

**Bringing Dads to the Table: Comparing Mother and Father Reports of Child Behaviour  
and Parenting at Mealtimes**

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Running head: Role of Fathers in Feeding

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### **Abstract**

Problem eating is common during childhood, though much of what is known is based on maternal report. The current study aimed to compare mother and father reports of child mealtime difficulties and associated parenting, by surveying parents of normally developing 1.5-6-year-olds. Two samples were procured: the first, 110 mothers and 109 fathers of children with or without problem eating; the second, 44 mother/father pairs that each reported on the same child. Mothers and fathers of problem eaters, and those of non-problem eaters, did not differ significantly on reports of child behaviour, parenting strategies and cognitions at mealtimes in sample 1. These were parents of different children, though similarity between parents was also found in the reports of parents of the same children in sample 2. This similarity supports the role of both parents in assessing and treating problem eating, though additional studies with larger and more diverse samples are needed.

**Key words:** feeding, parenting, fathers, mealtimes

Despite changing conceptualisations of fatherhood (Goldberg et al., 2009) and increasing recognition of the influence of fathering on children's social, emotional and behavioural outcomes (Lundahl, Tollefson, Risser, & Lovejoy, 2008; Sanders, Dittman, Keown, Farruggia, & Rose, 2010), fathers are largely neglected within developmental research (Costigan & Cox, 2001; Phares, Lopez, Fields, Kamboukos, & Duhig, 2005). This predicament is echoed in the child feeding literature, with much of the research conducted with mothers (Owen, Metcalfe, Dryden, & Shipton, 2010). While this is clearly necessary when investigating maternal factors (e.g., Blissett, Meyer, Farrow, Bryant-Waugh, & Nicholls, 2005), more often mothers are simply more available or willing respondents (Coley & Morris, 2002). This has resulted in the absence of fathers' voices in this context (Owen et al., 2010), despite research indicating increasing involvement from fathers in childrearing in general and feeding specifically (Snethen et al., 2008). There is also evidence that fathers have a unique and important influence above that of mothers in terms of child weight outcomes (Fraser et al., 2011).

Problem eating is common and diverse: up to 45% of normally developing children experience difficulty at mealtimes (Blissett et al., 2005; Lewinsohn et al., 2005) including not eating an adequate amount or range of foods, or performing behaviours necessary for eating such as self-feeding and sitting at the table (Sanders, Patel, Le Grice, & Shepherd, 1993). Parents are central to the feeding process (Davies et al., 2006), with various parenting practices linked to problem eating via operant learning mechanisms (Berlin, Davies, Lobato, & Silverman, 2009). Examples include failing to reinforce appropriate eating, and instead attending to or cajoling in response to problem eating (Blissett & Harris, 2002), threatening and berating the child (Sanders et al., 1993) or providing an alternate meal (Crist & Napier-Phillips, 2001), practices that have distinguished parents of children with persistent feeding difficulties from controls (Sanders et al., 1993). More recently, research has identified a role

for parental cognitions including beliefs, attitudes, attributions, and self-efficacy as they contribute to parent affect and behaviour at mealtimes (Blissett et al., 2005). Again however, such findings are predominantly based on maternal report, despite increased involvement by fathers in feeding (Snethen et al., 2008).

Of the handful of studies reporting on fathering at mealtimes, both similarity and disparity with mother report has been suggested. Fathers in a study by Holm-Denoma and colleagues (2005) reported more fussy and controlling feeding behaviour in their three-year-old children than mothers, yet similar rates of food refusal. Some studies have found fathers to use similar mealtime parenting practices to mothers (Blissett, Meyer, & Haycraft, 2006; Haycraft & Blissett, 2008; Payne, Galloway, & Webb, 2011), while others have cited fathers as more forceful in their approach (Hendy, Williams, Camise, Eckman, & Hedemann, 2009; Johannsen, Johannsen, & Specker, 2006). Research into paternal cognitions about mealtimes is piecemeal, as is research into parental cognitions more generally (Sanders & Morawska, 2005). Two studies have noted that fathers feel less responsible than mothers for feeding (Blissett et al., 2006; Owen et al., 2010), which perhaps reflects mothers spending more time caring for young children than fathers (Baxter, 2013). Another reported that fathers give greater consideration to the type of food given than mothers, who tend to focus on food that can be prepared quickly (Omar, Coleman, & Hoerr, 2001).

In sum, information from fathers on child feeding behaviour, mealtime parenting practices and cognitions is lacking. This has important implications for assessment, as mothers and fathers may have unique perspectives on child eating (Holm-Denoma et al., 2005), as well as engagement in treatment. Fathers are less likely to access or endorse parenting programs for feeding (Lundahl et al., 2008; Sanders et al., 2010) despite evidence for the utility of behavioural parenting interventions for problem eating (Turner, Sanders, &

Wall, 1994). Such interventions may be necessary to prevent long-term eating problems and family conflict (Mascola, Bryson, & Agras, 2010).

The current study aimed to compare mother and father reports of children's feeding and associated parenting constructs. We first compared an unrelated sample of mothers and fathers on reported child eating and mealtime behaviour, strategies used by parents, and how parents think and feel about mealtimes, including parental self-efficacy, via an online survey. This sample included children with and without feeding concerns, which facilitated an examination of constructs by parent type at various levels of mealtime difficulty. A second sample of mother-father dyads reporting on the same child was then used, which enabled comparison by parent report on the above constructs while holding other child and family characteristics constant. Given the paucity and inconsistency of data on this topic, predictions were exploratory.

## **Method**

### **Participants**

Participants were parents of 1.5-6-year-old Australian children, drawn from wider research investigating psychosocial characteristics associated with (Adamson & Morawska, 2014), and intervention for (Morawska, Adamson, Hinchliffe, & Adams, 2014), problem eating in children. The research was advertised at childcare centres, primary schools, and general practitioner clinics in regional and metropolitan Queensland, and on a number of Australian parenting websites. Additionally, to maximise the participation of fathers, we promoted the research through personal networks, fathering websites, university staff email, and various workplaces.

**Sample 1.** An initial phase of research sought parents of children aged 1.5-6 years without medical or developmental conditions to participate. Children with and without feeding concerns were included. Parents who responded in the affirmative to the question,

*Are you concerned about your child's eating?* were placed in the problem eaters group, while those who responded in the negative were considered non-problem eaters. Children of parents responding 'yes' to this question have been reported and observed to have more problems at mealtimes than those for whom a 'no' response was given (Adamson & Morawska, 2014).

Data was collected between May 2011 and May 2012. The resulting sample of 219 included 110 mothers (50.2%) and 109 fathers (49.8%) of different children, almost half of which were parents of problem eaters ( $n=93$ , 42.47%; non-problem eaters  $n=126$ , 57.53%). Parents differed on concern about their child's feeding, with approximately half of mothers responding in the affirmative ( $n=59$ , 53.64%) while fathers were largely not concerned ( $n=75$ , 68.81%).

Table 1 presents the demographic data for sample 1. Respondents were predominantly well-educated parents within original two-parent families, who had been able to meet household expenses in the past year. The target children were aged 1.42-5.92 years; as mothers had older children ( $M=4.77$ ,  $SD=1.06$ ) than fathers ( $M=3.45$ ,  $SD=1.20$ ),  $t(213)=8.52$ ,  $p<.001$ , child age was included as a covariate in analyses. Male and female children were approximately equally represented. Parent education differed significantly, with a higher proportion of fathers holding vocational or trade qualifications. Fathers also worked longer hours, though this may be typical of parents with young children (Baxter, 2013).

Level of mealtime responsibility (based on a question about whether the parent, their partner, or both were responsible for feeding the child) also differed by parent, with mothers nominating themselves ( $n=60$ , 54.55%) or both parents as responsible ( $n=45$ , 40.91%), while fathers more often reported shared responsibility ( $n=77$ , 70.6%) or their partner as the primary feeder ( $n=18$ , 16.50%). This variable was also included as a covariate in analyses.

**Sample 2.** A second sample of mother/father pairs was drawn from research evaluating a brief mealtime intervention (Morawska et al., 2014). Parents concerned about

and seeking assistance for their child's feeding and/or mealtime behaviour, able to attend the parenting seminar (offered in Brisbane and Hervey Bay, Queensland), and not already receiving professional assistance were eligible for the trial. Families where both the mother and father had completed measures on the same child at time 1 were included in this paper.

Sample 2 thus included 44 families of children aged 1.79-5.08 years ( $M=3.52$ ,  $SD=1.04$ ), 23 of whom were male (52.3%; female  $n=21$ ; 47.7%). Most parents were married or cohabiting (97.76%) in original families (95.5%), and the majority (95.5%) indicated they were of White ethnicity. Most families (95.5%) had been able to meet essential expenses in the past year. Education levels of mothers and fathers were similar,  $\chi^2(4)=7.86$ ,  $p=.097$ , with most parents having completed university study (50% fathers, 63.63% mothers) or a trade or technical qualification (33.33% fathers, 20.45% mothers). Again parents' working hours differed,  $\chi^2(4)=35.08$ ,  $p<.001$ , with more fathers in paid employment (95.24%) than mothers (70.45%).

## Measures

Parents completed a number of measures electronically as part of broader research. Only measures relevant to the current paper are reported here. This included a demographic questionnaire covering child age, gender, family composition, parental education and employment, with items added to assess medical and developmental issues, perceived responsibility at mealtimes, parental concern about the child's eating, and whether the parent wanted assistance with mealtimes.

Child feeding behaviour, mealtime parenting strategies and parental cognitions were assessed via the 90-item Parent and Toddler Feeding Assessment (PATFA; Adamson & Morawska, 2008). Parents rated the frequency of 21 child feeding problems common during early childhood (e.g., *spitting food out*) on a 5-point scale from 1 (*never*) to 5 (*almost always*), and whether each behaviour was problematic (*yes/no*), followed by their confidence

in managing each behaviour on a 10-point scale (higher scores indicating greater confidence). Parents then rated how frequently they used 30 strategies at mealtimes (e.g., *eating with the child*) on the 5-point scale above. Finally, parents rated their level of agreement with 39 statements about feeding (e.g., *I feel defeated by my child*), including 4 statements relevant to partners, on a 5-point scale, higher scores indicating stronger agreement. Responses were summed to yield six summary scores: the frequency of child feeding problems; the number of feeding problems identified; the frequency of maladaptive mealtime parenting strategies; agreement with unhelpful parental cognitions about mealtimes; agreement with unhelpful cognitions related to partners; and parenting confidence at mealtimes. The PATFA has good test-retest reliability ( $r=.68-.89$ ) and is well correlated with the total score of the Children's Eating Behavior Inventory (CEBI; Archer et al., 1991) ( $r=.50-.72$ ; Adamson & Morawska, 2008). It has been shown to differentiate problem eaters and controls and capture post-intervention change (Adamson, Morawska, & Sanders, 2013; Morawska et al., 2014) in the specified age range. Internal consistency in the current sample was acceptable to excellent ( $\alpha=.90, .91, .73, .87, .71$  and  $.96$  for the scales respectively).

### **Procedure**

For sample 1, interested parents followed a link from the advertisement to the study website and indicated consent before completing the measures electronically. Participants were then eligible to enter a prize draw or receive course credit (if a university student). A window was also then displayed containing websites with information on parenting and child feeding for parents who indicated concern about their child's feeding. Participants in sample 2 were first screened via telephone as part of the intervention study, before completing the measures online and progressing on to allocation. The research was conducted with the approval of the relevant university ethics committees.

### **Statistical Analyses**

A 2(Parent: mothers/fathers) x 2(Group: problem eaters/non-problem eaters) ANCOVA was run on each PATFA scale for sample 1, with child age and mealtime responsibility as covariates. Paired sample t-tests and correlations then compared the responses of mothers and fathers in sample 2 on each of the PATFA scales.

### Results

Missing data were minimal and all relevant statistical assumptions were met. Four univariate outliers were identified in sample 1 on the PATFA (Parent confidence, strategies, and partner cognitions scales); as these altered results they were excluded from analyses.

#### Sample 1

**Child feeding problems.** A 2(Parent: mothers/fathers) x 2(Group: problem eaters/non-problem eaters) ANCOVA with child age and mealtime responsibility as covariates examined the frequency of child feeding problems. Main effects were found for parent,  $F(1,202)=5.61$ ,  $p=.019$ ,  $\eta^2=0.03$ , and group,  $F(1,202)=60.09$ ,  $p<.001$ ,  $\eta^2=0.23$ , though no significant interaction was found. A similar pattern was found for the number of feeding problems identified, whereby main effects existed for parent,  $F(1,179)=4.48$ ,  $p=.036$ ,  $\eta^2=0.02$ , and group,  $F(1,179)=91.89$ ,  $p<.001$ ,  $\eta^2=0.34$ , though the interaction was not significant. Table 2 shows that on average a greater number and frequency of feeding problems were reported by parents of problem eaters than non-problem eaters, and mothers than fathers.

**Parenting strategies.** Significant main effects were found for the use of maladaptive parenting strategies at mealtimes by parent,  $F(1,203)=4.05$ ,  $p=.046$ ,  $\eta^2=0.02$ , and group,  $F(1,203)=8.44$ ,  $p=.004$ ,  $\eta^2=0.04$ , though the interaction was not significant. Means are presented in Table 2, and suggest that the use of maladaptive feeding strategies was more prevalent among parents of problem eaters than non-problem eaters, and fathers than mothers.

**Parental cognitions.** A significant main effect was found for unhelpful cognitions about mealtimes by group,  $F(1,204)=63.48, p<.001, \eta^2=0.24$ , though the main effect for parent,  $F(1,204)=0.05, p=.829, \eta^2<0.00$ , and the interaction were not significant. As shown in Table 2, parents of problem eaters reported more unhelpful cognitions about mealtimes than non-problem eaters, though mothers' and fathers' mean scores were similar.

Cognitions related to partners differed significantly by group,  $F(1,99)=13.20, p<.001, \eta^2=0.12$ , though the main effect for parent,  $F(1,99)=0.12, p=.731, \eta^2=0.00$ , and the interaction were not significant. As shown in Table 2, means suggested that parents of problem eaters reported more unhelpful cognitions in relation to their partners than non-problem eaters, though mothers and fathers showed similar mean scores.

In terms of mealtime parenting confidence, significant main effects were found for parent,  $F(1,175)=6.15, p=.014, \eta^2=0.03$ , and group,  $F(1,175)=38.50, p<.001, \eta^2=0.18$ , though the interaction was not significant. As shown in Table 2, mealtime parenting confidence was higher among parents of non-problem eaters than those of problem eaters, and fathers than mothers.

## Sample 2

A series of paired sample t-tests compared each of the PATFA scales by parent type among the 44 families who supplied both mother and father data. As Table 3 shows, no significant differences were found between mother and father ratings of the total number or frequency of child feeding concerns, parent mealtime confidence, cognitions or strategies. Power was low in each analysis though effects sizes were small and an examination of scale means suggests similarity between parents. Correlations presented in Table 3 indicate a small to moderate association between mothers' and fathers' total scores on most scales.

While the number of items on the PATFA precluded comparison of individual items by parent type, descriptive statistics are presented in Table 4 of the items most commonly

endorsed by mothers and fathers. Mothers and fathers rated the same five feeding problems (out of 21 items) as most frequent in their children: refusing certain types of foods, refusing new foods, not finishing the meal, complaining, and turning the head away when food was presented. There was also significant overlap in the items endorsed most commonly by each parent for mealtime strategies and cognitions. Both mothers and fathers reported most frequently using positive mealtime strategies such as praise and sitting or eating with the child. In terms of cognitions, both parents rated highest agreement with items indicating consensus between parents on the quantity and type of food served, a need for control over food intake, and the perception of mealtimes as more difficult than anticipated.

### **Discussion**

The current study aimed to compare mother and father reports of child mealtime difficulties and associated parenting. To this end, no significant interactions were found between parent type and group in sample 1, suggesting similarity in how mothers and fathers of children with eating problems, and mothers and fathers of those without, report, think about, and respond to mealtime issues. This is consistent with results from sample 2 which similarly found no significant differences in the reports of mothers and fathers of the same children. We did find some main effects for parent type in sample 1, whereby mothers overall reported more eating problems in their children and less confidence than fathers in managing these, yet the use of fewer unhelpful strategies at mealtimes. These may reflect the higher incidence of children with problem eating in the mothers group however. Indeed parents of problem eaters reported more child feeding problems, unhelpful parenting strategies and cognitions, and lower confidence at mealtimes than those without eating problems.

The results thus suggest convergence in parent report within a mealtime context. Our finding that parents reported similar levels of feeding problems in their child, and even the same five feeding problems as most frequent, is consistent with Holm-Denoma et al.'s (2005)

finding that mothers and fathers reported similar rates of food refusal in their three-year-old children, though Holm-Denoma et al. found less convergence for picky or controlling mealtime behaviour. This may be explained by differences in the samples, whereby the current study included children with feeding concerns, over a wider age range. There is some evidence to suggest age effects, such that toddlers demonstrate more mealtime difficulties than pre-schoolers, though this depends on the type of feeding problem surveyed (Crist & Napier-Phillips, 2001; Sanders et al., 1993). Likewise parental agreement on child feeding may depend on the type of feeding problems surveyed, though this is difficult to assess given the diversity of feeding problems (Berlin et al., 2009) and measures (Lewinsohn et al., 2005). We controlled age in comparing parent reports (in sample 1 via inclusion as a covariate, and in sample 2 as parents reported on the same child), yet found similarity between mothers and fathers. Regardless, the collection of data from fathers in research and practice either serves to confirm the concerns of mothers, or where different, clarify targets for intervention.

Mothers and fathers also reported similarity in their mealtime practices. In sample 2, there was significant overlap in the strategies reported by parents as most frequently used. These did tend to be positive in nature (e.g., praise), which may reflect some social desirability in reporting. Several studies have found similarity in how fathers and mothers approach mealtimes (Blissett et al., 2006; Haycraft & Blissett, 2008; Payne et al., 2011), while others found fathers more likely to use controlling (Holm-Denoma et al., 2005) and forceful strategies (Hendy et al., 2009), though the latter research tended to focus on obesity and older children.

Finally, there was similarity in mean ratings of unhelpful parental cognitions about mealtimes, and mealtime specific parental self-efficacy. These are somewhat novel findings, as investigations of parenting cognitions are scarce (Sanders & Morawska, 2005), particularly about mealtimes and by parent type. Research on parental self-efficacy has found confidence

to differ by parent type according to the task, whereby fathers were more confident with discipline and mothers with nurturance and instrumental care (Meunier & Roskam, 2009). The current study adds to that literature, suggesting mothers' and fathers' perceptions of their competence in the mealtime parenting role are similar. We did find differences on perceived responsibility at mealtimes, with fathers predominantly reporting shared or spousal responsibility for feeding, while mothers tended to nominate themselves as the primary feeder. This is consistent with two other studies (Blissett et al., 2006; Owen et al., 2010) and perhaps explained by the finding that mothers typically spend more hours on childcare and household duties than fathers (Baxter, 2013), yet is a pertinent finding as perceived responsibility may well dictate parenting actions and even help-seeking. Further research into perceptions of responsibility for child feeding is thus needed. Perceptions of shared responsibility also point to potential differences in mealtime parenting depending on whether one or both parents are present; this was not the focus of the current study and represents an important gap in the literature.

Overall, the current study points to similarity in mothers' and fathers' reports of child feeding concerns and associated parenting constructs. Study strengths include the collection of data from a relatively large sample of fathers, for which recruitment is often challenging (Meunier & Roskam, 2009), and the examination of various mealtime parenting factors, including parental cognitions and self-efficacy. We included parents of children with and without eating problems in sample 1 to facilitate comparison of mother and father report across the spectrum of feeding experiences, though acknowledge that these were not parents of the same children. Sample 2 surveyed mothers and fathers of the same child to hold constant characteristics of the family and child that might account for differences by parent type (Holm-Denoma et al., 2005), though the sample was smaller and statistical power low. Parents in sample 2 were also enrolled to receive assistance for their child's eating, and

reported more child feeding problems and lower confidence than parents of problem eaters in sample 1; despite this, both samples suggested similarity in mother/father report (though interpretation of individual item findings across the two samples should be done cautiously). The samples were also relatively homogeneous, predominantly comprised of parents of limited ethnic diversity within original families, who had agreed to participate in the study, and had computer access and competence, which may preclude generalisation to other populations. Alternate recruitment methods (e.g., randomly sampling households by telephone, as per Sanders et al., 2010) may help to provide access to a broader base of fathers and ensure that findings represent fathers more generally.

The use of parent-report measures generally poses two caveats. The first regards the subjectivity of parental report, though such methods are of course necessary to measure parental perceptions and cognitions. Observational data of mothers and fathers at mealtimes may help to delineate mealtime practices by parent type. A second caution relates to causation within cross-sectional designs: namely, an association between mealtime parenting factors and problem eating in children may be explained in both directions (i.e., problem eating may increase unhelpful strategies and cognitions among parents or vice versa).

Notwithstanding these limitations, the current study provides additional data on the perspectives of mothers and particularly fathers in feeding young children. Such findings support the inclusion of fathers in the assessment and treatment of childhood feeding difficulties, which may help to prevent potential physical and psychosocial sequelae of problem eating (Mascola et al., 2010).

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Table 1

*Demographic Characteristics of Parents in Sample 1*

Variable	Fathers		Mothers		$\chi^2(df)$	<i>p</i>
	<i>N</i>	%	<i>N</i>	%		
Child gender	109		110		0.00(1)	.950
Male	58	53.21	59	53.64		
Female	51	46.79	51	46.36		
Family type	109		110		3.66(3)	.301
Original	85	77.98	80	72.73		
Step	4	3.67	11	10.00		
Sole parent	16	14.68	14	12.73		
Other	4	3.67	5	4.55		
Marital status	109		110		5.24(2)	.073
Single	7	6.42	15	13.64		
Married/Defacto	88	80.73	88	80.00		
Separated/Divorced	14	12.84	7	6.36		
Ethnic group	109		110		1.25(3)	.741
White	95	87.16	98	89.10		
Indigenous Australian	4	3.67	3	2.73		
Asian	3	2.75	1	0.90		
Other	7	6.42	8	7.27		
Parent education	108		110		10.70(3)	.013
<Year 12	8	7.41	4	3.64		
Year 12	11	10.19	25	22.73		
Trade/College	34	31.48	20	18.18		
Tertiary	55	50.93	61	55.45		
Parent employment	108		109		42.87(2)	.000
0-10 hours	15	13.89	50	45.87		
10-30 hours	14	12.96	27	24.77		
>30 hours	79	73.15	32	29.36		
Able to meet expenses	109		110		0.89(1)	.345
Yes	88	80.73	83	75.45		
No	21	19.27	27	24.55		
Concern about feeding	109		110		11.29(1)	.001
No	75	68.81	51	46.36		
Yes	34	31.19	59	53.64		
Mealtime responsibility	109		110		44.33(2)	.000
Self	14	12.84	60	54.55		
Partner	18	16.51	5	4.55		
Both	77	70.64	45	40.91		

*Note.* Numbers in each analysis vary due to missing data.  $\chi^2$  = chi square.

Table 2

*Comparison of Fathers and Mothers on the PATFA in Sample 1*

Scale	Fathers		Mothers		<i>F</i> ( <i>df</i> )	<i>p</i>	$\eta^2$
	<i>N</i>	<i>M</i> ( <i>SD</i> )	<i>N</i>	<i>M</i> ( <i>SD</i> )			
Frequency of feeding problems					1.11(1,202)	.293	0.01
Problem eaters	73	50.40(10.30)	56	54.43(12.07)			
Non-problem eaters	32	40.47(9.63)	47	41.74(8.49)			
Number of feeding problems					3.30(1,179)	.071	0.02
Problem eaters	29	6.79(4.46)	49	8.77(4.72)			
Non-problem eaters	65	2.09(3.19)	42	2.07(3.35)			
Parent mealtime strategies					0.44(1,203)	.509	0.00
Problem eaters	32	70.64(10.26)	56	64.07(10.45)			
Non-problem eaters	74	65.43(10.13)	47	61.54(9.11)			
Parent mealtime cognitions					0.01(1,204)	.927	<0.00
Problem eaters	32	97.53(12.52)	57	95.73(14.17)			
Non-problem eaters	73	81.85(14.04)	48	80.34(13.82)			
Cognitions about partners					0.10(1,99)	.754	0.00
Problem eaters	9	10.67(3.00)	42	10.52(2.41)			
Non-problem eaters	29	8.66(3.14)	25	8.28(2.37)			
Parent mealtime confidence					0.01(1,175)	.913	<0.00
Problem eaters	25	145.11(33.21)	49	134.68(31.54)			
Non-problem eaters	66	175.37(28.19)	41	164.81(33.59)			

*Note.* *F* statistics represent interaction analysis for 2(Parent: mothers/fathers) x 2(Group: problem eaters/ non-problem eaters) ANCOVA. Numbers in each analysis vary due to missing data. A technical error in the online survey reduced completion of partner cognition items.

Table 3

*Matched Pair Analyses of Fathers and Mothers on the PATFA (Sample 2)*

Scale	<i>N</i>	Fathers <i>M(SD)</i>	Mothers <i>M(SD)</i>	<i>t(df)</i>	<i>p</i>	<i>d</i>	<i>r</i>
Frequency of feeding problems	44	59.26(9.34)	61.50(9.55)	-1.48(43)	.147	0.03	.434**
Number of feeding problems	41	10.23(5.86)	11.55(4.19)	-1.24(40)	.223	0.27	.102
Parent mealtime strategies	44	71.19(9.63)	68.65(10.10)	1.54(43)	.131	0.33	.385**
Parent mealtime cognitions	44	98.75(13.40)	98.55(14.56)	0.09(43)	.931	0.02	.367*
Cognitions about partners	42	10.14(2.18)	11.02(2.67)	-1.91(41)	.064	0.41	.250
Parent mealtime confidence	38	98.56(44.30)	98.59(35.81)	0.00(37)	.997	0.00	.018

*Note.* Numbers in each analysis vary due to missing data. *t*=Paired samples t-test. *d*=Cohen's *d*. *r*=correlations between mothers' and fathers' scale scores. \**p*<.05, \*\**p*<.01.

Table 4

*Five Most Commonly Endorsed PATFA Items by Mothers and Fathers in Sample 2*

Child Feeding Problems (21 items)	Fathers <i>M(SD)</i>	Mothers <i>M(SD)</i>
Refusing to eat particular types of foods	4.20(0.67)	4.59(0.66)
Refusing to try new foods	4.02(0.90)	4.39(0.94)
Not finishing the food he/she has been given	3.80(0.85)	4.05(0.83)
Complaining or whining	3.61(0.89)	3.80(1.05)
Turning head away when food presented	3.09(1.16)	3.11(1.02)
Parent Mealtime Strategies (30 items)	Fathers <i>M(SD)</i>	Mothers <i>M(SD)</i>
Providing finger-foods and child-friendly cups/cutlery etc so your child can feed themselves	4.52(0.85)	4.75(0.58)
Paying attention to and/or praising your child when he/she is eating well	4.33(0.68)	4.43(0.76)
Paying attention to and/or praising your child for feeding him/herself	4.23(0.83)	4.36(0.89)
Paying attention to and/or praising your child when he/she is behaving well at mealtimes	4.13(0.81)	
Sitting with your child while he/she eats	4.09(0.83)	4.48(0.76)
Eating with your child		4.30(0.85)
Parent Mealtime Cognitions (39 items)	Fathers <i>M(SD)</i>	Mothers <i>M(SD)</i>
I agree with my partner about what our child should eat	4.00(0.80)	3.90(0.91)
If I didn't guide or regulate my child's eating, he/she would eat the wrong amount or types of foods	4.00(0.84)	4.09(0.83)
I agree with my partner about how much our child should eat	3.90(0.76)	
Feeding my child is much harder than I thought it would be	3.89(0.72)	4.00(0.81)
Young children should eat what the rest of the family is eating	3.81(0.76)	4.05(0.61)
I am unsure what to do when my child refuses to eat		4.00(0.91)

*Note.* Child feeding problems and parent mealtime strategies are rated for frequency: 1(*Never*) – 5(*Almost Always*); parent mealtime cognitions are rated for agreement: 1(*Strongly Disagree*) – 5(*Strongly Agree*).