



Research report

Parenting style and dietary behaviour of young children. Findings from the Healthy Beginnings Trial [☆]



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ABSTRACT

Parenting style may have a role in the development of young children's dietary behaviour, and a better understanding of parenting style may lead to better-targeted childhood obesity prevention interventions. This study aimed to investigate the association of parental self-efficacy, parenting style and dietary behaviour of young children. A cross-sectional study with 242 first-time mothers and their children was conducted using the data from the Healthy Beginnings Trial undertaken in one of the most socially and economically disadvantaged areas of south-western Sydney, in 2007–2010. Parental self-efficacy, parenting style (warmth and hostility) and children's dietary behaviours (consumption of vegetables, fruit, soft-drink and snacks) were assessed by face-to-face interviews with participating mothers in the control group when their children were 2 years old. Logistic regression analysis was conducted to examine the association between parenting style and the child's dietary behaviour. Mothers with higher levels of global parental self-efficacy and self-efficacy for an infant were more likely to report their children had 2 serves of vegetables per day, with odds ratio (OR) 2.40 (95%CI 1.35–4.27, $P = 0.003$) and OR 1.88 (95%CI 1.06–3.36, $P = 0.03$), respectively. A higher level of global parental self-efficacy or self-efficacy for an infant was significantly associated with having 2 serves of fruit per day with adjusted odds ratio (AOR) 2.46 (95%CI 1.35–4.48, $P = 0.003$) and AOR 1.85 (95%CI 1.00–3.41, $P = 0.048$), respectively, after adjusting for annual household income. Mothers with a higher level of parental warmth were more likely to report their children had 2 serves of vegetable per day with OR 1.85 (95%CI 1.06–3.25, $P = 0.03$). Parental self-efficacy and parenting style were associated, cross-sectionally, with important children's dietary behaviours. Interventions which target parental self-efficacy and parenting style may improve eating habits of young children, and contribute to childhood obesity prevention.

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Introduction

Dietary behaviour is one of the main factors associated with childhood overweight and obesity (Du & Feskens, 2010; Jebb, 2005). With increasing rates of overweight and obesity among Australian young children in recent years, promoting healthy dietary behaviour and addressing factors related to children's dietary behaviour have become important. Unhealthy dietary behaviours such as the consumption of soft drink, fast-food and snacks often

find their origin in early childhood (Savage, Fisher, & Birch, 2007) and tend to persist into adulthood (Kelder, Perry, Klepp, & Lytle, 1994). Parents play an important role in the development of children's dietary behaviour, especially in the early years of life when parents have a high degree of control over their children's eating environment and experience. The first few years of life, characterised by high plasticity and rapid transitions, including the prenatal period, the postnatal suckling period and the transition to modified adult diet, may provide opportunities for preventive interventions (Anzman, Rollins, & Birch, 2010).

Parenting style refers to a general pattern of parenting that provides the emotional background in which parents' behaviours are expressed and interpreted by a child (Rhee, 2008). It can be conceptualised as a context that moderates the influence of specific parenting practices on the child. One commonly used classification of parenting style is based on the work of Maccoby and Martin (Maccoby & Martin, 1983) that is an expanded version of

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Baumrind's categorisation of parenting style (Baumrind, 1971), with two dimensions – responsiveness (parental warmth/hostility) and demandingness (parental control). Parental self-efficacy, as one determinant of positive parenting style, has also been reported (Coleman & Karraker, 2003; Sanders & Woolley, 2005). Mothers with greater parental self-efficacy are more likely to be successful in establishing a warm and sensitive relationship with their babies and be able to interpret infant signals correctly and respond appropriately (Teti & Candelaria, 2002). In contrast, mothers with lower parental self-efficacy may have more difficulty in handling their babies and be insensitive to their baby's feeling (Teti & Gelfand, 1991).

There is a growing body of research investigating the effect of parenting style on children's dietary behaviours (De Bourdeaudhuij et al., 2009; Gubbels et al., 2009; Kremers, Bruga, de Vries, & Engels, 2003; Pearson, Atkin, Biddle, Gorely, & Edwardson, 2009; Rodenburg, Oenema, Kremers, & van de Mheen, 2012; Vereecken, Legiest, De Bourdeaudhuij, & Maes, 2009; Vereecken, Rovner, & Maes, 2010). Most studies have been focused on school-aged children and adolescents, with few studies of this kind conducted specifically among young children. Studies examining the relationship between mothers' parental self-efficacy and young children's dietary behaviour are rarely reported.

Given the importance of parental influences on children's dietary behaviour in the early years of life and the relative lack of studies on parental self-efficacy, parenting style and young children's dietary behaviour, the present study therefore aimed to investigate the relationship between parental self-efficacy, parental responsiveness (warmth and hostility) and dietary behaviour (i.e. fruit, vegetables, soft drink and snack consumptions) of children at 2 years of age. In this study, only one dimension (parental responsiveness) of parenting style was measured. Therefore, the term parenting style in this study refers to parental warmth and hostility.

Methods

Study design

For this particular study a cross-sectional data analysis was conducted using data extracted from the Healthy Beginnings Trial, which was a home-based randomised controlled trial with a total of 667 first-time mothers recruited from one of the most socially and economically disadvantaged areas of south-western Sydney over the period of 2007–2010 (Wen et al., 2007). The study was approved by the Ethics Review Committee of Sydney South West Area Health Service (RPAH Zone). The details of the research protocol and the outcomes of the Healthy Beginnings Trial have been reported elsewhere (Wen et al., 2007, 2012).

Selection of study participants

A total of 667 first-time mothers (337 in the intervention group and 330 in the control group) at 24–34 weeks of pregnancy were recruited to the trial from antenatal clinics at Liverpool or Campbelltown Hospitals, located in south-western Sydney, Australia. First-time mothers who were aged 16 years and over, and able to communicate in English were eligible for the trial. Once eligibility was established and consent obtained, mothers were asked to fill in a registration form with their contact information to allow the research assistants to make further arrangements for the baseline data collection.

For this particular analysis, mothers and their children who were allocated to the control group and retained at age 2 years ($n = 242$, a retention rate of 73%) were selected in order to avoid

any potential effects of the intervention (i.e. healthy feeding practices).

Data collection and measures

Face-to-face interviews with each participating mother were conducted to collect mothers' demographic information at baseline, and assess parental self-efficacy, parenting style and children's dietary behaviours at 2 years by one of two research assistants.

Dietary behaviours of children aged 2 years

Dietary behaviours were measured using questions from NSW Child Health Survey 2001 (Centre for Epidemiology and Research, 2002). Mothers were asked to report on their children's consumption of vegetables, fruit, soft drink, and snacks including hot chips, salty snacks and confectionery.

Vegetable and fruit consumption were assessed by asking the mother, 'How many serves of vegetables does your child usually eat in a day? (1 serve = ½ cup cooked vegetables or 1 cup of salad vegetables)' and 'How many serves of fruit does your child usually eat in a day? (1 serve = 1 medium piece or two small pieces of fruit or 1 cup of diced pieces).

Soft drink consumption was assessed by asking the mother, 'How many cups of soft drink (such as lemonade), cordial or sports drinks (such as Gatorade) does your child usually drink per week? (1 cup = 250 ml, 1 can soft drink = 1½ cups, one bottle Gatorade = 2 cups)'.

The frequencies of having hot chips, salty snacks and confectionery were obtained by asking the mother, 'How often does your child eat hot chips, French fries, wedges or fried potatoes?' 'How often does your child eat potato crisps or other salty snacks (such as Twisties or corn chips)?' 'How often does your child eat confectionery, such as lollies and chocolate?' The validity of these questions has been reported elsewhere (Flood et al., 2013); In brief, Spearman rank correlation coefficients were >0.5 for vegetables and fruit, and 0.15–0.38 for salty snacks, hot chips and confectionery, and for increasing reported serves of vegetables, fruit and soft drinks there was a significant trend of an increased consumption of these foods in a 3 day food record (all trend $P < 0.01$) (Flood et al., 2013).

Parental self-efficacy and parenting style

Four aspects of parenting including global parental self-efficacy, parental self-efficacy for an infant, parental warmth and hostility were assessed using the questions from 'Growing up in Australia: The Longitudinal Study of Australian Children' (see Table 1) (FaHCSIA, AIFS, & ABS, 2004).

Global parental self-efficacy refers to a parent's belief that he or she is capable of organising and executing tasks related to parenting a child (Montigny & Lacharite, 2005). There are 5 categories for global parental self-efficacy, from 'not very good' to 'very good' (see Table 1). We categorised those who were 'very good' or 'better than average' as 'high self-efficacy', and the rest as 'low self-efficacy'.

Parental self-efficacy for an infant refers to a parent's feeling about the extent to which they are capable of looking after their child. The mothers were asked about how they generally felt to the 4 statements (see Table 1, i.e. I feel that I am very good at keeping my child amused'). Mothers responded to each of the statements by indicating on a 10-point scale, '1' for 'not at all how I feel' to '10' for 'exactly how I feel'. The scores related to each of 4 statements were summed and then divided by 4. The range of the overall score was between 1 and 10.

Parental warmth was measured by asking mothers 6 questions about how often they displayed warm affectionate behaviour towards their child (see Table 1). Mothers were asked to provide

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