6-30-2015

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

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Abstract

Eating behavior in preschool children of eating competent parents has higher quality of life and lower nutrient risk.

Participant characteristics: Participants (n=177) were female (94%), white (77%), black (10%), non-Hispanic (95%), food insecure (93%) worried about money for food; 62% participate in assistance programs. MAP 29%, WIC 40%, Food Banks 11%; overweight/obese (64%, mean BMI 28.5 ± 8.0); disatisfied with their weight (56%) and felt stressed (mean 6.7 ± 2.1; 53% scored ≥ 7).

Mean age parent was 32.2 ± 7.8; mean child age 3.4 ± 1.0; mean ecSI 2.0 score is 31.6 ± 8.2. EC children were significantly lower in BMI (20.8 ± 4 vs. 21.9 ± 4.7; P = 0.002) and carotenoid scores (37.0 vs 39.9, P = 0.031). Higher EC was associated with better food resource (18.8 ± 3; P = 0.006) and better social sustenance (17.1 ± 3.8 vs. 19.5 ± 4.0, P = 0.002).

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

Conclusions

Parent education is essential to enhance preschool parent EC may benefit child nutrition status.

Participants were recruited from WIC clinics and low-income venues (e.g., libraries, laundromats, food banks), using flyers and cards either posted or distributed in-person. Parents included the U.S. for an online survey (Qualtrics, Provo UT) that was completed independently at participant convenience after confirming eligibility.

Parent of child aged 2 through 5 years.

Non-parametric tests were used with PedQL scores. ecSI 2.0 scores were correlated with NutriSTEP and PedQL scores, scores were compared between EC and non-EC parents with independent t-test or Mann-Whitney U test. A variable was created to represent low-income status if a participant worried about money for food and used an assistance program. The ecSI 2.0 and NutriSTEP score comparisons used a general linear model controlled for low-income status.

Nutritional screening tool (NutriSTEP) was used to identify children at nutrition risk. Pediatric quality of life was below the 80th percentile of 18.5 ± 4.5.

Questionnaire-18 (TFEQ-18) assessed eating competence. Cognitive restraint, uncontrolled eating, and emotional eating. Higher scores indicate greater frequency of the behavior. Children of eating competent parents had lower EC scores than those from non-EC parents (4.2 ± 2.8 vs 5.4 ± 3.0, P = 0.004).

NutriSTEP was validated with PedsQL scores. ecSI 2.0 scores were lower for low-income parents (5.6 ± 2.3 vs 6.8 ± 2.5, P = 0.015).

Parent education was correlated with lower nutrition risk (r = 0.029, P = 0.004) and with higher pediatric quality of life (r = 0.35, P = 0.015).

Results

EC parents had... more positive, comfortable and flexible with eating (95.7 ± 15.3 vs 94.0 ± 1.6, P = 0.03). Higher EC was associated with better food resource (18.8 ± 3; P = 0.006) and better social sustenance (17.1 ± 3.8 vs. 19.5 ± 4.0, P = 0.002).

more emotional and uncontrolled eating. NutriSTEP and PedsQL were associated with EC (r = -.29, P = 0.044 respectively). Child health examined with Pediatric QoL Questionnaire-18, General Health Questionnaire, Child Social Functioning, Child Eating Styles Questionnaire, Pittsburgh Sleep Quality Index (PSQI) (1-5),

Toddlers (2 – 4 years)

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Parent education was correlated with lower nutrition risk (r = 0.029, P = 0.004) and with higher pediatric quality of life (r = 0.35, P = 0.015).

EC parents persisted after controlling for assistance program. ecSI 2.0 and NutriSTEP score comparisons used a general linear model controlled for low-income status.

Nutritional screening tool (NutriSTEP) was used to identify children at nutrition risk. Pediatric quality of life was below the 80th percentile of 18.5 ± 4.5.

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