Exploring Factors that Influence a Parent’s Behavioral Impacts on Childhood Obesity through the Social Cognitive Theory:

a Literature Review

HPRB 5010 – Dr. Proctor

University of Georgia
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Introduction

Health Problem

The childhood obesity epidemic is increasingly affecting more children every year all around the world. Just here in the United States, prevalence rates run at about 18.5%, in total affecting 13.7 million children and adolescents (Center for Disease Control, 2018). The CDC defines obesity as an individual with a BMI (body mass index) exceeding the 95th percentile of their “BMI-for-age growth” charts (Centers for Disease Control, 2018). In 1999, the prevalence of childhood obesity was only 13.9%, and has now since increased to 18.5% reportedly in 2016 (Center for Disease Control, 2017). The increasing prevalence of childhood obesity over time is a serious topic that needs to be addressed.

As prevalence of adolescent obesity has exponentially increased over the past decade, it has begun to raise awareness of the health consequences associated with excess weight gain during childhood. Children that are obese or overweight during their early childhood or adolescent years are at a much higher risk of carrying the excess weight on into adulthood (WHO 2018). Adults who suffer from obesity are greatly susceptible to non-communicable diseases (WHO 2018). Past and current research has linked to many chronic diseases such as hypertension, high LDL cholesterol, low HDL cholesterol, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea or breathing problems, some cancers, and overall body pain associated with having difficulty in physical function (Center for Disease Control, 2017). Not only do physical complications arise from childhood obesity, but mental complications may surface as well. Mental illnesses, such as clinical depression, anxiety, and other mental disorders, have been linked to pediatric obesity/overweight (center for Disease Control, 2018). Both physical and mental complications associated with childhood obesity
decrease a child’s quality of life, raising extreme concern among health promotion specialists (Center for Disease Control, 2018). In the field of public health, quality of life is first and foremost, so research and childhood obesity interventions is a top priority.

Childhood obesity disproportionately affects children across different races and ethnicities, some being at a greater risk than others (Center for Disease Control, 2018). Populations more susceptible to childhood obesity have been coined “high-risk populations,” and groups in the US that tend to fall under this category include Hispanic/Latino and African American populations. In the US, the prevalence rate among Hispanics is 25.8%, while non-Hispanic blacks have a prevalence rate of 22.0% (Center for Disease Control, 2018). Non-Hispanic whites in the US are at a decently lower risk with a prevalence rate of 11.0% (Center for Disease Control, 2018). Prevalence rates are commonly highest among low and middle income groups, while rates tend to be lowest among higher income groups (Center for Disease Control). Education, or lack thereof among, among parents and their children has been found to have a significant negative association with childhood obesity (Center for Disease Control, 2018). The CDC states that the head of the household’s level of education is indirectly proportional to the prevalence of childhood obesity (Center for Disease Control, 2018). The prevalence rate of pediatric obesity among parents with only a high school level of education is 21.6%, 18.3% among parents who attended some portion of college, and 9.6% among those with a college degree (Center for Disease Control, 2018). Childhood obesity disproportionally affects populations in the US, and research suggests that minorities and individuals of a lower socioeconomic status are at the highest risk.

A child’s susceptibility to being overweight or obese may be influenced by a multitude of different factors, parents being one of them. Parents serve as role models for their children in all
aspects of life, in both good and bad ways. A majority of past research on childhood obesity has focused on the influence and role that parents play in the problem. Some research has specifically concentrated on parenting actions and the effects they have on a child’s risk of being overweight or obese (Moore, Wilkie, & Desrochers, 2017). Researchers have essentially come to the conclusion that parental behaviors may serve to either foster or protect against childhood obesity (Moore et al., 2017). However, there is little research concerning the factors that influence a parent’s behavior and its impact on childhood obesity.

Theory

The Social Cognitive Theory (SCT), created by Albert Bandura in 1986, proposes that an individual’s behavior influences and is influenced by both personal factors and environmental influences. The Social Cognitive Theory promotes a causation model consisting of triad reciprocal determination, in which an individual’s behavior, personal factors, and environmental influences all function as interacting determinants that influence each other bidirectionally (Bandura, 1986). Determining influential factors that impact whether parents either foster or protect against childhood obesity can be widely beneficial to researchers developing effective interventions. This literature review will use the Social Cognitive Theory’s causation model in order to determine the factors that influence a parent’s behavior and its impact on childhood obesity. The determinants of the causation model will consist of the following: personal factors will focus on a parent’s personal and cognitive factors, environmental influences will focus on the social and physical environmental influences that exist in parents’ lives, and behavior will pinpoint the specific behaviors of parents. Following the research of each independent determinant, this literature review will use triadic reciprocal causation to explain how and why a parent’s behavior impacts whether they foster or protect against childhood obesity.
Research Question

The aim of this literature review is to answer the research question: what factors influence a parent’s behavior and its impact on whether parents foster or protect against childhood obesity, specifically among parents of low socioeconomic status?

Methods

A literature search was originally conducted through use of University of Georgia’s Galileo Library Database in order to fully comprehend the influential factors acting on parental behaviors that determine whether parents foster or protect against childhood obesity. The UGA Library system was chosen due to its free access to relevant peer reviewed and scholarly articles. An advanced search was conducted in order to narrow the results down to articles that were published between 2007 and 2019 to ensure relevancy.

The search terms used to conduct an advanced search consisted of: “childhood obesity AND home environment OR neighborhood environment,” “parental knowledge AND childhood obesity,” “childhood obesity AND parent influence AND snacking,” “childhood obesity AND parent attitude OR caregiver attitude,” “parenting factors OR family factors AND childhood obesity,” “childhood obesity AND parenting style,” “parent knowledge OR caregiver knowledge,” “parent behavior AND child nutrition,” childhood obesity OR overweight AND predictors OR risk factors,” and “childhood obesity AND access to recreational parks.” The limitations included in each search consisted of: “peer-reviewed,” “scholarly journals,” and “2007-2018.” Utilizing the advanced search methods on the UGA Galileo Library Database allowed the researcher to obtain articles specific to the research topic.
In order to obtain only articles pertaining to the research question, inclusion and exclusion criteria were established. The inclusion criteria selected for articles concerning childhood obesity, parenting limited the search to only childhood or pediatric obesity, parent behaviors, and limited access to food or physical activity. There were two main parent behaviors searched: feeding style and parent modeling. In terms of exclusion criteria, adult obesity was excluded due to the focus of this review being on children alone.

The table below consists of the 11 advanced searches conducted within the UGA Galileo Library Database, and includes the search terms, used filters, number of results, and the articles used in this literature review.

<table>
<thead>
<tr>
<th>Search Terms</th>
<th>Used Filters</th>
<th>Number of Results</th>
<th>Articles Used</th>
</tr>
</thead>
</table>
| “childhood obesity AND home environment OR neighborhood environment” | o Peer-reviewed  
o 2008-2019  
o Scholarly journals | 62,473 | (Appelhans et al., 2014; Larson, Story, & Nelson, 2009; "Study Data from University of Memphis Update Knowledge of Obesity (A cross-sectional study of the influence of neighborhood environment on childhood obesity)"
| Search #2 | “childhood obesity AND parental knowledge” | Peer-reviewed  2008-2019 Scholarly journals | 2,126 | (Rune, Mulgrew, Sharman, & Lovell, 2015) |
| Search #3 | “childhood obesity AND parent influence AND snacking” | Peer-reviewed  2008-2019 Scholarly journals | 66 | (Rachel et al., 2015a; Tzou & Chu, 2012) |
| Search #4 | “childhood obesity AND parent attitude OR caregiver attitude” | Peer-reviewed  2008-2019 Scholarly journals | 40,850 | (Cardel et al., 2012; Costa, Del Pino, & Friedman, 2011; Vittrup & McClure, 2018a) |
| Search #5 | “parenting factors OR family factors AND childhood obesity” | Peer-reviewed  2008-2019 Scholarly journals | 1,086,719 | (Berge, Trofholz, Telke, & Tate, 2019; Laura, Monica Hernandez, Michael, & Michael, 2018) |
| Search #6 | “childhood obesity AND parenting style” | Peer-reviewed  2008-2019 Scholarly journals | 1,493 | (Hughes et al., 2011; Michelle, Greg, Rachel, & Pedro, 2012) |
| Search #7 | “parent knowledge OR caregiver knowledge AND snacks” | Peer-reviewed | 2008-2019 | Scholarly journals | 95,435 | (Younginer et al., 2016) |
| Search #8 | “parent behavior AND child nutrition” | Peer-reviewed | 2008-2019 | Scholarly journals | 18,277 | (Gubbels et al., 2011; Young, Fors, & Hayes, 2004) |
| Search #9 | “childhood obesity OR overweight AND predictors OR risk factors” | Peer-reviewed | 2008-2019 | Scholarly journals | 1,717,153 | (Janjua, Mahmood, Islam, & Goldenberg, 2012; Salahuddin et al., 2017) |
| Search #10 | “childhood obesity AND access to recreational parks” | Peer-reviewed | 2008-2019 | Scholarly journals | 16 | (Dayna, Larissa, Crystal, & Amanda, 2013) |
| Search #11 | “childhood obesity AND food insecurity” | Peer-reviewed | 2008-2019 | Scholarly journals | 815 | (Gunter, Jackson, Tomayko, & John, 2017) |
Results

A parent’s impact on childhood obesity resulting in either the fostering or protection against it, is influenced by the behaviors they engage in. The social cognitive theory says that an individual’s behavior influences and is influenced by the physical/social environment and personal factors (Bandura, 1986). Research of how each may individually impact childhood obesity is necessary to determine the research question of this literature review.

Personal Factors

Parental personal factors such as knowledge, attitudes and beliefs concerning health and obesity are important predictors of the a parent’s impact on childhood obesity.

Knowledge

Parental knowledge of health and obesity, or lack thereof, is one of the largest barriers contributing to the childhood obesity epidemic. Parents play a key role in the implementation of prevention efforts against childhood obesity, with the identification of health risks often being a significant motivator of behavioral change among parents (Rune et al., 2015). A significant amount of parents lack awareness of what it means to live a healthy lifestyle and engage in an adequate amount of physical activity, thus resulting in parental misconception of the health consequences associated with excess weight gain in children (Rune et al., 2015). One particular study found that the majority of parents with obese or overweight children did not consider their own children to be overweight (Vittrup & McClure, 2018a). When the parents were asked to define what a healthy diet was, only 43% of the parents defined it as eating more fruits and vegetables, while the remaining 40% of parents gave vague answers (Vittrup & McClure, 2018b). Unsurprisingly, many of the same parents did not have accurate knowledge of childhood
obesity prevalence (Vittrup & McClure, 2018a). Only 6% of the parents referred to differences in BMI, while none of the parents mentioned anything about weight percentiles (Vittrup & McClure, 2018b). The same study also found that the majority of parents lacked knowledge of how to correctly determine portion sizes (Vittrup & McClure, 2018a). Only 10% of the parents admitted to using serving size provided on the food label as a way to determine portion size, while the majority of remaining parents typically based portion amount on how much they thought their child would eat (Vittrup & McClure, 2018b). Research has found parental misconception of snacks to be a contributing factor of their role in fostering childhood obesity, and often may be a predictor of adherence to dietary recommendations (Rachel et al., 2015b; Younginer et al., 2016). One study conducted among low-income parents of children in preschool found that about half of the parents used portion size as a way to define whether a food was considered to be a snack or not (Younginer et al., 2016). Another study concerning caregiver’s administration of snacks to children found that some of the parents considered fast food items, such as a Happy Meal (burger, fries and a drink) from McDonalds, to be a snack as opposed to meal (Rachel et al., 2015b). Additionally, 50% of the same parents did not consider pizza to be a meal food (Rachel et al., 2015b). In addition to parental lack of knowledge concerning dietary recommendations, many parents are unsure of what constitutes adequate physical activity (Rachel et al., 2015a). Research has found that parents are either unaware of the recommended guidelines or are uninformed of what exercise and physical activity is comprised of (Vittrup & McClure, 2018b). Maternal education level has also been found to be closely associated with childhood obesity prevalence (Gubbels et al., 2011). In the KOALA Birth Cohort Study, researchers found that a higher maternal education level was positively associated with
adherence to healthy dietary recommendations, strong stimulation of physical activity, and more restriction of sedentary behaviors (Gubbels et al., 2011).

**Attitudes and Beliefs**

A child’s weight status is heavily influenced by parental attitudes, and can often be an important predictor of the child’s development of dietary habits and physical activity involvement. In a systematic review concerning the influence that parents have over childhood obesity, attitudes towards child feeding practices and weight status were both found to have a significant impact on a child’s susceptibility to being overweight or obese (Tzou & Chu, 2012). Mothers that believe their children have risky eating behaviors, such as over/under eating and fussiness, are at a higher risk of being overweight or obese (Tzou & Chu, 2012). Research supports that BMI score is positively associated with both child weight concern and perceived child weight (Tzou & Chu, 2012). Both restriction and pressure to eat are commonly found to influence a child’s BMI score (Tzou & Chu, 2012). Among high risk families, restriction of eating leads to higher BMI scores, while pressure to eat leads to low BMI scores among low risk families (Tzou & Chu, 2012). Children’s weight status is a common misperception among low income parents (Cardel et al., 2012; Costa et al., 2011; Tzou & Chu, 2012; Vittrup & McClure, 2018b). One study found that over half of the parents were unable to correctly identify their child’s weight status, with parents of overweight children having 10.5% accuracy rate (Tzou & Chu, 2012). A parent’s inability to correctly perceive their child’s weight status can be extremely detrimental to the child, putting he or she in great danger of succumbing to childhood obesity without the parent ever knowing it (Tzou & Chu, 2012). Cultural attitude towards children’s weight status varies among different populations, and may explain why childhood obesity is more abundant in certain populations more than others (Janjua et al., 2012; Kumanyika, 2008).
The childhood obesity prevalence rate among African Americans is 22.0%, the second highest prevalence rate in the US (Center for Disease Control, 2018). African American communities tend to be more accepting of a larger body size, specifically among women. Research has found that African American men prefer women with a fuller body shape (Janjua et al., 2012; Kumanyika, 2008). This cultural attitude promotes the idealization of a fuller body shape among African American women, thus serving as a personal barrier among parents that contributes to parental impact on childhood obesity (Janjua et al., 2012; Kumanyika, 2008).

Environmental Influences

Certain aspects of the environment majorly impact parental behavior, and contribute to the impact that parents have in fostering childhood obesity. Physical environment is a key predictor of parent behavior, specifically among low socioeconomic status communities (Moore et al., 2017).

Physical Environment

Access in the community is a major issue that exists among low SES communities, and is a key predictor of whether parents foster or protect against childhood obesity. Studies have found unequal and poor access to grocery stores, supermarkets, and nutritious food stores among rural, low-income, and minority communities (Gunter et al., 2017; Larson et al., 2009; Yang, Jiang, Xu, Mzayek, & Levy, 2018). In a review of several articles concerning the disparities in access to healthy foods, researchers found a negative association between residential access to food stores and childhood obesity risk, concluding that better access to a supermarket is related to a decreased risk of being overweight or obese (Larson et al., 2009). The same review found that access to either just supermarkets or supermarkets and grocery stores had the lowest obesity
prevalence rate, while the highest obesity prevalence rates existed among areas with access to either just grocery stores or grocery and convenience stores (Larson et al., 2009). Availability of fast food chain restaurants in greatest among low income neighborhoods and communities as compared to middle/high income areas, explaining in part why childhood obesity disproportionately affects children across the US (Kumanyika, 2008; Larson et al., 2009; Rachel et al., 2015a; Vittrup & McClure, 2018b). One study found that about half of the parents participating in the study reportedly fed their children fast food meals at least once week, if not daily (Vittrup & McClure, 2018a). Most of the parents claimed fast food was quick, easy, and alleviated some of the stress surrounding their busy schedule (Vittrup & McClure, 2018a). Food insecurity commonly exists among low-income families and commonly is found to be associated with low physical activity levels (Gunter et al., 2017). Recent research has found this association to be a result of socioeconomic disadvantage, consequently affecting a family’s ability to engage in behaviors that may prevent against childhood obesity (Gunter et al., 2017). High rates of childhood obesity prevalence among lower socioeconomic populations may be largely in part due to this positive association between food insecurity and low physical activity levels (Gunter et al., 2017). Access to safe recreational parks and facilities, commonly found to have a negative association with childhood obesity, is a barrier many parents face living in a low SES neighborhood (Dayna et al., 2013).
Behavioral Factors

Parental behaviors are essentially the physical link that determine the extent to which parents impact childhood obesity. While parental behavior is largely influenced by personal and environmental factors, it is essential to know what specific parental behaviors serve to foster childhood obesity.

Household Emotional Climate

Parents are responsible for establishing the household emotional climate, which holds a strong influence on developing behavioral patterns in children (Moore et al., 2017). A child’s internalization of desired behaviors is heavily influenced by 3 parenting behaviors: autonomy support (gentile behavioral control, providing appropriate choices), clear expectations and warm personal involvement (Moore et al., 2017). A parent may be fostering childhood obesity when he or she begins to engage in behaviors that deter from these three desired qualities. All 3 behaviors contribute towards a positive household emotional climate that serves to protect against childhood obesity (Moore et al., 2017). On the contrary, parents that do not provide autonomy support, give clear expectations and administer warm personal involvement set a negative household emotional climate that consequently fosters childhood obesity (Moore et al., 2017).

Feeding Style

Parents have the ultimate influence over their child’s diet when they are young, and are essentially the gatekeepers for either restricting or enabling access to food (Michelle et al., 2012). All parents have their own unique feeding style that’s conducive to their family, however there are some feeding and consumption practices that may increase a child’s susceptibility to
excess weight gain. While some parents exhibit overly controlling and restrictive feeding styles, others are at the complete opposite end of the spectrum and are overly indulgent (Hughes et al., 2011). Both of these feeding styles are considered to be the extremes along the spectrum, both putting children at higher risk of being overweight or obese (Hughes et al., 2011). One study found that parents of children who are overweight or obese tend to be more concerned with the child’s weight status and the parents tend to be more restrictive when it comes to feeding style (Costa et al., 2011). Along with past research, this study’s findings support the positive relationship between restriction of certain foods and BMI level (Costa et al., 2011; Tzou & Chu, 2012). The researchers claim that an increased restriction to certain foods may cause a child to become hyper focused on those foods, increasing their likelihood of excess eating during times where the child may not even be hungry (Costa et al., 2011). Additionally, this study found a relationship between pressure to eat and child BMI level, and is also linked to an increased intake of fruits and vegetables and lower intake of high fat foods among children (Costa et al., 2011). Feeding style is extremely influential in a child’s developed dietary habits and patterns, and can negatively influence a child’s ability to recognize internal fullness and self-regulate what and when they eat (Cardel et al., 2012; Costa et al., 2011; Hughes et al., 2011). Both authoritarian and indulgent feeding styles serve to foster childhood obesity (Hughes et al., 2011). Authoritative parenting may result in a child that is unaware of how to self-regulate what they eat as soon as they are no longer under their parents control (Hughes et al., 2011). If the child is not allowed to learn how to self-regulate and recognize when he or she is full, then the child could very well resort to eating in the absence of hunger (EAH) (Cardel et al., 2012). Adversely, research shows that indulgent feeding styles put children at the greatest risk of being overweight or obese (Hughes et al., 2011). Little control of a child’s dietary intake often implies a parent’s
lack of emotional investment and supervision, which may later on down the road lead to the child being unable to respond to internal fullness cues resulting to abnormal weight gain (Hughes et al., 2011). One particular study focused on reasons that low-income parents gave their children snacks, either for nutritional or non-nutritional reasons (Rachel et al., 2015a). The researchers found that parents who gave their children snacks for non-nutritional reasons, such as rewarding behavior or in celebration of something, were much more likely to stray from dietary recommendations (Rachel et al., 2015a).

Parent Modeling

Perceived parent behaviors serve as a model for children. Children learn by observing their parents behaviors and tend to mimic the behaviors that they have watched their parents engage in during early childhood (Young et al., 2004). Research supports that parent modeling and parental support are both indicators of fruit and vegetable consumption (Young et al., 2004). One particular study found that perceived parent modeling is in fact a significant predictor of fruit and vegetable consumption when availability was high inside the home (Young et al., 2004). If availability is high, parent are much more likely to be observed by their children eating those fruits and vegetables, as opposed to not having them in the house in the first place (Young et al., 2004). Additionally the study found perceived parental support to have a positive effect on middle school children’s fruit and vegetable consumption, with self-efficacy serving as the mediator between the two (Young et al., 2004). When fruit and vegetable availability is low, perceived parental support is a significant predictor of the amount that children consume (Young et al., 2004). Parental encouragement is very influential in children’s fruit and vegetable consumption, even when availability in the home is low and the children aren’t observing their parents physically engage in this behavior (Young et al., 2004). Parents are strongly encouraged
to eat healthy foods in front of their children along with encouraging them to do the same (Young et al., 2004). Multiple studies have found maternal BMI has been found to be a key indicator a child’s susceptibility to being overweight or obese (Janjua et al., 2012; Laura et al., 2018; Salahuddin et al., 2017). Severe maternal obesity is positively associated with severe childhood obesity, especially among children ranging in ages 2 to 5 years old and 9 to 12 years old (Salahuddin et al., 2017).

**Discussion**

Parental impact on childhood obesity is influenced by the behaviors that parents exhibit. However, the social cognitive theory says that an individual’s behavior influences and is influenced by their environment and personal factors. This literature review proposes that whether a parent serves to foster or protect against childhood obesity is entirely dependent upon the interactions that exist between the determinants, and the bidirectional nature of influence that they exhibit on each other (Bandura, 1986).

**Personal Factors ↔ Behavior**

The bidirectional relationship between personal factors and behavior of Bandura’s schematic represents the reciprocal action between thought, affect, and action (Bandura, 1986). The social cognitive theory suggests that a parent’s personal factors, such as knowledge and attitude towards health and obesity, are strongly influential over the manner in which they behave (Bandura, 1986). Lack of knowledge concerning health and obesity foster behaviors such as overfeeding, too little or too much restriction, or pressure their children to eat, or drives the parent to behave in ways that foster childhood obesity, such as overfeeding, pressure to eat, exhibiting too much or too little restriction over their child’s diet (Berge et al., 2019; Cardel et
Cultural beliefs may also drive a parent to behave in certain ways, like for example, African American women overfeeding their daughters because culturally, women with fuller bodies are idealized (Janjua et al., 2012; Kumanyika, 2008).

The social cognitive theory also suggests that both extrinsic and natural effects of a parent’s actions are largely influential over the way in which they think and emotionally react (Bandura, 1986). Parents’ reasoning for giving their child snacks, whether it is for nutritional or non-nutritional reasons, the reaction that they receive from their child may positively reinforce the behavior. For example, parents who give their children snacks for non-nutritional reasons (i.e. to keep a child quiet), receive a positive reaction from the child (staying quiet), thus reinforcing a behavior that fosters childhood obesity (Rachel et al., 2015a).

Personal Factors ↔ Environmental Influences

The portion of reciprocal causation concerned with personal and environmental factors is reflective of the interactional relationship between personal characteristics and environmental influences (Bandura, 1986). The social cognitive theory proposes that a parent’s knowledge of health and obesity, attitudes, beliefs, and emotional bents are largely influenced by their social and physical environments (Bandura, 1986). Lack of access to knowledge of health and obesity is common among low SES communities, and is majorly influential in parental misperception of their child’s weight status, thus resulting in promotion of childhood obesity (Cardel et al., 2012; Costa et al., 2011; Tzou & Chu, 2012; Vittrup & McClure, 2018a).

Parents may also influence portions of their physical environment, aside from what they may say or do, instead they are based on personal factors such as sex, physical attractiveness,
age, race, gender or size (Bandura, 1986). Parental modeling is largely influential in a parent's impact on childhood obesity, specifically maternal BMI (Salahuddin et al., 2017). Mothers serve as a role model for their children, and may negatively influence their environment by serving as a bad role model for her children who will grow up with a falsified idea of what a normal weight should look like.

Environmental Influences ↔ Behavior

The segment of the reciprocal causation schematic reflective of interactions between environmental factors and behavior is representative of the bidirectionality that exists among an individual’s environment and elicited behaviors (Bandura, 1986). Parental behavior alters environmental conditions, and conversely, is influenced by the environmental conditions it creates (Bandura, 1986). However, it is important to note that the environment is not a fixed entity capable of control over its level of influence (Bandura, 1986). When stressors such as mobility and access come into play, this may uncontrollably influence a parent’s physical and social environment, thus influencing their behaviors (Bandura, 1986). Food insecurity is a common barrier inevitably found among low SES communities inhibiting many parents from engaging in health conscious behaviors that protect against childhood obesity (Gunter et al., 2017). While nutritious food may be scarce, fast food restaurants exist in excess amounts among low SES areas and are largely influential in contributing to this overarching negative physical environment parents are faced with (Kumanyika, 2008; Larson et al., 2009; Rachel et al., 2015a; Vittrup & McClure, 2018a). Fast food restaurants are fast, cheap, easily accessible and the most logical choice according to parents whose children ate fast food on a weekly, or for some, a daily occurrence (Vittrup & McClure, 2018a).
According to the social cognitive theory, parental behavior may activate or influence certain aspects of parents’ social or physical environment (Bandura, 1986). Parents are responsible for setting the household emotional climate, and those that do not exhibit autonomy support, clear expectations and warm personal involvement, consequently create a negative household emotional climate that fosters childhood obesity (Moore et al., 2017). These three parenting qualities are essential to a child’s developing dietary and physical activity habits, and deterring from them results in the fostering of childhood obesity.

Limitations

The main limitation of this literature review is that there is a high probability other interventions occurred during or after the completion of this review, and would therefore not be accounted for. New information regarding parental impact on childhood obesity could have been published, either supporting or negating the information discussed in this review. Additionally, only 20 peer-reviewed articles were researched for the purpose of this review, resulting in the exclusion of a vast amount of information found in other research not included. Another limitation is that childhood obesity is an extremely broad topic and this review only covers a small portion it. Also, there is little research about the factors that influence parental impact on childhood obesity, and the application of the social cognitive theory to childhood obesity was not based on prior research. Furthermore, not all constructs of the social cognitive theory were used, and may have resulted in a slightly biased report.

Conclusion

The prevalence of childhood obesity has rapidly increased within the past few decades, and research has brought new information to light about the role parents play in problem. The
impact parents have on childhood obesity is becoming a popular topic of interest among public health research due to the strong influence that parents have over their children. A parent is the single most influential person in a developing child’s life. It is a fact that certain parent behavior fosters childhood obesity, but prevalence rates will continue to increase until interventions start to target the factors responsible for causing the behavior, such as the ones presented in this review. Parents are like gold in the eyes of childhood obesity prevention; the value they hold is paramount.
References


Rationale Influences Snack Frequency and Adherence to Dietary Recommendations.


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