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Predicting Preschool Children's Eating in the Absence of Hunger from Maternal Pressure to Eat: A Longitudinal Study of Low-Income, Latina Mothers

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Abstract

Early work by Klesges and colleagues (1983, 1986) suggested that mothers who frequently prompt their children to eat have children at greater risk for obesity. This is consistent with the hypothesis that controlling feeding practices override children's responsiveness to their internal fullness cues, increasing the risk of overeating and obesity (e.g., Johnson & Birch, 1994). Subsequent cross-sectional research on pressure to eat, however, has been inconsistent. Most studies have shown that maternal self-reports of pressure to eat are *negatively* associated with childhood obesity, and observational studies showed inconsistent relationships with child weight status. In the present study we examined the association between low-income, Latina mothers' pressure to eat and their preschool children's eating in the absence of hunger using both self-report and observational measures of feeding practices. A longitudinal design examined eating in the absence of hunger over 18 months; children's BMI at the initial timepoint was statistically controlled to address the tendency of mothers of underweight children to pressure their children to eat. At each timepoint, mothers completed the Child Feeding Questionnaire (Birch et al., 2001) and were observed feeding their child a meal in a laboratory setting. Eating in the absence of hunger (Fisher & Birch, 1999) was assessed at both timepoints as well. A cross-lagged panel model showed that observed maternal prompts to eat a different food at time one predicted kcal consumed in the absence of hunger at time two (controlling for kcal consumed in the absence of hunger at first timepoint: $\beta = .20, p < .05$). Results suggest that pressure to eat alone may not be what contributes to eating in the absence of hunger, but that the *nature* of that pressure may be more important.

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Keywords

Hispanic preschoolers; eating in the absence of hunger; maternal feeding practices

Introduction

The prevalence of childhood obesity amongst children in the United States has increased significantly since the 1980s (Ogden, Carroll, Kit, & Flegal, 2014). Within the last 30 years, health consequences ranging from physical to social and emotional complications have become a concern (Han, Lawler, & Kimm, 2010). Obese children are prone to endure bullying, marginalization and low self-esteem as they grow up (McNeeley & Crosnoe, 2008). They are also at risk for future health complications such as type 2 diabetes, asthma, and heart disease (Han et al., 2010).

Various risk factors increase the likelihood of childhood obesity, including both internal and external contextual factors and the interaction between the child's biology and their culture (Harrison et al., 2011). Obesity rates are particularly high for children from low-income minority backgrounds. Among preschool children, Latino children are at the greatest risk of childhood obesity (Ogden et al., 2014).

Families play a major role in the development of children's eating behavior and obesity risk—especially for infants, toddlers, and preschool children (Pinard et al., 2011). For young children, parents are primarily responsible for the amount and types of food offered in the home and for opportunities for physical activity and sedentary behavior. Parents also serve as role models for children's eating and engage in a wide range of parenting practices to encourage and restrict the consumption of certain foods (Pinard et al., 2001).

Child factors contribute to childhood obesity as well. One such factor is eating self-regulation, the ability to regulate the amount of food the child consumes (Frankel et al., 2012). Numerous studies (mostly cross-sectional, but some longitudinal) have shown that children who demonstrate poor self-regulation of eating are at risk for becoming obese (French, Epstein, Jeffery, Blundell, & Wardle, 2012).

Eating the optimal amount of food becomes a difficult task for children to manage if their caregiver frequently pressures them to eat during meals (Gregory, Paxton, & Brozovic, 2010). Gregory and colleagues (2010) found that mothers who were concerned that their child was underweight were more likely to pressure their children to eat. Such practices, however, may increase the likelihood of childhood obesity in the long run because pressuring the child to eat may override young children's responsiveness to their fullness cues causing them to overeat (Johnson & Birch, 1994).

Consistent with Gregory and colleagues' (2010) findings, cross-sectional studies using maternal reports of feeding practices (usually the Child Feeding Questionnaire, Birch et al., 2001) have shown that self-reported pressure to eat is negatively associated with child weight status (see Shloim, Edelson, Martin, & Hetherington, 2015 for a review). Observational studies of pressure to eat, however, are mixed: three studies showed a positive

association between maternal prompts to eat and child weight status (Farrow, Blissett, & Haycraft, 2011; Klesges et al., 1983, 1986), four studies showed no relationship (i.e., Birch, Wolfe Marlin, Kramer, & Peyer, 1981; Haycraft & Blissett, 2008; Koivisto, Fellenius, & Sjoeden, 1994; Lumeng et al., 2012), and two studies by Lumeng and colleagues (Lumeng & Burke, 2006; Lumeng et al., 2012) showed that the *nature* of the eating prompts was important. Specifically, Lumeng and Burke (2006) found that for obese mothers, maternal prompts for the child to eat novel foods were positively associated with child weight status, whereas prompts to eat familiar foods were negatively associated. Lumeng and colleagues (2012) found that the assertiveness and intrusiveness of eating prompts were positively associated with child weight status.

Studies predicting young children's *eating behaviors* (rather than children's weight status) from maternal reports of pressure to eat are more consistent with some of the observational studies, showing a positive association between pressure to eat and child consumption. Campbell, Crawford, and Ball (2006), for example, found that maternal self-reported pressure to eat was positively associated with total energy intake during the day and Harris, Mallan, Nambiar, and Daniels (2014) found that for preschool boys, maternal self-reports of pressure to eat were positively associated with kcal consumed in the absence of hunger. Finally, Carper, Fisher, and Birch (2000) found that five-year-olds who reported that their mothers pressured them to eat were more likely to report engaging in emotionally disinhibited eating.

Given the inconsistencies in the literature, the purpose of the present study was to examine the association between low-income Latina mothers' pressuring their children to eat during meals and children's eating in the absence of hunger using both self-report and observational measures of feeding practices. We focused on predicting individual differences in eating in the absence of hunger because this is an early risk factor for the development of childhood obesity (French et al., 2012). A longitudinal design was employed to predict kcal consumed in the absence of hunger at the second timepoint, controlling for both kcal consumed at the first timepoint, as well as controlling for children's BMI at the initial timepoint (to control for the tendency of mothers of underweight children to pressure their children to eat). By using a cross-lagged, panel design (assessing maternal feeding practices and child eating behavior at two timepoints) we could examine the direction of effects (whether maternal feeding practices predicted child eating behavior over time or vice versa). We focused on child eating behavior rather than child weight status because we did not expect major changes in child weight status over the short period of time that we followed our participants (i.e., 18 months). Low-income, Latina mothers of preschool children were studied--a population at high risk for childhood obesity. It was predicted that caregivers who pressured their children to eat at the first time point would have children who ate more in the absence of hunger 18 months later (controlling for children's BMI and their initial level of eating in the absence of hunger at the first timepoint).

Methods

Participants

Participants were drawn from a larger study of 187 low-income, Latina mothers and their 4- to 5-year-olds (Hughes, Power, Fisher, O'Connor & Fisher, 2015). One hundred and thirty-eight of these mothers and their children (74%) were available for a follow-up assessment 18 months after their initial participation. All except two of the caregivers were mothers—two were grandmothers. Participants were recruited from Head Start centers in a large urban area in the South through a variety of strategies including meeting with potential participants at preschool registration, at monthly parent meetings, and at child drop off and pick up times. Of the mothers participating in the 18-month follow-up, 17% were born in the United States, 66% in Mexico, 16% in Central American, and 1% in Cuba. As shown in Table 1, about 40% had less than a high school education and for 24%, their highest level of education was a high school diploma or GED. The average age of the mother was 31.9 years; average child age at the first timepoint was 56 months. Slightly more than half of the children were boys and 97% percent of the children were born in the United States. Over half of the children were overweight or obese.

Comparison of mothers in the original sample with those who dropped out on all demographic variables revealed two significant differences: 1) dropouts were less likely to have children who were obese, $X^2(2) = 5.88, p = .05$, 17% versus 29%, and 2) dropouts were more likely to have been mothers who were born in the U.S., $X^2(1) = 5.36, p < .05$, 33% versus 17%.

Consent forms were provided and signed before data collection began. The study procedure was approved by the Institutional Review Board (IRB) at the institution where the research took place. As an incentive, the mothers received a total of \$275 for their participation: \$90 at the first timepoint and \$185 at the second timepoint.

Procedures

At the first timepoint, on two separate days, approximately one week apart, both the mother and child came to a laboratory at a large research facility to complete a variety of tasks. The data for the current paper come from several tasks: a buffet meal on the first day (mothers and children) and the Eating in the Absence of Hunger Task on the second (children only). Mothers also completed the Child Feeding Questionnaire (Birch et al., 2001), along with several other measures, as part of their participation. Mothers and their children came back to the research center 18 months later on two separate days, approximately one week apart, and repeated the same assessments.

Measures

Eating in the Absence of Hunger Task—Fisher and Birch (1999) developed the eating in the absence of hunger task. Within a structured environment, each child's consumption of appetizing food when they were not hungry was observed. To ensure that children were not hungry, they first were fed a standardized meal accounting for 40% of the daily food requirements for a child of their age. After children were finished eating, they were

interviewed about their fullness using cartoon figures in the shape of human stomachs. Sweet and savory snacks (i.e., potato chips, Skittles, pretzels, sherbet, ice-cream, Hershey bars and chocolate chip cookies) were then offered to the child along with age appropriate toys. The foods were presented in individual, open, clear plastic containers with the amount of food in each container ranging from 39g (pretzels) to 168g (ice cream). The children were left by themselves in a testing room with the food and toys for ten minutes. Scores on this task reflected the total number of kilocalories eaten in the absence of hunger for each child. A literature review by French and colleagues (2012), reported that total kilocalories consumed in the eating in the absence of hunger task was positively associated with children's BMI.

Child Feeding Questionnaire (CFQ)—Maternal reports were used to assess maternal pressure to eat during meals. The CFQ (Birch et al., 2001) consists of a set of questions that parents answered on five point scales. Four items assess pressure to eat (e.g., “I have to be especially careful to make sure my child eats enough”). The coefficient alpha for this subscale in the present study was .60. This is lower than the value of .70 reported in the Birch et al. (2001) study of predominately middle-class, European American mothers. However, given the small number of items in this scale, and the considerable research that supports its validity, we chose to retain it for the present study. The CFQ has been used in many studies of feeding and the pressure to eat scale usually is negatively associated with children's BMI (Shloim et al., 2015).

Mealtime observation—Mother and child interactions were observed while eating a meal in a structured laboratory environment. Mothers and children choose foods from a buffet including such foods as spaghetti, sauces, vegetables, fruit, and desserts. The research coordinator delivered a food cart into the room and said “Please help yourself and your child to the food from this cart. It is buffet style so you and your child can have whatever you'd like.” Once the coordinator delivered the food cart and signaled the beginning of the 40-minute mealtime period, mother-child interactions were videotaped for further analysis and coding. Although mothers were not given a specific timeframe to finish the meal, if the child was not done eating within 40 minutes, the coordinator would appear and give a 5-minute warning. After the meal observation was completed, the food cart was removed.

Mealtime coding—All videotapes were transcribed in the language used by the mother and child (79% of the videotapes were in Spanish). Using the Noldus Observer software (Observer XT, Noldus Information Technology, Wageningen, Netherlands), videotapes were coded by five B.A. level employees (all were bilingual) blind to the purposes of the study. Twenty percent of the videotapes were coded independently by an additional bilingual observer to assess inter-observer agreement. The coders were unaware of which observations had been selected for reliability assessment. Agreement was assessed with Cohen's kappa (Cohen, 1960). Employing event coding, all maternal and child verbalizations, along with a number of nonverbal behaviors, were coded with a system adapted from Baumrind and Black (1967) and Cousins, Power, and Olvera (1993). The 62 codes were mutually exclusive and exhaustive. Only codes involving mothers pressuring their child to eat were used for the

current paper (see below). More detail on the coding system can be found in Power et al. (2015). Cohen's kappa scores ranged from 0.82 to 0.98 with a mean of 0.93.

Because mothers encouraged their children to eat in a variety of ways (e.g., from directly telling them to eat to more indirect ways of encouraging eating), we identified all codes that involved encouraging children to eat and summed their frequencies of occurrence to yield a measure of the total number of times that each mother pressured her child to eat during the meal. The codes combined to create this score were: 1) Denies Fullness—Encourage Eating (the child said he or she was full, the mother denied the child's internal feelings of fullness and told the child to keep eating); 2) Internal Cues Reference—Encourage Eating (the mother made reference to the child's internal feelings of hunger or fullness and encouraged the child to eat more food); 3) Determine If More Food Wanted/Finished Eating—Encourage Eating (the mother indirectly encouraged the child to eat more by implying that the child was not finished eating); 4) Eat Some of Your Food (the mother encouraged the child to eat a certain amount of food on the plate); 5) Eat All Food (the mother encouraged the child to eat all of the food or all of one certain type of food on the plate); 6) Eat Food (mothers made an unelaborated prompt for the child to eat more food). The decision to combine these codes was not based on the correlations between these codes, but made *a priori* because in all instances when one of these codes was chosen, the coder concluded that the mother was encouraging eating. The primary reason for calculating this summary variable was to keep the total number of variables to a minimum for the analyses. In addition to the pressure to eat codes, one additional code was examined, the number of times that the mother prompted the child to eat a different food. This code was examined separately because it occurred frequently during the observations ($M = 45.70$, $SD = 22.90$) and was conceptually different from the other eating prompts (rather than encouraging the child to eat more of the food that he or she was already consuming, it involved directing the child to consume a different food). Although its frequency was positively correlated with the frequency of encouraging eating (see Table 2), we felt that it served a very different function than simply encouraging eating (it often involved redirecting children from an “unhealthy” food) so we chose to examine it separately.

Data Analysis

We first examined the bivariate correlations between all study variables. Because the high correlation between observed pressure to eat and observed prompts to eat a new food raised the possibility of problems due to multicollinearity, we checked the VIF statistics (a collinearity measure) in a regression predicting kcal consumed in the absence of hunger at time 2 from observed pressure to eat, observed prompts to eat a different food, CFQ pressure to eat, child BMIz, child age in months, and kcal consumed in the absence of hunger at time 1. The highest value was 1.62 indicating that multicollinearity was not a problem (VIF statistics greater than 10 indicate possible multicollinearity). We then tested a cross-lagged panel model that tested the direction of effects between feeding practices and children's eating in the absence of hunger. This model involved examining all paths between the four main study variables across the two timepoints—i.e., CFQ Pressure to Eat, Frequency of Observed Eating Prompts, Frequency of Prompts to Eat a Different Food, and Kcal Consumed in the Absence of Hunger. Because child BMIz and child age at the first

timepoint were positively associated with kcal consumed at both timepoints (see Table 2), these variables were controlled for in the analyses. Model fit was determined by examining the chi square (n.s.), the CFI ($> .95$), and the RMSEA ($< .06$) (Hooper, Coughlan, & Mullen, 2008). Structural equation modeling was conducted using AMOS (version 24).

Results

As seen in the Table 2, the simple correlations showed that, at both timepoints, mothers of boys were more likely to report pressuring their child to eat than mothers of girls. Also, at both time points, children who were older at time 1 ate more kilocalories in the absence of hunger. Pressure to eat on the CFQ at time 1 was negatively correlated with kcal consumed in the absence of hunger at both timepoints and child BMIz at time 1. Pressure to eat on the CFQ at time 2 only was significantly correlated with child gender, pressure to eat on the CFQ at time 1, and kcal consumed in the absence of hunger at time 2. As expected, at both timepoints, observed pressure to eat was positively correlated with maternal prompts to eat a different food. Validity data for the CFQ was demonstrated by the significant positive correlations between pressure to eat on the CFQ and observed pressure to eat and prompts to eat a different food, but these correlations were only significant at time 1. Finally, all measures showed significant positive correlations across timepoints.

Presented in Figure 1 are the results of the cross-lag panel analysis. Only statistically significant paths ($p < .05$) are shown in the figure. To achieve satisfactory fit, one pair of errors was allowed to correlate—the errors between frequency of eating prompts and the frequency of prompts to eat a different food at time 2. These errors were correlated $r = .50$, $P < .001$. This correlation is consistent with the high bivariate correlations between the frequency of eating prompts and the frequency of prompts to eat a different food at both timepoints (see Table 2). That is, not unexpectedly, at both timepoints, mothers who were involved in directing their children's eating during the meal showed high levels of both. After allowing these errors to correlate, the fit of the model was excellent, $X^2(5) = 3.36$, $p = .64$, CFI = 1.00, RMSEA = .001. The two control variables (child BMIz and child age at time 1) showed significant positive paths predicting total kcal consumed in the absence of hunger at time 2. These two control variables did not show any statistically significant associations with other variables in the model. Finally, all of the time 1 predictors were allowed to correlate with one another. These correlations are not shown in the model but are the same as the bivariate correlations in Table 2.

Examination of the significant paths showed that all four variables in the model showed significant stability over time (standardized path coefficients ranging from .20 to .60). Two additional paths were significant—both originating from frequency of prompts to eat a different food at time 1. This variable positively predicted the frequency of eating prompts at time 2 ($\beta = .32$) and positively predicted kcal consumed in the absence of hunger at time 2 ($\beta = .20$). This latter finding, in conjunction with the finding that child BMIz and kcal consumed in the absence of hunger at time 1 did not predict any of the maternal feeding variables at time 2, is consistent with a causal model from maternal feeding practices to children's eating in the absence of hunger as opposed to a child effects model. The non-significant beta weights from kilocalories consumed in the absence of hunger at time 1 to the

three feeding variables at time 2 were: CFQ Pressure to Eat ($\beta = -.02$), Observed Pressure to Eat ($\beta = .03$), and Observed Prompts to Eat a Different Food ($\beta = .02$). The non-significant beta weights from Child BMIz at time 1 to the three feeding variables at time 2 were: CFQ Pressure to Eat ($\beta = .01$), Observed Pressure to Eat ($\beta = -.12$), and Observed Prompts to Eat a Different Food ($\beta = -.05$). The non-significant beta weights from the remaining two feeding variables at time 1 to kcal consumed in the absence of hunger at time 2 were: CFQ Pressure to Eat ($\beta = -.08$) and Observed Pressure to Eat ($\beta = -.12$).

Discussion

The present study examined the relationship between maternal pressure to eat and eating in the absence of hunger. It was expected that mothers who pressured their children to eat at the first timepoint would have children who ate more kcal in the absence of hunger 18 months later, controlling for kcal consumed in the absence of hunger and child BMI z score at the first timepoint. Of the three pressure to eat variables examined, only observed prompts to eat a different food were significantly associated with children's eating in the absence of hunger at the second timepoint.

Examination of the simple correlations between maternal reports of pressure to eat (CFQ) and child obesity revealed the same negative correlation usually reported in the literature (Shloim et al., 2005). These negative correlations were found for both child BMIz and kcal consumed in the absence of hunger at both timepoints. These correlations likely reflect the possibility that children who are picky eaters have mothers who pressure them to eat. Also consistent with a number of previous studies (i.e., Birch et al., 1981; Haycraft & Blissett, 2008; Koivisto et al., 1994; Lumeng et al., 2012), the simple correlations showed that the two observational measures of pressure to eat (i.e., pressure to eat more food and prompts to eat a different food) showed no significant relationship with either kcal consumed in the absence of hunger or child BMIz. However, prompts to eat a different food *did* positively predict kcal consumed in the absence of hunger over 18 months in the structural equation analyses that controlled for children's initial kcal consumed in the absence of hunger, children's initial BMI z score, children's age, and the two other pressure to eat measures (i.e., self-reports of pressure to eat and the total number of observed eating prompts). This suppressor effect indicated that when the overall level of pressure to eat was held constant, prompts to eat a different food predicted kcal consumed in the absence of hunger over time. Although all types of controlling feeding strategies may interfere with children's responsiveness to internal fullness cues (Johnson and Birch, 1994), prompts to eat a different food may be perceived by children as more controlling than pressure to eat more of the same food. When children are encouraged to eat a different food, it requires that children stop what they are doing and eat something else; pressure to eat simply involves continuing a behavior that children are already engaged in. Self-determination theory (Ryan & Deci, 2000) predicts that more controlling parenting practices should lead to poorer child self-regulation.

Although one cannot draw definitive conclusions about the direction of causality in a correlational design, the results of the cross-lagged panel analysis suggest that the direction

of effects was from mother to child rather than from child to mother. This is because neither child BMIz nor kcal consumed in the absence of hunger at the first timepoint predicted any of the feeding in feeding strategies at the second timepoint.

The current results suggest that pressure to eat alone may not be what contributes to eating in the absence of hunger, but that the *nature* of that pressure may be more important (Lumeng & Burke, 2006; Lumeng et al., 2012). In some ways the current results are consistent with the findings of Lumeng and Burke (2006) who found that among obese mothers, maternal pressure to eat *novel* foods was positively associated with children's weight status whereas pressure to eat *familiar* foods was negatively associated. It is possible that many children in this study were hesitant about eating some of the foods offered in the laboratory setting. In this situation, maternal prompts to eat foods children are hesitant about (e.g., because of the novelty of the laboratory, unfamiliarity with the foods, or novelty in terms of how the food looked, smelled, or tasted) may reflect a maternal approach to feeding that interferes with children's natural responses to eating or approaching novel foods or foods in a novel setting. In contrast, mothers who did not try to redirect their children's eating behavior were allowing their children to eat the foods that they wanted (even though they were prompting their children to eat more). Thus, they were giving children choices about *what* they eat—an approach to feeding that frequently has been advocated in the feeding literature (AAP Committee on Nutrition, 2013). Because the *nature* of pressure to eat may be more important than the *amount*, this might help explain inconsistencies in the literature regarding the relationship between observed pressure to eat and child weight status.

Limitations of the study include the focus on one population (low-income Latina mothers), the fact that children were only observed during two meals in a laboratory setting, and the focus on preschool children only. Moreover, the marginal alpha level for the CFQ pressure to eat subscale (.60) may have impacted identifying significant findings for this variable in the structural equation analyses. Strengths include the longitudinal design, the cross-lagged panel design, and the use of multiple and behavioral measures. The population in the study is at high risk for obesity and has been understudied.

Results from this study suggest multiple directions for future research. Although this study clearly demonstrated the importance of separating pressure to eat from prompts to eat a different food, future studies should examine the reasons for redirecting eating and their correlates. Given the complex nature of this suppressor effect, these findings should be replicated in this and other populations through a variety of methods so that our understanding of the role of the parents in child eating behaviors and childhood obesity can be better understood.

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Figure 1.
Cross-Lagged Panel Analysis: Statistically Significant Paths ($p < .05$) Between Study Variables (All Time 1 Variables Were Allowed to Correlate with One Another)

Table 1

Summary of mother and child characteristics (n = 138).

<i>Mother and child characteristics</i>	<i>Percentage</i>
Parent gender- Female	100
Child gender- Female	46.4
Child gender- Male	53.6
Child age, mean in months (SD)	56.8 (5.4)
Mother age, mean in years (SD)	31.9 (6.0)
<i>Highest level of maternal education</i>	
Sixth grade or less	12.3
Eighth grade or less	17.4
Attended some High School	9.4
High school graduate or GED	23.9
Completed Technical School	15.9
Attended some college	16.7
College graduate	4.3
<i>Marital status</i>	
Married	57.2
Never married	13.0
Widowed, separated, divorced, other	29.7
<i>Employment status, currently employed</i>	22.5
<i>Child BMI categories</i>	
Normal (<85 th percentile)	48.6
Overweight (85 th to <95 th percentile)	22.5
Obese (≥ 95 th percentile)	29.0

Table 2

Correlations between study variables.

	Gender	Child Age Months T1	Child BMIz T1	CFQ Pressure to Eat T1	Observed Pressure to Eat T1	Observed Prompts to Eat a Different Food T1	CFQ Pressure to Eat T2	Observed Pressure to Eat T2	Observed Prompts to Eat a Different Food T2	EAH Total Kcals T1	EAH Total Kcals T2
Gender (1 = boys, 2 = girls)	1.00										
Child Age Months T1	.02	1.00									
Child BMIz T1	-.04	.12	1.00								
CFQ Pressure to Eat T1	-.22**	-.07	-.25**	1.00							
Observed Pressure to Eat T1	-.06	-.08	-.16	.20*	1.00						
Observed Prompts to Eat a Different Food T1	-.15	-.06	-.11	.28**	.60**	1.00					
CFQ Pressure to Eat T2	-.19*	-.09	-.14	.60**	.09	.15	1.00				
Observed Pressure to Eat T2	-.16	.01	-.16	.09	.40**	.44**	-.02	1.00			
Observed Prompts to Eat a Different Food T2	-.14	-.08	-.14	.21*	.36**	.46**	.12	.61**	1.00		
EAH Total Kcals T1	-.13	.33**	.25**	-.18*	-.01	-.06	-.13	.00	-.02	1.00	
EAH Total Kcals T2	-.08	.30**	.42**	-.20*	-.07	.04	-.17*	.04	.01	.46**	1.00

* $p < .05$;** $p < .01$; Ta = Time 1; T2 = Time 2; CFQ = Child Feeding Questionnaire; EAH = Eating in the Absence of Hunger