

Negative Food Parenting Practices and its Impact on Child Eating Behaviours

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Abstract

Negative food parenting practices, such as putting pressure on children to eat and restricting their food, are linked to food insecurity and may encourage obesity in children. The connection between food insecurity and positive food parenting practices, such as introducing the child to new foods and involving the child in the cooking process, is less well understood. In addition, very few studies have examined the connections between child eating behaviors that have been linked to poor dietary outcomes and food insecurity. In a largely Hispanic, low-income sample of parents and their preschool-aged children ($n = 66$), we examined the relationships between food security status, food parenting practices, and child eating behaviors using baseline data from a larger pilot intervention. Caregivers recruited from four urban communities in Rhode Island completed assessments of food parenting practices, household food security, and four child eating behaviors between July 2019 and 2020: food responsiveness, emotional overeating, satiety responsiveness, and enjoyment of food. Food insecurity was not directly linked to any food parenting practice, despite the fact that 46% of caregivers reported experiencing food insecurity.

Keywords: Child eating behaviours

Introduction

When compared to children living in food-secure households, those in food-insecure households were rated as having higher levels of food responsiveness and enjoyment. Satiety responsiveness was rated lower for children in food insecure households than for children in food secure households. Emotional overeating among children was unaffected by food security status. Any level of food insecurity should be evaluated as a potential indicator of unhealthy child eating behaviors in future interventions to reduce child obesity in low-income Hispanic families.

More research is urgently required to inform targeted efforts to reduce the pandemic's negative effects and other crises associated with it. Particular attention should be paid to the effects of changes in parenting stress brought on by school and business closures, stay-at-home mandates, and families' loss of normalcy. Previous studies looked at parents' current stress levels, but they didn't look at whether their stress levels were higher or lower than before the stay-at-home laws and shutdowns caused by the pandemic. Consideration of parents' levels of parenting stress during the pandemic ought to be combined with consideration of whether these levels of parenting stress were higher than usual because of the rapid onset of mandates related to the pandemic and the likelihood that parenting stress also changed rapidly during this time. Additionally, research conducted prior to the pandemic suggests that parental stress has a negative impact on parents' perceptions of their children's behavior, with parents who are more stressed judging their children's actions as more difficult or problematic. Research that considers how both changes in and current levels of parenting stress related to parent feeding practices and perceptions of child eating behaviors during the pandemic would provide novel insights. Given that parent feeding practices and parents' perceptions of children's behaviors are both important contributors to the quality of parent-child mealtime interactions,

To this end, the purpose of this study was to investigate the connections between parenting stress, feeding practices of parents, and perceptions of child eating behaviors at the onset of stay-at-home mandates in the United States (between March and April 2020). During the pandemic's onset, it was hypothesized that higher levels of

parental stress would be linked to: 1) a greater emphasis on regulating feeding practices; 2) less responsive feeding methods are used; and, thirdly, a rise in the perception that children engaged in unhealthy eating habits at mealtimes. Second, it was hypothesized that the degree to which parenting stress had altered prior to the introduction of stay-at-home mandates would alter associations between levels of parenting stress, feeding practices of parents, and eating behaviors of children during mealtimes. It was hypothesized that greater use of controlling feeding methods, lower use of responsive feeding methods, and greater perceptions of problematic child eating behaviors among children would be linked to greater increases in parenting stress and current levels of parenting stress [1-5].

Discussion

The Berry and Jones (1995) Parental Stress Scale was used to measure current levels of parenting stress in relation to how parents perceive being parents. The Parental Stress Scale consists of 18 self-reported items, including the following: Because of my child, it is hard to balance different responsibilities; My child is the primary cause of my stress. On a 5-point Likert scale, parents rated each item, with 1 representing "Strongly Disagree" and 5 representing "Strongly Agree." A total score was calculated by adding all of the items, with possible scores ranging from 18 to 90. During the pandemic, higher scores indicated higher levels of parental stress. According to Berry & Jones (1995), the measure had a good reliability ($= 0.83$). This measure also had a high level of reliability ($= 0.88$) in the current study.

The Parental Stress Scale was modified to include an additional

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Received: 04-Feb-2023, Manuscript No: jcalb-23-88776; **Editor assigned:** 06-Feb-2023, Pre-QC No: jcalb-23-88776 (PQ); **Reviewed:** 20-Feb-2023, QC No: jcalb-23-88776; **Revised:** 21-Feb-2023, Manuscript No: jcalb-23-88776 (R); **Published:** 28-Feb-2023, DOI: 10.4172/2375-4494.1000493

Citation: Chester M (2023) Negative Food Parenting Practices and its Impact on Child Eating Behaviours. J Child Adolesc Behav 11: 493.

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question after each item to assess recent changes in parents' levels of parenting stress. This was done to determine whether parents' perceptions of parenting stress had changed, remained the same, or decreased since the introduction of stay-at-home mandates. These additional questions wanted to know if the parent had answered "less, the same, or more than six weeks ago" to each item. Due to the survey's timing, "6 weeks ago" was the time before the United States' stay-at-home laws went into effect. On a three-point Likert scale, items were rated as follows: 1 (less), 0 (identical), and 1 (more). The sum of the item scores was used to calculate the overall change score, which could be anywhere from -18 to 18. Positive scores indicated that the parent's level of stress had increased over the previous six weeks, while negative scores indicated that the parent's level of stress had decreased. This subscale exhibited acceptable reliability ($= 0.77$) in the current study.

Parent feeding practices The Comprehensive Feeding Practices Questionnaire (CFPQ) was developed from the Child Feeding Questionnaire and Preschooler Feeding Questionnaire subscales to adequately measure a variety of parent feeding practices. According to Deater-Deckard (1998), the CFPQ consists of 12 subscales that describe parents' attitudes toward the health of their children as well as the methods used to shape their children's eating habits. Six out of the twelve subscales were used in this study. These subscales were: use of food to control emotions (for example, "Is giving this child something to eat the first thing you do when they become fussy? use of food as a reward (an illustration: As a reward for good behavior, I give my child sweets like cake, cookies, ice cream, and candy. putting weight restrictions on the child's diet (for example, "In order to prevent my child from becoming overweight, I encourage them to cut back on their food intake. putting pressure on the child to eat (for example: My child ought to always consume everything on his or her plate. Keeping an eye on the child's diet (an example: How much do you keep track of your child's consumption of potato chips as a snack? and promoting a well-balanced diet (an example: Do you encourage this child to consume healthful foods first? On a 5-point Likert scale ranging from "never" to "always," each statement was evaluated. An overall score for each parent feeding practice was calculated by adding up the items on each subscale; Scores that were higher indicated a higher frequency of parent feeding. Subscales in previous studies with parents of children ages 2 to 8 demonstrated moderate to good reliability: use of food to control emotions ($= 0.80$), use of food as a reward ($= 0.77$), restricting a child's diet in order to lose weight ($= 0.79$), encouraging a child to eat ($= 0.66$), monitoring the child's diet ($= 0.77$), and promoting a healthy diet ($= 0.71$) (Al-Qerem et al., 2017). These subscales also demonstrated moderate to good reliability in the current study: use of food to control emotions ($= 0.69$), use of food as a reward ($= 0.77$), restricting a child's diet to lose weight ($= 0.76$), encouraging a healthy diet ($= 0.71$), and pressing the child to eat ($= 0.71$) [6-10].

Conclusion

Child eating behaviors Wardle et al. developed the Child Eating Behavior Questionnaire (CEBQ) to find out how parents feel about their kids' eating habits. The eight different dimensions of children's eating behaviors are the primary focus of the 35-item parent-reported questionnaire. The following subscales were utilized for the purposes of this study: food intolerance (for example, "My child initially rejects new foods"), emotional overeating (an example: When anxious, my child eats more"), emotional undereating (an example: When my child is upset, he or she eats less"), food responsiveness (an example: My child is always asking for food"), and the pleasure of eating (an example: My child looks forward to mealtimes"), eating slowly (for instance, "My child consumes slowly. On a 5-point Likert scale ranging from "never" to "always," each statement was evaluated. Subscales were found to have good internal validity and test-retest reliability in previous studies: Emotional overeating ($= 0.72-0.79$), emotional undereating ($= 0.74-0.75$), responsiveness to food ($= 0.80-0.82$), enjoyment of food ($= 0.91$), eating slowly ($= 0.74-0.80$), and fussiness ($= 0.91$). 2001). these subscales also demonstrated acceptable to good reliability in the current study: emotional overeating ($= 0.77$), emotional undereating ($= 0.79$), responsiveness to food ($= 0.74$), enjoyment of food ($= 0.86$), eating slowly ($= 0.79$), and fussiness ($= 0.91$).

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