

Research Report

Are parenting style and controlling feeding practices related?

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Abstract

This study examined the relationships between parenting styles, feeding practices and BMI in a non-clinical sample of mothers and fathers of UK preschool children. Ninety-six cohabiting parents of 48 children (19 male, 29 female, mean age 42 months) completed a series of self-report questionnaires assessing parenting style, feeding practices, eating psychopathology and a range of demographic information. There were no relationships between authoritarian parenting and controlling feeding practices. In both mothers and fathers, permissive parenting style was related to lower monitoring of children's unhealthy food intake. Permissive parenting was also associated with increased use of restriction by mothers and pressure to eat by fathers. Authoritative parenting style was also related to lower use of pressure to eat by fathers only. Parenting styles were not related to child BMI in this sample. Higher child BMI was best predicted by lower paternal application of pressure to eat and greater paternal reports of drive for thinness. Parenting style may not have a direct impact on child BMI until child food selection and consumption becomes more autonomous.

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Introduction

Given the concern about the increasing prevalence of overweight and obesity in children (e.g. Reilly & Dorosty, 1999), research investigating modifiable predictors of excessive weight gain in infancy and childhood is an important priority. One such predictor that has received considerable recent research attention is that of parental feeding practices. Applying a moderate level of control, such as monitoring unhealthy snack intake, is a healthy and functional strategy for parents to apply in order to manage their children's food intake appropriately. However, high levels of control over children's food intake have been linked with subsequent disinhibited eating (e.g. Birch, Fisher, & Davison, 2003; Fisher & Birch, 1999) and child weight or BMI at each end of the spectrum (e.g. Faith et al., 2003; Farrow & Blissett, 2006a). Whilst there is some variation in the findings concerning the degree of negative impact that excessive control has on child weight (see

Clark, Goyder, Bissell, Blank, & Peters, 2007; Montgomery, Jackson, Kelly, & Reilly, 2006), longitudinal research suggests that highly restrictive feeding practices have been most consistently associated with child weight gain (e.g. Clark et al., 2007), and monitoring feeding practices have been associated with slower weight gain (e.g. Faith et al., 2004). Factors such as genetic risk, ethnicity and cultural practices, socioeconomic status, and education may moderate the effects of feeding practices on weight outcome (e.g. Clark et al., 2007; Faith et al., 2003, 2004).

Some authors have begun to investigate whether the feeding practices exhibited by a parent are reflective of a broader style of parenting, or are specific to the feeding domain. There is a literature which suggests that parents' feeding practices are broadly linked with their parenting styles (Hughes, Power, Fisher, Mueller, & Nicklas, 2005), and that parenting styles are good predictors of children's BMI, fruit and vegetable intake, healthier eating, physical activity and sedentary behaviours (e.g. Kremers, Brug, de Vries, & Engels, 2003; Rhee, Lumeng, Appugliese, Kaciroti, & Bradley, 2006; Schmitz et al., 2002). Parenting styles are traditionally conceptualised as descriptions of

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how parents vary on the dimensions of warmth and nurturance versus control (see Darling & Steinberg, 1993), and tend to be categorised into authoritative, authoritarian and permissive styles. Authoritative parents are appropriately demanding and controlling but are also warm and responsive. Authoritarian parents are not only highly demanding and over-controlling but also emotionally cold and unresponsive. Finally, permissive parents impose little control, either through overly indulgent (warm) or neglectful (emotionally cold) parenting. In contrast, parenting practices are proposed to be more domain specific and are argued to be ‘the mechanisms through which parents directly help their children attain their socialisation goals’ (Darling & Steinberg, 1993, p. 493). Thus, it is proposed that parenting can influence the child’s outcome in specific domains through the (potentially different) effects of both generic parenting styles and specific parenting practices. One can therefore conceptualise feeding practices as reflective of a more generic parenting style, or as domain specific, particularly when parents have concerns about their children’s weight or eating.

In the context of child weight, Rhee et al. (2006) demonstrated that children of authoritarian, permissive and neglectful mothers were significantly more likely to be overweight than the children of mothers with an authoritative style. Authoritarian parenting carried the highest risk, with children of authoritarian parents being five times more likely to be overweight than children of authoritative parents, suggesting that a strict, unresponsive family environment may be particularly associated with excessive weight gain in childhood. This study controlled for the influence of a variety of other factors that may influence these outcomes such as gender, ethnicity, education, income, marital status and other behaviour problems. None of these factors affected the relationship between parenting style and weight outcome. Whilst this study highlighted the need to address broader parenting issues to understand the processes underlying childhood overweight, it did not assess parental feeding practices per se. Therefore it was unclear from this study whether the apparent effects of less adaptive parenting style on early weight gain are a product of, for example, overeating as a way of coping with stress or other negative emotions, or may actually be explained by specific feeding practices associated with authoritarian parenting, such as a focus on external cues for the initiation and cessation of eating.

The suggestion that feeding practices may be an extension of more generic parenting styles is supported by a study by Hughes and colleagues (Hughes et al., 2005) who demonstrated that more controlling parenting styles were associated with more authoritarian feeding styles, while authoritative feeding styles were related to greater parental responsiveness to children. They also demonstrated that authoritative parents were more likely to monitor their children’s food intake than less authoritative parents, and that children with indulgent parents had a

higher BMI than did children with authoritarian parents. Moreover, Duke and colleagues (Duke, Bryson, Hammer, & Agras, 2004) found that parental pressure to eat was related to authoritarian parenting in parents with 7-year-old sons, and several studies have demonstrated that children and adolescents consume greater levels of fruit and vegetables if they have authoritative parents, or parents who use an authoritative feeding style (e.g. Kremers et al., 2003; Patrick, Nicklas, Hughes, & Morales, 2005). Parenting style may also influence the effectiveness of obesity intervention programmes; a recent study suggested that permissive parenting style negatively impacted on children’s weight loss in family-based interventions (Golan, 2006).

However, some researchers have not found support for the links between child BMI, parenting style and feeding practices. For example, Brann and Skinner (2005) did not find significant differences in the parenting styles of children in low- or high-BMI groups, and did not find a relationship between feeding practices and parenting styles. Furthermore, Montgomery et al. (2006) failed to find significant evidence for a link between parental control and child weight status or energy intake in a UK sample of 4-year-old children. This equivocality in the literature warrants further investigation. Some of the inconsistencies in the literature may be explained by differences between study methods, measures and sample sizes, as well as sample differences in participants’ cultural background, education, socioeconomic status, age and BMI status. However, to date, few studies in this domain have attempted to control for other factors which have been established as predictors of controlling feeding practices, including breastfeeding, eating psychopathology, and parent or child BMI. Mothers who breastfed their children have been shown to exhibit and report lower levels of subsequent control over their children’s eating (Farrow & Blissett, 2006b; Fisher, Birch, Smiciklas-Wright, & Picciano, 2000; Taveras et al., 2004). Both mothers and fathers with non-clinical levels of eating psychopathology have been shown to be more controlling over their children’s eating, particularly their daughters’ food intake (Blissett, Meyer, & Haycraft, 2006), and mothers with eating disorders have been shown to exhibit more maladaptive, intrusive and controlling behaviour at mealtimes (e.g. Cooper, Whelan, Woolgar, Morrell, & Murray, 2004). Maternal eating disorder pathology has also been related to less sensitive, more controlling parenting styles outside of the context of mealtimes (Stein et al., 2001), suggesting one alternative explanation for the link between parenting styles and feeding practices. Whilst children’s BMI has been linked with controlling feeding practices, findings are inconsistent (see Brann & Skinner, 2005; Clark et al., 2007; Montgomery et al., 2006). Furthermore, obese parents have been demonstrated to exhibit less control of their children’s food intake (Wardle, Sanderson, Guthrie, Rapoport, & Plomin, 2002), whilst other studies have not found a link between parental BMI and child feeding

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