

Childhood feeding difficulties perceived by mothers and fathers: a cross-sectional study conducted in Family Pediatrician offices

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Article

Keywords: childhood feeding difficulties, infantile eating disorders, family pediatrician, parents' perception

Posted Date: October 8th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-10838623/v1>

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Additional Declarations: No competing interests reported.

Abstract

Background

Parents increasingly report feeding difficulties in their children, with an estimated prevalence ranging from 20% to 60%. These difficulties represent a risk factor for the later development of eating disorders. It is well established that children's feeding behavior, from birth, develops within the caregiver–child dyad and acquires affective and relational meanings beyond its purely nutritional function.

Objectives

we conducted a cross-sectional study to compare maternal and paternal perceptions of their child's feeding difficulties and to collect child's feeding difficulties correlations with parent's feeding behavior, eating disorders and psychopathology.

Materials and methods

a total of 48 healthy, born at term children, aged between 6 months and 3 years, were recruited in 4 family pediatrician offices in Reggio Emilia (Italy). All parents were administered EDQ-C questionnaire to collect sociodemographic information, eating disorders and psychopathologic aspects of both the child and the parent.

Results

we detected a good match between mothers' and fathers' perception scores, particularly for infantile anorexia ($p < 0.001$), sensory food aversion ($p < 0.004$), oral-motor disorder ($p < 0.001$) and approach to food ($p < 0.001$). Both mothers and fathers reported a higher perception of feeding difficulties if they have an only child. Children's feeding disorder scores were more strongly correlated with maternal psychopathology than with paternal psychopathology, and no significant correlation was found with parents' own eating disorders.

Conclusions

this study contributes to expanding knowledge on early childhood feeding difficulties as perceived by parents, by directly comparing maternal and paternal perspectives.

Highlights

- We conducted a cross-sectional study in 4 pediatrician offices to compare parents' perceptions of feeding difficulties in 48 children
- Mothers and fathers showed strong agreement on perceived feeding difficulties of their 6 -36 months children.
- Maternal psychopathology related to perceived child eating problems may be more relevant than paternal psychopathology.
- Dysfunctional parental mealtime behavior was associated with children's feeding problems, with stronger correlation for fathers.

- Both parents should be considered in assessing early feeding difficulties and we should evaluate parental psychologic support.

1. Introduction

The development of feeding behavior in the early years of life occurs within the child–caregiver dyad, acquiring affective and relational meanings that extend beyond its purely nutritional value (Quagliata, E. 2022).

From breastfeeding to shared family meals, feeding represents a privileged context for strengthening the emotional bond, which is essential for the development of secure attachment to the caregiver. At the same time, it provides an opportunity for the child to develop and assert autonomy, while the caregiver is required to balance protective instincts with the child's need for independence (Ammaniti M et al. 2004).

From the very beginning, children recognize that their caregivers are not indifferent to what they eat and learn that their feeding behavior can become a means of influence within the parent–child relationship. Mealtimes are often reported by parents as a source of anxiety, stress, and frustration (Parlakian R, 2007). It is estimated that between 20% and 60% of parents report feeding-related problems in their children, most commonly involving behaviors such as food selectivity or variations in the quantity of food intake compared to what is considered typical (Hasbani EC et al., 2023).

Some feeding behaviors are developmentally appropriate and partly heritable. However, certain caregiver responses that lead to dysfunctional feeding practices (e.g., pressure to eat, restriction, emotional feeding) may be counterproductive and are associated with adverse health outcomes in children. These practices can influence the development of food preferences and appetite regulation, which in turn shape long-term eating habits and increase the risk of chronic conditions such as obesity, diabetes, and eating disorders (Daniels LA, 2019).

Feeding problems reported by caregivers encompass a wide spectrum, ranging from parental misinterpretation of developmentally normal behaviors as pathological, to mild feeding difficulties, and up to clinically significant feeding disorders, which represent the “tip of the iceberg” with an estimated prevalence of 1–5% (Kerzner B et al, 2015).

According to a systematic review, childhood feeding difficulties are predictive of the development of eating disorders later in life, including adulthood (McClelland J et al, 2020). Therefore, these difficulties have implications not only in the short term but also in the long term.

It is well established that parenting style is associated with feeding problems in children (Lopez NV et al. 2018), as well as differences between mothers and fathers in feeding practices and their effects. Previous studies have highlighted the distinct impact of parenting style and parent–child interactions during mealtimes on children's feeding disorders (Vollmer RL, 2021; Shloim N et al, 2015).

However, literature still provides limited insight into the differential roles of mothers and fathers in the perception of, and factors associated with childhood feeding difficulties. The present study aims to contribute to this area.

2. Objectives

The aims of this study were:

- to assess the level of agreement between mothers and fathers in their perception of problematic feeding behaviors in their children;
- to compare, between mothers and fathers, the associations between children's feeding difficulties and parental mealtime behavior, history of eating disorders, and psychopathology.

3. Materials and Methods

3.1 *Declarations*

Ethics approval

The study was approved by the CE AVEN (Comitato Etico Area Vasta Emilia Nord), protocol number 2024/0049235 (Apr 10, 2024) and authorized by the General Director of the Azienda U.S.L. – IRCCS of Reggio Emilia, in accordance with Regional Law 9/2017. It was conducted in compliance with regulations governing non-commercial and observational studies and in accordance with the ethical principles of the Declaration of Helsinki.

Consent to participate

Written informed consent was obtained from the parents.

Data availability

All study documentation was collected and managed at the pediatricians' clinics where participants were enrolled and was stored in accordance with applicable regulations.

The data that support the findings of this study are not openly available due to reasons of sensitivity and are available from the corresponding author upon reasonable request.

3.2 *Setting and Instruments*

The present study is part of a cross-sectional observational study conducted in 2024 to investigate childhood feeding disorders in relation to parental characteristics, child characteristics and attachment patterns, and the habit of early shared reading within the family.

Participants were recruited from patients attending a group of four primary care pediatricians (PLS) in the municipality of Scandiano, in the province of Reggio Emilia, Italy, over a two-month period (May to June 2024). Children were enrolled during routine well-child visits (health check-ups) conducted between the ages of 6 and 35 months.

During the visit, the child's pediatrician introduced the study to the parent(s) or legal guardian and provided the relevant information sheets and consent forms, including those intended for the parent who might not have been present at the visit. In the following days, the pediatrician contacted the child's parent(s) by telephone to collect consent for participation. In case of agreement, both parents were invited to attend a subsequent appointment at the clinic to complete the questionnaires. When it was not possible for both parents to be present, participation of only one parent was considered sufficient.

Prior to questionnaire administration, written informed consent for participation and data processing was obtained by the principal investigator from both parents for the enrolled child, as well as from the participating parent(s).

In the original study, sociodemographic data were collected, and participants were administered the Eating Disorders Questionnaire in Childhood (EDQ-C) (Franzoni et al. 2017), along with a questionnaire assessing parental habits of reading aloud to their child.

Specifically, the EDQ-C is a tool designed for the screening and diagnosis of feeding disorders in pediatric age. It was developed and validated in Italy by the Child Neuropsychiatry Unit of Sant’Orsola Hospital and Bellaria Hospital in Bologna (courtesy of Dr. Sacrato) for children aged 0–12 years. The questionnaire includes: (i) a personal and family history section (anamnestic questionnaire, 0–12 years); (ii) a parent-focused section (Parental Form P, 0–12 years); and (iii) a child-focused section, age-specific, which includes both a short screening form and a more comprehensive diagnostic questionnaire to be administered when screening results suggest the presence of a disorder (Parental Form C).

The questionnaire is based on Irene Chatoor’s classification of feeding disorders, known as the “Zero-to-Three” framework, which conceptualizes feeding disorders within a relational perspective. In this framework, food – representing the earliest form of affective exchange between child and caregiver – becomes part of a broader symptomatic signal. This classification is included in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised: 0-3R (Zero to Three) (Zeanah et al., 2016).

3.3 Study Sample

The sample included healthy full-term children aged between 6 and 35 months, following the acquisition of informed consent.

Exclusion criteria were:

- the presence of known neuropsychiatric disorders;
- preterm birth (gestational age < 37 weeks);
- failure to obtain consent from both parents or the legal guardian to participate in the study.

3.4 Outcomes

Based on the EDQ-C questionnaire, variables were constructed to assess parental perceptions of problematic feeding behaviors, corresponding to categories of childhood feeding disorders [pica, rumination disorder, infantile anorexia, sensory food aversion, feeding disorder associated with a medical condition, post-traumatic feeding disorder, oral–motor feeding disorder, and approach to food (Tables 1, S1)], as well as parental psychopathology [phobias, mood disorders, obsessive–compulsive disorder (OCD), social and relational problems, parental mealtime behavior, stressful life events, and eating disorders (Tables 2, S2)]. These variables were calculated as the sum of the items within each respective scale.

The resulting raw scores were used as continuous variables in the analyses. Among the feeding disorders originally included in the EDQ-C, pica was excluded from the analyses, as it is considered pathological only in children older than 18 months, and feeding disorder associated with a medical condition was also excluded, as the study sample included only healthy children.

Table 1

Table 2

A descriptive analysis of the sociodemographic characteristics of the entire sample was performed. Restricting the analysis to questionnaires completed by both the mother and father of the same child, scores related to children’s feeding difficulties were summarized using appropriate measures of central tendency and dispersion for mothers and fathers separately.

To assess the agreement between mothers and fathers regarding the same child’s feeding difficulties scores, Pearson’s correlation coefficients were calculated, and linear regression models were estimated.

Pearson’s correlation coefficients were also used to evaluate the associations between children’s feeding difficulties and parental psychopathology scale scores, both in the overall sample and stratified by mothers and fathers. Social–relational disorders and stressful life events, although included in the EDQ-C questionnaire, were excluded from this analysis due to their limited variability across subjects.

4. Results

4.1. Descriptive Analysis

Table 3 presents the sociodemographic characteristics of the overall sample (N = 73; 48 mothers and 25 fathers).

Table 3

The analysis was subsequently restricted to questionnaires in which both parents of the same child had provided informed consent and agreed to participate (N = 50; 25 mothers and 25 fathers) (Table 4). Among these, one mother and one father (referring to two different children) provided informed consent but completed the questionnaires only partially; therefore, their scores on children’s feeding difficulties could not be calculated.

Descriptive analysis showed that parents (both mothers and fathers) of female children reported, on average, lower scores for infantile anorexia, sensory food aversion, post-traumatic feeding disorder, and approach to food compared to parents of male children. Scores for sensory food aversion and approach to food were higher, on average, in children older than 12 months for both parents. For both mothers and fathers, higher scores were generally observed when the child was an only child across most feeding difficulties domains.

Table 4

4.2. Agreement between Mothers and Fathers

The analysis of agreement between mothers and fathers regarding children’s feeding difficulties (Figure 1) showed moderate to strong concordance for infantile anorexia ($\rho = 0.742$, $p < 0.001$), sensory food aversion ($\rho = 0.573$, $p = 0.004$), oral–motor disorder ($\rho = 0.651$, $p = 0.001$), and approach to food ($\rho = 0.852$, $p < 0.001$).

Correlations were weaker, although still positive, for rumination disorder and post-traumatic feeding disorder.

Figure 1

4.3. Association between Children’s Feeding difficulties and Parental Psychopathology

The analysis of correlations between children’s feeding difficulties and parental psychopathology (Tables 5 and 6) showed an overall stronger association with maternal psychopathology compared to paternal psychopathology.

Specifically, maternal mood disorders were positively correlated with nearly all child feeding problems, with particularly strong associations for infantile anorexia, feeding disorder associated with a medical condition, and approach to food. In contrast, among fathers, correlations between mood disorders and children’s feeding problems were weak or even negative.

Maternal obsessive–compulsive disorder (OCD) was also associated with multiple dimensions, with higher values for infantile anorexia, sensory food aversion, and approach to food. In fathers, OCD showed moderate associations with most dimensions, particularly with oral–motor disorders.

Finally, dysfunctional parental mealtime behavior was positively correlated with children’s feeding problems in both mothers and fathers, with generally stronger correlations observed in fathers.

The corresponding scatterplots are presented in the Supplementary Materials (Figures S1–S6).

Table 5

Table 6

5. Discussion

Our study showed higher EDQ-C scores for childhood feeding difficulties in male children, in children older than 12 months compared to those younger than 12 months, and in only children.

With regard to this last finding, it can be hypothesized that first-time parents may be more concerned and more attentive in identifying potential feeding difficulties or may tend to overestimate them. This finding may be related to the concept of parental self-efficacy, defined as the confidence in one’s ability to interpret a child’s signals and needs and to respond appropriately. At the birth of their first child, parents experience a major role transition in which their sense of self-efficacy must be developed without prior direct experience, unlike parents who already have other children (Fang et al., 2022; Sæther et al., 2023). The literature suggests that mothers with multiple children report higher levels of satisfaction and perceive themselves as more competent compared to mothers with only one child (Ercegovac et al., 2013; Troutman et al. 2012) .

A good level of agreement between mothers and fathers was observed in the perception of children’s feeding disorders, particularly for infantile anorexia, sensory food aversion, oral–motor disorder, and approach to food.

Overall, children’s feeding disorder scores were more strongly associated with maternal psychopathology and eating disorders than with paternal ones. Although it is difficult to establish the direction of causality in this relationship – given the likely bidirectional influence – this finding is consistent with the literature, which indicates that mothers tend to communicate more frequently and with greater complexity with their children during mealtimes compared to fathers (Throm et al. 2024).

In our study, higher maternal scores for mood disorders were associated with nearly all child feeding problems, with particularly strong associations for infantile anorexia, feeding disorder associated with a medical condition, and approach to food. Previous research has identified an association between child malnutrition or feeding disorders and dysfunctional mealtime interactions, linked to maternal symptoms such as anxiety, depression, and

disordered eating attitudes, as well as to child characteristics including irregular rhythms and emotional–behavioral difficulties (Ammaniti et al., 2004). At the same time, the absence of maternal concern about food refusal has been shown to reduce food neophobia, while responsive feeding practices and a positive mealtime atmosphere appear to have a protective effect (An et al. 2020).

In our sample, dysfunctional parental mealtime behavior was positively associated with children's feeding problems in both mothers and fathers, with generally stronger correlations observed in fathers. The literature highlights the importance of parental behavior at the table in shaping children's acceptance of new foods (Addessi et al. 2005). Strategies such as repeated exposure, positive modeling, responsive feeding, and emotional involvement have been shown to improve food acceptance, confirming the central role of structured family interactions from the earliest stages of life (Herle et al. 2017). Consistent with our findings, previous studies have also reported a significant influence of paternal behavior on children's feeding dynamics, particularly in family contexts characterized by strong paternal involvement (Aviram et al. 2015).

In particular, parent–child interaction during mealtimes is influenced by paternal involvement and by the child's temperament. Greater paternal participation has been associated with improved communication and emotional regulation, as well as reduced oppositional behaviors (Cerniglia et al. 2014).

In our study, no associations emerged between parental eating disorders and children's feeding disorders, which is in contrast with previous literature. A recent review (2024) reported that mothers with a history of eating disorders tend to express more negative emotions during mealtimes compared to mothers without such disorders. However, findings regarding the use of positive comments and controlling behaviors remain inconsistent (Throm et al. 2024).

Strengths and Limitations

One limitation of this study is the relatively small sample size, partly due to the low response rate among fathers. Although the initial sample included 48 families, in 23 cases only the mother completed the questionnaire.

Another limitation is that children's feeding disorder scores were derived from parental reports and are therefore influenced by parental perception, although the individual items used to construct the variables refer to the frequency of observable behaviors. This limitation is inherent to the chosen methodology, which aims to identify a child's tendency to exhibit specific feeding difficulties. The EDQ-C questionnaire is a practical and efficient tool that does not require a multidisciplinary clinical assessment (e.g., pediatricians, psychologists, nutritionists/dietitians), but its results are mediated by the respondent's perception. However, this applies equally to both mothers and fathers; therefore, comparisons between parents should be interpreted as differences in their perception of the child's behavior.

Despite these limitations, our study contributes to the current literature by addressing a relatively underexplored area. Most studies on childhood feeding disorders primarily rely on maternal reports, as mothers are typically considered the main caregivers in child nutrition. In contrast, our study includes both parents, providing a more comprehensive perspective on parental perceptions and their role in early feeding difficulties.

6. Conclusions

This study contributes to expanding current knowledge on early childhood feeding difficulties as perceived by parents, by directly comparing maternal and paternal perspectives. Mothers and fathers in our sample showed moderate to strong agreement in their perception of the main childhood feeding disorders.

Overall, maternal psychopathology appeared to be more strongly associated with children's feeding difficulties compared to paternal psychopathology; however, meaningful positive correlations also emerged for certain aspects of paternal psychological functioning.

Further research is needed to better clarify the role of both parents in the development of childhood feeding disorders. In particular, future studies should explore the potential contribution of fathers in prevention and early intervention strategies targeting feeding difficulties in early childhood.

Declarations

Ethics approval

The study was approved by the CE AVEN (Comitato Etico Area Vasta Emilia Nord), protocol number 2024/0049235 (Apr 10, 2024) and authorized by the General Director of the Azienda U.S.L. – IRCCS of Reggio Emilia, in accordance with Regional Law 9/2017. It was conducted in compliance with regulations governing non-commercial and observational studies and in accordance with the ethical principles of the Declaration of Helsinki.

Consent to participate

Written informed consent was obtained from the parents.

Funding :

The authors received No Funding for this work.

Competing interests

The authors have no competing interests to declare that are relevant to the content of this article.

Author Contribution

All authors contributed to the study conception and design. Material preparation and data collection were performed by E. M. and F. P., analysis were performed by L. B., F. L. and P. G. R. The first draft of the manuscript was written by E. M. and F. P. and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Data Availability

All study documentation was collected and managed at the pediatricians' clinics where participants were enrolled and was stored in accordance with applicable regulations. The data that support the findings of this study are not openly available due to reasons of sensitivity and are available from the corresponding author upon reasonable request.

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Tables

Table 1. Definition of childhood feeding disorders included in the EDQ-C questionnaire and analyzed in the study.

Childhood Feeding Disorders	
<u>Rumination Disorder</u>	The child regurgitates previously ingested food and subsequently re-chews it, either partially or completely.
<u>Infantile Anorexia</u>	Refusal to eat adequately, leading to weight loss or failure to thrive. The child does not communicate hunger and shows no interest in food, despite demonstrating strong interest in exploring the environment.
<u>Sensory Food Aversion</u>	Refusal of certain types of food due to shared characteristics (e.g., taste, smell, and/or texture), while preferred foods are accepted without difficulty. This disorder typically emerges when new foods are introduced into the diet.
<u>Post-Traumatic Feeding Disorder</u>	A condition affecting the child's feeding behavior, with onset associated with a traumatic experience.
<u>Oral–Motor Feeding Disorder</u>	Difficulty eating in an age-appropriate manner, with onset related to delayed oral–motor development.
<u>Approach to Food</u>	Dysfunctional patterns in the child's approach to food.

Table 2. Definition of parental psychopathological domains assessed by the EDQ-C questionnaire and included in the analysis.

Parental Psychopathology

<u>Phobias</u>	Presence of intense and persistent fears.
<u>Mood Disorders</u>	Depressive or manic alterations in mood.
<u>Obsessive–Compulsive Disorder (OCD)</u>	Presence of intrusive thoughts and repetitive behaviors, which may manifest as rigidity, excessive control, or ritualistic actions.
<u>Dysfunctional Parental Mealtime Behavior</u>	Dysfunctional behavioral and relational patterns displayed by the parent during mealtimes.
<u>Eating Disorders</u>	Current or past disturbances in eating behavior and in the individual's relationship with food.

Table 3. Sociodemographic characteristics of the study sample. For categorical variables, absolute frequencies and percentages are reported (N (%)); for continuous variables, mean and standard deviation are reported (mean (SD)).

	Mothers (N=48)	Fathers (N=25)	Total (N=73)
Age (years)	34.9 (4.5)	37.5 (6.0)	35.8 (5.2)
Instruction			
Middle school diploma	2 (4.2)	4 (16.0)	6 (6.2)
High school diploma	22 (45.8)	10 (40.0)	32 (43.8)
University degree	24 (50.0)	11 (44.0)	35 (48.0)
Job			
Unemployed	9 (18.8)	1 (4.0)	10 (13.7)
Part-time	16 (33.3)	0 (0.0)	16 (21.9)
Full-time	23 (47.9)	24 (96.0)	47 (64.4)
Siblings			
No	30 (62.5)	18 (72.0)	48 (65.8)
Si	18 (37.5)	7 (28.0)	25 (34.3)
Marital status			
Married	26 (54.2)	15 (60.0)	41 (56.2)
Cohabitant	19 (39.6)	10 (40.0)	29 (39.7)
Single	2 (4.2)	0 (0.0)	2 (2.7)
Widower	1 (2.1)	0 (0.0)	1 (1.4)

Table 4. EDQ-C scores for children's feeding disorders according to child and family characteristics, reported separately for mothers (a) and fathers (b). Absolute frequencies (N) and mean and standard deviation values (mean (SD)) are presented for each feeding disorder.

a) MOTHER REPORTS

	N	Rumination	Infantile anorexia	Sensory food aversion	Post-Traumatic Feeding Disorder	Oral–Motor Feeding Disorder	Approach to food
Total	24	6.3 (2.7)	8.7 (2.4)	16.0 (2.8)	12.0 (3.4)	11.1 (3.4)	19.6 (5.1)
Child sex							
Male	10	6.5 (2.8)	9.7 (2.9)	17.1 (3.0)	13.0 (3.7)	10.9 (4.4)	21.6 (5.7)
Female	14	6.2 (2.8)	7.9 (1.7)	15.2 (2.4)	11.4 (3.1)	11.2 (2.5)	18.1 (4.3)
Child age (months)							
≤ 12	8	6.4 (2.3)	8.4 (1.8)	13.8 (2.0)	11.4 (3.0)	11.4 (2.9)	18.5 (4.4)
> 12	16	6.3 (3.0)	8.8 (2.7)	17.1 (2.5)	12.4 (3.6)	10.9 (3.7)	20.1 (5.5)
Siblings							
No	17	7.1 (2.8)	9.1 (2.5)	16.6 (2.9)	12.2 (3.5)	11.5 (6.3)	20.2 (5.6)
Yes	7	4.6 (1.5)	7.6 (1.6)	14.4 (1.7)	11.6 (3.2)	10.1 (2.7)	18.0 (3.7)

b) FATHER REPORTS

	N	Rumination	Infantile anorexia	Sensory food aversion	Post-Traumatic Feeding Disorder	Oral–Motor Feeding Disorder	Approach to food
Total	24	6.5 (2.6)	8.8 (2.5)	16.2 (3.1)	11.6 (3.4)	10.0 (3.1)	19.0 (5.8)
Child sex							
Male	10	6.0 (1.9)	10.1 (3.0)	17.9 (3.5)	12.6 (2.0)	11.1 (3.8)	21.6 (7.1)
Female	14	6.9 (3.0)	7.8 (1.7)	14.9 (2.0)	10.9 (2.4)	9.3 (2.4)	17.1 (4.0)

Child age (months)							
≤ 12	7	6.1 (2.1)	7.6 (1.7)	13.9 (1.5)	11.1 (2.1)	8.4 (1.4)	15.6 (3.6)
> 12	17	6.6 (2.8)	9.2 (2.7)	17.1 (3.1)	11.8 (2.5)	10.7 (3.4)	20.4 (6.1)
Siblings							
No	18	6.8 (2.6)	9.3 (2.6)	16.2 (3.5)	11.6 (2.4)	10.2 (3.5)	20.0 (6.4)
Yes	6	5.5 (2.3)	7.2 (1.5)	16.0 (0.9)	11.7 (2.5)	9.5 (1.6)	16.0 (2.2)

Table 5. Correlation between maternal psychopathology and children's feeding difficulties. Pearson's correlation coefficients are reported for each pair of variables.

Children feeding difficulties reported by mothers

Mother's psychopathology	Rumination	Infantile anorexia	Sensory food aversion	Post-Traumatic Feeding Disorder	Oral–Motor Feeding Disorder	Approach to food
Phobias	0.240	0.548	0.010	0.133	0.200	0.290
Mood Disorders	0.423	0.675	0.167	0.249	0.429	0.626
Obsessive–Compulsive Disorder (OCD)	0.061	0.698	0.331	0.198	-0.012	0.565
Dysfunctional Parental Mealtime Behavior	0.243	0.430	0.208	0.290	0.222	0.558
Eating Disorders	0.242	0.181	0.044	0.176	0.270	0.326

Table 6. Correlation between paternal psychopathology and children's feeding difficulties. Pearson's correlation coefficients are reported for each pair of variables.

Children feeding difficulties reported by fathers

Father's psychopathology	Rumination	Infantile anorexia	Sensory food aversion	Post-Traumatic Feeding Disorder	Oral–Motor Feeding Disorder	Approach to food
Phobias	-0.209	0.040	0.068	-0.018	0.206	0.098
Mood Disorders	-0.166	0.033	-0.060	0.153	-0.017	-0.001
Obsessive–Compulsive Disorder (OCD)	-0.111	0.476	0.479	0.311	0.760	0.592
Dysfunctional Parental Mealtime Behavior	0.024	0.556	0.306	0.561	0.472	0.447
Eating Disorders	-0.15	-0.004	0.275	-0.229	-0.015	0.226

Figures

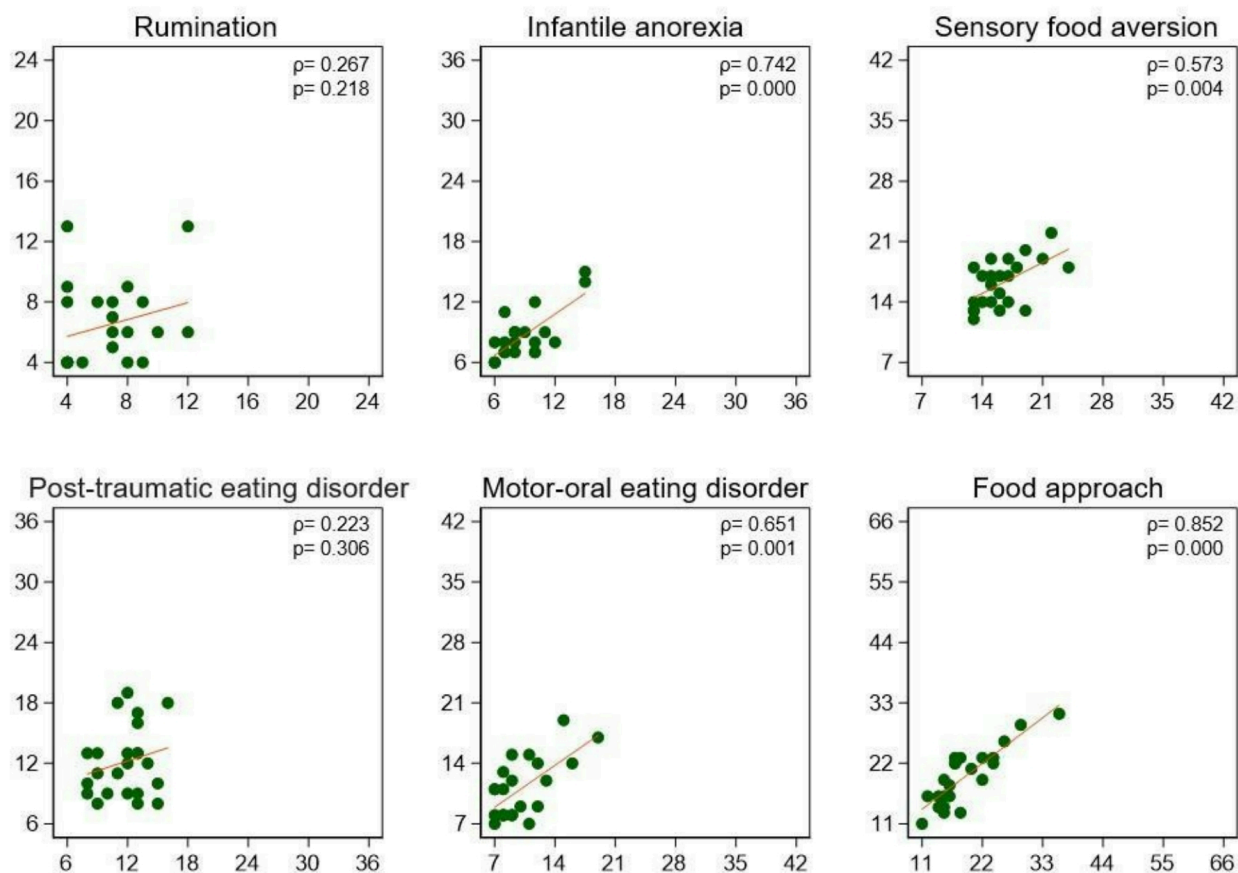


Figure 1

Scatterplots of mothers' (y-axis) and fathers' (x-axis) scores for children's feeding disorders. The estimated regression line is shown in red. The axes represent the hypothetical range of variation for each variable. For each scatterplot, the Pearson correlation coefficient and corresponding p-value are reported.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [Childhoodfeedingdifficultiesperceivedbymothersandfathersdefsupplementare.docx](#)