Eating Behaviors of Children with Autism Spectrum Disorder and Obesity: Parent Perspectives

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Background
According to the NHANES 2017-2018 data, obesity prevalence in children and adolescents aged 2-19 years was 19.3% in the U.S.1 It is also more common in the US pediatric population with autism compared to the general population which can be attributed to food selectivity, picky eating, parental food restrictions, and lack of physical activity.2-4 Although parents of children with obesity and autism may be aware of their child’s weight problem, stressors related to their child’s condition may make managing the condition difficult. No studies assessing parent stressers and barriers to healthy eating in their overweight autistic children have been done.

Objective
To better understand parents’ perceptions of their children’s eating behaviors, weight, and the support they need from healthcare providers to improve their children’s weight status.

Methods
Semi-structured interviews with ten parents of children with autism and obesity were conducted via Zoom. The interviews were transcribed verbatim using NVivo Pro 12.0.

Results
Table 1: Themes, sub-themes, and Associated Illustrative Quotes with The Child’s Eating Behaviors, Weight, and Needed Support Among Parents.

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>Factors Influencing Child Nutrition Knowledge or Skills</th>
<th>Meal Planning and Preparation</th>
<th>Parental Attitudes Towards and Experience Feeding</th>
<th>Parental Distress</th>
<th>Possible Intervention Approaches</th>
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</thead>
<tbody>
<tr>
<td>Sex: 80% females, Age: 45.9 years</td>
<td>Food refusal behaviors, Picky eating</td>
<td>Communication barriers related to ASD, Cooking abilities or capabilities</td>
<td>Parental distress over limits, Using food as a reward</td>
<td>Physical inactivity concerns related to weight, Money concerns</td>
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We’ll try my kid is a picky eater. He has been his whole life. So, I guess our main concern would be getting him nutritious food that he likes to eat. He has a lot of texture issues. He doesn’t like anything that’s cold or slimy, for instance, he has trouble eating apples, but he will eat freeze-dried apples.

We did hand-over-hand, in the beginning, to involve my son on a basic level in meal preparation. He has flipped the pancake before. He has done things like that, but it still scares me because it takes a split-seconds for him to go up and touch something.

We’re more or less of spontaneous planning, but it’s all the eats, all that he can eat without trying different things is without me trying different things to get him to try stuff in French fries, umm chicken nuggets, so when it comes to planning, there is not a whole lot of plans.

I resort to just eating basically all meals out. My son has many food aversions and in addition to having food aversions, he has about 50 pages of allergies that consist of he is allergic to soy, to wheat, to corn, to nuts; corn, soy, soy, wheat, leaves, grasses, you know, all that.

He can definitely lose some weight. You know cause all he eats is only carbs and he doesn’t exercise that much because he know how he know of his myostatic dysphrophy, he has limitations and I so have to try and watch what he eats and in terms of sweets and this and that you know he’s in his 15.

For me, I just worry about the diabetes part, the health part, the stress on his heart. You know when you heard that when you have fat around your belly it can lead to other tissues and organs and all of that I just worry that’s going to be another barrier, and autistic boys are so much more likely to have other issues

Um, I feel definitely not so into the group thing, but maybe some individual um you know like maybe video, or recipes, or activities that we could try uh you know umm even some fun interactive like cooking lessons, or something where you know where could get him involved umm in something cooking something.

Factors Influencing Child Nutrition Knowledge or Skills
- Communication barriers related to ASD
- Cooking abilities or capabilities
- Flexible or just-in-time meal planning
- Include children in meal planning

Meal Planning and Preparation
- Parental distress over limits
- Using food as a reward

Parental Attitudes Towards and Experience Feeding
- Physical inactivity concerns related to weight
- Money concerns

Parental Distress
- Financial strains
- Pandemic stress
- Nutrition concerns

Possible Intervention Approaches
- Desire for cooking classes
- Preference for one-on-one parent training

Conclusion
- Parents of children with ASD and obesity reported limited physical activity, food refusal behaviors, lack of special education services, and pandemic stress as common stressors affecting their child’s eating behaviors and health.
- Parents are in dire need of support and intervention, and yet they remain under-researched and under-represented.

Future Directions
- Future research should address developing interventions that support and educate parents in improving their child’s nutritional and health needs while optimizing coping strategies in parents.

References
1. CDC. Childhood obesity facts. CDC. Published April 5, 2021. Accessed May 5, 2022

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