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Research Report

Influence of mother's educational level on food parenting practices and food habits of young children

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Abstract

The main purpose of the present study is to examine whether differences in mothers' food parenting practices by educational level could explain differences in food consumption in Flemish preschool children. Three hundred and sixteen mothers of children aged 2.5–7 years, completed a self-administered questionnaire. Differences by educational level were found in children's and mothers' consumption frequencies of fruit, vegetables and soft drinks, and in the use of restrictions, verbal praise, negotiation, discouragement of sweets and restraining from negative modelling behaviour. Multiple logistic regression analyses revealed that mothers' consumption was an independent predictor for all four outcome variables; verbal praise was a significant predictor for children's vegetable consumption, permissiveness for regular consumption of soft drinks and sweets, and, using food as a reward for regular sweet consumption. Differences in children's food consumption by mothers' educational level were completely explained by mother's consumption and other food parenting practices for fruit and vegetables but not for soft drinks.

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Introduction

The dietary behaviour of young children is important because healthy eating patterns initiated early in life (e.g. 2–5 years of age), may have immediate nutritional benefit, as well as reduce chronic disease risk when learned healthful habits and preferences are carried into adulthood (Nicklas et al., 2001).

For young children, the most influential aspect of the immediate social environment is the family, though as children grow up and start with school, their teachers, peers and other people at school, together with the media may become more and more important. Parents influence children's food preferences and intake patterns through the foods they make available and accessible to the child, their own eating behaviour (food modelling) (Birch & Fisher, 1998; Cullen et al., 2001; Fisher, Mitchell, Smiciklas-Wright, & Birch, 2002; Johnson et al., 1994; Tibbs et al., 2001), and the types of table food management practices they use (Fisher et al., 2002). Table food

management strategies include both practices and talk (Cullen et al., 2000).

Birch and colleagues (2001) describe two major aspects of child-feeding practices as 'restriction of intake' and 'pressure to eat'. Restriction refers to the extent to which parents restrict their child's access to 'unhealthy' foods, particularly the type and amount of energy-dense snack foods. Pressure to eat refers to parents' attempts to increase their child's intake of 'healthy' foods by pressuring the child to eat more food, typically at mealtimes (Francis, Hofer, & Birch, 2001).

Nicklas et al. (2001) refer to three common food-related parenting styles, reminiscent of Baumrind's classification of general parenting. Parents who one-sidedly attempt to control the child's food intake and eating practices through commands, instructions, directives or coercion are using *authoritarian* parenting practices, but also using food to pacify or reward are considered as authoritarian practices; parents who 'let the child eat what he wants' are using a *permissive* food-related parenting style. *Authoritative* parenting practices use questions, negotiations and reasoning to shape or guide a child's behaviour (Nicklas et al., 2001).

Excessive control and excessive permissiveness of children's eating habits can negatively affect a child's

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healthy eating habits. Excessive control impedes the development of children's self-control of eating (Birch and Fisher, 1998). If, on the other hand, children are allowed to choose freely what they want to eat, they choose foods high in sugar, sodium and saturated fat (Klesges, Stein, Eck, Isbell, & Klesges, 1991). Additionally, restricting children's food access does not produce dislike for the restricted food and encouraging a child to eat certain foods does not produce a liking of that food (Casey & Rozin, 1989). Restricting access may even promote the type of eating behaviour that parents explicitly intend to avoid in their use of restriction (Fisher & Birch, 2000). In the studies of De Bourdeaudhuij (1997a,b) and De Bourdeaudhuij & Van Oost (2000), on the other hand, it is suggested that parents should be encouraged to impose restriction and obligation rules as this could be translated into a lower frequency of consumption of unhealthy foods in adolescence.

In contrast to authoritarian and permissive parenting, authoritative parenting facilitates the development of the child's self-control and healthy eating habits. Asking the child to make decisions about the type of food eaten, giving small portions when introducing new food, persuading the child to eat using discussion, explaining the health benefits of foods perceived as healthy and praising the child for eating healthy foods, have all shown to be positively associated with number of servings of healthy foods consumed by preschool children (Nicklas et al., 2001).

Studies among adolescents and children (Aranceta, Perez-Rodrigo, Ribas, & Serra-Majem, 2003; Inchley, Todd, Bryce, & Currie, 2001; Lien & Jacobs, 2002; Lowry, Kann, Collins, & Kolbe, 1996; Munoz, Krebs-Smith, Ballard-Barbash, & Cleveland, 1997; Rogers & Emmett, 2003; Roos, Hirvonen, Mikkilä, Karvonen, & Rimpelä, 2001; Vereecken, Maes, & De Bacquer, 2004) have shown that young people of higher socio-economic status have a diet more in line with dietary guidelines than young people of lower socio-economic status, however, quantitative studies explaining socio-economic status differences in food habits are sparse.

The present study aimed to explore the possible mediating role of parenting practices in explaining differences in young children's dietary behaviour by mothers' educational level (EDUC). Our first hypothesis was that children of mothers with lower EDUC would have less healthy eating habits than children of mothers with higher EDUC. The second hypothesis was that mothers of different EDUC would differ in their use of food parenting practices. The third hypothesis was that parenting practices would predict dietary behaviour and the fourth hypothesis was that differences in young children's dietary behaviour by EDUC would disappear or attenuate after taking into account the parenting practices.

Methods

Subjects

Eight pre-school kindergartens, in the surroundings of Leper, a small city in Belgium, were approached for participation. Six principals agreed to participate. In April–May 2002, 658 anonymous questionnaires were distributed among the parents of the pre-school kindergartens. Parents were asked to complete the questionnaire at home. Big boxes were placed in the schools to collect the questionnaires. If a family had two or more children in the kindergarten, they had to complete the questionnaire only for one child. The potential number of participating families was 541. Of these 541 families, 346 parents participated (response: 64%).

Only the questionnaires completed by the mothers ($n = 316$) were selected for the current analyses: paternal influences might be different due to the different role patterns that our society attributes to men and women. Moreover mothers generally spend more time with their children during mealtimes.

Instruments

Frequency of food consumption

Children's eating habits were assessed using a short four-item food frequency questionnaire. The parents were asked to assess their children's usual consumption frequency of fruit, vegetables, sweets (candy and chocolates) and soft drinks by ticking one of the following response options: 'rarely/less than once a week', 'once a week', '2–4 times a week', '5–6 times a week', 'once a day, every day', and 'more than once a day, every day'. Fruit and vegetables were chosen because of their importance in reducing risk of cancer and cardiovascular disease. Sweets and soft drinks were studied as a comparison to findings of fruit and vegetables and as they might compromise the intake of more nutritious food items.

The validity of the food frequency questions was assessed by comparing the food frequencies with a 3-day food diary of two weekdays and one weekend day in a subsample of our study population ($n = 159$). These diaries were distributed simultaneously with the questionnaires. Spearman correlations were comparable to those found in the literature (fruit: 0.55; vegetables: 0.37; soft drinks: 0.62; sweets: 0.38).

Parenting practices

Items measuring parenting practices were based on the literature and discussions with 10 parents of pre-school children. These parents did not participate in the final study.

Parenting practices addressed permissiveness, pressure, material reward, verbal praise, negotiation, encouragement through rationale (fruit and vegetable consumption), discouragement through rationale (sweet and soft drink

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