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Impact of Parental Feeding Styles and Family Dynamics on the Food Preferences and Eating Behaviours of 7-14-Year-Old Children in Hyderabad

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Abstract

Objective: To study the impact of parental feeding styles and family dynamics on food preferences and eating behaviors of 7 -14-year-old children in Hyderabad.

Methods: Data for this cross-sectional study of 99 subjects were collected from residential areas of Hyderabad through a validated questionnaire. Statistical analysis was done by Chi-Square test, T-test and Logistic Regression.

Results: The study explored that authoritative parenting (40.40%) was linked to healthier eating, while authoritarian (27.27%), permissive (25.25%) and neglectful (7.07%) styles led to poorer outcomes. A harmonious family meal atmosphere (52.53%) correlated with positive eating behaviours which was found to be statistically significant (p=0.005). Parental education and nutrition knowledge influenced feeding styles (34.29%) lacked statistical significance (p=0.263). Authoritative parenting was more common in higher-income families (42.86%, p=0.135) and parents with high education (45.71%, p=0.015). The presence of a parent during meals (44.44%) and modelling healthy behaviours (36.36%) substantially influenced children's food choices.

Conclusion: Authoritative parenting, was associated with the healthiest dietary outcomes. Relaxed and supportive settings positively influenced children's willingness to try diverse and nutritious foods and inculcated healthy eating behaviours.

Keywords: Children; Parental Feeding Styles; Eating Behaviours; Food Preferences; Family Dynamics; Hyderabad

Introduction

Childhood nutrition plays a critical role in the overall health and development of children. The meal-time habits formed during early childhood significantly impact their growth, cognitive development, and long-term health outcomes, influencing their threat of developing chronic metabolic diseases(1).

Food provision strategies, like authoritative feeding, marked by high responsiveness and balanced control, is linked to

positive results, including healthier food consumption patterns(2). In contrast, authoritarian approach, which involves high control with low warmth, is linked to less positive outcomes, such as emotional overeating or food fussiness. Permissive feeding, characterized by low control but high responsiveness, often leads to children struggling with food regulation. Conversely, uninvolved feeding, with both low control and low responsiveness, tends to have the most detrimental effect, leading to nutritional imbalances(3).

Home dynamics refers to the interactions within a family, including how members communicate, resolve conflicts, and establish an emotional climate(4). A supportive social structure that fosters healthy nutritional habits encourages positive attitudes toward nutritious foods, whereas negative interactions or stress within the family can contribute to inclination towards unhealthy culinary choices (4). Engaging children in meal planning and preparation can strengthen their relationship with food, while over-relying on processed foods may encourage unhealthy unhealthy gastronomic tendencies. Mealtimes offer parents a chance to guide their children's behaviour, set rules and expectations, and foster positive interactions(5). In addition to positive dining ambience, societal and cultural pressures related to food also contribute to shaping appetite behaviours (6).

Key ingestion patterns observed in children aged 7 to 14 years include food neophobia, emotional eating, and food fussiness. Food neophobia, characterized by a reluctance to try unfamiliar foods, can greatly influence a child's food choices(7). Emotional eating, wherein children overeat or consume fast food in response to stress, boredom, or peer pressure(8). Food fussiness refers to children's selective meal consumption styles, such as rejecting new foods(9). With the proliferation of social media, food trends and viral recipes further impact children's food choices, often leading them to prioritize trendy or convenience foods over healthier alternatives(10). Children from lower-income families tend to consume more processed foods, sugary snacks, and drinks, and fewer fruits and vegetables. This can be attributed to limited access to nutritious options, and different lifestyle factors associated with lower class status (11).

The need for this study arises from the growing concern about unhealthy nourishment habits, which are influenced by parental food management and the food-time vibe. Understanding these influences is crucial in Hyderabad, where changing lifestyles and dietary tendencies are impacting children's health. The study aims to identify the impact of different feeding styles and family dynamics on the dietary choices and eating behaviours of 7-14-year-old children. This can help make policies to prevent diet-related health issues among children.

Literature Review

Existing research demonstrates the critical significance of parental feeding practices and family surroundings in developing children's eating habits. According to studies, control-oriented methods including restriction, pressure, and reward-based feeding might have a detrimental impact on children's nutritional results (12–15). Positive activities, such as parental role modeling, encouragement, and planned family meals, have been linked to healthy food intake, specifically increased fruit and vegetable eating(16–19). Furthermore, a reciprocal link exists, with children's eating habits influencing parental actions(5). Dietary preferences are also influenced by socioeconomic and cultural variables. Parental education, income, and household food availability all have a substantial impact on children's food preferences(20,21), but cultural norms influence dietary access and conduct(22). Increased screen time has been related to harmful eating patterns, making media exposure another important factor(23,24).

However, the majority of research is cross-sectional and does not incorporate environmental influences and family dynamics, particularly in the Indian setting for this age group. By analyzing parental feeding practices and family dynamics among children in Hyderabad, the current study fills these gaps and offers culturally appropriate information for focused treatments.

Methods

Study design and Setting

A cross-sectional study was conducted over three months (August to October 2024) in communities of Mehdipatnam, Banjara Hills and Bandlaguda Jagir in Hyderabad, Telangana, to study the impact of parental nutrition approaches and domestic environment on the culinary selections and consumption practices of 99 subjects.

Study Population

The study included 99 parents of children of the age group 7-14 years and who were residing in Hyderabad. Children with a language barrier and having pre-existing chronic metabolic conditions were excluded.

Statistical tools: Sample size was calculated assuming the proportion of differences in dietary habits as 11.33% as per the study by Qiu, C et al. The other parameters considered for sample size calculation were 5% absolute precision and confidence level. The following formula was used for sample size calculation. The following formula was used for sample size as per the study by Daniel WW et al.

$$n' = \frac{NZ^2P(1-P)}{d^2(N-1) + Z^2P(1-P)}$$

Where, n = Sample size N= Population Size= 242
Z= Z statistic for a level of confidence level= 1.960

P = Expected prevalence/proportion of outcome= 0.1133 d = Precision= 0.05

The required sample size as per the above-mentioned calculation was 94. To account for a non-participation rate/ loss to follow up rate of a about 5%, another 5, subjects will be added to the sample size. Hence the final required sample size would be 99.

Sampling Technique: Convenient Sampling

Data Collection Tools

A self-structured and validated questionnaire, food frequency questionnaire along with a 24-hour dietary recall, developed based on latest studies done. The questionnaire was pilot-tested on a small group of participants to ensure clarity, reliability and validity. Necessary modifications were made before full-scale data collection.

Data Collection Method

All subjects were surveyed about the feeding strategies, meal planning and involvement, cultural influences, conflict management, family functioning, dietary choices, meal patterns which could have a potential impact on the gastronomic preferences and eating patterns of children. These aspects were correlated to the wealth status. Anthropometric measurements were taken to calculate the BMI.

Statistical Analysis

Descriptive analysis was carried out. Data is represented using appropriate diagrams like bar diagram, pie diagram and box plots. Independent sample t-test was used to assess statistical significance with a p- value of 0.0001. Chi square test was used to test statistical significance. Logistic regression analysis was performed to test the association between the explanatory variables and outcome variables. P value < 0.05 was considered statistically significant. Data was analysed by using coGuide REAP software version 2.03(25).

Results

Table 1 provides demographic and study-related data on children, their parents/guardians, living standards, and feeding habits. The age distribution was fairly even, with 26.26% of children in the 7 to 8 years, 9 to 10 years, and 13 to 14-year groups, while 21.21% were aged 11 to 12 years.

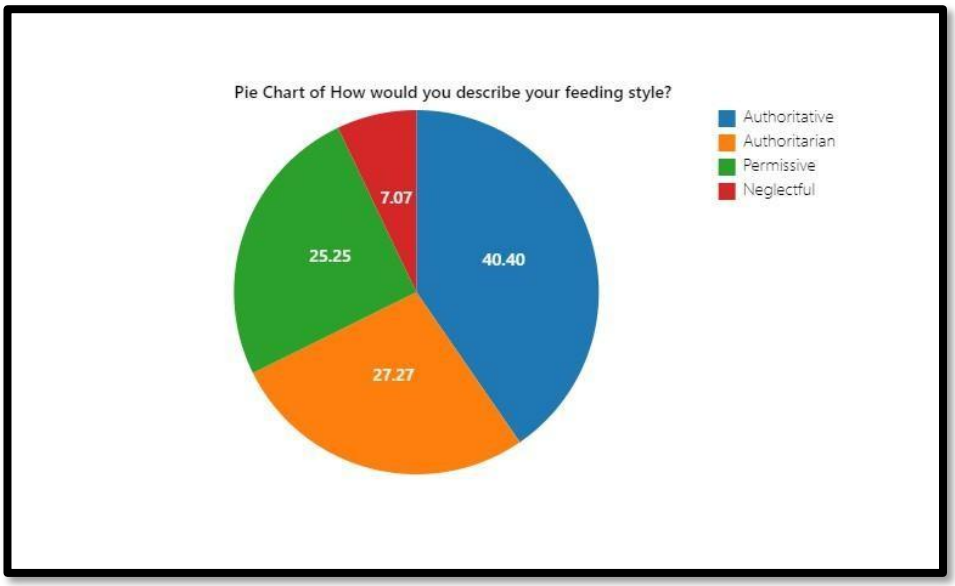
Gender-wise, 50.51% were female, 40.4% male, 6.06% identified as "Other," and 3.03% were undisclosed. Most parents or guardians were aged 35 to 44 years (38.38%), followed by 45 to 54 years (29.29%), 25 to 34 years (22.22%), and 55 or more years (10.1%). Regarding education, 70.71% of parents had higher education, 15.15% secondary, 10.1% primary, and 4.04% had no formal education. Family financial and social rank data showed that 49.49% earned more than 60,000 rupees, 32.32% earned 40,000 to 60,000 rupees, 12.12% earned 20,000 to 40,000 rupees, and 6.06% earned less than 20,000 rupees. Dietary regulation strategies were categorized as authoritative (40.4%), authoritarian (27.27%), permissive (25.25%), and neglectful (7.07%). The Mean± S. D value of children's BMI was 18.34±3.53, reflecting diverse body weights among participants.

Table 1: Demographic data and parental feeding practices of the target group (N=99)

Category	Subcategory	Frequency	Percentage (%)
Age of the Child (years)	7 to 8 years	26	26.26
	9 to 10 years	26	26.26
	11 to 12 years	21	21.21
	13 to 14 years	26	26.26
Gender of the Child	Female	50	50.51
	Male	40	40.4
	Other	6	6.06
	Prefer not to say	3	3.03
Parent or Guardian's Age	25 to 34 years	22	22.22
	35 to 44 years	38	38.38
	45 to 54 years	29	29.29
	55 or more years	10	10.1
Parent or Guardian's Education Level	Higher Education	70	70.71
	Secondary Education	15	15.15
	Primary Education	10	10.1
	No Formal Education	4	4.04
Family Income Range (Rupees)	More than 60,000	49	49.49
	40,000 to 60,000	32	32.32

	20,000 to 40,000	12	12.12
	Less than 20,000	6	6.06
Parenting/Feeding Style	Authoritative	40	40.4
	Authoritarian	27	27.27
	Permissive	25	25.25
	Neglectful	7	7.07
Child Body Mass Index (BMI) (kg/m²)	Mean± S. D	18.34±3.53	-

Figure 1: Pie-chart on the different feeding styles adopted by parents



The data from Table 2, revealed key parental influences on children's nutritional choices and family relationships. 37.37% of parents involved children in meal planning daily, while 54.55% of mothers made dietary decisions. Food conflicts were mostly discussed (53.54%), and meals were generally relaxed (52.53%). Children's food preferences were mixed (47.47%), with 32.32% favouring healthy foods. Food neophobia was occasional for 39.39%, and 42.42% sometimes overate. Screen time during meals was common (44.44%). Parental education (42.42%) and household social structure (37.37%) moderately influenced caregiver feeding approaches. Income shaped food choices for 34.34%, highlighting the impact of parental roles and socioeconomic factors.

Table 2: Data on various parameters that affect food preferences and eating behaviours of the target group (N=99)

Category	**Question**	**Sub Category**	**Percentage**

Meal Planning & Feeding Styles	How frequently do you involve your child in meal planning or preparation?	Daily	37.37%
		Weekly	34.34%
		Monthly	20.20%
		Never	8.08%
	Who usually makes decisions about what foods are purchased and served?	Mother	54.55%
		Both parents equally	30.30%
		Father	8.08%
		Child	7.07%
	How does your family handle food-related disagreements or conflicts?	Discuss and negotiate	53.54%
		Avoid conflicts	30.30%
		Strict rules imposed by parents	16.16%
	How would you describe the atmosphere during family meals?	Relaxed and enjoyable	52.53%
		Structured and formal	42.42%
		Tense and stressful	5.05%
Child's Food Preferences & Eating Habits	How would you describe your child's overall food preferences?	A mix of both	47.47%
		Mostly healthy foods	32.32%
		Mostly sugary foods	15.15%
		Not sure	5.05%
	Has your child experienced food neophobia?	Never	45.45%
		Occasionally	39.39%
		Frequently	15.15%
	How often does your child skip meals?	Never	36.36%
		Sometimes	28.28%
		Rarely	22.22%
		Often	13.13%
	How often does your child overeat meals?	Sometimes	42.42%
		Rarely	28.28%

		Never	19.19%
		Often	10.10%
	How does your child eat in front of the computer, TV, or mobile phone?	Sometimes	44.44%
		Often	29.29%
		Rarely	14.14%
		Never	12.12%
Parental Influence &	To what extent does your educational background and knowledge about nutrition affect the feeding style you adopt for your child?	Moderately affects	42.42%

Socioeconomic Factors		Strongly affects	37.37%
		Slightly affects	16.16%
		Does not affect	4.04%
	How do family dynamics, such as conflict or harmony during meals, affect your child's eating behavior and food preferences?	Moderately affects	37.37%
		Strongly affects	34.34%
		Slightly affects	21.21%
		Does not affect	7.07%
	In what ways does your child's involvement in meal planning or preparation influence their food preferences and eating habits?	Strongly influences	42.42%
		Moderately influences	25.25%
		Slightly influences	24.24%
		Does not influence	8.08%
	How does your family's monthly income influence the types of foods you purchase for your child?	Moderately influences	34.34%
		Strongly influences	28.28%
		Slightly influences	22.22%
		Does not influence	15.15%

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Figure 2: Pie-Chart shows the number of families having different types of atmospheres during meals.

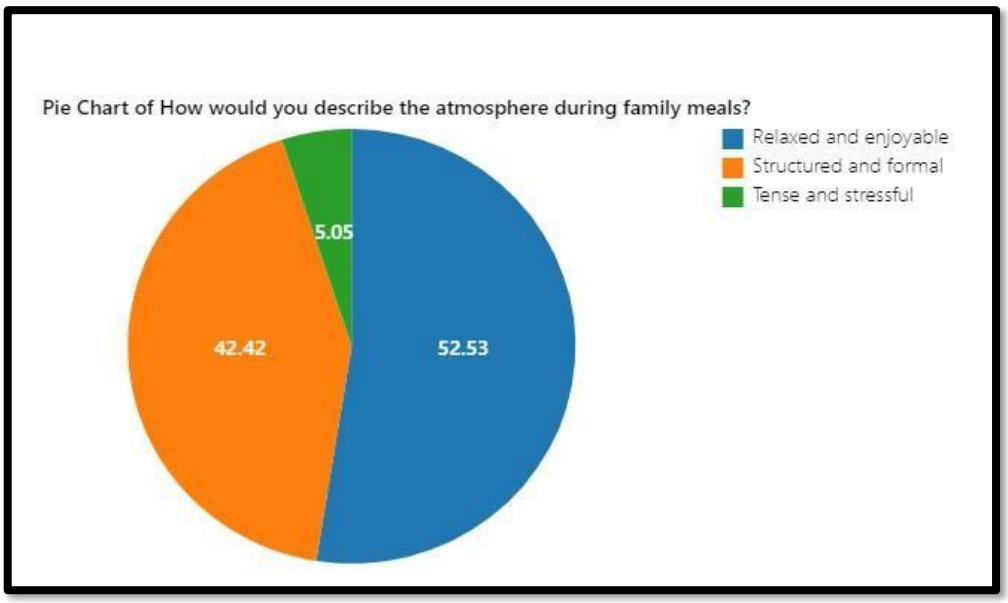
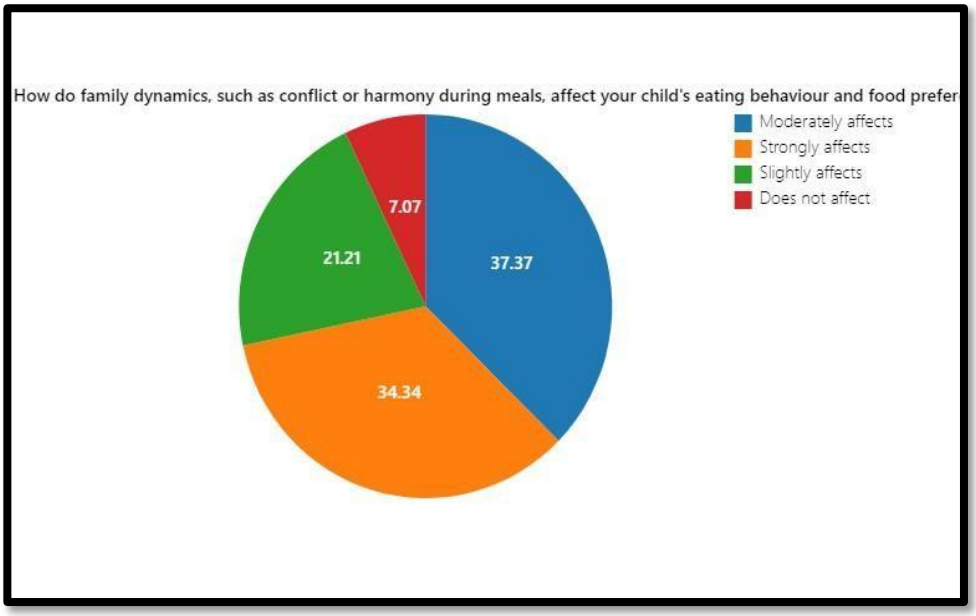


Figure 3: Pie-chart shows illustrates how family dynamics, such as conflict and harmony, affects the child's eating behavior and food preferences



The data from Table 3, shows the impact of socio-economic and familial factors on nutritional parenting styles, children's dietary inclinations, and mealtime interactions. Authoritative feeding was more common in higher-income families (42.9%), while authoritarian feeding was prevalent in middle-income households (34.4%), with a p-value of 0.135. Children's food preferences varied by income, with lower-income families showing a higher preference for sugary or mixed foods

(50.0%), though not statistically significant (p=0.477). Parental education also played a role, as children of highly educated parents preferred a mix of healthy and sugary foods (50.0%), while those with no formal education leaned toward sugary foods (50.0%), with a p-value of 0.263. The family behavioural patterns significantly influenced eating environment, with strong conflicts leading to tense meals (2.9%) and harmonious families experiencing relaxed meals (42.9%), showing the strongest link (p=0.005).

Table 3: Logistic Regression Analysis to show comparison among different parameters

Parameters	**Category**	**Authoritative**	**Authoritarian**	**Permissive**	**Neglectful**	**P-Value**
Family Income Range vs. Feeding Style	20,000 - 40,000 Rupees (N=12)	4 (33.3%)	2 (16.7%)	4 (33.3%)	2 (16.7%)	**0.135**
	40,000 - 60,000 Rupees (N=32)	12 (37.5%)	11 (34.4%)	9 (28.1%)	0 (0.0%)	
	Less than 20,000 Rupees (N=6)	3 (50.0%)	0 (0.0%)	1 (16.7%)	2 (33.3%)	
	More than 60,000 Rupees (N=49)	21 (42.9%)	14 (28.6%)	11 (22.4%)	3 (6.1%)	
Family Income vs. Child's Food Preferences	**Category**	**Mostly Healthy**	**Mostly Sugary**	**A Mix of Both**	**Not Sure**	**P-Value**
	20,000 - 40,000 Rupees (N=12)	5 (41.7%)	2 (16.7%)	4 (33.3%)	1 (8.3%)	**0.477**
	40,000 - 60,000 Rupees (N=32)	10 (31.3%)	2 (6.3%)	19 (59.4%)	1 (3.1%)	
	Less than 20,000 Rupees (N=6)	2 (33.3%)	0 (0.0%)	3 (50.0%)	1 (16.7%)	

	More than 60,000 Rupees (N=49)	15 (30.6%)	11 (22.5%)	21 (42.9%)	2 (4.1%)	
Parental Education vs. Child's Food Preferences	**Category**	**Mostly Healthy**	**Mostly Sugary**	**A Mix of Both**	**Not Sure**	**P-Value**
	Higher Education (N=70)	24 (34.3%)	8 (11.4%)	35 (50.0%)	3 (4.3%)	**0.263**
	No Formal Education (N=4)	1 (25.0%)	2 (50.0%)	1 (25.0%)	0 (0.0%)	
	Primary Education (N=10)	2 (20.0%)	2 (20.0%)	4 (40.0%)	2 (20.0%)	
	Secondary Education (N=15)	5 (33.3%)	3 (20.0%)	7 (46.7%)	0 (0.0%)	
Family Dynamics vs. Meal Atmosphere	**Category**	**Relaxed & Enjoyable**	**Structured & Formal**	**Tense & Stressful**	**P-Value**	
	Does Not Affect (N=7)	3 (42.9%)	2 (28.6%)	2 (28.6%)	**0.005**	
	Moderately Affects (N=37)	24 (64.9%)	11 (29.7%)	2 (5.4%)		
	Slightly Affects (N=21)	6 (28.6%)	15 (71.4%)	0 (0.0%)		
	Strongly Affects (N=34)	19 (55.9%)	14 (41.2%)	1 (2.9%)		

The data from Table 4 shows that the average energy intake across all age groups is significantly lower than the recommended daily allowance, as indicated by extremely low p-values (<0. 0001). The deficiency becomes more evident in older children, especially among 13–14-year-old adolescent girls and boys, highlighting a significant nutritional gap throughout adolescence.

Table 4: T-Test Analysis of Energy Intake vs RDA (7–14 Years)

Age Group	Sample Mean (kcal/day)	RDA (kcal/day)	SD	Sample Size (n)	Degrees of Freedom	t-Statistic	Critical t-value (±)	p-value
7–8	1190.58	1710	237.62	26	25	-11.15	2.060	<0.0001
9–10	1121	1970	344.05	26	25	-12.58	2.060	<0.0001
11–12 (Boys)	1177.08	2230	464.91	12	11	-7.84	2.201	<0.0001
11–12 (Girls)	1355.56	2060	245.79	9	8	-5.73	2.306	<0.0001
13–14 (Boys)	1285.83	2860	569.90	12	11	-9.57	2.201	<0.0001
13–14 (Girls)	1057.14	2410	242.45	14	13	-20.86	2.160	<0.0001

Discussion

This study helps to understand the role of monetary class, knowledge acquisition, dietary guidance techniques, family behavioral patterns and their correlation with the financial position on child's food inclinations and feeding conduct among children in the city. Families with a higher income bracket tend to adopt authoritative food governance, while lower-income families adopted authoritarian, permissive and uninvolved feeding framework. Among parents with higher education, children mostly preferred healthy food. Positive household synergy, especially healthy meal atmosphere plays a pivotal role in shaping masticatory habits, surpassing income in impact. There are few studies which align with this study. In a study done by Sharon L Hoerr et al, 2009, shows that the majority of parents adopt either an authoritarian (30.6%) or indulgent (33.3%) mealtime strategy, with authoritarian discipline more common among higher income households and indulgent styles among lower-income ones(26). In another article by Chao Qiu et al in 2020, reported that mothers with a secondary high school education or lower are linked to reduced consumption of healthy foods in children ($p = 0.02$), while those with a high learning trajectory are associated with increased consumption of processed products ($p = 0.04$). For fathers, a secondary high school education or lower correlates with decreased consumption of processed foods ($p < 0.01$) and healthy foods ($p = 0.02$)(27). In an article by LC Gallo et al, 2020 reported that family stress negatively affects food consumption through ineffective family function and support($P< 0.001$)(28). Domestic connectivity, food sustenance approach, financial hierarchy and instructional foundation are crucial in shaping children's dietary demeanor. The existing literature on nourishment guidance and household harmony are generalized to diverse populations or focused on Western contexts, which do not account for the unique cultural and gastro-behavioral patterns of Indian cities. This gap underscores the necessity for localized studies to better understand and address the unique challenges and influences on child nutrition and health for this age group in rapidly urbanizing Indian settings. The dependence on self-reported information, including the 24-hour dietary recall, introduces the possibility of recall bias and inaccuracies in reporting. The sample was restricted to urban areas in Hyderabad, limiting the ability to extend the findings to rural and diverse demographic groups with different fiscal backgrounds and cultural contexts. The dependence on self-reported information, including the 24-hour dietary recall, introduces the possibility of recall bias and inaccuracies in reporting. The sample was restricted to urban areas in Hyderabad, limiting the ability to extend the findings to rural and diverse demographic groups with different socio-

economic and cultural contexts.

Conclusion

The study concludes that parental food provision philosophies and domestic interplay are pivotal determinants of children's food affinities and appetite-driven actions. Authoritative parenting, characterized by a combination of warmth and appropriate control, was associated with the healthiest dietary outcomes in children. Parents adopting this style were more likely to encourage balanced meals, introduce new foods effectively, and foster self-regulation in children's ingestion tendencies. Conversely, permissive or neglectful styles tended to result in inconsistent consumption habits, with children often favouring sugary or high-fat foods. The familial ecosystem emerged as a significant factor, with relaxed and supportive settings positively influencing children's willingness to try diverse and nutritious foods, while tense environments were linked to mealtime struggles and selective eating. The study also revealed that affluence ranking, while not directly linked to parental dietary enforcement or gustatory orientations in this sample, might indirectly shape culinary engagement through their influence on food availability, parental stress, and time constraints. Additionally, cultural traditions played a notable role in shaping family meal practices and flavour leanings, emphasizing the need for culturally sensitive interventions.

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