Maternal feeding practices and children’s eating behaviours: 
A comparison of mothers with healthy weight versus overweight/obesity

Emma Haycraft
Eleni Karasouli
Caroline Meyer

1 School of Sport, Exercise and Health Sciences, Loughborough University, UK
2 Warwick Clinical Trials Unit, Division of Health Sciences, Warwick Medical School, University of Warwick, UK
3 WMG, University of Warwick, UK
4 Warwick Medical School, University of Warwick, UK
5 University Hospitals Coventry and Warwickshire NHS Trust, UK

* Address correspondence to: Dr. Emma Haycraft, School of Sport, Exercise and Health Sciences, Loughborough University, Leicestershire LE11 3TU, UK. Email: E.Haycraft@lboro.ac.uk.

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Running head: Mothers with healthy weight Vs. overweight/obesity.
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Emma Haycraft \(^1\)*
Eleni Karasouli \(^2\)
Caroline Meyer \(^3,4,5\)

\(^1\) School of Sport, Exercise and Health Sciences, Loughborough University, UK
\(^2\) Warwick Clinical Trials Unit, Division of Health Sciences, Warwick Medical School, University of Warwick, UK
\(^3\) WMG, University of Warwick, UK
\(^4\) Warwick Medical School, University of Warwick, UK
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Running head: Mothers with healthy weight Vs. overweight/obesity.
This study aimed to explore differences between mothers with healthy weight versus overweight/obesity in a wide range of their reported child feeding practices and their reports of their children’s eating behaviours. Mothers (N=437) with a 2-6-year-old child participated. They comprised two groups, based on their BMI: healthy weight (BMI of 18.0 to 24.9, inclusive) or overweight/obese (BMI of 25.0 or more). All mothers provided demographic information and completed self-report measures of their child feeding practices and their child’s eating behaviour. In comparison to mothers with healthy weight, mothers who were overweight/obese reported giving their child more control around eating (p<.001), but encouraged less balance and variety around food (p=.029). They also had a less healthy home food environment (p=.021) and demonstrated less modelling of healthy eating in front of their children (p<.001). There were no significant differences in mothers’ use of controlling feeding practices, such as pressure to eat or restriction, based on their own weight status. Mothers with overweight/obesity reported their children to have a greater desire for drinks (p=.003), be more responsive to satiety (p=.007), and be slower eaters (p=.034). Mothers with overweight/obesity appear to engage in generally less healthy feeding practices with their children than mothers with healthy weight, and mothers with overweight/obesity perceive their children as more avoidant about food but not drinks. Such findings are likely to inform future intervention developments and help health workers and clinicians to better support mothers with overweight/obesity with implementing healthful feeding practices and promoting healthy eating habits in their children.

Keywords: overweight; healthy eating; feeding practices; parenting; children’s eating; BMI
Parents are known to have a key influence on their children's eating behaviours (e.g., Anzman, Rollins & Birch, 2010; Savage, Fisher & Birch, 2007). One important determinant of children's eating behaviours is the feeding practices parents use (e.g., Faith, Scanlon, Birch, Francis & Sherry, 2004; Gregory, Paxton & Brozovic, 2010). These have been shown to be influenced by both parent and child factors (e.g., Haycraft & Bliss, 2012). Feeding practices fall broadly into two main types; controlling feeding practices (such as pressure to eat and restriction of foods; e.g., Birch et al., 2001), and non-controlling feeding practices (such as modelling and teaching children about nutrition; e.g., Musher-Eizenman & Holub, 2007). The use of controlling feeding practices has been associated with less healthy child eating behaviours (Bergmeier, Skouteris, Haycraft, Haines & Hooley, 2015; Birch & Fisher, 2000). In contrast, non-controlling feeding practices, such as having home environments that provide healthy foods (Melbye, Øgaard, & Øverby, 2013) and involving children in the preparation of meals (Russell, Worsley, & Campbell, 2015), alongside healthy modelling of eating behaviour (Palfreyman, Haycraft & Meyer, 2014, 2015; Thompson, 2013) and providing nutrition education (Russell et al., 2015), have been found to promote healthy child eating behaviours and relationships with food. Despite this evidence, gaining a better understanding of why some parents use controlling feeding practices yet other parents use non-controlling ones is vital for developing effective interventions aimed at promoting healthy child eating behaviours and preventing obesity and disordered eating.

Parents have been found to be particularly controlling in areas of children's development in which they are either highly invested themselves, or in which they perceive an element of risk for their children (Costanzo & Woody, 1985). It is well established that parents who have their own eating or weight concerns are likely to be more controlling in their child feeding interactions (e.g., Bliss & Haycraft, 2011; Bliss, Meyer & Haycraft, 2006; Stein,
Woolley, Cooper & Fairburn, 1994). However, these controlling feeding practices have been associated with less healthy child eating behaviours (e.g., Galloway, Fiorito, Francis & Birch, 2006) and later disordered eating (e.g., Marchi & Cohen, 1990). Fewer studies have explored the use of feeding practices which are not seen to be controlling in mothers with eating or weight concerns. Extrapolating from past research conducted with mothers with eating disorders and concerns, it seems logical that parents’ weight status will impact their child feeding behaviours. Better understanding the potential role of parent weight status in child feeding interactions will be useful for elucidating potential contributory mechanisms behind the well-established relationship between parent and child weight/body mass index (BMI) (e.g., Cutting, Fisher, Grimm-Thomas & Birch, 1999).

To date, we are aware of just two studies which have explored maternal weight status in relation to their child feeding practices. Early research by Wardle, Sanderson, Guthrie, Rapoport and Plomin (2002) compared four types of feeding style; emotional feeding, instrumental feeding (using food as a reward), prompting/encouragement to eat, and control over eating, among a sample of mothers with either obesity or a healthy weight. They found that mothers with obesity were no more likely than mothers with a healthy weight to use food as a reward, use food to deal with emotional distress, or pressure their child to eat. However, the mothers with obesity reported less control over their child’s food intake than mothers with a healthy weight (Wardle et al., 2002). A limitation of this work is that it only considered four feeding style constructs rather than a wider range of feeding practices, which have been shown to be important. More recently, Musher-Eizenman, de Lauzon-Guillain, Holub, Leporc and Charles (2009) found that French (n=72) and American (n=59) mothers with higher BMIs reported less modelling of healthy eating, less teaching about nutrition, and less encouragement of balance and variety with their children. Their findings, while limited by relatively small sample sizes, suggest that there is value in further exploring the role of maternal weight in a larger sample of mothers who are a healthy weight compared with...
mothers with overweight/obesity, whilst considering a broad array of maternal feeding practices.

In addition to determining links between maternal weight status and feeding practices, it is also necessary to extend those links to maternal perceptions of their child's eating behaviour. Parents are the gatekeepers of their children's diets (Savage et al., 2007) and so their perceptions of their children's eating behaviours, for example whether their child is fussy, is responsive to satiety, or enjoys food, will likely impact on children's mealtime experiences, food and meals served, and potentially impact indirectly on child weight status too. It seems likely that mothers' perceptions of their children's eating behaviour might differ as a function of their own weight status and eating behaviours given that mothers with their own weight concerns tend to have more concerns about their child's eating and weight (Baughcum et al., 2001; Francis, Hofer & Birch, 2001). Moreover, children of mothers with obesity have been found in previous research to be more likely to eat in the absence of hunger (Faith et al., 2006) and to have a lower preference for vegetables (Wardle, Guthrie, Sanderson, Birch & Plomin, 2001); both behaviours which can contribute to the development of child overweight.

Given evidence for the intergenerational transmission of eating and weight between parent and child (e.g., Kroller, Jahnke & Warschburger, 2013; Whitehouse & Harris, 1998) and the fact that maternal weight is a strong predictor of child weight (Cutting et al., 1999), better understanding whether children's eating behaviour might differ as a function of mothers' own weight status and eating behaviours would be beneficial for child health promotion efforts.

The present study therefore aims to build on existing work (Musher-Eizenman et al., 2009; Wardle et al., 2002) by examining differences between mothers who are a healthy weight and those who are overweight/obese on a wide variety of child feeding practices. Further, it aims to extend past work by exploring how perceptions of child eating behaviours might differ in mothers with healthy weight versus overweight/obesity. Given established differences between mothers’ and fathers’ feeding practices, and the fact that mothers tend
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Method

Participants

Five hundred and fifty parents with a child aged 2-6 years participated. Parents were excluded if they had not provided details of their child’s age (n=36), if they were the child’s father (n=26), or if their self-reported BMI was missing (n=43) or under 18, indicating that they were ‘underweight’ (n=8). This left a total sample of 437 mothers with a mean age of 34 years (SD 5.7; range 21 to 52 years). Most mothers reported their ethnicity as White British (76%), 26% were educated to university degree level and 25% had a post-graduate qualification. The mean child age was 4.21 years (SD 1.35), 49% were boys and the mean age- and sex-adjusted BMI z-score was -0.60 (SD 2.66) (Child Growth Foundation, 1996).

Measures and procedure

Following institutional review board ethical approval, participants were recruited via nurseries, schools and playgroups from across the UK, and via social media (e.g. Twitter, Facebook). They provided demographic information (including age, self-reported height and weight, ethnicity, education level, child age, gender, height and weight) and then completed a series of validated self-report questionnaires, as described below.

Comprehensive Feeding Practices Questionnaire (CFPQ; Musher-Eizenman & Holub, 2007)

The CFPQ is a 49 item self-report measure of various child feeding practices. It has 12 subscales: Child control ("At dinner, do you let this child choose the foods s/he wants from what is served?"); Encourage balance and variety ("I encourage my child to try new foods");
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Environment (“Most of the food in the house is healthy”); Involvement (“I involve my child in planning family meals”); Teaching about nutrition (“I discuss with my child why it’s important to eat healthy foods”); Modelling (“I try to show enthusiasm about eating healthy foods”); Monitoring (“How much do you keep track of the high-fat foods that your child eats?”); Pressure (“My child should always eat all of the food on his/her plate”); Restriction for health (“If I did not guide or regulate my child’s eating, he/she would eat too many junk foods”); Restriction for weight control (“There are certain foods my child shouldn’t eat because they will make him/her fat”); Food as reward (“I withhold sweets/dessert from my child in response to bad behaviour”); and, Emotion regulation (“Do you give this child something to eat or drink if s/he is upset even if you think s/he is not hungry?”). Responses are made on a 5-point Likert scale (anchored from 1=Disagree, 5=Agree or 1=Never, 5=Always) and mean scores are calculated for each subscale. Higher scores suggest greater use of each feeding practice. Cronbach’s alpha values for the CFPQ with the current sample ranged from 0.49 to 0.84. The value for CFPQ Teaching about nutrition is low at 0.49 and, while this is consistent with previous data (e.g., Musher-Eizenman et al., 2009), we chose to exclude this subscale from our analyses.

Children’s Eating Behaviour Questionnaire (CEBQ; Wardle, Guthrie, Sanderson, & Rapoport, 2001)

The CEBQ is a 35-item self-report measure of parents’ perceptions of their child’s eating and drinking behaviour. It has 8 subscales, assessing food approach and avoidance behaviours. The four ‘food approach’ behaviours are: Food responsiveness (“My child’s always asking for food”); Enjoyment of food (“My child loves food”); Emotional over-eating (“My child eats more when annoyed”); and, Desire to drink (“My child is always asking for a drink”). The four ‘food avoidant’ behaviours are: Satiety responsiveness (“My child leaves food on his/her plate at the end of a meal”); Food fussiness (“My child refuses new foods at first”); Slowness in eating (“My child eats more and more slowly during the course of a meal”); and, Emotional under-eating (“My child eats less when s/he is upset”). Questions are measured on a 5-point
Likert scale (1=never, 5=agree) and mean scores are calculated for each subscale, with higher scores indicating greater reports of children exhibiting that characteristic. In the current sample, Cronbach’s alpha values for the CEBQ ranged from 0.74 to 0.88.

**Data analysis**

Normality tests indicated that all CFPQ and CEBQ variables were not normally distributed and so non-parametric tests were used. Mothers were split into two groups, based on their BMI: healthy weight (BMI of 18.0 to 24.9, inclusive) or overweight/obese (BMI of 25.0 or more). Preliminary analyses confirmed no significant differences between mothers with healthy weight or overweight/obesity in terms of their own or their child’s age, their education level, or their ethnicity. Moreover, child BMI z-score was not significantly correlated with maternal BMI (r = .034, p=.53) and so was not considered in any further analyses. Mann-Whitney U tests were run to test the study’s hypotheses. A significance level of p<.05 was adopted for all analyses.

**Results**

**Descriptive statistics**

Descriptive statistics (means and standard deviations (SD)) are presented in Table 1 for mothers with healthy weight and mothers with overweight/obesity. In general, the scores on the CFPQ and CEBQ are broadly comparable with those from other studies using similar samples of mothers of young children (e.g., Haycraft, Farrow, Meyer, Powell, & Blissett, 2011; Musher-Eizenman et al., 2009).

To test the first hypothesis, that there would be differences between mothers with healthy weight and mothers with overweight/obesity in their child feeding practices, a Mann Whitney
U test was run (see Table 1). In comparison to mothers with healthy weight, mothers with overweight/obesity reported higher levels of CFPQ child control, but lower levels of CFPQ encourage balance and variety, CFPQ environment, and CFPQ modelling. There were no significant differences between mothers with healthy weight and mothers with overweight/obesity on any of the other CFPQ subscales.

To test the second hypothesis, that there would be differences between mothers with healthy weight and mothers with overweight/obesity in their reports of their child’s eating behaviours, another Mann Whitney U test was run (see Table 1). In comparison to mothers with healthy weight, mothers with overweight/obesity reported greater CEBQ desire to drink, CEBQ satiety responsiveness and CEBQ slowness in eating in their children. There were no significant differences between mothers with healthy weight and mothers with overweight/obesity on any of the other CEBQ variables.

Discussion
The aim of this study was to explore differences between mothers with healthy weight and mothers with overweight/obesity in their reports of a wide array of their child feeding practices and their children’s eating behaviours. It was predicted that there would be differences between these groups of mothers in relation to both their feeding practices and their children’s eating behaviours. These hypotheses were supported.

In comparison to mothers with healthy weight, mothers with overweight/obesity reported giving their child more control around eating, but encouraged less balance and variety around food, had a less healthy home food environment, and demonstrated less modelling of healthy eating. These findings suggest that mothers with overweight/obesity generally engage in fewer of the healthier child feeding practices than healthy weight mothers. The finding that mothers with overweight/obesity give more control around eating to their children aligns with past research from Wardle et al. (2002). While control around eating is important
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for children’s autonomy-development, given the age of the children in our sample (2-6 years), too much control over eating and food choice could result in unhealthy food preferences, particularly if this occurs alongside a less healthy home food environment. This combination might be especially problematic as children would have the freedom to choose what to eat from a less healthy selection. Most young children in the UK tend to eat too few fruits and vegetables and, as these foods are often disliked by young children (Dovey, Staples, Gibson & Halford, 2008), giving a child too much control over food choices might result in less healthy food choices. Given that eating behaviours tend to track throughout childhood and into adulthood (Emmett, Jones, & Northstone, 2015), the importance of establishing healthy eating early on cannot be underestimated.

Our results also support (Musher-Eizenman et al., 2009) and extend past work by highlighting that mothers with overweight/obesity report using lower levels of non-controlling, health-promoting feeding practices with their children than do mothers with healthy weight. These feeding practices have previously been found to promote healthy child eating behaviour and healthy relationships with food (e.g., Melbye et al., 2013; Palfreyman et al., 2014, 2015; Russell et al., 2015) and so the lower use of these practices by mothers with overweight/obesity is likely to relate to less healthy eating and weight outcomes for their children. These results are concerning as they highlight another potential pathway through which the intergenerational transmission of obesity from parent to child could occur. In this instance, mothers with overweight/obesity are employing less healthful feeding practices with their children which have been shown to be associated with less healthy eating habits in children (Bergmeier et al., 2015).

Interestingly, there were no significant differences between mothers with healthy weight or overweight/obesity in their use of overly controlling feeding practices, such as pressure to eat, restriction, or using food for emotion regulation, which aligns with Wardle et al.’s (2002) early work. These results suggest that the use of more controlling feeding practices may be
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more strongly linked to child factors, such as fussy or over-eating behaviours (Webber, Cooke, Hill & Wardle, 2010), and that the use – or not – of non-controlling practices might be driven more by parental factors, such as concern about their own or their child’s weight.

In comparison to mothers with healthy weight, mothers with overweight/obesity reported that their children had a strong desire to drink, were more responsive to satiety, and were slower eaters. These findings suggest that mothers who are overweight/obese perceive their children as more avoidant of, or reluctant to consume, food but not drink. Mothers who are overweight/obese might be less aware of, or able to respond to, their own fullness cues and might also struggle to identify and respond to these cues in their children too (Hodges et al., 2013). Alternatively, it is also possible that mothers with overweight/obesity, or who have greater concerns about their own eating, are more attuned to their child’s satiety cues perhaps due to being concerned about trying to prevent overweight in their child (e.g., Baughcum et al., 2001; Francis et al., 2001), which could be important for preventing the intergenerational transmission of obesity. Longitudinal work is required to tease apart these different potential pathways. Our findings could also reflect an issue with portion size, whereby mothers with overweight/obesity might be providing portions of food for their children which are too large and so children’s refusal to eat all the food provided could be interpreted as them eating slowly and being more responsive to satiety. Such findings have potentially important implications for healthy development in children as large portions is a prime precursor for overeating (Fisher, Rolls, & Birch, 2003) which is directly linked to the development of overweight. Further work is required to determine if portion size is a problem and to support parents to provide appropriate portions for young children.

Our finding that mothers with overweight/obesity reported their children as having a stronger desire for drinks supports previous work which has found pre-schoolers from obese families to have a greater desire to drink than pre-schoolers not from obese families (Wardle, Guthrie, Sanderson, Birch & Plomin, 2001). Desire to drink has been associated with a liking for
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301 consuming sweetened drinks rather than being an indication of greater thirst (Sweetman, 302 Wardle & Cooke, 2008). Greater consumption of sweet or sugary drinks has been strongly 303 associated with increased child weight (Malik, Pan, Willett & Hu, 2013; Welsh et al., 2005) 304 and so the fact that mothers with overweight/obesity in this study perceive their children to 305 request more drinks could be a further determinant in the intergenerational transmission of 306 obesity. If these mothers respond by giving their children more sugar-sweetened beverages, 307 this could contribute to the development of childhood overweight.

308 No studies to date have explored differences between mothers who are healthy weight or 309 overweight/obese in a wide range of controlling and non-controlling feeding practices and 310 reports of their children’s eating behaviours. Strengths of our study include a good size 311 sample of mothers and the use of well-established measures. Further strength lies in 312 extending previous research in this area by considering a broader array of feeding practices 313 and child eating behaviours in a large group of mothers. Limitations include the fact that 314 most mothers reported their ethnicity as White British and many were educated to university 315 degree level or above. Therefore, even though our sample is representative of wide 316 Westernised populations, this work needs replicating with more sociodemographically 317 diverse samples as evidence suggests that both SES and ethnicity can impact feeding 318 practices (Cardel et al., 2012), so our results might not hold for other families. Some of our 319 findings, while significant, indicated relatively small differences between the behaviours of 320 the two groups and so caution is needed when extrapolating these findings. We 321 acknowledge that numerous analyses were run with no adjustment for multiple testing which 322 could increase the likelihood of spurious findings, and the use of self-report BMI data is also 323 a limitation which might have resulted in a slight underreporting of weight and over-reporting 324 of height (e.g., Rowland, 1990; Weden et al., 2013). Future research using objective 325 height/weight measurements, for parents and children, is warranted to build on these 326 findings and to allow consideration of the contribution of child weight status to feeding 327 practices and child eating behaviours. Further research also needs to explore fathers’
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weight status in relation to their feeding interactions, given evidence that fathers’ and
mothers’ feeding practices can differ and be predicted by different factors (e.g., Haycraft &
Blissett, 2012).

In conclusion, this study has highlighted that mothers with overweight/obesity use an array of
less healthy feeding practices with their children than do mothers with healthy weight.
Specifically, they assign more control of eating to their child and encourage less balance and
variety around food, have a less healthy home food environment, and engage in less
modelling of healthy eating with their children. This study has also demonstrated significant
differences in perceptions of child eating behaviours in mothers with overweight/obesity
versus those with healthy weight, with mothers who are overweight/obese perceiving their
children as more avoidant around, or reluctant to consume, food but not drink. These
findings shed novel insights into the different home food environments and experiences that
might be encountered by children whose parents are overweight compared to healthy weight.
Our findings are important for the ongoing development of effective health-promotion and
obesity-prevention interventions which need to be tailored by parent weight status and to
focus on feeding practices and on perceptions and expectations around healthy child eating
behaviours. Gaining a better understanding of the drivers of less healthy feeding
interactions is vital for enabling health professionals to offer better support to families.
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References


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Table 1: Descriptive statistics and tests of difference for the study variables, presented for mothers who are healthy weight and mothers with overweight/obesity.

<table>
<thead>
<tr>
<th></th>
<th>Mothers who are healthy weight (n=249)</th>
<th>Mothers with overweight/obesity (n=188)</th>
<th>Mann Whitney Z</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal BMI</td>
<td>22.15 ± 1.71</td>
<td>29.93 ± 4.23</td>
<td>17.91</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Comprehensive Feeding Practices Questionnaire (CFPQ)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child control</td>
<td>2.23 ± 0.61</td>
<td>2.49 ± 0.77</td>
<td>3.26</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Encourage balance and variety</td>
<td>4.54 ± 0.45</td>
<td>4.41 ± 0.54</td>
<td>2.18</td>
<td>.029</td>
</tr>
<tr>
<td>Environment</td>
<td>4.07 ± 0.73</td>
<td>3.88 ± 0.76</td>
<td>2.30</td>
<td>.021</td>
</tr>
<tr>
<td>Involvement</td>
<td>3.74 ± 0.92</td>
<td>3.63 ± 0.90</td>
<td>1.39</td>
<td>.164</td>
</tr>
<tr>
<td>Modelling</td>
<td>4.31 ± 0.61</td>
<td>4.06 ± 0.69</td>
<td>3.64</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Monitoring</td>
<td>4.32 ± 0.72</td>
<td>4.29 ± 0.68</td>
<td>0.84</td>
<td>.399</td>
</tr>
<tr>
<td>Pressure to eat</td>
<td>2.89 ± 0.98</td>
<td>2.75 ± 0.98</td>
<td>1.62</td>
<td>.104</td>
</tr>
<tr>
<td>Restriction for health</td>
<td>3.18 ± 1.01</td>
<td>3.19 ± 0.95</td>
<td>0.10</td>
<td>.917</td>
</tr>
<tr>
<td>Restriction for weight control</td>
<td>1.96 ± 0.66</td>
<td>2.09 ± 0.86</td>
<td>0.82</td>
<td>.412</td>
</tr>
<tr>
<td>Food as a reward</td>
<td>2.47 ± 1.11</td>
<td>2.51 ± 1.05</td>
<td>0.30</td>
<td>.768</td>
</tr>
<tr>
<td>Emotion regulation</td>
<td>1.81 ± 0.66</td>
<td>1.91 ± 0.76</td>
<td>0.92</td>
<td>.359</td>
</tr>
<tr>
<td>Children’s Eating Behaviour Questionnaire (CEBQ)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food responsiveness</td>
<td>2.41 ± 0.76</td>
<td>2.49 ± 0.89</td>
<td>0.61</td>
<td>.540</td>
</tr>
<tr>
<td>Enjoyment of food</td>
<td>3.88 ± 0.72</td>
<td>3.73 ± 0.76</td>
<td>1.83</td>
<td>.067</td>
</tr>
<tr>
<td>Emotional overeating</td>
<td>1.90 ± 0.61</td>
<td>2.02 ± 0.79</td>
<td>0.75</td>
<td>.454</td>
</tr>
<tr>
<td>Desire to drink</td>
<td>2.53 ± 0.98</td>
<td>2.80 ± 0.96</td>
<td>2.99</td>
<td>.003</td>
</tr>
<tr>
<td>Satiety responsiveness</td>
<td>2.94 ± 0.62</td>
<td>3.12 ± 0.68</td>
<td>2.68</td>
<td>.007</td>
</tr>
<tr>
<td>Food fussiness</td>
<td>2.70 ± 0.86</td>
<td>2.86 ± 0.94</td>
<td>1.78</td>
<td>.074</td>
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<td>Slowness in eating</td>
<td>2.89 ± 0.74</td>
<td>3.03 ± 0.83</td>
<td>2.12</td>
<td>.034</td>
</tr>
<tr>
<td>Emotional undereating</td>
<td>2.86 ± 0.86</td>
<td>2.94 ± 0.89</td>
<td>0.93</td>
<td>.353</td>
</tr>
</tbody>
</table>