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Research report

Parent emotional distress and feeding styles in low-income families. The role of parent depression and parenting stress [☆]

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ABSTRACT

Purpose: Depression and other stressors have been associated with general parenting and child outcomes in low-income families. Given that parents shape child eating behaviors through their feeding interactions with their child, it is important to investigate factors that may influence parental feeding of young children. The aim of this study was to examine how depressive symptoms and parenting stress might influence the nature of parent feeding styles in low-income families. **Methods:** Questionnaires were completed by 290 African-American and Hispanic parents residing in a large urban city in the south-western United States. Twenty-six percent of the parents reported depressive symptoms above the clinical cutoff. Multivariate logistic regression was used to examine how depressive symptoms and parenting stress might influence the nature of parent feeding styles. **Results:** After adjusting for potential confounding variables (e.g., ethnicity, education, age), parents with an uninvolved feeding style reported less positive affect and more parenting stress than parents showing the other three feeding styles – authoritative, authoritarian, and indulgent. **Conclusions:** Because feeding styles tend to be associated with child obesity in low income samples, the results of this study provide important information regarding the parent–child eating dynamic that may promote less optimal child eating behaviors and the development of childhood obesity. This information could be useful for prevention studies aimed at changing parent behaviors that negatively impact the socialization of child eating behaviors.

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Introduction

Childhood obesity is a significant public health problem and will most probably continue to be a problem in the United States and worldwide (Ogden, Carroll, Kit, & Flegal, 2012). Low-income children are at an increased risk for becoming obese making it vital that we better understand the early correlates of child weight status

among these high-risk populations (Ogden et al., 2012). Preschool is an optimal time for studying the development of child eating behaviors (Hughes, Power, Fisher, Mueller, & Nicklas, 2005; Hughes et al., 2011; Hughes, Shewchuk, Baskin, Nicklas, & Qu, 2008). By investigating eating behaviors in early childhood years, researchers are better able to capture the multiple factors present in parent–child social interactions that lay at the heart of how parents socialize child eating behaviors. Parenting is especially important during this time period in early childhood, as parents are generally responsible in providing food and feeding their young children. Although many preschoolers may already be overweight, this prevalence continues to increase throughout childhood (Ogden et al., 2012). By better understanding parenting characteristics that play a part in the development of childhood obesity, we may be able to promote prevention rather than treatment.

The quality of the parent–child relationship in early childhood is important to the development of the parent–child dynamic and associated child outcomes (Baumrind, 1971, 1989). Parenting theory posits an important distinction between parenting styles and practices. Parenting styles are conceptualized as the larger context within which parenting practices are expressed (Baumrind, 1971; Darling & Steinberg, 1993; Maccoby & Martin, 1983). Styles have the

Abbreviations: ANOVA, Analysis of Variance between Groups Data Entry; BMI, Body Mass Index; CES-D, Center for Epidemiologic Studies Depression Scale; CFSQ, Caregiver's Feeding Styles Questionnaire; CI, Confidence Interval; OR, Odds Ratio; PSI-SF, Parenting Stress Index – Short Form; SAS, Statistical Analysis Software.

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broadest influence on child behaviors because they create the emotional climate between the parent and child (Darling & Steinberg, 1993). Similar to parenting styles, feeding styles create an emotional climate in the parent–child eating relationship which has been shown to impact child eating outcomes. Feeding styles are defined by two dimensions: parent demandingness and responsiveness. Demandingness refers to the extent to which parents are demanding of their child's eating whereas responsiveness refers to how sensitive the parent is to the child's eating needs. Authoritative parents make appropriate nutritional demands on their child and show sensitivity toward the child's needs (high demand/high responsiveness); authoritarian parents are highly controlling and show little sensitivity to the child's needs (high demand/low responsiveness); indulgent parents exhibit little structure allowing children the freedom to determine their nutritional intake (low demand/high responsiveness); and uninvolved parents exhibit a lack of overall control and involvement in the feeding process (low demand/low responsiveness) (Hughes et al., 2005).

A number of studies with low-income families have linked parent feeding styles with a greater risk for childhood obesity. Across a series of studies with African American, White, Hispanic, and Asian families (child ages 3 to 11), indulgent feeding styles have been associated with higher child self-selected portion sizes; lower intake of fruit, vegetables, and dairy; higher intake of energy dense foods; and higher child weight status (Fisher, Birch, Zhang, Grusak, & Hughes, 2013; Hennessy, Hughes, Goldberg, & Hyatt, 2010, 2012; Hoerr et al., 2009; Hughes et al., 2005, 2008, 2011; Tovar et al., 2012). Although the link between feeding styles and child intake/weight status has been shown, the emotional process that takes place between the parent and child and parent characteristics that may help to explain that process has not been clearly established in the literature. One study examining parent emotional characteristics across feeding styles supported the emotional climate theory of parent–child eating interactions (Hughes et al., 2011). Using direct observation across three mealtimes, parents with an uninvolved feeding style exhibited higher negative affect and detachment with their child (as expected); authoritarian parents exhibited higher negative affect and intrusiveness; and authoritative and indulgent parents showed lower negative affect and intrusiveness during mealtimes (Hughes et al., 2011).

Despite this pattern of parental emotional displays observed during mealtimes, it is still unclear what correlates are in place that may influence how parents act with their children associated with their style of feeding. Depression is commonly seen among mothers of young children (Heneghan, Silver, Bauman, Westbrook, & Stein, 1998). Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest (American Psychiatric Association, 2013). Depressed mothers are at a higher risk for low self-esteem, chronic stressors, and providing inappropriate and inconsistent discipline with their children (Goodman, 2007; Hall, Williams, & Greenberg, 1985; Sachs, Hall, & Pietrukowicz, 1995; Sack, Mason, & Higgins, 1985; Susman, Trickett, Iannotti, Hollenbeck, & Zahn-Waxler, 1985). Parenting stress, in particular, has been shown to correlate with high levels of depression in parents (Goodman & Tully, 2008). Parenting stress is defined as elevated stress associated with the demands of parenting (Haskett, Ahern, Ward, & Allaire, 2006). Parenting stress is therefore distinguishable from other forms of stress that go beyond the demands of parenting. Parental depression and parenting stress may interact with other risk factors to influence the emotional climate of the parent–child feeding relationship putting children at risk for childhood obesity.

Previous studies of maternal depression, anxiety, and stress show that maternal emotional distress or symptomatology was positively associated with restrictive feeding (Blissett & Farrow, 2007; Farrow & Blissett, 2005; Hurley, Black, Papas, & Caulfield, 2008; Mitchell, Brennan, Hayes, & Miles, 2009); pressure to eat (Francis, Hofer, &

Birch, 2001; Mitchell et al., 2009); and authoritarian, indulgent, or uninvolved feeding (Hurley et al., 2008). Three of these studies were studies of infants (Blissett & Farrow, 2007; Farrow & Blissett, 2005; Hurley et al., 2008) and three were studies of children between the ages of three and twelve (Francis et al., 2001; Mitchell et al., 2009; Tovar et al., 2012). All but one (Hurley et al., 2008) were studies of middle-class, white families. Two studies of preschool children looked specifically at the correlates of feeding styles in mothers of preschool children (Mitchell et al., 2009; Tovar et al., 2012), and in both cases, maternal emotional distress predicted authoritarian feeding behaviors or styles.

Together these studies show that maternal emotional distress tends to be associated with the maternal feeding styles linked to the development of childhood obesity in white, middle class populations. It appears, therefore, that mothers under high levels of emotional stress may not have the energy, time, or psychological resources to engage in feeding practices that contribute to healthy child weight. However, with the exception of Hurley et al. (2008) and Tovar et al. (2012), these studies did not include populations with the greatest obesity risk – low-income, African American and Latino parents (Ogden et al., 2012).

The purpose of this study was to examine the relationships between parental emotional distress and parent feeding styles in a sample of low-income African American and Latino parents with preschoolers. The specific aim was to examine how depressive symptoms and parenting stress might influence the nature of parent feeding styles. Given the inconsistent relationship between parent feeding styles, parent emotional distress, and childhood obesity in the feeding literature, it was unclear whether authoritarian, indulgent and/or uninvolved feeding styles would be associated with higher symptoms of depression and parenting stress within the parent–child relationship. We chose to take an exploratory approach to determining these relationships in this study.

Subjects and methods

Participants

Participants for this study were 290 African-American and Hispanic primary caregivers (mostly parents but included some grandparents) and their preschooler recruited from Head Start districts in a large urban city in the Southwestern part of the United States. The primary caregiver (referred to as parent hereafter) was defined as the person who was most often responsible for what the child ate outside of Head Start school day and was designated as the target parent in this study. Most of the parents were female (96%) with only a few fathers (2%) and grandmothers (2%) participating. These parents and their preschooler were part of a larger study designed to observe parent–child interactions in their homes multiple times during the dinner meal. In addition to observing these families during dinner, parents completed questionnaires related to parent and child characteristics that may impact the child eating environment.

Procedures

Recruitment measures used in the study included active recruitment of parents during drop off and pick up of their child at the Head Start centers, presentations at Head Start parent meetings, and flyers posted at the Head Start centers to be returned to us with contact information. Flyers were posted at 45 Head Start centers across three Head Start districts. A total of 367 parents gave contact information to our staff with 312 parents signing up for participation. Once recruited, parents were scheduled for three home visits. Packets of questionnaires were given to the parents at the end of each home visit and returned to staff members at the next home

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