



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,

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question a er 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 ($\alpha = 0.77$) 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 ($\alpha = 0.80$), use of food as a reward ($\alpha = 0.77$), restricting a child's diet in order to lose weight ($\alpha = 0.79$), encouraging a child to eat ($\alpha = 0.66$), monitoring the child's diet ($\alpha = 0.77$), and promoting a healthy diet ($\alpha = 0.71$) (Al-Qerem et al., 2017). These subscales also demonstrated moderate to good reliability in the current study: use of food to control emotions ($\alpha = 0.69$), use of food as a reward ($\alpha = 0.77$), restricting a child's diet to lose weight ($\alpha = 0.76$), encouraging a healthy diet ($\alpha = 0.71$), and pressing the child to eat ($\alpha = 0.71$) [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 ($\alpha = 0.72-0.79$), emotional undereating ($\alpha = 0.74-0.75$), responsiveness to food ($\alpha = 0.80-0.82$), enjoyment of food ($\alpha = 0.91$), eating slowly ($\alpha = 0.74-0.80$), and fussiness ($\alpha = 0.91$). 2001). These subscales also demonstrated acceptable to good reliability in the current study: emotional overeating ($\alpha = 0.77$), emotional undereating ($\alpha = 0.79$), responsiveness to food ($\alpha = 0.74$), enjoyment of food ($\alpha = 0.86$), eating slowly ($\alpha = 0.79$), and fussiness ($\alpha = 0.91$).

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