



CHILD EATING BEHAVIOUR AND PARENTAL FEEDING PRACTICES

Dr. Pallavi Gupta* Junior Resident 3rd Year, Department of Pediatrics, L.N.M.C & JK Hospital, Kolar Road, Bhopal-462042*Corresponding Author

Dr. Jyotsna Verma Professor, Department of Pediatrics, L.N.M.C & JK Hospital Kolar Road, Bhopal-462042

ABSTRACT **Introduction:** Parental feeding practices are associated with children's eating behaviours. Feeding practices are food or eating-specific behaviours or strategies that parents use to influence what, when and how much their children eat. Both feeding and parenting contribute to child physical, social, cognitive and behavioural development and well-being. Still use of such practices lacks description among Indians. **Aims & objective:** To determine child's eating behavior and examining parent feeding practices. **Method:** This study was designed as cross-sectional study using an online survey and on OPD basis. The patient data used in this study was selected using the following criteria: 1) Children belonging to age group 2-9 years. 2) Parents with their children feeding concerns. Out of 1300 children who were screened only 354 met these criteria. Child Eating Behaviour Questionnaire (CEBQ) was used as a screening tool. The research data was gathered using Google Forms. **Result:** Study showed that child food avoidance is positively associated with parental pressure to eat whereas restrictive feeding practices increase only when parents become concerned about their children's weight status. **Conclusion:** The results of this study suggest that parents experience stress and anxiety related to this ubiquitous task and perceive their child as a "fussy eater" or "difficult feeder." Parents commonly misinterpret "normal" child eating behaviour, such as food refusal, as cause for concern. In an effort to get their child to "eat well" they respond with coercive feeding practices, such as pressure, reward and restriction.

KEYWORDS : Parental feeding practices; Child Eating Behaviour; Questionnaire; Fussy eater

Introduction:

Parental feeding practices are associated with children's eating behaviours. Feeding practices are food or eating-specific behaviours or strategies that parents use to influence what, when and how much their children eat.

Both feeding and parenting contribute to child physical, social, cognitive and behavioural development and well-being. (1) Still use of such practices lacks description among Indians.

Method:

This study was designed as cross-sectional study using an online survey and on OPD basis.

The patient data used in this study was selected using the following criteria:

- 1) Children belonging to age group 2-9 years.
- 2) Parents with their children feeding concerns.

This study was approved by the institutional ethical committee. A written informed consent was obtained from parents of enrolled children. Data for all the patients such as age, gender, complaints at admission. Out of 1300 children who were screened only 354 met these criteria. There is 46% female and 54% male children. Child Eating Behaviour Questionnaire (CEBQ) was used as a screening tool. (2) The research data was gathered using Google Forms.

The CEBQ includes 35 items on eating styles related to obesity risk, which cluster into eight factors. The 8 behaviour/ style scales (Table 1) have been broadly categorised into 4 food "approach" behaviours and 4 food "avoidance" behaviours.

Parents rate each behaviour on a five-point Likert scale (never, rarely, sometimes, often, always; 1-5). The CEBQ was proven to have a good validity and high internal reliability in the United Kingdom, where it was developed (among parents of 2-9-year-olds).

FEEDING PRACTICES	EXAMPLE
Pressure	Game playing
Active encouragement to eat more	Encourage "one more mouthful"
Overrides child satiety cues – usually expressed as food refusal	Praise for eating all that is given Offer food reward for eating, e.g., dessert if eat vegetables Offer non-food reward for eating, e.g., watch TV if eat vegetables Threaten if child does not eat, e.g., withhold dessert or TV

Restriction Overtly limit access to unhealthy foods – child recognises restriction Limited reasoning, choice	Withhold dessert if child does not eat rest of the meal Do not allow child to have unhealthy foods even though they are overtly available to adults in the household
Emotional feeding Use food in response to negative emotions, comfort, calm, distract; shape behaviour → Teaches child to eat for reasons unrelated to appetite	Offer food in return for good behaviour Withhold food to punish bad behaviour Offer food to keep child quiet Offer food when child is upset or hurt Person praise ("good girl") for desired eating behaviour
Unstructured permissive/indulgent feeding Eating environment disorganised	Child given whatever food they ask for, whenever they ask Distractions when eating, e.g., TV, access to toys
Rejection of unfamiliar foods Exposure to limited range of tastes and textures Only offer preferred, liked foods	When new food is rejected, assume that child does not like it and do not reoffer Offer new food <6 times before deciding that child does not like Disguise new foods Insist/pressure on child to eat Offer liked food instead Reward for eating (rather than tasting)

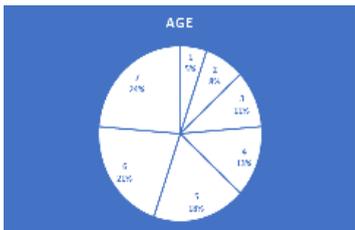
Behaviour scale	No. of items; example
Food approach behaviours	
Food responsiveness ^a	5 items; "my child's always asking for food"
Emotional overeating	4 items; "my child eats more when anxious"
Desire to drink	3 items; "my child is always asking for a drink"
Enjoyment of food ^a	4 items; "my child loves food"
Food avoidance behaviours	
Satiety responsiveness ^a	5 items; "my child gets full up easily"
Emotional undereating	4 items; "my child eats less when tired"
Slowness in eating ^a	4 items; "my child eats more slowly during the course of a meal"
Food fussiness	6 items; "my child decides that s/he doesn't like a food, without tasting it"

Observations:

1. Gender: male to female ratio (male 54%, female 46%)



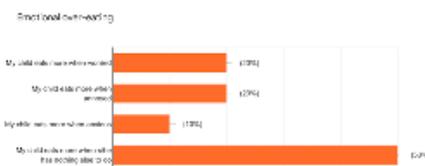
2. Age wise distribution



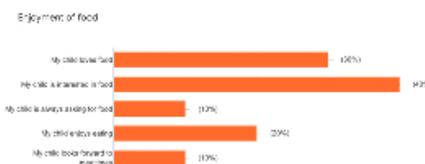
3. Food responsiveness



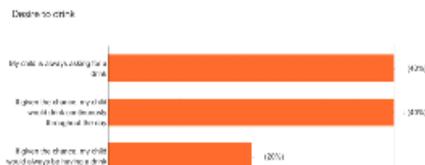
4. Emotional over-eating



5. Enjoyment of food



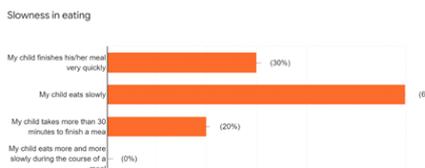
6. Desire to drink



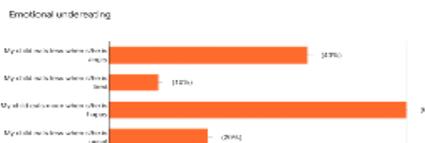
7. Satiety responsiveness



8. Slowness in eating



9. Emotional under-eating



10. Food fussiness



Rejection of novel foods is present from weaning and strengthens with child autonomy to peak at 2–5 years of age. These inborn heritable preferences can be modified by early feeding experiences, such as repeated neutral exposure to facilitate familiarity and acceptance.

It appears that food likes and dislikes are broadly established by 3–5 years of age and persist over time. Food fussiness (FF) or “picky eating” is an eating behaviour reported by 40% of parents and a source of considerable concern and conflict in families.

Parents want their child to be a “good eater” and praise them for eating all that is offered.

Feeding provides numerous opportunities every day for the parent and child to interact around these issues and, if not managed well, has great potential to induce stress and distress for both. It is impossible to “make” children eat. The traditional approaches to child feeding in this context are likely to be ineffective, even counterproductive, in our current environment where food is widely available and relatively affordable, unhealthy foods are ever present and heavily marketed, particularly to children, and excess consumption is the “norm.” Furthermore, new approaches to child feeding are required that are adapted to shifts in economic and social factors.⁽³⁾

11. Parental feeding practices and child eating behavior

PARENTAL FEEDING PRACTICES	PRESSURE	RESTRICTION	EMOTIONAL FEEDING	INDULGENT FEEDING
CHILD EATING BEHAVIOUR				
Child eats his/her favourite food even if full	24 (6.7%)	302 (85%)	2(0.5%)	26(7.3%)
My child is interested in food	146(41%)	190(53.6%)	0	18(5%)
My child eats more when he/she has nothing else to do	76(21.4%)	270(76.2%)	2(0.05%)	6(1.6%)
My child is always asking for a drink	100(28.2%)	200(56.4%)	4(1.1%)	50(14.1%)
My child leaves food on his/her plate at the end of a meal	305(86.1%)	24(6.7%)	13(3.6%)	10(2.8%)
My child gets full before his/her meal is finished	198 (55.9%)	8(2.2%)	88(24.8%)	60(16.9%)
My child eats slowly	78(22%)	3(0.08%)	204(57.6%)	69(19.4%)
My child refuses new foods at first	126(35.5%)	4(1.1%)	128(36.1%)	96(27.1%)
My child decides that s/he doesn't like food, even without tasting it	202(57%)	8(2.2%)	123(34.7%)	21(5.9%)
My child eats more if happy	36(10.1%)	213(60.1%)	18(5%)	87(24.5%)

CHILD EATING BEHAVIOUR	PARENTAL FEEDING PRACTICE
Even if my child is full up, s/he finds room to eat his/her favourite food	Withhold food items that are overtly available
My child is interested in food	Praise for eating all that is given
My child eats more when he/she has nothing else to do	Do not allow child to have unhealthy food
My child is always asking for a drink	Distractions (TV, Mobile)
My child leaves food on his/her plate at the end of a meal	Encourage “one more mouthful “

The results showed that parental pressure to eat positively predicted child food fussiness and food responsiveness while it negatively predicted enjoyment of food.

Children's emotional eating positively predicted parental use of food as a reward and emotional feeding.

The explanation for our finding is that, if a child likes to eat or eats more, food is an obvious reward for parents to give because they can use this method to shape children's behaviors.

It is also noting that children's overeating may make parents be concerned about the child eating too much and being overweight or obese in the future, which may eventually result in their higher restrictions on food

Study showed that child food avoidance is positively associated with parental pressure to eat whereas restrictive feeding practices increase only when parents become concerned about their children's weight status. (Table 1-11)

Discussions:

While several studies have reported that parents employ a diverse range of feeding practices with preschool children (Danthiir, Kettler, & Wilson, 2008;). Daniels et al., 2012. existing research that reports on parents' use of various feeding practices is limited by the use of small, homogenous samples. Mothers are the primary caregivers to children who are particularly worried about the types of foods that children consume so Dr. Jyoti Vohra in her research 2016, validated the feeding practices with children among mothers is based on restriction for weight, control, monitoring, modelling, emphasis on nutrition and healthy eating, involvement, emotion regulation, restriction for health, food as reward and environment)(4) As per the feeding practices by parents described by Lynne Allison Daniels, 2019 in an attempt to just get a few more mouthfuls of food into their toddler, can resort to quite bizarre feeding practices that are a source of stress and distress for both parent and child. (5) These parent-centred authoritarian practices may be well intentioned but are both counterproductive and associated with poor outcomes for child health, including development of food preferences and appetite regulation, which lay the foundation for life-long healthy eating habits and chronic disease risk. A strict first lockdown took place from March 17 until May 10, 2020. During this period, schools were closed, working from home was enforced as highly contagious coronavirus SARS-CoV-2 causing a severe acute respiratory syndrome (COVID-19) has sparked a pandemic. Parents were consequently responsible for their child's food intake throughout the whole day, and this could be challenging in terms of time (additional meal planning, food shopping, food preparation), especially for those parents who were still working. The pandemic also faced some parents with changed accessibility and availability of foods and food insecurity, in particular those parents who were financially vulnerable. In France, Kaat Philippe evaluated possible changes in child eating behaviors, parental feeding practices Children showed significant increases in "food approach" behaviors during the lockdown (behaviors involving a movement toward or a desire for foods: i.e., food enjoyment, emotional overeating, food responsiveness. Children's snack frequency in between meals also increased significantly. Moreover, increases in emotional overeating, food responsiveness and snack frequency were predicted by an increase in child boredom at home: children may have tried to "fill up" their time with eating or found comfort and enjoyment in food during this unusual, monotonous period. Level of education and increased stress level predicted changes in parental practices and motivations. The unusual situation drove some parents to turn a blind eye to the usual feeding rules, and to privilege enjoyment and comfort at home. (6) Based on previous research, we created a model hypothesizing that parental feeding practices are affected by parents' perceptions of child eating behaviours.

Conclusion:

The results of this study suggest that parents experience stress and anxiety related to this ubiquitous task and perceive their child as a "fussy eater" or "difficult feeder." Parents commonly misinterpret "normal" child eating behaviour, such as food refusal, as cause for concern. In an effort to get their child to "eat well" they respond with coercive feeding practices, such as pressure, reward and restriction.

Clinical experience indicates that parents, in an attempt to just get a few more mouthfuls of food into their toddler, can resort to quite

bizarre feeding practices that are a source of stress and distress for both parent and child.

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