Research Report

The benefits of authoritative feeding style: caregiver feeding styles and children’s food consumption patterns

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Abstract

This research tested the associations between caregiver feeding styles and children’s food consumption patterns among African–American (AA) and Hispanic (H) caregivers and their preschool children. Participants were 231 caregivers (101 AA; 130 H) with children enrolled in Head Start. Caregivers completed questionnaires on authoritarian and authoritative feeding styles (Caregiver’s Feeding Styles Questionnaire; CFSQ) and various aspects of children’s food consumption patterns (availability of, feeding attempts for, and child’s consumption of dairy, fruit, and vegetables). Simultaneous multiple regression analyses tested the unique contribution of feeding styles in predicting food consumption patterns. Authoritative feeding was positively associated whereas authoritarian feeding was negatively associated with the availability of fruit and vegetables. Authoritative feeding was also positively associated with attempts to get the child to eat dairy, fruit, and vegetables, and reported child consumption of dairy and vegetables. Authoritarian feeding was negatively associated with child’s vegetable consumption. All results remained significant after controlling for child’s gender and body mass index (BMI), and caregiver’s ethnicity, BMI, and level of education. Overall, results provide evidence for the benefits of authoritative feeding and suggest that interventions to increase children’s consumption of dairy, fruit, and vegetables should be targeted toward increasing caregivers’ authoritative feeding behaviors.

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Introduction

Childhood obesity has become a serious public health problem. One in four children is at risk for overweight, and 15% are overweight (Ogden, Carroll, & Flegal, 2003; Troiano, Flegal, Kuczmarski, Campbell, & Johnson, 1999). The prevalence of overweight among 4- and 5-year olds increased from 5 to 10.4% from 1976 to 2000 (Ogden, Flegal, Carroll, & Johnson, 2002), and this increase has been significantly higher among African–American (AA; 16%) and Hispanic (H; 30%) preschool children (Stolley et al., 2003). Obese children tend to become obese adults (Magarey, Daniels, Boulton, & Cockington, 2003). Thus, researchers have begun to examine factors that influence eating behaviors, particularly in young children. By the time children are 3 or 4 years old, eating is no longer deprivation-driven, but is influenced by their responsiveness to environmental cues about food intake. Research suggests that particularly influential environmental cues involve early feeding experiences with caregivers (e.g. parents).

Caregiver feeding styles are one mechanism through which children’s preferences and food consumption patterns may be shaped (Anliker, Laus, Samonds, & Beal, 1992; Cullen et al., 2000; Éppright, Fox, Fryer, Lamkin, & Vivian, 1969; Gable & Lutz, 2000). Feeding styles represent the caregiver’s approach to maintain or modify children’s behaviors with respect to eating. Birch and Fisher (1995) identified three child feeding patterns that map on to Baumrind’s (1971) taxonomy of parenting styles: authoritarian, permissive, and authoritative. In the domain of child feeding, authoritarian represents behaviors such as restricting the child from eating certain foods and forcing the child to eat other foods. Thus, authoritarian feeding is characterized by attempts to control the child’s eating with little regard for the child’s choices and preferences.

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Permissive feeding is characterized by what might be termed ‘nutritional neglect’, whereby the child is allowed to eat whatever he or she wants in whatever quantities he or she wants. With permissive feeding, little or no structure is provided, and choices are limited only by what is available. Finally, authoritative feeding represents a balance between authoritarian and permissive such that the child is encouraged to eat healthy foods, but is also given some choices about eating options. For example, with authoritative feeding, adults may determine which foods are offered, and children may determine which foods are eaten.

Feeding styles have been associated with dietary intake. Authoritarian feeding has been associated with lower intake of fruit, juices, and vegetables, whereas authoritative feeding has been associated with greater fruit and vegetable availability, higher intake of fruit and vegetables, and lower intake of junk food (Cullen et al., 2000; Gable & Lutz, 2000). Additionally, when parents restricted their child’s consumption of foods high in fat and sugar (a form of authoritarian control), children were more likely to fixate on those items and consume more of these ‘forbidden foods’ even when they were satiated (Fisher & Birch, 2000). Clearly, caregiver feeding styles have important implications for the development of children’s eating patterns, particularly those styles that facilitate intake of healthy foods such as dairy, fruit, and vegetables.

To date, most research on feeding styles has focused on authoritarian directives including rewards, instructions, punishments, coercion, and restriction (Casey & Rozin, 1989; Heptinstall et al., 1987; Johnson & Birch, 1993). Very little research has evaluated authoritative feeding. This almost exclusive focus on authoritarian feeding is evident in the ways in which feeding styles have been studied and measured. One of the most widely used measures of feeding styles is the child feeding questionnaire (CFQ) developed by Birch et al. (2001). Based on current parenting and child feeding constructs, the CFQ was developed for use with caregivers of preschool and elementary school children. However, it measures primarily authoritarian control in child feeding such as restriction, use of pressure to eat, and monitoring.

Additionally, most of the research describing feeding styles has been conducted on non-Hispanic white populations. Few studies have examined child feeding interactions among various ethnic groups (Cousins, Power, & Olvera-Ezzell, 1993; Olvera-Ezzell, Power, & Cousins, 1990). Parents of AA preschool children frequently prompted their children to eat and were generally successful in getting their children to eat through the use of commands, actions, and rationales (Iannotti, O’Brien, & Spillman, 1994). In a study conducted in rural Mexico, children made more than nine requests for food in a day’s time, had 13.5 eating episodes, and received 3.5 parental prompts to eat (Garcia, Kaiser, & Dewey, 1990). Low-income Latino parents believed that using bribes at mealtimes was an effective strategy (Kaiser, Martinez, Harwood, & Garcia, 1999). This has important implications because other studies have found the use of bribes to be adversely related to food preferences in young children (Birch, Marlin, & Rotter, 1984). Although these studies have examined feeding behaviors in various ethnic groups, they have focused primarily on authoritarian practices and have not addressed how feeding styles are associated with consumption patterns for particular foods (e.g. dairy, fruit, and vegetables) in AA and H samples.

The current research attempted to address limitations of previous research on feeding styles, particularly in terms of how they are measured and with whom they are studied. Participants in this study were AA and H caregivers and their preschool children. This study focused on the differing outcomes associated with authoritarian and authoritative parenting. Both styles represent attempts to actively get the child to comply with parental requests, but the manner in which these attempts are carried out are quite different. For example, a caregiver using an authoritative style may use threats or bribes to attempt to get the child to eat his or her vegetables, whereas a caregiver using a more authoritative style may try to reason with the child and explain to the child why it is important to eat vegetables. These different approaches to seeking compliance may be associated with different nutrition-related outcomes. The goal of this study was to examine how feeding styles are associated with availability, attempts to get the child to consume, and child’s consumption of dairy, fruit, and vegetables in AA and H preschool children.

Method

Participants

The current study was part of a larger study examining environmental influences on children’s eating patterns among AA and H. Data were collected from caregivers who had one child enrolled at Head Start centers located throughout the Houston Metropolitan Area. At 10 centers, 231 primary caregivers (101 AA; 130 H) completed the questionnaires. Primary caregiver was defined as the person who takes care of the targeted Head Start preschooler most of the time during the week when the child is not at Head Start. Caregivers ranged in age from 20 to 73 years (M = 31 years; SD = 9 years); 227 were women, and four were men (92% mothers, 2% fathers, 4% grandmothers, and 2% were of some other relation to the child). Head Start centers in Houston are predominantly AA and H. In this sample, 44% of caregivers were AA, and 56% were H. The children of the participants were AA (45%) and H (55%), and they ranged from 3 to 5 years of age with 42 3-year-olds (18%), 117 4-year-olds (51%), and 72 5-year-olds (31%). Additional information about the sample is provided in Table 1. A more detailed description of the sample is available in Nicklas, Morales, and Hughes (2004).
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