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**Factors that Influence Feeding Practices among Parents in Puncak Alam,
Selangor**

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Abstract

Many factors influence feeding practices, such as socioeconomic status, cultural beliefs, and educational background. This study aimed to identify the factors that influence parents' eating habits in Puncak Alam, Selangor. A comprehensive feeding practices questionnaire (CFPQ) was used for data collection. A total of 201 participants responded to the questionnaire. Working mothers and non-working mothers were found to significantly influence emotion regulation and restriction for weight control feeding practices. By understanding the factors involved, efforts can be made to create a positive and sustainable nutrition environment for children in Puncak Alam, Selangor.

Keywords: Eating habits; feeding practices; parents; Selangor

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1.0 Introduction

Parental feeding practices are critical in shaping a child's eating habits and future health. Parental feeding practices are parents' strategies or behaviours to control or modify what, when, and how much their child eats (Costa & Oliveira, 2023). These approaches may involve urging the child to consume larger quantities of food, limiting specific food items, or supervising their food intake. Parental methods of feeding are shaped by an intricate combination of elements, encompassing socioeconomic traits, cultural heritage, individual attributes, and mental well-being. Parental feeding practices may reflect the use of behavioral change theories such as the Health Belief Model (HBM) or Social Cognitive Theory. For example, the HBM asserts that a change in behaviour is determined only after weighing the severity, benefits and barriers to change (Tariku et al., 2015).

Despite the importance of understanding parental feeding practices, study in Malaysia is at an infant stage. A recent study done in 2018 by Nordin et al. (2018) showed that negative parental feeding practices influenced overweight and obese children in Kuala Lumpur, Malaysia. On the other hand, improper feeding practices lead to stunting among children. An unhealthy diet and poor mealtime may cause children to suffer from nutrient deficiency and be overloaded with non-nutritive and calorie-dense food. Acknowledging that various

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factors can influence the associations between parental feeding practices and children's behaviours is essential. A complex interaction of variables, including socioeconomic traits like family income and educational attainment, have an impact on parental feeding practices. However, research in this area is still limited in Malaysia. Therefore, considering these factors, this study aims to determine the factors that influence feeding practices among parents in Puncak Alam, Selangor. Addressing these factors requires a comprehensive approach that includes improving access to nutritious food, promoting healthy dietary practices, increasing nutrition education, and addressing socioeconomic disparities. Public health initiatives, policy changes, and community-based interventions are essential to combat the high prevalence of stunting, overweight, and obesity among children in Malaysia.

2.0 Literature review

2.1 Parental feeding practices

The way parents feed their children plays a role in shaping their eating habits and attitudes towards food. Many studies conducted have focused on understanding the connections between these factors. Some research has specifically explored how approaches to feeding impact children eating behaviours. The authoritative feeding style, which emphasises structure and responsiveness, is linked to eating habits and a higher consumption of fruits and vegetables. Wehrly et al. (2014) found that a controlling feeding style is associated with eating and lower self-regulation in children. Musher-Eizenman and Holub (2007) conducted a study to validate parental feeding practices among parents, summarised in Table 1 and their descriptions. The Comprehensive Feeding Practices Questionnaire (CFPQ) used these practices as constructs.

Table 1. Type of parental feeding practices among parents

Feeding practice	Description
Child control	Parents allow the child to control his/her eating behaviours and parent-child feeding interactions.
Emotion regulation	Parents use food to regulate the child's emotional states.
Encourage balance and variety.	Parents promote well-balanced food intake, including consuming varied foods and healthy food choices.
Environment	Parents make healthy foods available in the home.
Food as reward	Parents use food as a reward for child behaviour.
Involvement	Parents encourage the child's involvement in meal planning and preparation.
Modelling	Parents actively demonstrate healthy eating for the child.
Monitoring	Parents keep track of their child's intake of less healthy foods.
Pressure	Parents pressure the child to consume more food at meals.
Restriction for Health	Parents control the child's food intake to limit unhealthy foods and sweets.
Restriction for weight control	Parents control the child's food intake to decrease or maintain the child's weight.
Teaching about nutrition	Parents use explicit didactic techniques to encourage the consumption of healthy foods.

Source: Musher-Eizenman & Holub (2007)

2.2 Factors Influence Parental Feeding Practices

Numerous studies have explored the factors influencing parental feeding choices. A primary determinant is socio-economic status; financial constraints can lead families to opt for less nutritious foods. Alkerwi et al. (2015) demonstrated a link between socioeconomic status and food choices at home, showing how economic challenges affect dietary habits. The level of education played a significant role in influencing healthy and sufficient food selections. At the same time, economic resources emerged as the primary determinants linked to food variety and energy density. Additionally, parents' beliefs and knowledge about nutrition shape their feeding practices. Shloim et al. (2015) noted that inadequate nutrition understanding can lead parents to harmful feeding methods like restrictive or pressured feeding, underscoring the role of education in nurturing healthy feeding habits. Furthermore, parents' weight and eating behaviours can also impact their feeding approaches. A study by Pandey et al. (2019) in Nepal demonstrated that there exists a significant association between the weight status of a child and parental BMI, as well as parental concern about the child being overweight. Parents with obesity or unhealthy diets may unintentionally instil similar habits in their children.

2.3 Evaluation of Feeding practices among parents

There are many questionnaires were developed to determine parental feeding practices. Table 2 shows the questionnaires that are commonly used in this area. These questionnaires assess parental feeding practices, such as instrumental feeding, emotional feeding, pressure to eat, restriction, parent control, monitoring, and encouragement to eat nutritious foods. In this study, the Comprehensive Feeding Practices Questionnaire (CFPQ) was adopted to meet the objective of the study.

Table 2. Questionnaires that are commonly used to assess parental feeding practices

Questionnaire	Description	Source
Feeding Practices and Structure Questionnaire (FPSQ)	This questionnaire provides a reliable and valid measure of parental feeding practices, specifically for children under three years old.	Jansen et al. (2014)

Comprehensive Feeding Practices Questionnaire (CFPQ)	This questionnaire is a new measure of feeding practices that has been validated.	Musher-Eizenman and Holub (2007)
Parental Feeding Practice Questionnaire (PFPQ)	This questionnaire is a well-established tool used to assess feeding practices for parents whose children are 6-12 years old. It has been translated and validated into the Chinese version.	Qiu et al. (2023)
Child Feeding Questionnaire (CFQ)	This questionnaire assesses parental feeding attitudes, beliefs, and practices concerned with child feeding and obesity.	Nowicka et al. (2014)

3.0 Methodology

3.1 Study design and setting

In this study, a cross-sectional study was conducted. The sample was collected from the Puncak Alam area, including Puncak Alam Fasa 1, Puncak Alam Fasa 2, Puncak Alam Fasa 3, and Alam Suria. Puncak Alam is a municipality in the Kuala Selangor district between Petaling Jaya and Shah Alam in Selangor. This research was conducted exclusively in the Puncak Alam areas and can offer insightful information about how parents feed their children and the relationship between parental feeding practice and the sociodemographics of parents and children. Puncak Alam was selected because the data would be used as preliminary data for the community intervention programme planned in the same area.

3.2 Sample size and criteria

The number of participants needed for the study was determined using the RAOSOFT online software. A 5% margin of error, 95% confidence level, and a 50% response distribution were aimed for. Based on this calculation, 384 participants were suggested as needed. However, data from only 201 was gathered using convenience sampling. The shortfall was primarily caused by time constraints and many parents' decisions to decline participation. To be considered eligible, respondents were required to be parents of children aged 1-5 years, reside in Puncak Alam, and Malaysian citizens. Parents were excluded if their children were diagnosed with chronic conditions like diabetes or heart disease or if a congenital disease was present in the child.

3.3 Questionnaire

Participants are required to answer a set of questionnaires that include parent and child demographic data such as age, marital status, race, education level, employment, income, gender, weight and height. In addition, the Comprehensive Feeding Practises Questionnaire (CFPQ) by Musher and Holub (2007) was used to determine parental feeding practices.

3.4 Data collection and procedure

Data collection occurred from March 2023 to June 2023 and was approved by the UiTM Research Ethics Committee (REC) (FERC/FSK/ MR /2022/0256.). The researchers approached participants, i.e. parents who have a child in the Puncak Alam area.

3.5 Data analysis

The data on demographics was described and conveyed in frequency, median, and percentage. The data's normality was ensured before the statistical analysis was conducted. The Kruskal-Wallis and Mann-Whitney tests were employed to analyse the relationship between demographic data and parental feeding practices for categorical and numerical variables, respectively. A p-value of 0.05 was established as the threshold for significance. SPSS software, version 21.0, was utilised for these analyses.

4.0 Results

The socio-demographic data of the sample are presented in Table 4.1. A total of 148 mothers and 53 fathers participated in this study. Most fathers and mothers had tertiary education and were categorised as obese. The distribution of wasted, normal and obese among children was almost equal between groups (Table 3).

Table 3. Sociodemographic Characteristics of Participant (N=201)

Characteristics	Frequency (%)			
	1 – 2 Years Old	3 – 4 Years Old	5 Years Old	Total
Mother	33 (22.3)	67 (45.3)	48 (32.4)	148 (73.6)
Father	11 (20.8)	22 (41.5)	20 (37.7)	53 (26.4)
The level of education of the father				
• Secondary Education	10 (21.3)	18 (38.3)	19 (40.4)	47 (23.4)
• Tertiary Education	34 (22.1)	71 (46.1)	49 (31.8)	154 (76.6)
Level of education of Mother				
• Secondary Education	4 (11.8)	16 (47.1)	14 (41.2)	34 (16.9)
• Tertiary Education	40 (24.0)	73 (43.7)	54 (32.3)	167 (83.1)

BMI category of father					
• Underweight	2 (25.0)	5 (62.5)	1 (12.5)	8 (4.0)	
• Normal weight	12 (30.0)	18 (45.0)	10 (25.0)	40 (19.9)	
• Obese	30 (19.6)	66 (43.1)	57 (37.3)	153 (76.1)	
BMI category of mother					
• Underweight	2 (28.6)	2 (28.6)	3 (42.9)	7 (3.5)	
• Normal weight	15 (21.7)	35 (50.7)	19 (27.5)	69 (34.3)	
• Obese	27 (21.6)	52 (41.6)	46 (36.8)	125 (62.2)	
Household Income					
• Low Income	14 (20.0)	34 (48.6)	22 (31.4)	70 (34.8)	
• Middle Income	17 (24.3)	29 (41.4)	24 (34.3)	70 (34.8)	
• High Income	13 (21.3)	26 (42.6)	22 (36.1)	61 (30.3)	
Category BMI of Child					
• Wasted	16 (21.6)	32 (43.2)	26 (35.1)	74 (36.8)	
• Normal	14 (19.7)	32 (45.1)	25 (35.2)	71 (35.3)	
• Obese	14 (25.0)	25 (44.6)	17 (30.4)	56 (27.9)	

4.1 Association of parental feeding practice and father's and mother's weight status

Table 4 shows no significant difference between a parental feeding practice and fathers' and mothers' weight status except for emotion regulation [$X^2(2) = 9.40, p = 0.009$], which has significant differences with mother's weight status.

Table 4. Association of parental feeding practice and father's and mother's weight status (N=201)

Variables	BMI of Father			P value	BMI of Mother			P value
	Underweight (n=8) Med (IQR)	Normal (n=40) Med (IQR)	Obese (n=153) Med (IQR)		Underweight (n=7) Med (IQR)	Normal (n=69) Med (IQR)	Obese (n=125) Med (IQR)	
Child control	14.0 (4.0)	14.0 (4.0)	14.0 (4.0)	0.594	13.0 (2.0)	14.0 (4.0)	14.0 (3.5)	0.498
Emotion Regulation	7.0 (3.5)	6.0 (3.0)	8.0 (3.0)	0.188	9.0 (3.0)	8.0 (3.0)	7.0 (3.0)	0.009
Encourage balance and variety	19.5 (2.8)	18.0 (3.0)	17.0 (3.0)	0.082	19.0 (2.0)	17.0 (3.8)	17.0 (3.0)	0.832
Environment	13.0 (2.5)	12.0 (2.0)	12.0 (2.5)	0.104	12.0 (3.0)	12.0 (3.0)	12.0 (4.0)	0.832
Food as reward	9.5 (6.3)	10.0 (4.0)	10.0 (3.0)	0.575	10.0 (2.0)	11.0 (3.8)	10.0 (4.0)	0.237
Involvement	12.5 (3.8)	12.0 (4.0)	12.0 (4.0)	0.457	14.0 (2.0)	11.0 (3.0)	12.0 (3.5)	0.066
Modelling	20.0 (4.0)	16.0 (6.0)	17.0 (5.5)	0.164	20.0 (3.0)	16.0 (6.8)	17.0 (5.0)	0.058
Monitoring	16.5 (6.8)	16.0 (5.0)	16.0 (5.0)	0.839	17.0 (4.0)	16.0 (4.8)	16.0 (5.0)	0.678
Pressure	12.5 (6.5)	14.0 (3.0)	14.0 (5.0)	0.476	17.0 (1.0)	14.0 (4.5)	14.0 (4.5)	0.066
Restriction for Health	17.5 (5.5)	16.0 (3.0)	17.0 (4.0)	0.535	18.0 (2.0)	16.0 (3.8)	17.0 (3.5)	0.513
Restriction for weight control	24.0 (10.3)	26.0 (6.0)	23.0 (10.0)	0.216	23.0 (3.0)	25.0 (7.0)	23.0 (10.0)	0.224
Teaching about nutrition	11.5 (1.8)	11.0 (1.0)	11.0 (2.5)	0.198	11.0 (5.0)	10.0 (2.0)	11.0 (3.0)	0.479

The Kruskal-Wallis test was used for the analysis.

4.2 Association of Parental Feeding Practice and Income of Household

Table 5 shows the relationship between parental feeding practice and household income. Involvement [$X^2(2) = 12.40, p = 0.002$] and monitoring [$X^2(2) = 8.21, p = 0.017$] were reported significant differences with the income of the household.

Table 5. Association of Parental Feeding Practice and Income of Household (N=201)

Variables	Income of Household			X ² Statistic (df)	P value
	Low Income (B40) (n=70) Median (IQR)	Middle Income (M40) (n=70) Median (IQR)	High Income (T20) (n=61) Median (IQR)		
Child control	14.0 (4.0)	14.5 (3.0)	14.0 (4.0)	3.13 (2)	0.209
Emotion Regulation	7.0 (3.0)	7.5 (3.0)	7.0 (3.0)	0.75 (2)	0.687
Encourage balance and variety	17.0 (3.0)	17.0 (3.3)	18.0 (4.0)	1.95 (2)	0.378

Environment	12.5 (2.0)	12.0 (4.0)	12.0 (3.5)	2.37 (2)	0.306
Food as reward	11.0 (4.0)	10.0 (3.0)	9.0 (3.5)	5.76 (2)	0.056
Involvement	11.0 (4.0)	13.0 (3.0)	13.0 (4.0)	12.40 (2)	0.002
Modelling	17.0 (7.0)	17.0 (5.3)	16.0 (4.5)	0.46 (2)	0.977
Monitoring	16.0 (4.3)	16.0 (5.0)	17.0 (4.5)	8.21 (2)	0.017
Pressure	13.0 (4.0)	14.0 (5.0)	14.0 (4.5)	2.10 (2)	0.350
Restriction for Health	17.0 (4.0)	17.0 (3.3)	16.0 (4.0)	3.26 (2)	0.196
Restriction for weight control	24.0 (10.3)	24.0 (8.0)	23.0 (10.0)	0.24 (2)	0.886
Teaching about nutrition	11.0 (2.0)	11.0 (3.0)	11.0 (1.5)	0.57 (2)	0.753

The Kruskal-Wallis test was used for the analysis.

4.3 Association of Parental Feeding Practice and Level of Education's Parents

Table 6 shows the restriction for weight control [$z = -2.82, p = 0.005$] and [$z = -2.36, p = 0.018$] significantly different with the level of education of the father and mother respectively. Other than that, the level of education of the father has significant differences with emotion regulation [$z = -2.21, p = 0.027$] and monitoring [$z = -2.80, p = 0.005$], while food as reward [$z = -1.98, p = 0.048$] was significantly different with the level of education mother.

Table 6. Association of Parental Feeding Practice and Level of Education's Parents (N=201)

Variables	Level Education's Father		P value	Level Education's Mother		P value
	Secondary Education (n=47) Median (IQR)	Tertiary Education (n=154) Median (IQR)		Secondary Education (n=34) Median (IQR)	Tertiary Education (n=167) Median (IQR)	
Child control	14.0 (4.0)	14.0 (3.0)	0.071	14.0 (4.0)	14.0 (3.0)	0.251
Emotion Regulation	7.0 (3.0)	8.0 (3.0)	0.027	7.5 (3.3)	7.0 (3.0)	0.97
Encourage balance and variety	17.0 (4.0)	17.5 (3.0)	0.179	17.5 (4.0)	17.0 (3.0)	0.769
Environment	12.0 (3.0)	12.0 (3.0)	0.909	13.0 (3.0)	12.0 (3.0)	0.232
Food as reward	11.0 (4.0)	10.0 (3.0)	0.215	11.0 (4.0)	10.0 (3.0)	0.048
Involvement	11.0 (4.0)	12.0 (4.0)	0.149	10.0 (4.0)	12.0 (4.0)	0.067
Modelling	17.0 (7.0)	17.0 (6.0)	0.998	17.0 (7.0)	17.0 (6.0)	0.64
Monitoring	14.0 (5.0)	16.0 (4.3)	0.005	15.5 (5.0)	16.0 (4.0)	0.082
Pressure	14.0 (4.0)	14.0 (5.0)	0.521	14.0 (3.3)	14.0 (5.0)	0.811
Restriction for Health	17.0 (4.0)	17.0 (3.0)	0.826	17.0 (3.3)	17.0 (3.0)	0.478
Restriction for weight control	27.0 (8.0)	23.0 (8.3)	0.005	25.5 (9.5)	23.0 (8.0)	0.018

Mann-Whitney test was used for the analysis.

5.0 Discussion

This study describes the association of parental feeding practices with sociodemographic of the parents. Overall, while there is limited research on this specific topic, this study shows a significant relationship between a mother's weight status and using food to regulate a child's emotions. This is because some mothers with higher weight status may have difficulty regulating their emotions, which can impact their ability to support their child's emotional regulation, which is why they use food to soothe their child's emotions. A study found that child emotional eating results from children learning to use food to regulate negative emotions when parents use food to regulate their own emotions (Trevino et al., 2021). An additional study established that the complete mediation of the connection between parental and child emotional eating transpires when food is utilized to regulate children's emotions (Stone et al., 2022). The study outcome indicates a lack of substantial connection between parental feeding methods and the weight status of fathers.

The study shows a correlation between the use of food to regulate emotions and fathers' educational levels. Previous research has shown that parental influence on eating behaviour between parent and child can only be partially explained when parents use food as a reward or impose health restrictions. However, this relationship is fully explained when food is used to regulate children's emotions (Stone et al., 2022). Jansen et al. (2020) point out that fathers with low education and income may use food as a reward. There is also an association between weight control constraints and fathers' education, although research in this area is limited. Fathers with high levels of education generally have resources to manage their children's diets effectively. Danford et al. (2015) found that university-educated fathers are less likely to use food as a reward for eating behaviour. The hypothesis is that both the level of education and income of fathers may influence eating habits, which in turn may be correlated with child weight. Further research is essential to understand this relationship.

The research results suggest that there is a relationship between using food as a reward and the level of education of the mother. Mothers with lower education levels may have limited access to resources and support for managing their child's emotions. They may use food as a quick and easy way to address their child's emotional distress rather than engaging in more time on effective strategies such as active listening or problem-solving. According to the findings from another study, parents who had less education used food as a reward slightly more frequently than parents who had more education (Jansen et al., 2020). Additionally, a study found that parents' use of unhealthy food as a reward triggered food conflicts with children (Spielvogel et al., 2020). On top of that, mothers with lower education levels may be more concerned about their children's weight status. They may attempt to control their children's food intake to prevent overweight or obesity. They may restrict their child's food intake to ensure that their child maintains a healthy weight. However, a study revealed that high maternal pressure on the child to eat has been linked with lower BMI, while high maternal restriction of foods has been associated with higher BMI of the child (Bauer et al., 2020).

6.0 Conclusion and Recommendation

In conclusion, various demographic factors influence their feeding practices, such as the parents' weight and education level. Children's food intake depends entirely on how parents practise their diet at home, suggesting the importance of adopting healthy practices. Most importantly, this research is very limited in Malaysia. Therefore, the findings can be an added value to this area. This study has several limitations: It focuses on a specific area, so the data cannot be generalised, and most participants are Malays. It may not be generalisable to other ethnic groups. Therefore, it is suggested that the scope of the study be expanded to include multiple ethnicities as participants.

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