



Diversity in fathers' food parenting practices: A qualitative exploration within a heterogeneous sample



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ABSTRACT

Background: Food parenting practices (FPPs) are important in shaping children's dietary behaviors. However, existing FPP knowledge is largely based on research with mothers.

Purpose: This study (1) identified fathers' FPPs; (2) described differences in FPP use by fathers' education and residential status.

Methods: Semi-structured interviews were conducted with 40 fathers (39 ± 9.1 years; 37.5% non-residential; 40% ≥ college education). Interviews were audio-recorded and transcribed. NVivo 10 was used for theme detection, categorization and classification using inductive and deductive approaches. FPPs were identified and their relative distribution was examined across education and residential status. **Results:** Twenty FPPs were identified - 13 responsive practices and 7 unresponsive practices. *Having food rules* was the most common responsive FPP (81.5%), followed by *feeding on schedule* (60%) and *making healthy food accessible* (60%). Common unresponsive FPPs were *letting child dictate preferences* (70%), *incentivizing food consumption* (60%) and *pressuring the child to eat* (35%). Compared to fathers with a college education, more fathers without a college education reported *letting child dictate preferences* (92% vs. 37%), *educating their children about food* (37% vs 12%), fewer reported *feeding on schedule* (50% vs. 75%), *modeling healthy practices* (29% vs. 50%), and *using distraction to feed* (4% vs. 37%). Compared to residential fathers, more non-residential fathers *monitored* (60% vs. 40%) or *encouraged* (60% vs. 36%) child food intake and *let child dictate preferences* (87% vs. 60%).

Conclusions: Fathers used an extensive variety of FPPs, similar to those identified in mothers. Further study on the influence of fathers' education and residential status on FPP use is warranted.

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1. Background

The pediatric literature on father involvement suggests that fathers are increasingly involved in food-based interactions with their children (Jones & Mosher, 2013). Fathers of young children consider child feeding well within their proximal role as parents. Their engagement during mealtimes ranges from structuring the meal, and employing strategies to feed their children (Horodynski & Arndt, 2005) to determining correct portion sizes and types of foods eaten (Vollmer, Adamsons, Foster, & Mobley, 2015b). Quantitative data collected from over 400 fathers of preschool aged

children reiterate the significant role that fathers' play in shaping their children's meal times (Mallan et al., 2014). Fathers who report eating meals frequently with their children consider themselves responsible for organizing a child's meal at least half of the time, deciding what foods to feed the child and how much to offer (Mallan et al., 2014). This growing involvement in what was traditionally the mother's domain, can be attributed to a number of societal changes including changing responsibilities induced by increased maternal employment (Yeung, Sandberg, Davis-Kean, & Hofferth, 2001), evolving family structures (Cooksey & Fondell, 1996), changing social expectations (Yeung et al., 2001) and an expanding sense of paternal identity (Blake et al., 2009; Rane & McBride, 2000).

Food parenting practices have consistently been associated with child weight (Faith, Scanlon, Birch, Francis, & Sherry, 2004;

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Johannsen, Johannsen, & Specker, 2006; Khandpur, Blaine, Fisher, & Davison, 2014). Often used interchangeably with feeding practices, food parenting practices are defined as specific behaviors or strategies employed by parents to manage how much, when and what their children eat (Gerards & Kremers, 2015; Gevers, Kremers, de Vries, & van Assema, 2014; Hughes et al., 2013; Jansen, Daniels, & Nicholson, 2012). Food parenting practices play an important role in shaping child food preferences and eating patterns (Birch, 1999). Responsive practices that attend to child's cues of hunger and fullness, make healthy foods available and accessible and facilitate children's autonomy in food selection and energy regulation, are found to be protective against childhood obesity (Pinquart, 2014; Sleddens et al., 2014). On the other hand, unresponsive food parenting practices are characterized by a lack of reciprocity between parent and child and serve to limit children's food autonomy and disregard their satiety cues (Birch & Ventura, 2009; Black & Aboud, 2011). Unresponsive food parenting practices such as pressuring a child to eat or being excessively indulgent of children's food requests, may increase risk for childhood obesity (Birch, Fisher, & Davison, 2003; DiSantis, Hodges, Johnson, & Fisher, 2011; Hurley, Cross, & Hughes, 2011).

Assessing fathers' influence on child weight through their food parenting practices is therefore, important to address childhood obesity. However, barring a few exceptions (Pulley, Galloway, Webb, & Payne, 2014; Vollmer, Adamsons, Foster, & Mobley, 2015a), fathers are conspicuous by their relative absence from the feeding literature. Existing knowledge about the relationship between food parenting and child eating behavior and weight status comes largely from research with mothers (Faith et al., 2004; Hurley et al., 2011). Moreover, mothers oftentimes serve as proxy reporters for fathers' food parenting practices, which may bias the resulting information on fathers' food parenting and mask any true differences that exist between parents. Fathers may use different food parenting practices to mothers or use specific practices more or less often than mothers. Evidence from the child development literature indicates that fathers manage, interact and play with their children differently than mothers (Craig, 2006; Paquette, 2004; Parke & Sawin, 1976) and there is some suggestion that such differences may play out in the domain of food parenting as well (Khandpur et al., 2014). These qualitative and quantitative differences are important to study but are currently lacking in the literature.

Contextual and socio-demographic differences in fathers' food parenting have also received comparatively little attention. Data have primarily been collected from White, well-educated fathers, co-habiting with the mother and the child (Khandpur et al., 2014). An understanding of the association of socio-demographic factors is important for two reasons. Firstly, these factors have been shown to be differentially associated with food parenting practices. For instance, low-income parents report using higher levels of coercive food parenting practices compared to White, high income parents (Huang et al., 2012; Loth, MacLehose, Fulkerson, Crow, & Neumark-Sztainer, 2013; Wehrly, Bonilla, Perez, & Liew, 2014). Secondly, the prevalence of obesity is unequally distributed across social strata, being highest among ethnic and racial minorities (Ogden, Carroll, Kit, & Flegal, 2014). Successful strategies for addressing obesity in these vulnerable populations, therefore, need to be sensitive to a variety of contextual realities. While there is growing understanding of differences in food parenting by ethnic origins and income levels (Anderson, Nicklas, Spence, & Kavanagh, 2010; Clark et al., 2008; Hughes et al., 2006; Pesch, Harrell, Kaciroti, Rosenblum, & Lumeng, 2011; Vollmer & Mobley, 2013), differences by education levels and parent residential status (i.e., whether or not a parent lives with a child) are less frequently studied, particularly in fathers.

In short, there are tremendous gaps in our understanding of fathers' food parenting practices that warrant a more nuanced assessment. This paper provides a detailed analysis of fathers' food parenting practices based on interviews with 40 fathers from diverse backgrounds. Study objectives were to (1) identify the specific food parenting practices utilized by fathers and (2) describe how these practices varied by fathers' education levels (no college vs. college) and their residential status (not residential with child vs. residential with child).

2. Methods

2.1. Study design

Qualitative interviews were conducted to provide an in-depth description of the specific food parenting practices adopted by fathers. An initial phase of the study helped inform the design of qualitative data collection instruments and the data analysis plan. Important field-level partnerships with community based organizations, local governments and experts on fatherhood were established during this initial phase, as was a growing database of fathers from across the U.S. These provided invaluable assistance with study recruitment. Community partners included family service agencies, fatherhood programs and local departments of health. This initial phase also provided preliminary quantitative evidence on the high levels of paternal engagement in the preparation and provision of meals and snacks for their children. Data were collected using an online survey from a geographically diverse sample of fathers. The 303 fathers who participated (33% non-White; 32% no college degree) reported providing or preparing a meal or snack for their children an average of 6.6 times/week. Also, they ate 8.3 (± 4.7) meals with their children every week (data not published).

Ethical approval for the study was obtained by the Harvard T.H. Chan School of Public Health, Office of Human Research Administration (IRB number 13-0679).

2.2. Participant recruitment

A combination of purposive stratified sampling and snow-ball sampling was used to recruit an approximately equal number of fathers with high and low levels of education, while factoring in diversity in their residential status. Data saturation was informed by evidence-based recommendations for non-probabilistic sample sizes for interviews (Guest, Bunce, & Johnson, 2006; Patton, 1990; Teddlie & Yu, 2007), and was expected upon recruiting 40 fathers with a minimum of 12 fathers in any group examined (e.g., residential versus non residential). Four distinct recruitment strategies were used to maximize variation in education levels and residential status of the sample. First, all fathers who had participated in the initial phase of the study and had agreed to be contacted again were invited through email or phone calls, to participate. Second, fathers were directly recruited at local fatherhood and community-based events, from multiple localities within Boston, Cambridge, Fitchburg and New Bedford. Third, participant fathers were encouraged to invite people from their social networks to participate in the study. Finally, community-based partners were sent emails and flyers that they distributed to the population of fathers they served. All English-speaking, adult US men, who self-identified as a father of a child between the ages of 2–10 years were eligible to participate.

2.3. Data collection procedures

Data were collected using individual, semi-structured

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