

How Childcare Providers' Perception of their Own Weight and Weight Goals Influence their Feeding Practices

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Background

- Early childcare is a valuable setting for the development of healthy eating habits
 - 3-5 year olds spend 28 hours per week in non-parental care (U.S. Department of Education, 2006)
 - 76% of 3-5 year olds spend time in non-parental care each week (U.S. Department of Education, 2012)
- The feeding practices (or decisions about what, when, and how to feed young children) a childcare provider uses are linked to a child's ability to self-regulate energy intake, food preferences, consumption, and weight status (Bante, et al., 2008; Birch & Fisher, 2000; Carper, Fisher, Birch, 2000; Fisher, et al., 2002; Rodgers, et al., 2013; Rollins, Loken, Savage, Birch, 2014)
- However, less is known about predictors of child care providers' feeding practices.

Literature Review

- Feeding practices such as restriction and pressure are linked to a child's BMI. When caregivers use restrictive feeding practices the child's BMI is higher and with pressure the BMI is lower (Shloim et al., 2015).
- Childcare providers who are trying to lose weight themselves were more likely to use restrictive feeding practices which suggests that these providers' own feelings towards their diet influence how they feed the children they care for (Dev et al., 2014).
- Although there is limited research about how childcare providers' own weight perceptions and goals impact the children they feed, it is important to study so that provider's can be aware of their influence and promote healthy eating habits despite their own weight or diet.

STUDY AIM: We explored providers' weight goals and perceptions of their own weight as predictors of their feeding practices.

Methods

Sample

- 343 Head Start teachers, center-based and home-based child care providers
- Inclusion criteria: employed as a childcare provider or Head Start teacher by a facility that is licensed by the state of IL; responsible for feeding 3-5 year old children breakfast, lunch or dinner at least three times a week

Data Collection

- Ten page survey administered online (69%) or on paper (31%)
- Incentive: \$15 amazon.com gift card
- Participant Recruitment: From three regions in IL (urban, small city, and rural) through child care resource and referral agencies, participant lists from previous projects, and publically available lists of licensed child care facilities.

Variables

Providers' weight goals: Are you currently trying to lose weight, gain weight, or maintain your weight?

Providers' weight perception: How would you classify your current weight? (Very underweight, Underweight, About the right weight, Overweight, Very overweight)

Providers' feeding practices:

- Restriction and pressure scales from Child Feeding Questionnaire (Ward, et al., 2014), measured on 5-pt scale with higher scores indicating a greater use of restriction or pressure
- 11 questions from NapSACC assessment tool (Ward et al., 2014)

Analysis

Frequencies and means were used to describe the sample. T-tests and chi-square were used to look at associations between providers' weight perceptions and goals, and feeding practices.

Results

Table 1: Descriptive Statistics (n=343)

Variable	%
Female	99
< 50 years old	58
Race/Ethnicity	
White	73
African American	17
Other	10
Education	
High school degree or GED	26
Associate's degree	32
Bachelor's degree or more	42
Degree in early childhood or related field	61
Childcare Setting	
Home	55
Childcare center	33
Head Start	11
CACFP	80
Weight Perception	
Underweight or about the right weight	36
Overweight or very overweight	75
Weight Goals	
Not trying to lose weight	38
Trying to lose weight	62
Rarely or never use food to calm upset children or encourage appropriate behavior	90
Never eats snack foods in front of the children	89
Never eats sweets in front of the children	85
Never drinks soda in front of the children	84
Rarely or never requires that children sit at the table until they finish all of the food on their plates	73
Always praises children for trying new or less-preferred foods	72
Always asks children if they are full before removing their plates when children eat less than half of a meal or snack	62
Rarely or never use children's preferred foods to encourage them to eat new or less-preferred foods	60
Every meal or snack time enthusiastically role models eating the healthy foods that are served	45
Always eats and drinks the same foods and beverages as the children	40
Always asks children if they are still hungry before serving more food when children request seconds	28

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Figure 1: Restriction and weight perception and weight goals

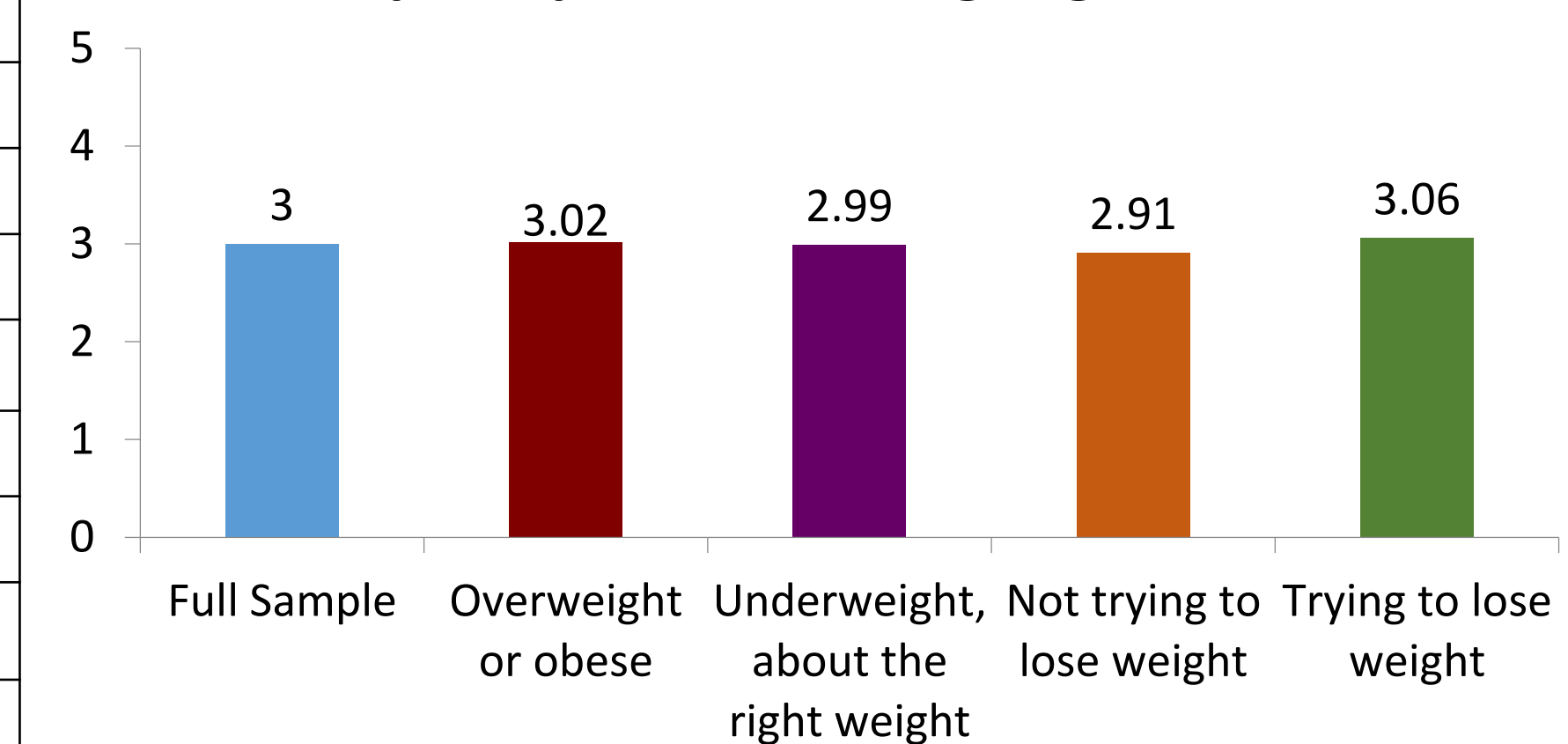


Figure 2: Pressure and weight perception and weight goals

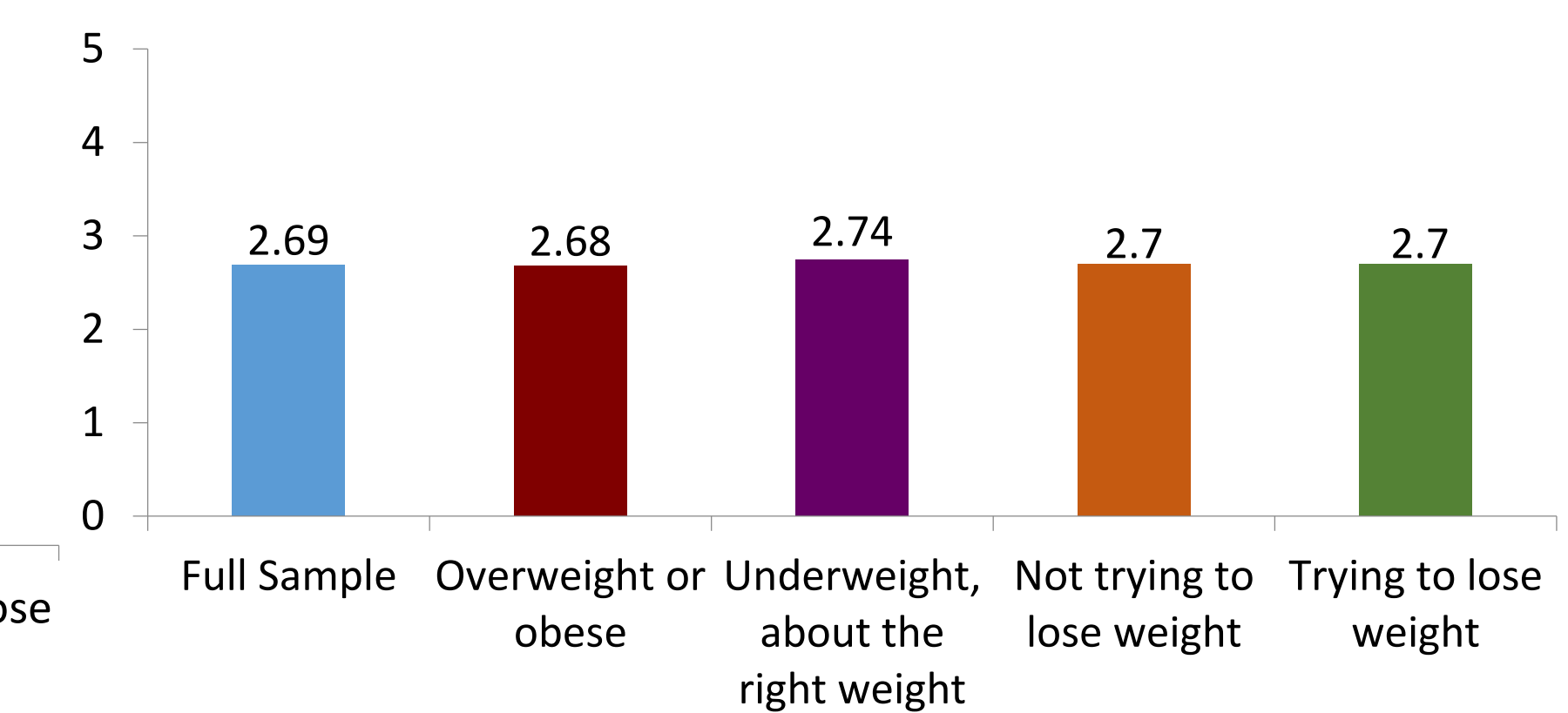


Figure 3: Rarely or never requires that children sit at the table until they finish all of the food on their plates and weight goals

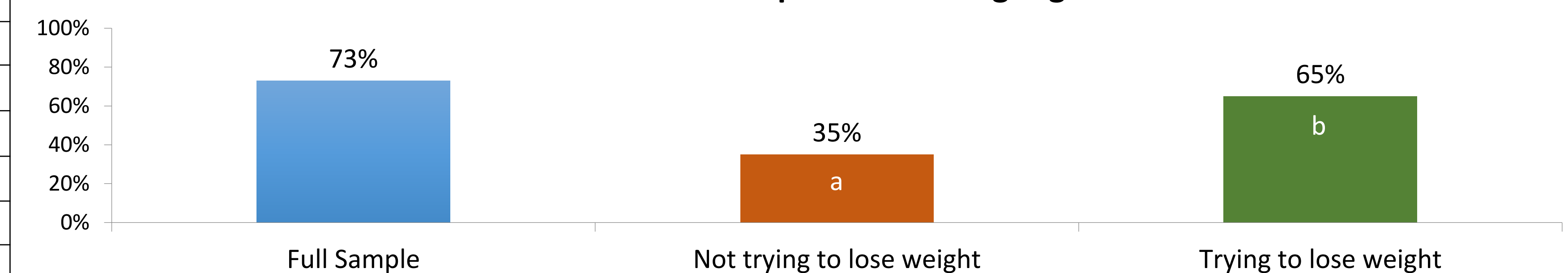


Figure 4: Rarely or never requires that children sit at the table until they finish all of the food on their plates and weight perception

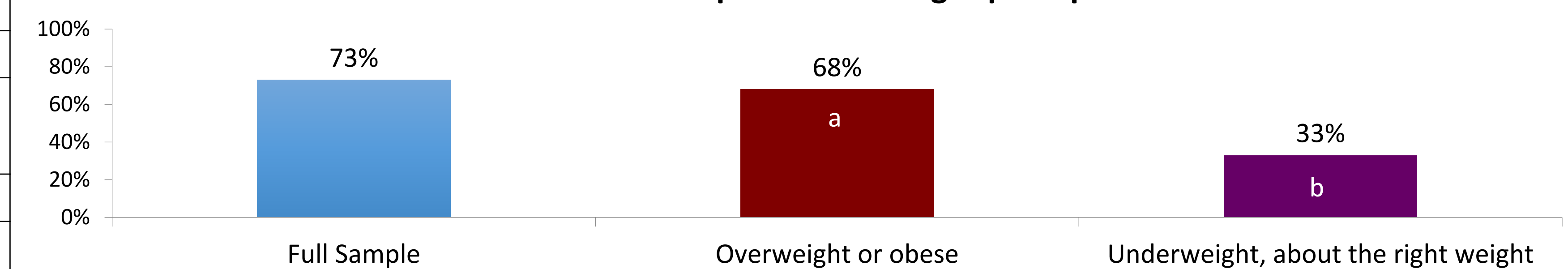
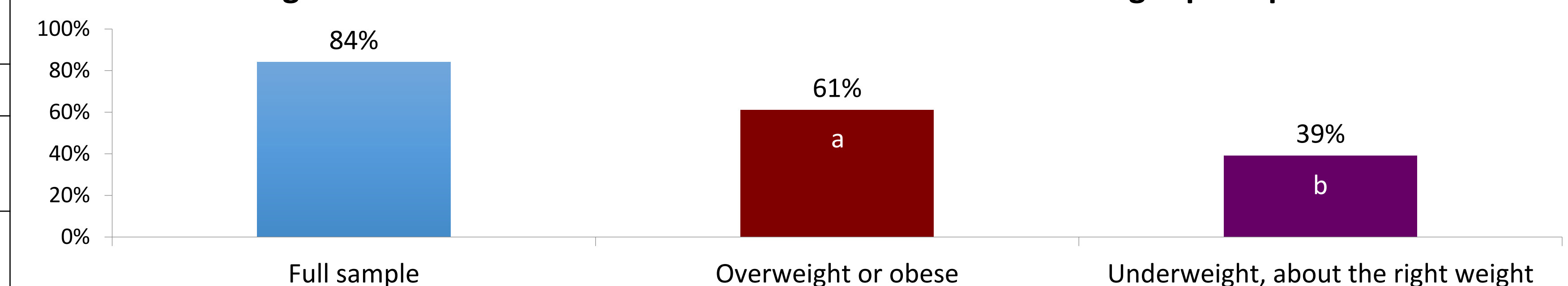


Figure 5: Never drinks soda in front of the children and weight perception



Note: Letters indicate values that differ at $p < .05$.

Conclusions and Implications

- More than half of the providers were not using three of the recommended feeding practices.
- This suggests a need for more effective programming and training for childcare providers, especially in terms of proper modeling of food intake and the amounts children really need to have.
- Overall, we did not find support for a relationship between a provider's weight goals or perceptions of their own weight and feeding practices.
- Future research should consider other variables as predictors of feeding practices such as provider experience, provider education level, or early feeding experiences of the providers themselves.

