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Preschool Children of Eating Competent Parents Have Higher Quality of Life and Lower Nutrition Risk

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References

Outcome Measures and Analysis: EC measured with ecSI 2.0; parent behaviors assessed with Three-Factor Eating Questionnaire-18, General Health Questionnaire, Child Feeding Styles Questionnaire, Pittsburgh Sleep Quality

Conclusions and Implications: Interventions designed to enhance preschool parent EC may benefit child nutrition status.

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Results

```
graph LR
    A["Recruitment Reach (n=3040)  
Postcards 1825  
Tabbed Flyers 1215  
9 tabbed per flyer 135; 1215"] --> B["Link Requested"]
    B --> C["Survey Link Accessed (n=175)"]
    C --> D["Link Clicked Past Page 1 (n=171)"]
    C --> E["Non-responders (n=4)"]
    D --> F["Eligible (n=152)"]
    D --> G["Did Not Finish Screener (n=3)"]
    D --> H["INELIGIBLE (n=16)  
Child Ward of the State (n=8)  
Medical Diet (n=4)  
Child not 2 - 5 y (n=3)  
Nutritionist (n=1)"]
    F --> I["Did Not Consent (n=22)"]
    F --> J["Duplicates (n=7)"]
    F --> K["Unique Consenters (n=123)"]
    K --> L["Attriters (n=6)"]
    L --> M["fdSI & ecSI 2.0 Completed (n=117)"]
    M --> N["e-card Payment"]
```

The flowchart illustrates the recruitment and consent process for the study. It begins with a Recruitment Reach of 3040, consisting of 1825 postcards and 1215 tabbed flyers (9 tabbed per flyer, totaling 135 and 1215). This leads to Link Requested, then Survey Link Accessed (n=175). From here, 4 non-responders are identified, and 171 participants clicked past page 1. Of these, 3 did not finish the screener, and 16 were ineligible (8 child ward of the state, 4 medical diet, 3 child not 2-5 years, and 1 nutritionist). This leaves 152 eligible participants. From the eligible group, 22 did not consent and 7 were duplicates, leaving 123 unique consenters. Of these, 6 were attriters, leaving 117 who completed the fdSI & ecSI 2.0, who then received an e-card payment.

Highest Education Level

Education Level	Percentage
high school/GED	23%
4 y college degree	21%
post high school	21%
graduate college	30%
high school/GED	5%

Funder

- better emotional/psychological health (10.0 ± 4.7 vs. 12.7 ± 6.1 ; $P=0.014$)
- less psychological distress (5.9 ± 2.1 vs. 7.2 ± 3.2 ; $P=0.017$)
- less social dysfunction (4.2 ± 2.8 vs. 5.4 ± 3.0 ; $P=0.024$)
- higher scores on the monitoring CFQ subscale ($4.3 \pm .9$ vs. 3.9 ± 1.0 ; $P=0.05$)
- greater weight satisfaction ($P=0.003$)
- lower BMI (26.1 ± 7.1 vs. 30.1 ± 7.7 ; $P=0.008$)
- trend for a lower PSQI (5.5 ± 3.6 vs. 7.0 ± 3.8 ; $P=0.085$)
- less emotional eating (5.6 ± 2.3 vs. 6.8 ± 2.5 ; $P=0.013$)
- less uncontrolled eating (17.1 ± 3.8 vs. 19.5 ± 4.0 ; $P=0.002$)
- meals and snacks at the same times ($3.2 \pm .7$ vs. $2.9 \pm .6$; $P=0.007$ and 2.8 ± 6 vs. $2.4 \pm .9$; $P=0.006$ respectively)
- more enjoyable meals for everyone ($4.0 \pm .9$ vs. $3.6 \pm .9$; $P=0.031$)
- less stress in their lives (6.1 ± 2.2 vs. 7.2 ± 2.0 ; 2.6 , $P=0.013$)
- better sleep quality (5.5 ± 3.6 vs. 7.0 ± 3.8 ; $P=0.085$) with higher ecSI 2.0 scores for parents with good sleep quality (33.2 ± 7.0 vs. 29.3 ± 9.6 ; $P=0.049$)

Parent **eating competence** was correlated with **lower nutrition risk** ($r=-.29$; $P=0.004$) and with **higher pediatric quality of life** ($\rho=.23$; $P=0.016$).

¹ Possible range 0 – 100 (better quality of life)

5

0
[†]t=2.7, P=0.007

Nutrition risk was moderate for 18%, high for 9% but significantly lower for EC parents. Significant NutriSTEP differences between EC and non-EC parents persisted after controlling for assistance program participation (P=0.02).

ecSI 2.0 scores were lower for low-income parents when nutrition risk was moderate or high. $F=7.3, P=0.008$

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¹ Controlling for socioeconomic position $F=8.0$, $P=0.006$

ecSI 2.0 scores were lower for parents of children at moderate/high nutrition risk.

EC parents perceived their child had a significantly better quality of life than non-EC parents. PedsQL differences remained significant after controlling for socioeconomic position ($P=0.04$).

1. Tenets of healthful approaches to eating and lifestyle behaviors associated with being eating competent were supported.
2. A disconcerting number of children (27%) in this low-income sample were at moderate or high nutrition risk.
3. 6% of parents perceived a low pediatric quality of life for their preschoolers.
4. Nutrition risk of preschoolers was lower for EC parents.
5. Pediatric quality of life was lower for non-EC parents.
6. Consider education focused on enhancing parent EC to address preschooler nutrition risk and quality of life.

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