

## Childhood Obesity: Parental Self-Efficacy and Perceived Barriers for Fruit and Vegetable Consumption

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#### Introduction

- Childhood obesity currently affects 17.1% (12.7) million) US children aged 2-19 (Ogden, Carroll, Kit, & Flegal, 2014). Childhood obesity is of concern because of both its immediate as well as long-term effects on the well-being of a child.
- · OSA Depression NAFLD Cardiovascular · Low QoL Metabolic Pulmonary Gastrointestinal · Skeletal
- · HTN
- Pre-diabetes Dyslipidemia

- - Low self-esteem Social stigmatization
  - Premature mortality

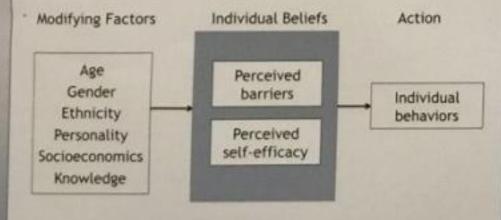
Adult morbidity

Causes and contributing factors of childhood obesity have been well mapped-out, but the need for more

effective interventions persists. There is evidence that interventions focusing on restriction of foods are counterproductive (Clark, Goyder, Bissell, Blank, & Peters, 2007). Fruits and vegetables are foods that need to be encouraged and that most children continue to consume in suboptimal amounts.

Changing parental behaviors in the home environment has been identified as an important goal, particularly during the pre-school age of the child when basic nutritional habits and preferences are established.

The Health Belief Model provides a theoretical framework through which parental behavior change can be understood (Glanz, Rimer, & Viswanath, 2008)



Parental self-efficacy and perceived barriers for various health behaviors have been associated with parent engagement in health-promoting behaviors.

#### Purpose

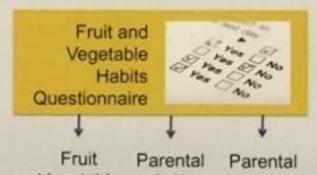
The purpose of this study was to assess parental selfefficacy and perceived barriers for regularly and adequately providing fruits and vegetables in the home for their pre-school aged children. Its relationship with the actual fruit and vegetable intake of the children as well as the children's weight status was also assessed.

### Hypotheses

- Hypothesis 1: There is a relationship between child fruit and vegetable intake and weight status.
- Hypothesis 2: There is a relationship between parental perceived barriers for providing fruits and vegetables and child weight status.
- Hypothesis 3: There is a relationship between parental self-efficacy for providing fruits and vegetables and child weight status.
- Hypothesis 4: There is a relationship between parental perceived barriers for providing fruits and vegetables and child fruit and vegetable intake.
- Hypothesis 5: There is a relationship between parental selfefficacy for providing fruits and vegetables and the child fruit and vegetable intake.

#### **Variables** Independent Dependent variables variables Child fruit, Child vegetable weight and juice status intake (BMI) Parental Child fruit, perceived vegetable barriers and juice intake Parental selfefficacy

#### Methods



higher self-efficacy

for providing fruits

and vegetables at

home

Vegetable Self-Perceived Juice Barriers Intake Score Score



Child BMI & Weight Status Category

# Data Analysis

Independen x2 test t samples ttest

was found with child

weight status

#### Results

| Variables                           | 1  | %       | Variables  | M  | SD              |
|-------------------------------------|--|---------|--|--|-----------------|
| Whole fruit                         |  |         | Perceived Barriers                                 | 1.72*  | 633             |
| Met intake recommendations          | 38   | 50.0    | Self-Efficacy                                      | 4.13*  | .664            |
| Did not meet intake recommendations | 38   | 50.0    | Highest perceived                                  | perceived "My child doesn't want fruits or<br>vegetables because she/he wants<br>something else (e.g. sweets)" |                 |
| Vegetables                          |  |         | barrier  |  |                 |
| Met intake recommendation           | 26   | 34.2    |  |  |                 |
| Did not meet intake recommendations | 50   | 65.8    | Lowest perceived                                   | "I don't have time to cook vegetable<br>dishes"<br>"I am confident that my child will eat<br>fruit everyday"   |                 |
| 100% Juice                          |  |         | barrier  |  |                 |
| Met intake recommendations          | 36   | 47.4    | Highest self-efficacy                              |  |                 |
| Did not meet intake recommendations | 40   | 52.6    |  | iluit everyuay   |                 |
|                                     |  | -       | Lowest self-efficacy                               | "I am confident that   | I can regularly |
| BMI                                 |  |         |  | prepare meals in wh  |                 |
| Underweight                         | 4  | 5.2     |  | vegetables and/or fr   | uit."           |
| Healthy weight                      | 48   | 63.2    | * Perceived barrier score:                         | 1 = low perceived barriers<br>5 = high perceived barriers  |                 |
| Overweight                          | 11   | 14.5    |  |  |                 |
| Obese                               | 13   | 17.1    | * Self-efficacy score:                             | 1= low self-efficacy   |                 |
|                                     | 190  | ***     |  | 5= high self-efficacy  |                 |
| Parents reporting                   | Children significantly more likely to meet recommendations |         | Fruit, vegetable, and juice intake; parental self- |  |                 |
| lower perceived                     |  |         |  | No statistically significant relations   |                 |
| barriers and/or                     |  |         |  |  |                 |
| parriers and/or                     | recommen   | dations | parental sen-                                      | was  | found with a    |

for fruit and vegetable

intake

barriers

efficacy; perceived

#### Conclusions

- A statistically significant relationship was found between parental self-efficacy and perceived barriers for providing fruits and vegetables at the home and the fruit and vegetable intake of the children. This finding indicates that future interventions aimed at increasing the intake of fruit and vegetables may benefit from a focus on increasing parental self-efficacy and lowering the perceived barriers experienced in that population.
- No statistically significant relationship was found between a child's fruit, vegetable, and/or 100% juice intake and their weight status, despite previous research suggestion a (Cullen et al., 2004; Rolls, Julia A. Ello-Martin, & Tohill, 2004; Roseman, Yeung, & Nickelsen, 2007). The small samples size and the limited nature of the intake questionnaire may not have been able to detect any possible relationships. Furhter studies are needed.
- Most dietary guidelines continue to include 100% fruit juice with whole fruit in the the "fruit" intake category. Excess juice intake has been associated with excess weight gain (Faith, Dennison, Edmunds, & Stratton, 2006; Wojcicki & Heyman, 2012). Additionally, excess intake may mask suboptimal whole fruit intake, as found in this study. Clearer guidelines and messaging about the appropriate intake guidelines for juice are needed.

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