

FACTORS ASSOCIATED WITH PARENTAL PRESSURE TO EAT AMONG SPANISH INFANTS

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INTRODUCTION

Pressure to eat, a parental controlling feeding practice aimed at encouraging a child to eat more can impede the development of adequate self-control of eating in the child and provoke severe disordered eating symptoms¹.

Research on parental pressure to eat: has paid special attention to the consequences of this practice (neglecting its antecedents), and has mostly been conducted with parents of preschool and school-age children.

Accordingly, the objective of this study was to explore if infant and parent variables (e.g., gender, age, parent's concern about weight, etc.) as well as type of food given to children (homemade) have an influence on parents "pushing" their infants to increase their intake of foods.

Feeding practices at this stage of life are crucial in determining children health, development and growth.

METHODS

A research firm collected the data from their online national panel and randomly selected a final sample of 715 Spanish parents, responsible for feeding their infants (aged 0 to 18 months) (Figure 1).

Pressure to eat was measured with a 3-item scale (e.g., "I have to be especially careful to make sure my child eats enough"; Cronbach's $\alpha = .63$) from Birch et al².

A 2-item scale (e.g., "I am concerned about my child becoming underweight"; Cronbach's $\alpha = .73$) from Baughcum et al³, was used to measure concern about underweight.

Demographic questions for both the infant and the parent were also included in the survey, as well as the type of food given to infants. Infant weight for age percentile was calculated using the World Health Organization guidelines.

Two-tailed Pearson correlations and one-way analysis of variance (ANOVA) were used analysis data with SPSS (v.18).

CONCLUSION

- Our results are consistent to previous studies with older populations of children in that concern about underweight and weight percentile were significantly related to pressure to eat.
- Interestingly, our study adds to the literature by identifying other infant and parent relevant antecedents. In particular, higher levels of pressure to eat were found among female infants, male parents, and those who are younger parents and work full-time.
- Also, pressure to eat was lower when the infant was also fed with homemade food.
- A better understanding of the factors that lead to parental pressure to eat can help health professionals define more effective strategies when working with families.

Table 1. ANOVA results: Mean values of pressure to eat (sd)

Male infants	Female infants	
3.39 (0.80)	3.55 (0.82)	6.66 ^{1**}
Infant is also fed with homemade food ²	Infant is not fed with homemade food	
3.44 (0.81)	3.77 (0.80)	7.16 ^{**}
Male parent	Female parent	
3.58 (0.70)	3.43 (0.84)	3.95 [*]
Younger parent (<30 years)	Older parent (30≥ years)	
3.60 (0.74)	3.44 (0.82)	4.02 [*]
Parent working full-time	Parent working part-time	
3.50 (0.78)	3.27 (0.76)	8.37 ^{**}

1 F-value;
2 Analysis in this case with children > 6 months (n=634);
*Significant differences at p<0.05; **Significant differences at p<0.01.

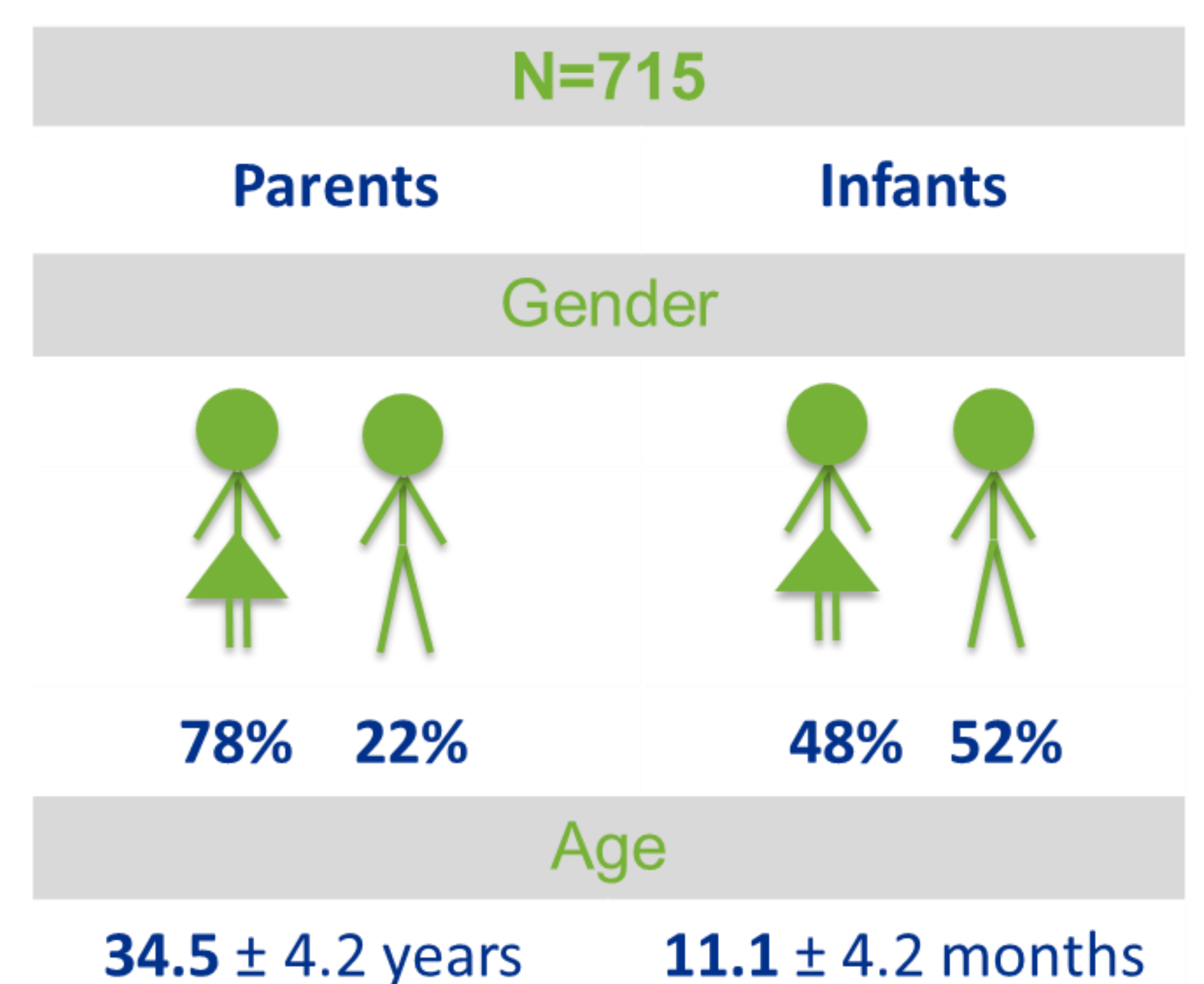


Figure 1. Demographic characteristics of the sample

RESULTS

- The final sample consisted of 715 parents (Mean age=34.5±4.2 years; 77.6% female) of infants aged 0 to 18 months (Mean age=11.10±4.2 months, 48.3% female).
- Parental pressure to eat was moderately high in the overall sample (3.46±0.81).
- Pressure to eat was positively correlated to parents' concern about infant underweight ($r=0.49$, $p<0.01$) and negatively to infant weight percentile ($r= -0.10$, $p<0.01$). Significant differences in pressure to eat based on ANOVA are shown in Table 1.

REFERENCES

1. Ellis J. M., et al. 2016. *Appetite*, 97: 58-63.
2. Birch L. L., et al. 2001. *Appetite*, 36(3): 201-210.
3. Baughcum A. E., et al. 2001. *Journal of Developmental & Behavioral Pediatrics*, 22(6):391-408.

Disclosure of Interest

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