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Problematic Child Mealtime Behavior and Caregiver Mobile Phone Use

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Background

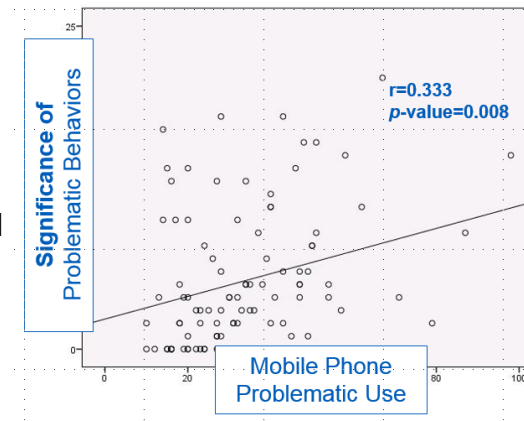
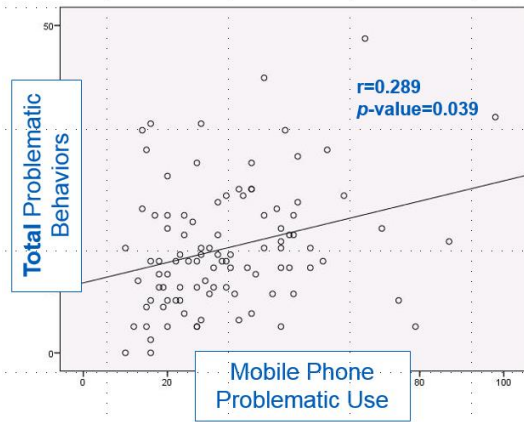
Problematic mealtime behaviors (PMB) (externalizing behavior at mealtime) have been seen anthropologically when adult caregivers are absorbed in their mobile phones. Parents with mobile phone problematic use (MPPU) are more likely to be absorbed in a mobile device. Neither the correlation of MPPU to PMB, nor the frequency of PMB to perceived impairment of problem behavior have been quantitatively studied.

Objective

Evaluate correlation of caregiver MPPU and child PMB to improve understanding of the possible implications of caregiver MPPU

Methods

Participants included caregivers of children ages 2-8 years being seen in a pediatric hospital clinic. Participants completed a survey on an iPad via REDCAP. The survey included demographics (caregiver/child age, gender, race/ethnicity; child BMI; caregiver level of education), a validated measure for caregiver MPPU (Mobile Phone Problematic Use Scale; MMPUS) and a validated measure for perception of child PMB (Meals in our Household; MIOH). MIOH includes frequency of PMB and perceived impairment from PMB. Measures are continuous variables. Spearman correlation was used for the studied variables and possible confounding variables. Significant confounding variables were evaluated in a regression model.



Results

100 caregivers (mean age 32.9 years, 65% white, 20% \leq high school completion) participated. Correlation of MIOH problematic behavior total with MMPUS was significant ($p=.004$, $r=0.289$). MIOH perceived impairment from PMB had stronger correlation with MMPU ($p<.001$, $r=.333$). Significantly correlated caregiver variables with MPPU include younger age ($p=.017$, $r=-0.241$) and gender $F>M$ ($p=.005$). No significant caregiver variables noted for PMB. Younger child age was significantly correlated with PMB ($p=.007$, $r=-.274$). No significant differences in child variables for MPPU. Significant variables were evaluated in regression model, and MPPU and PMB remained significant.

Conclusion

Correlation was found between MPPU and PMB. Correlation was stronger when measure of perceived impairment was evaluated. This suggests that caregivers with increased MPPU perceive behavior as more problematic. Understanding the potential relationship between caregiver MPPU and child PMB, strengthens pediatricians' ability to counsel about the implications of caregiver MPPU when discussing child PMB. Objective coding during mealtimes of caregiver mobile phone use and child mealtime behaviors will further evaluate this relationship.