eat 3 more bites of meat, you can have a Popsicle" and "if you don't finish your peas, no brownie."<sup>10</sup> The overall parental theme identified was verbal communication that emphasized a need to get children to eat more during meals. Phrases also were made regardless of children's internal cues of hunger and satiation, such as, "When I say eat, you eat."<sup>10</sup>

The studies reported above shed light on how verbal communication in the home environment does not emphasize children's internal cues of hunger and satiation. However, the use of verbal cues influencing children's eating in child care settings has not been examined. With over 20 million children in child care,<sup>16</sup> characterizing verbal communications occurring at mealtimes in child care settings could reveal important influences on the development of children's eating styles and could identify opportunities for intervention.

With the goal of gaining more understanding of verbal communication related to children's internal cues of hunger and satiation in the child care setting, the present study's research objective was to characterize child care providers' verbal communications related to children's food intake and to compare the frequency of their use of non-internal verbal communication to internal verbal communication.

## METHODS

### Recruitment

A convenience sample of accredited/licensed child care centers meeting specific criteria of geographic and demographic diversity were purposefully selected to participate in 26 video observations of mealtimes serving children 14 months to 67 months of age as part of a larger study.<sup>17</sup> The centers were located in Colorado, Idaho, and Nevada and included urban and rural sites. Internal review boards from the University of Idaho; the University of Colorado Denver; and the University of Nevada, Reno approved the study. Consent was secured from the center director and classroom staff involved in each video observation. Parental consent was obtained for the children in the classroom who would be videotaped. Children assented to be taped, and if a child did not want to be taped, he or she was not required to participate and was placed in another room. The parent of 1 child refused to give consent.

### Video Data Collection

Two videographers recorded each observation. Videographers were trained using a video observation protocol to ensure consistency in data collection.<sup>18</sup> Additional information about the mealtime, including room arrangement and equipment, menu, staff presence at the mealtime, and mealtime procedures, were noted on a video observation sheet that accompanied the video recording.

Two cameras focused on the teacher and children at 1 table during mealtime for each video observation. Cameras were placed to provide complete coverage of the table. Camera I was positioned to record the teacher and children adjacent to the teacher. Camera II was positioned to record children at the table not visible to Camera I. A pressure zone microphone (PZM) and directional microphones were used to enhance the audiorecording and to overcome extraneous room noise.

### Procedures

All vocalizations from the video observations were transcribed, and actions

were explained in writing. Videorecordings from both cameras were viewed and transcribed using a 2-column protocol, 1 column for each camera. This procedure allowed for mealtime conversations and events to be reviewed intact.

The authors examined 2 categories to differentiate adults' comments to children about eating: those that cue the child to internal awareness of hunger and satiation, and those that do not. Parham and Nelson defined internal cues as "physiological or internal stimuli."<sup>19</sup> Building on this definition, the authors in this study defined internal comments as any adult verbalization in reference to a child's internal feeling of hunger and satiation, for example, "Does your tummy feel full?" Those comments that do not reference children's internal cues are categorized as non-internal comments, which included comments about the amount of food eaten or the child's intake of food without explicitly referencing the child's feeling of hunger and satiation, for example, "Finish your sandwich."

Using the definitions of internal comments and non-internal comments, the transcripts were analyzed in 2-minute segments. Content analysis of the transcripts followed the guidelines of Weber to reduce the text to the category themes, identify words or phrases, and assign them to one of those categories.<sup>20</sup>

### Reliability and Validity

To establish interpretability and reliability, all transcripts were independently analyzed by 2 trained researchers using the procedures of Carmines and Zeller.<sup>21</sup> Scoring revealed a reliability  $\kappa$  coefficient of 0.80. Validity was addressed in several ways. First, the categories to determine cues for internal versus non-internal words and phrases were defined based on previous research.<sup>19</sup> Second, the definitions were further reviewed by child feeding experts to establish face and content validity prior to content analysis. Finally, threats to external validity were minimized by using video observation data from multiple sites in 3 states.

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