THE EFFECTS OF PARENTAL FEEDING PRACTICES ON EMOTIONAL EATING IN ADOLESCENTS MEDIATED BY STRESS-RELATED APPRAISAL

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Abstract: This study examined the direct and indirect effect of parental feeding practices on emotional and stress-related eating amongst adolescents. The direct impact of parental feeding practices, which include parental responsibility, monitoring, pressure to eat, and restriction on emotional eating, was tested, and the indirect impact which includes the mediating roles of Appraisal of Ability & Resources to Cope (AARC) and Appraisal of Outside Stressors and Influences (AOSI). Eighty-four students from 17 different international schools from all over the world participated in the study. The study applied path analysis via multiple regression. Two separate questionnaires were administered to the students. The Children Feeding Questionnaire for Adolescents (CFQ-A) analyzed students' perception of their parents' feeding practices. The Eating Appraisal Due to Emotional Stress (EADES) Questionnaire evaluated adolescents' perception of stressful situations and the impact on stress-related eating. The study found that there was no significant indirect or direct impact on parental feeding behaviors and stress-related eating practices amongst students. Still, there was a significant correlation between the mediating factor of Appraisal of Outside Influences, perception of outside influences, and Stress-related eating.

Keywords: Emotional Eating; Parental Feeding Practices; Stress Related Eating; Monitoring; Restriction; Responsibility; Pressure to Eat

Introduction

Diagnosing eating disorders amongst adolescents has become significantly more prevalent over the past decade (ANAD, 2016). Many of these individuals diagnosed will not only suffer from anxiety and stress but use their eating patterns and habits to soothe stress or self-harm. Emotional eating is a term

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used by several health professionals to describe the use of food to help soothe negative emotions. Humans will differ in their reaction to food depending upon a 'particular characteristic' they portray and their specific emotional state (Canetti et al., 2002). Although Emotional and stress-related eating patterns are not as well researched as other disorders and therefore have less available treatments, they are extremely prevalent. They are considered a well-accepted part of society (Ekern, 2016). Finding the root cause of these stress-related eating patterns would make it easier for researchers and health care professionals to find the means to treat this disorder.

This study focuses on the parental feeding practices with the familial structure and if they directly or indirectly impact stress and emotionally related eating. Parents will establish structure and control, or a lack thereof, around food and food habits at a young age. Different parenting feeding styles have been studied, including authoritarian, authoritative, and permissive. The research took four parenting feeding practices, including responsibility, restriction, pressure to eat, and monitoring, and measured their direct and indirect impact on stress-related and emotional eating behaviors. The mediating factors in this study are the individual's ability to cope with perceived stress and outside influences that most encounter daily.

Objectives of the Study

The objectives of the study are based on the literature review and stated as follows:

1. To investigate the direct effect of negative parental behaviors amongst adolescents on the outcome of emotional eating.
2. To investigate the indirect effect of negative parental behaviors amongst adolescents mediated by adolescents' Appraisal of Ability & resources to cope (AARC) appraisal of outside stressors and influences (AOSI) on the outcome of emotional eating.

Literature Review

The Transactional Model of Stress and Emotional Eating helped develop the Eating and Appraisal Due to Emotions and Stress (EADES) Questionnaire, which measures how one consumes food to cope with stress and emotions (Ozier et al., 2007). The model helped to develop the factors (AARC) and (AOSI). The theoretical model provides a framework for the evaluation and processes of a person's ability to confront stress and emotions (Ozier et al., 2007). 'Sensitivity and vulnerability to certain events as well as interpretations and reactions can shape effective or ineffective coping responses' (Ozier et al.,

2007). This model is key in helping explain to researchers why a difference exists in the way people cope with stress (Ozier et al., 2007).
The Emotional Eating (EE) studies reviewed indicate that in adolescents, the emotion itself is not always the predictor of emotional eating, but more importantly, a teenager's ability to cope with the stressor and appraise their environment is a stronger predictor for EE (Evers et al., 2010). Emotional Eating is not significantly seen in the obese population; normal-weight students are just as likely to emotional eat as obese students (Nguyen-Michel et al., 2007). In younger children, the emotion itself is more predictor of emotional eating than the ability to cope with the stressor (Michels et al., 2012).

The parental feeding practice (PFP) studies evaluated helped to analyze the root cause of where emotional eating begins in a person's development. They distinguish that young children can be influenced to eat by parents who exhibit control feeding with restriction emotionally; when given a stressful situation, they would reach for higher calorie food than those whose parents did not exhibit control feeding (Farrow et al., 2015). Children whose parents use food restrictions and food as a reward are more likely to have children who eat in the absence of hunger when exposed to a negative environment (Farrow et al., 2015). Modeling behaviors and parents who emotionally eat are more likely to have children who emotionally eat (Tan & Holub, 2015).

Conceptual Framework
The following diagram is based on the Transactional Model of Stress created by Lazarus and used to determine the outcome of emotional eating. The framework below focuses on parental feeding practices as the independent variable and the AARC and AOSI mediating factors of the dependent variable, which is Emotional and Stress-Related Eating.

Appraisal of Ability & Resources to Cope (AARC)
Appraisal of Outside Stressors and Influences (AOSI)
Emotion and Stress-Related Eating (ESE)

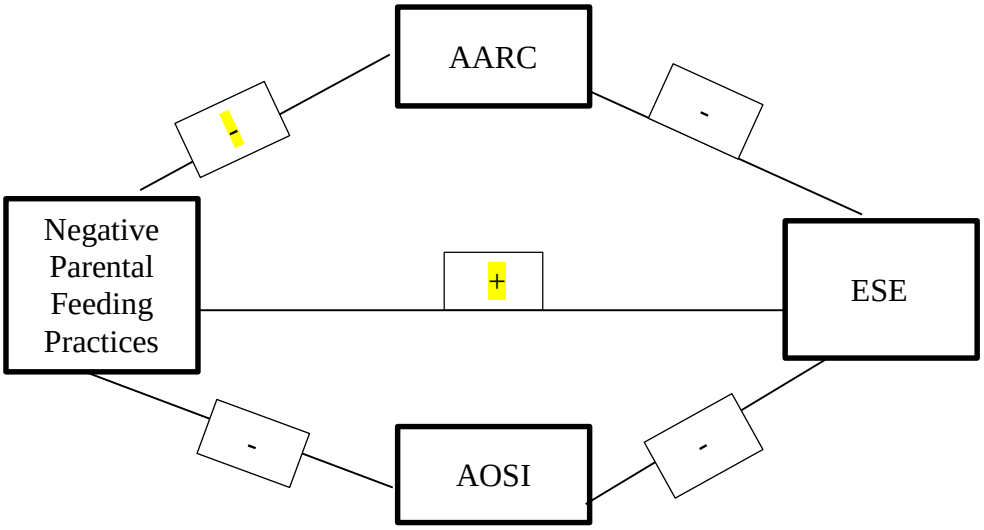

Figure 1. ***Conceptual Framework***

Research Hypothesis

H1: Negative parental feeding practices directly affect emotional and stress-related eating among adolescents, such that the higher the scores on negative parental feeding practices, the higher the scores on emotional and stress-related eating.

H2: Negative parental feeding practices have [TC2] an indirect effect on emotional and stress-related eating among adolescents, being mediated by 'the appraisal of ability and resources to cope (AARC)' and 'the appraisal of outside stressors and influences (AOSI),' such that higher the scores on negative parental feeding practices, lower will be the scores on AARC and higher will be the scores on AOSI that result in high levels of emotional and stress-related eating.

Methodology

Research Participants and Design

This study consists of 84 students from 17 different International Schools and 21 different nationalities. There were 42 female participants, 41 male, and one non-binary. The age range for the study was 12 to 19 years old. The study applied a path analysis via multiple regression. The path coefficients between the variables were estimated by multiple regression analysis.

Research Instruments

Two questionnaires were used to survey the students. The Eating and

Appraisals Due to Emotions and Stress (EADES) Questionnaire and The Child Feeding Practices-Adolescent (CFP-A)

The EADES was administered to measure how teenagers manage their food to cope with stress and emotions (Ozier et al., 2007). After careful analysis and consideration, three subscales or factors have been developed that measure the construct of Emotions and Stress-Related Eating, Appraisal of Ability and Resources to Cope with Emotions and Stress, and Appraisal of Outside Influences and Stressors; the new subscales still parallel the original framework of the Transactional Model of Stress and Coping (Ozier et al., 2008).

The CFQ-A was administered to help understand the development theory around the eating habits of teenagers. A parent's control and influence may create the attitude and behaviors in food styles and inclination for certain food types in their children (Brown, 2004). This updated questionnaire focuses on the adolescents' perception of their parent's feeding practices. Four sub-variables of parental feeding practices are measured using the Child Feeding Questionnaire for Adolescents (CFQ-A) to determine how influential their parents' feeding practices are, including Responsibility, Restriction, Pressure to Eat, and Monitoring.

Results

Reliability Analysis of Scales

The Criteria Employed for retaining items within the reliability analysis are:

1. If Cronbach's alpha of a scale lower than 0.6, any item with 'Corrected item-total Correlation' (1-*T*) <0.33 was deleted (as .332 represents approximately 10% of the variance of the total scale accounted for), and
2. Deletion of the item did not lower the scale's Cronbach's alpha (Hair et al., 2010).

The results of the reliability analysis of all the scales are presented in Tables 1-7

Table 1. *Retained items for Restriction Scale with 1-T coefficients and Cronbach Alpha (N=84)*

Responsibility	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
1. When you are home, how is your parent responsible for feeding	.581	.759

Responsibility	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
you?		
2. How often is your parent responsible for your portion sizes?	.679	.646
3. How often does your parent decide whether you have eaten the right food?	.616	.717

Cronbach's Alpha: .784

Table 2. *Retained Items for Responsibility Scale With 1-T Coefficients and Cronbach's Alpha (N=84)*

Restrictions	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
4. My parent ensures I do not eat too many sweets (candy, ice cream, cake, and pastries).	.567	.723
5. My parent makes sure that I do not eat too many high-fat foods.	.418	.760
6. My parent ensures I do not eat too much of my favorite food.	.568	.724
7. My parent keeps certain foods hidden away so that I cannot eat them.	.469	.748
10. My parent believed that if he/she did not guide And regulate my eating, I would only eat junk food.	.538	.730
11. My parent believes that if he/she did not guide and regulate my eating; I would eat too much of my favorite food.	.536	.731

Cronbach's Alpha: .770

Table 3. *Retained Items for Pressure to Eat Scale with 1-T Coefficients and Cronbach's Alpha (N=84)*

Pressure to Eat	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
12. My parent makes me eat all the food on my plate	.589	.814
13. My parent tells me when I have not eaten enough.	.743	.744
14. Even if I tell my parent 'I am not hungry,' they try to get me to eat anyways	.736	.749
15. My parent believes that I would not eat enough if they did not guide and regulate my eating	.568	.825

Cronbach's Alpha: .830

Table 4. *Retained Items for Monitoring Scale With 1-T Coefficients and Cronbach's Alpha (N=84)*

Monitoring	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
16. My parent keeps track of the sweets (candy, Ice cream, cake, pies, pastries) I eat.	.858	.901
17. My parent keeps track of the snack food (potato chips, Doritos, cheese puffs) I eat	.907	.865
18. My parent keeps track of the high-fat foods I eat.	.815	.935

Cronbach's Alpha: .931

Table 5. *Retained Items for Appraisal and Ability and Resources to Cope (AARC) Scale With 1-T Coefficients and Cronbach's Alpha (N=84)*

AARC	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
4. I can usually work out solutions to my problems.	.504	.762
5. I am capable of handling my own problems.	.417	.772
15. My friends support me when I have problems	.357	.778
18. I am able to meet my	.500	.762

AARC	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
emotional needs		
23. I have control over my emotions	.516	.759
28. I deal with problems sooner rather than later.	.361	.780
29. I try to resolve a problem when I know there is something wrong in my life.	.392	.774
33. I am capable of dealing with stressful situations	.664	.738
36. I am able to meet my spiritual needs.	.441	.769
46. I have control over my life	.415	.773

Cronbach's alpha: .785

Table 6. *Retained Items for Appraisal of outside Stressors and Influences (AOSI) Scale With 1-T Coefficients and Cronbach's Alpha (N=84)*

AOSI	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
10.* I worry about what people think of me.	.489	.430
13.* I feel the need to make others happy.	.427	.523
27. * Other people influence how I handle my problems	.373	.600

Cronbach's alpha: .620; *reverse scored items

Table 7. *Retained Items for Stress Related Eating Scale With 1-T Coefficients and Cronbach's Alpha (N=84)*

SRE	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
3. I overeat when I am stressed.	.621	.917
8. I overeat when I socialize	.445	.923
11. I comfort myself with food.	.653	.917
12. I eat when I am upset with myself.	.688	.915
19. It's hard for me to stop eating when I am full.	.480	.922
24. I eat to avoid dealing with my problems.	.697	.916

SRE	Corrected Item-total Correlation	Cronbach's Alpha if Item deleted
31. I feel out of control when I eat	.637	.917
32. I eat when I am frustrated.	.711	.915
35. I use food to cope with my emotions.	.793	.912
37. I eat when I am tired.	.588	.919
39. I eat when I am angry.	.689	.915
40. I eat when I am sad.	.674	.916
45. I eat when I am anxious.	.702	.915
47. I eat when I am relieved.	.597	.918
49. I do not have control over how much I eat.	.571	.919

Cronbach's alpha: .922

Means and Standard Deviations for the Seven Computed Variables

The means and standard deviations for the seven computed factors of responsibility, restriction, pressure to eat, monitoring, stress-related eating (SRE), appraisal of ability and resources to cope (AARC), and appraisal of outside stressors and influences (AOSI) are shown in Table 9.

Table 8: *The Mean and Standard Deviation for the seven computed Variables (n=84)*

	Mean	Std. Deviation	Response Range
• Responsibility	2.65	1.05	1-5
• Restriction	3.18	.819	1.5-5
• Pressure to Eat	3.05	.104	1-5
• Monitoring	3.54	.125	1-5
• SRE	2.45	.078	1-4.5
• AARC	2.31	.058	1-3.8
• AOSI	2.43	.083	1-4.7

Correlation among All Study Variables

A Pearson product-moment correlation coefficient was computed to assess the variables' relationship. The results are shown in Table 10

Table 9. *Correlation between All the Variables of the study (N=84)*

Variable	1	2	3	4	5	6
1. Responsibility						
2. Restriction	.574**					
3. Pressure to Eat	.207	.298**				
4. Monitoring	.484**	.695**	.358			
5. Stress RE	-.170	-.298*	-.208	-.142		
6. AOSI	-.183	-.107	.067	-.177	-.176	
7. AARC	.110	-.083	.028	-.009	-.045	-.269*

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Path Analysis via Multiple Regression to test the Hypothesis

Path analysis was performed through SPSS, where four separate mediations were performed through multiple regressions for each parent feeding practice, including Responsibility, Restriction, Pressure to Eat, and Monitoring. A full path model was not performed because our focus was on each specific variable of Parental Feeding Practices (PFP) and the effect each variable had on the mediators of AOSI and AARC with the outcome of SRE.

The result of the path model, together with the estimated standardized regression coefficients (β) that are statistically significant ($p<0.01$), is presented in Tables 10-13.

Table 10. *Results of Regression Analysis for Testing the Direct and Indirect Effect of Responsibility on Stress-Related Eating with AOSI and AARC as Mediators*

Predictors	B	SE	β	T	p
Model 1					
Responsibility (Criterion Variable: SRE)	-.11	.075	-.170	-1.562	.122
Model 2					
Responsibility	-.140	.075	-.204	-1.865	.066
AOSI	-.224	.107	-.237	-2.101	.039
AARC (Criterion Variable: SRE)	-.115	.149	-.086	-.772	.443
Responsibility (Criterion Variable: AOSI)	-.133	.079	-.183	-1.686	.096
Responsibility (Criterion Variable: AARC)	.057	.056	.110	1.006	.318

Note: *$p<$ .05. SRE: Stress Related Eating, AOSI: Appraisal of Outside Stressors and Influences, AARC: Appraisal of Ability and Resources to Cope

The results indicate that Responsibility is not a significant predictor of Stress Related Eating β = -.170, se = ..075, p = *.122*, (p < *.05)* and that AOSI β = -.237, se = .107 p = *.039*, (p < *.05)* and AARC β = -.086, se = .149, p = .443, (p < *.05)* are not significant mediators. Responsibility total effect is not significant on Stress Related eating with a β = -.170, se = .075, p = *.122*, (p < *.05).*

Hypothesis 1 stated that parental feeding practice, including the variable of responsibility, will directly affect emotional and stress-related eating among adolescents, such that the higher the scores on negative parental feeding practices, the higher the scores on emotional and stress-related eating. The results from the study do not provide sufficient evidence to support Hypothesis 1.

Hypothesis 2 stated negative parental feeding behaviors, including the variable of responsibility, have an indirect effect on emotional and stress-related eating among adolescents, being mediated by 'the appraisal of ability and resources to cope (AARC)' and 'the appraisal of outside stressors and influences (AOSI),' such that higher the scores on negative parental feeding practices, lower will be the scores on AARC and higher will be the scores on AOSI that result in high levels of emotional and stress-related eating. The results from the study do not provide sufficient evidence to support Hypothesis 2.

Table 11: *Results of Regression Analyses for Testing the Direct and Indirect Effect of Restriction on Stress-Related Eating with AOSI and AARC as Mediators*

Predictors	B	SE	β	T	p
Model 1					
Restriction (Criterion Variable: SRE)	-.263	.093	-.298*	-2.831	.006*
Model 2					
Restriction	-.297	.092	-.337	-3.228	.002*
AOSI	-.236	.102	-.250	-2.317	.023*
AARC (Criterion Variable: SRE)	-.188	.144	-.140	-1.302	.197
Restriction (Criterion Variable: AOSI)	-.100	.103	-.107	-.972	.334
Restriction (Criterion Variable: AARC)	-.055	.073	-.083	-.758	.451

Note: *p< .05. SRE: Stress Related Eating, AOSI: Appraisal of Outside Stressors and Influences, AARC: Appraisal of Ability and Resources to Cope

The results indicate that Restriction a significant predictor of Stress Related Eating β = -.337, se = .092 p= .002, ($p < .05$) and that AOSI β = -.250, se = .102, $p = .023$, ($p < .05$) is a significant indicator of SRE. AARC β = -.140, se =.144, $p = .197$, ($p < .05$) is not significant mediator.

Hypothesis 1 stated that parental feeding practices, including the variable restriction, have a direct effect on emotional and stress-related eating among adolescents, such that the higher the scores on negative parental feeding practices, the higher the scores on emotional and stress-related eating. The results from the study did not provide sufficient evidence to support Hypothesis 1.

Hypothesis 2 stated negative parental feeding behaviors, including the variable restriction, have an indirect effect on emotional and stress-related eating among adolescents, being mediated by 'the appraisal of ability and resources to cope (AARC)' and 'the appraisal of outside stressors and influences (AOSI),' such that higher the scores on negative parental feeding practices, lower will be the scores on AARC and higher will be the scores on AOSI that result in high levels of emotional and stress-related eating. The results from the study provide partial evidence that AOSI is supported by Hypothesis 2, and AARC does not provide sufficient evidence to support Hypothesis 2.

Table 12*: Results of Regression Analyses for Testing the Direct and Indirect Effect of Pressure to Eat on Stress-Related Eating with AOSI and AARC as Mediators*

Predictors	B	SE	β	T	p
Model 1					
Pressure to Eat (Criterion Variable: SRE)	-.157	.082	-.208	-1.925	.058
Model 2					
Pressure to Eat	-.146	.082	-.193	-1.789	.077
AOSI	-.177	.106	-.188	-1.678	.097
AARC (Criterion Variable: SRE)	-.120	.149	-.090	-.806	.423
Pressure to Eat (Criterion Variable: AOSI)	.054	.008	.067	.610	.543
Pressure to Eat (Criterion Variable: AARC)	.016	.062	.028	.252	.801

Note: *p< .05. SRE: Stress Related Eating, AOSI: Appraisal of Outside Stressors and Influences, AARC: Appraisal of Ability and Resources to Cope

The results indicate that Pressure to Eat is not a significant predictor of Stress Related Eating β = -.208, se = .082, p = .058, (p < .05*)* and that AOSI β = -.188, se = .106, p = .097, (p < .05*)* and AARC β = -090, se =.149, p = .423, (p < *.05)* are not significant mediators.

Hypothesis 1 stated that parental feeding practice, including the variable of pressure to eat, will directly affect emotional and stress-related eating among adolescents, such that the higher the scores on negative parental feeding practices, the higher the scores on emotional and stress-related eating. The results from the study do not provide sufficient evidence to support Hypothesis 1.

Hypothesis 2 stated negative parental feeding behaviors, including the variable of pressure to eat, have an indirect effect on emotional and stress-related eating among adolescents, being mediated by 'the appraisal of ability and resources to cope (AARC)' and 'the appraisal of outside stressors and influences (AOSI),' such that higher the scores on negative parental feeding practices, lower will be the scores on AARC and higher will be the scores on AOSI that result in high levels of emotional and stress-related eating. The results from the study do not provide sufficient evidence to support Hypothesis 2.

Table 13: *Results of Regression Analyses for testing the Direct and Indirect Effect of Monitoring on Stress-Related Eating with AOSI and AARC as Mediators*

Predictors	B	SE	β	T	p
Model 1					
Monitoring (Criterion Variable: SRE)	-.089	.069	-.142	-1.301	.197
Model 2					
Monitoring	-.116	.069	-.186	-1.694	.094
AOSI	-.226	.108	-.239	-2.103	.039
AARC (Criterion Variable: SRE)	-.148	.150	-.111	-.990	.352
Monitoring (Criterion Variable: AOSI)	-.188	.072	-.177	-1.632	.106
Monitoring (Criterion Variable: AARC)	-.004	.052	-.009	-.080	.936

Note: *p< .05. SRE: Stress Related Eating, AOSI: Appraisal of Outside Stressors and Influences, AARC: Appraisal of Ability and Resources to Cope

There is no significant impact of monitoring on Stress Related Eating β = -.142, se = .069, p = .094, (p < .05*)* and that AOSI β =. -239, se = .108, p =

.039, ($p < .05$) has a negative correlation with SRE and AARC β = -.111, se =-.148, p = .352, ($p < .05$) are not significant mediators.

Hypothesis 1 stated that parental feeding practice, including the monitoring variable, will directly affect emotional and stress-related eating among adolescents, such that the higher the scores on negative parental feeding practices, the higher the scores on emotional and stress-related eating. The results from the study do not provide sufficient evidence to support Hypothesis 1.

Hypothesis 2 stated negative parental feeding behaviors, including the variable of monitoring, have an indirect effect on emotional and stress-related eating among adolescents, being mediated by 'the appraisal of ability and resources to cope (AARC)' and 'the appraisal of outside stressors and influences (AOSI),' such that higher the scores on negative parental feeding practices, lower will be the scores on AARC and higher will be the scores on AOSI that result in high levels of emotional and stress-related eating. The results from the study do not provide sufficient evidence to support Hypothesis 2.

Discussion

Responsibility

Within the findings of this study, the result did not find sufficient evidence to support the hypothesis. There was no direct or indirect effect between the variable responsibility and the outcome of stress-related eating.

Monitoring

Within this study, the results did not support the hypothesis, and there was insufficient data to support an indirect or direct effect on the impact of this parental feeding behavior and stress-related eating. In previous validation of this sub-variable monitoring had one of the highest factor loadings of (0.88) Cronbach Alpha (Kaur et al., 2006)

Restriction

The hypothesis was partially supported within this variable indirectly. There was evidence that the mediator of Appraisal and Outside Influences Stressors was significantly related to the outcome of stress-related eating. There was no direct effect of restriction and stress-related eating. In a previous study, the most' controlling' parents scored very high on restriction and pressure to eat (Kaur et al., 2006).

Pressure to Eat

The results from the study do not provide sufficient evidence to support the

hypothesis. The results indicated a non-significant direct or indirect relation between pressure to eat and stress-related eating. Pressure to eat in a previous study was highly correlated with responsibility and monitoring and negatively correlated with perceived teen weight, which means that parents who scored higher on pressure to eat were more likely to have perceived their children as underweight or weighing lower than average for their age and height (Kaur et al., 2006)

Appraisal and Ability of Resources to Cope (AARC)
The result of this study rendered no indirect relationship between parental feeding habits and stress-related eating, with AARC as the mediator. In previous studies, it has been stated that individuals who find it difficult to cope with minor stress situations within their environment are more likely to have a positive correlation with disordered eating patterns (Ozier et al., 2007).

Appraisal of Outside Stressors and Influences (AOSI)
This study conceptualized AOSI as a mediator of emotional or stress-related eating. Within the study, the three variables, including responsibility, monitoring, and pressure to eat, did not significantly impact the hypothesis. There was a significant association between AOSI and Stress-related eating. In previous studies, individuals who distorted their perceptions of how people saw them were more likely to have less confidence in food-related situations and behaviors or have maladaptive food practices (Ozier et al., 2007).

This study has implications for both research and practice. Even Though this study does not provide evidence to support the hypothesis, it does not mean that there are no direct or indirect effects considering the study's limitations. Further studies are warranted to have conclusive findings. The implications related to research would be positive as studies regarding emotional eating and parental behaviors from a student's perspective have not been attempted before. How a parent perceives a situation can vary considerably from that of their child or adolescent. This study, stemming from the student perspective, goes right to the source of what is happening with the child regarding their perceived stress and the feeding behaviors established within their family. The word perception is important to this study, implying that a parent may have a different point of view regarding habits they have used for children around food and mealtimes. The influence will place on practice will allow health care workers and professionals better understand the links between parental feeding practices and how they can impact a teenager's eating habits while

understanding more of the relationship or role that stress appraisal may or may not play within the different variables of parental feeding practices.

Limitations and Recommendations for Future Research

Due to students' online learning because of Covid-19, many participants who received the study via a link did not participate because it was not presented to them in a classroom setting, and there was less motivation to complete the study. The online version sent to them can be easily discounted or forgotten about, which was the case when follow-up with participants was used to encourage participation. There were 142 participants, and only 84 fully completed the entire survey.

There is a chance of self-reporting biases or dishonest or overrated responses when administering this survey. Even though the informed consent specifically mentioned anonymity and confidentiality, some survey students may have reported with a biased approach.

Lastly, the data can be made more concrete, conclusive, and in line with previous studies if future researchers conduct sample sizes of certain communities, possibly international students from one-parent homes or international students from multicultural homes. Making the study more specific, you might find a pattern within a certain cultural community instead of a broad range of students. Streamlining the student participants, you may find more of a correlation than opposed to using a large group only being international school students in common.

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