



# Coparenting in the feeding context: perspectives of fathers and mothers of preschoolers

Cin Cin Tan<sup>1,2</sup> · Sarah E. Domoff<sup>1,3</sup> · Megan H. Pesch<sup>1,4</sup> · Julie C. Lumeng<sup>1,4,5</sup> · Alison L. Miller<sup>1,6</sup>

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## Abstract

**Purpose** This study examined how fathers and mothers coparent around child feeding.

**Methods** Father–mother pairs ( $N=30$ ) of preschool-aged children ( $M$  child age = 4.1 years old) participated in joint or group interview sessions.

**Results** Three themes emerged from the qualitative analysis: (1) couples' division of labor regarding feeding tasks seemed to align with stereotypical gender roles; (2) couples noted that they attempted healthier family eating habits in comparison to families of origin and recognized the influence of extended family on their attempts at healthier feeding; (3) couples agreed on the importance of family mealtime, routines, and healthy meals, yet disagreed on strategies to limit unhealthy foods and achieve harmonious family meals.

**Conclusions** This study identified processes of coparenting and child feeding areas that were particularly challenging to manage among parents, which could be important targets for childhood obesity interventions.

**Level of evidence** V, descriptive study.

**Keywords** Father · Mother · Coparenting · Feeding · Child · Couple

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✉ Cin Cin Tan  
cctan@umich.edu; cincin.tan@utoledo.edu

- <sup>1</sup> Center for Human Growth and Development, University of Michigan, 300 N. Ingalls Street, 10th Floor, Ann Arbor, MI 48109-5406, USA
- <sup>2</sup> Department of Psychology, University of Toledo, Ohio, USA
- <sup>3</sup> Department of Psychology, Central Michigan University, Mt. Pleasant, USA
- <sup>4</sup> Department of Pediatrics, University of Michigan Medical School, Ann Arbor, USA
- <sup>5</sup> Department of Nutritional Sciences, University of Michigan School of Public Health, Ann Arbor, USA
- <sup>6</sup> Department of Health Behavior and Health Education, University of Michigan School of Public Health, Ann Arbor, USA

## Introduction

Approximately 23% of United States preschool-aged children are overweight or obese [1]. Although parenting around child feeding has been examined in relation to child eating and weight, the great majority of studies have only focused on mothers [2, 3]. Mothers have traditionally been primary caregivers of children, yet increased maternal employment has changed family structures, such as greater housework-task sharing between husbands and wives [4, 5].

Fathers' roles in child feeding have gained attention recently, with studies showing that fathers' feeding behaviors associate with childhood obesity risk [6–8]. For example, when fathers scored high in restrictive feeding, preschool-aged children with lower satiety responsiveness had higher body mass index z-score than when fathers scored low in restrictive feeding [6]. However, fathers of preschool-aged children with higher perceived responsibility for child feeding reported eating meals more frequently with their child [8]. Studies have consistently suggested that family mealtime is a protective factor against obesity [9], especially when both parents are present [10]. One study showed that fathers' and mothers' perceptions of

child feeding behaviors are positively correlated (indicating agreement about the use of examined child feeding behaviors), although there are gender differences in the levels of use of certain child feeding behaviors (e.g., fathers reported higher levels of pressure than mothers [11]). Yet, attention to the mechanisms by which both parents contribute to feeding has been limited.

Coparenting refers to a couples' ability to mutually support each other, share leadership, and work together as a team to raise children [12, 13]. Positive coparenting (e.g., supportive) is associated with better child psychosocial and health functioning, whereas negative coparenting (e.g., undermining) can create barriers to effective parenting and is associated with child externalizing behaviors and poorer adjustment [14, 15]. Coparenting has multiple components (e.g., feeling supported by each other; task-sharing; [13]; we focus here on task-sharing as an initial component to examine in the feeding context.

Feeding children includes many tasks (e.g., grocery shopping, meal planning, serving dinner) that involve coordination between parents. Yet, little is known about feeding-specific coparenting. Only a few studies have examined coparenting in the feeding context [16–18]. Parent dyads of infants were interviewed together regarding breast-feeding versus bottle-feeding and timing of solid food introduction [17]. This study only examined coparenting during infancy, a feeding context that may not translate to early childhood. In the other study, fathers of 2- to 10-year-old children were interviewed regarding their perspectives on coparenting around food [16]. Most fathers (63%) reported sharing the responsibility with the child's mother, some (45.9%) reported working together with their spouse to manage child feeding (e.g., having rules, monitoring intake), and others (40.5%) reported conflicting practices (e.g., differences in allowing access to energy-dense and/or nutrient-poor food). Albeit informative, this study examined only fathers' perspectives and included a wide child age range. In another study with 20 fathers of preschool-aged children, it was found that fathers' beliefs about the importance of children's healthy eating and physical activity were associated with fathers' greater provision of appropriate meal and physical activity environments and paternal role modeling of desired dietary and physical activity behaviors [18]. It is important to note that in this study, paternal education and employment status were not associated with the views of fathers. Finally, one qualitative study examined influences on feeding-related decisions among 24 father–mother dyads of infants and toddlers [19], and found that dyads reported feeding decisions to be influenced by other individuals (family, friends, neighbors, healthcare providers) as well as the community (public perception on breastfeeding and social media influence), but this study did not specifically explore coparenting activities in relation to feeding.

Given that fathers play an important role in child feeding, and that preschool is a developmental period when eating habits and obesity risk are established and when fathers often increase engagement in child care activities (e.g., due to birth of siblings), it is important to understand feeding-related coparenting at this age from both mothers' and fathers' perspectives. Prior work on general coparenting (i.e., not around feeding) found that equality in division of labor was associated with more supportive and less undermining and conflicting coparenting behaviors [20]; thus, as a first step we sought to examine the division of labor in coparenting around feeding. Although one study recently showed mothers of 2- to 7-year-olds considered themselves to have greater responsibility for feeding compared to fathers [21], no studies have asked both fathers and mothers of preschool-aged children to reflect on their coparenting around specific feeding tasks. Thus, little is known about mothers' and fathers' perspectives on feeding coparenting among preschool-aged children.

We used a qualitative approach to identify feeding coparenting themes among fathers and mothers of preschool-aged children. Overarching goals were to: (1) understand how fathers and mothers jointly navigate child feeding and (2) identify areas of child feeding where fathers and mothers agree and/or disagree.

## Methods

### Participants

Thirty couples participated. Mean ages of fathers and mothers were 35.4 years ( $SD = 5.5$ ) and 34.0 years ( $SD = 5.3$ ), respectively. Most couples were married (90%), with 10% not married but cohabitating (see Table 1). Couples with children aged 3.00- to 5.99-year-old were recruited within a 1-h radius of [blinded] university to participate in a study about how fathers (defined as biological and non-biological fathers who were considered a “father figure” by the mother) and mothers parent around feeding. Flyers were placed in community sites (e.g., head start and women, infants, and children programs), pediatric primary care clinics, child care centers, and other child-focused locations, as well as on the university's research participant recruitment website. Inclusion criteria were: (1) mothers were biological parents of the index child; (2) couples were in heterosexual relationships; (3) couples were currently married or cohabitating; (4) both parents lived with the child (for cohabiting couples, both parents must have lived with the child for at least 1 year); and (5) couples spoke English at home “most of the time”. Exclusion criteria were: (1) child had major medical problems or developmental delays; and (2) child had significant dietary restrictions that may affect growth

**Table 1** Demographics  $N=30$  father–mother pairs

Variable	Mean (SD) or $N$ (%)	
Marital status (married versus cohabitating)	54 (90%)	
Index child age (in years)	4.1 (0.9)	
Median family income	\$80,000–\$89,000 (range: \$10,000–\$19,000 to above \$100,000)	
	Father	Mother
Parent age (in years)	35.4 (5.5)	34.0 (5.3)
Body mass index (BMI)	28.2 (7.5)	29.1 (7.9)
Race/ethnicity		
White, non-Hispanic	18 (60%)	20 (66.7%)
Black, non-Hispanic	7 (23.4%)	9 (30%)
Multiracial, non-Hispanic	1 (3.3%)	1 (3.3%)
Hispanic, any race	3 (10%)	N/A
Refused	1 (3.3%)	N/A
Educational attainment		
Did not graduate from high school	1 (3.3%)	2 (6.7%)
General education development (GED)	2 (6.7%)	1 (3.3%)
Some college courses	4 (13.3%)	N/A
2-year college degree	6 (20%)	3 (10%)
4-year college degree and above	17 (56.7%)	24 (80%)

or eating. Besides providing free parking, child care, and snacks for the interview sessions, each couple was also compensated with a \$40 gift card. This research was approved by the [blinded] Health-Sciences and Behavioral Sciences Institutional Review Board.

## Procedures

Twenty-two sessions were conducted privately in a research center room. Fifteen couples participated in joint interviews (couple interviewed together). The remaining 15 couples participated in group interviews (6 groups contained 2 couples; 1 group contained 3 couples;  $\chi^2$ -tests of independence showed that demographics (i.e., race, education level, income level) did not differ by interview formats, all  $p$ 's > .05). The interviewer followed a guide developed by three of the authors (two developmental psychologists; one developmental and behavioral pediatrician). After obtaining written informed consent, each session began with the interviewer explaining, “the main purpose of this interview is to hear from you all about what it’s like to parent a preschool-age child around feeding, with your spouse. When I say parenting around feeding, I mean things like meal planning, grocery shopping, meal preparation, cooking, and feeding”. On average, sessions lasted just under 2 h. The open-ended questions and probes were designed to assess the dynamics of family mealtime and how couples manage feeding-related tasks (see Online Resource 1 for interview questions and

development process). The interview schedule was designed so that questions move from general to specific in nature.

Interviews were audio-recorded and transcribed. The interviews were transcribed verbatim by research assistants who had been trained in transcription techniques. All transcribed interview scripts were then peer-reviewed by an independent research assistant who was also trained in transcription methods. Transcripts were systematically analyzed using the constant comparative method [22, 23]. This method involves having readers compare potential emerging themes with prior themes that were generated from earlier interviews to determine whether a new theme has been generated or if a potential new theme fits within an already generated theme [24, 25]. This proceeded in two phases. First, five independent readers (three of whom did not participate in data collection, two of whom collected the data) read the same corpus of 22 transcripts. Readers independently generated themes from the transcripts, with supporting quotations, until saturation was reached (i.e., no new themes had emerged). Second, the readers met as a group to review the themes, identify potential biases, and discuss different ways of classifying themes (e.g., splitting into smaller themes or grouping themes together). Themes were first presented to the group by each reader without input from the rest of the group. These themes were written on a whiteboard and viewed by all readers. Themes were discussed only after all readers had presented themes. Some themes were identified by all readers. Other themes were identified by only one or two readers. For these latter themes, all of the readers

discussed and considered different ways to interpret and group data, with a focus on patterns that had emerged in the data and boundary conditions for each theme (i.e., which themes could be easily subsumed under a broader theme, and which were standalone themes). Some of these themes, therefore, became subthemes of a broader theme, and others remained distinct. Themes that all five readers agreed upon as providing unique insight into feeding coparenting are described in the “Results” section.

## Results

Three primary themes are described below. Specific quotes were selected from participant responses to illustrate the primary themes and subthemes (see Online Resource 2 for additional illustrative quotes for each theme).

### Theme 1: Couples’ division of labor regarding feeding tasks seemed to align with stereotypical gender roles

Couples described mothers as more involved in feeding tasks compared to fathers. Yet, couples did not explicitly ascribe gender roles as the reason for each person’s involvement (or lack thereof) in feeding. Instead, greater maternal involvement in feeding tasks was attributed to reasons such as work schedule (e.g., part-time versus full-time), personality (e.g., detail-oriented, more planful), preference (e.g., enjoys cooking), and skills (e.g., good at cooking). There was no overt consideration or reflection that these qualities may fit stereotypical gender roles, or that such activities or skills were expected as part of “a mother’s job”, despite the fact that mothers were described by couples as the primary person to engage in these tasks.

“She’s the CEO (chief executive officer) of domestic duties right now, so she takes full ownership of that. Thank goodness.”—Father (Session 4)

When fathers were involved, their roles were described as helping to “share the burden”. In contrast, mothers’ roles were described as expected to fulfill the primary responsibility for feeding. Fathers’ efforts were applauded more than mothers’ efforts. Specifically, paternal involvement was characterized as being helpful to the family, whereas mothers’ involvement was described as a natural fit for feeding tasks because she possessed the desire, skill set, and/or schedule flexibility that was needed.

“When I was working from home, if I had time and enough initiative, I would actually start it [meal preparation and cooking]. I want to be helpful but I really dislike cooking... it would take her maybe an hour (to

prepare) and it would take me 3 h and so it didn’t happen a whole lot but I always tried to help out”—Father (Session 2)

Mothers were typically characterized as responsible for meal planning and using methods to organize the entire task, from recipe selection and grocery shopping to cooking (e.g., keeping a whiteboard at home, using mobile technology apps, and text-messaging grocery lists). Neither mothers nor fathers reflected on the potential influence of gender roles in shaping the division of labor.

“Usually she does more of the meal planning... She creates like a weekly menu before she goes shopping or, she creates a list and then most of the times she’ll go shopping. Now I don’t shop very much anymore.”—Father (Session 6)

Yet, couples also noted that their division of labor was more equal or less traditional than their own upbringing. Specifically, couples reflected that the way they approached child feeding was different compared to their parents’ generation, as both individuals were participating or had previously participated in the work force.

“... I just didn’t see the man cooking. And then as I’ve gotten older and I’ve started to cook, I actually enjoy it and I don’t mind doing it at all.”—Father (Session 4)

### Theme 2: Couples noted that they attempted healthier family eating habits in comparison to families of origin and recognized the influence of extended family on their attempts at healthier feeding

Participants revealed extensive knowledge about their spouses’ family of origin with regard to feeding. Some couples reflected that their families of origin had similar food practices to their current family, whereas others remarked how differently they were fed when they were growing up. These couples tended to compare and contrast the healthy eating practices of their spouse’ family of origin.

**Father:** “[Spouse] definitely ate, like, more varied meals—different types and healthy.” **Mother:** “And my family cooked most nights and we had family dinners. For the most part, we ate healthy.”—Couple (Session 7)

Couples clearly considered each other’s family of origin food practices when making child feeding decisions. Some couples noted that because their own upbringing around food was less than ideal, they wanted to encourage healthier eating habits for their children and devoted energies to this goal. Other couples discussed retaining healthy eating habits from one or both families of origin. Hence, although there

was variability among couples with regard to adopting the food habits from their family of origin, family of origin feeding and healthy eating practices were seen to influence current family feeding arrangements.

**Father:** “The similarities and the differences I think not to say that [spouse] was lacking anything but where [spouse] may be lacking [was] vegetables. Vegetables wasn’t a strong point for your family [spouse’s family]. I think it’s important.” **Mother:** “Oh I get you [spouse].” **Father:** “But it was a strong point in my family so we have a balance where I kind of make sure that [the children] are trying to eat something green from time to time.”—Couple (Session 10)

Couples also reflected that although they tried to create a healthier food environment for their child, their in-laws or extended family members still actively shaped their child’s eating habits. Couples mentioned that having in-laws (i.e., grandparents) who ignored or did not acknowledge parents’ dietary preferences and feeding styles for their children (e.g., unlimited candy/snacks) was a challenge. In other words, couples noted the impact of extended family on their attempts in shaping their child’s healthier eating.

“I would say it’s difficult and it’s particularly difficult when we’re around our extended family. When we go to his family’s house, somebody’s always trying to put food into our kids’ mouths.”—Mother (Session 11)

### **Theme 3: Couples agreed on the importance of family mealtime, routines, and healthy meals, yet disagreed on strategies to limit unhealthy foods and achieve harmonious family meals**

Couples generally agreed on the importance of having family meals. Yet, there were differences regarding implementation of and at times, goals for family mealtimes. For example, the definition of a “harmonious” family mealtime varied between and within couples, with fathers and mothers endorsing conflicting perspectives regarding the need to have all family members present at the table and/or engage in positive interaction during mealtimes.

“The only thing that’s ever really came up was talking at the table and I don’t know why—well just because [spouse] wants quiet. And I don’t have to listen to it all day so I don’t mind. So that’s the only thing that we’ve had a disagreement on. I wouldn’t call it a major disagreement, [but] just disagreement.”—Mother (Session 1)

Couples mentioned that busy work schedules made it challenging to coordinate feeding tasks. As a way to cope with scheduling and time constraints, parents agreed that

having a settled or established routine around feeding tasks was critical. The established routine was often not necessarily something that they had planned ahead, however, but rather something they had “fallen into” for various reasons (e.g., ease of meal planning, child food preference, work schedule, family budget) and that was boring at times.

“Our routine is very important to us, so it’s very hard for us to shake things up and go shopping if we weren’t expecting to. I know that I go shopping on Monday, so I always [go] on Mondays.”—Mother (Session 9)

Parents also agreed that providing and introducing healthy foods (i.e., fruits and vegetables) to their preschool-aged children was a shared goal, and that meeting this goal presented feeding challenges. Parents agreed that having a child who is a picky eater made it more difficult to manage family mealtimes and meal planning. Couples mentioned different strategies that they used to increase their children’s acceptance of healthy foods (e.g., requiring the child to have a taste of the food before refusing, disguising fruits and vegetables in palatable forms to encourage consumption) and were generally united in their need to use such strategies.

“I would say we agree on that too [referring to the child has to at least taste the food, before refusing to eat], the ‘no thank you bite’ we always require and then I think we’ve talked about like not trying to make it a battle like food shouldn’t be a battle.”—Mother (Session 5)

Couples were generally less in agreement about the process of how and when to restrict children’s food intake compared to their stated goals about promoting healthy eating or other aspects of feeding coparenting. Parents’ comments revealed that there were discrepancies between how fathers and mothers managed what they viewed as problematic child food intake, such as snacking or eating “junk food”, although parents also reported few concerns about child eating habits and/or obesity risk. Couples’ approaches to restricting child food intake were less coherent than other components of feeding coparenting, such that mothers and fathers had different beliefs about restriction, engaged in different behaviors, and/or actively disagreed about whether a certain food (e.g., chips or dessert) was healthy. That is, feeding coparenting disagreements emerged more with regard to the specifics of which foods were seen as acceptable by parents, as well as the contexts in which treats were given (e.g., allowing dessert or not).

**Father:** “Regarding junk food, she’s [spouse] a lot stricter than I am.” **Mother:** “Yeah, but sometimes he’ll [spouse] buy Lunchables® and that’s okay for lunchtime. For me, I still want her to have something different, because that’ll be like little pizzas or crack-

ers, but I want her to have a vegetable or fruit. ... But the junk food thing, that's true [that] I'm not a fan of well my mom said I can't call it junk food. Snack foods you're not supposed to have that many snack foods like chips and stuff. We let her have it [snack foods] but I'm also worried about what kind of chips. I might buy tortilla chips or something like that and not like just Cheetos<sup>®</sup>. If it's the Cheetos<sup>®</sup>, I'll end up with the baked Cheetos<sup>®</sup>."—Couple (Session 8)

## Discussion

This study provided insights into how fathers and mothers of preschoolers jointly navigate a range of child feeding-related tasks, a construct we term feeding coparenting. Specifically, this study highlighted how societal norms, particularly regarding stereotypical gender roles, family of origin influences, and food-related attitudes (e.g., perceptions of what is healthy) may shape feeding coparenting and family feeding dynamics. It also identified child feeding topics that couples considered important and that were challenging to negotiate jointly during the preschool years, which expands upon prior work that has examined mothers' and fathers' views of contextual influences, such as family, friend, health care provider, and public opinions, on their feeding decisions during the infant and toddler period [19]. Finally, results from the current study also extend prior work with low-income families [26] to underscore that the constraints in everyday family life are also significant in shaping feeding coparenting among upper-middle income families.

Paternal involvement in feeding tasks was noted, yet mothers were still primarily responsible for child feeding. This replicated previous work examining coparenting around feeding among parent dyads of infants [17], and is consistent with a prior report of mothers' and fathers' views of feeding responsibilities [21], as well as other areas of research regarding the role of gender and gendered norms in shaping general household duties [27, 28]. The equality of both maternal and paternal involvement was noted by some couples, however, and this was particularly evident when couples compared their current family feeding arrangements compared to how these parents were raised. Findings are also consistent with prior work that suggests women's time spent on household tasks has declined and that men's household time has increased compared to the 1960s [29, 30], although recent studies have also shown that women tend to devote more time to household tasks including meal preparation and food shopping, and that this is true even among working women [28, 31]. Relatively little work has examined the factors that may explain gender differences in feeding tasks today, and it is important to understand the role of coparenting in this context. For example, although overall

time devoted to household chores seems to have decreased [28], parents still face significant time constraints due to the erosion of home-work boundaries [32]. This may also vary by gender, in that women typically hold "flexible" jobs (e.g., home-based teleworking, entrepreneurship) and work more during off-hours to maintain work-life "balance" [33]. Recent frameworks suggest that gender organizes family processes in multi-faceted ways, including gender socialization, biology, and implicit cognitions [27]; these processes likely operate to shape feeding coparenting behaviors, yet these processes have not been examined with regard to feeding. It will be important in future work on feeding coparenting to apply such frameworks, as well as consider how digital resources and approaches such as meal-planning apps or online grocery shopping may shape couples' joint participation in feeding-related tasks. Understanding utilization of such resources by both parents may also inform childhood obesity interventions that seek to engage the whole family in child feeding.

Family of origin emerged as an important influence on couples' desire to promote healthy eating practices. Couples wanted to provide healthier foods for their child compared to what they had experienced in their own families, although some couples valued family of origin traditions. A qualitative study found that mothers who identified health as a salient component related to food tend to make healthier food choices for their children [34]. Hence, children whose parents are aligned in their attitudes about the importance of providing healthier foods may be presented with healthier food choices. Couples also reflected on the challenges of their children's eating habits being influenced by their in-laws and extended family members. Extended family members who ignore mothers' feeding goals for their children have been shown to undermine parents' efforts [35], but this process has not been studied with regard to how family of origin may shape couples' coparenting around feeding. As the in-law relationship can be challenging for parents [36], it may be important for parents of young children to be aware of how such influences may shape the couples' joint approach to child feeding. It may also be critical to consider influences beyond the nuclear family when understanding how couples coparent around feeding, for example other parents or social media [37].

Family meals have been promoted as important for improving child diet [38], encouraging positive family interactions [9], and reducing childhood obesity risk [39]. Families in this study acknowledged that family mealtime was important, yet the fact that family mealtime was important to these couples did not necessarily translate to positive mealtime interactions. Conflicting practices (e.g., diverging beliefs about sitting together or conversing at the table) during family meals may attenuate positive effects of family meals on the child's weight [40]. A recent study also showed

that fathers' absence during mealtime was associated with more child distractions and less maternal feeding responsiveness [41]. Children had a lower weight status when their families expressed more positive communication during mealtimes compared to children who had a higher weight status [9]. If positive emotional dynamics during mealtimes, beyond simply presence at the same table, are important, it may be worthwhile exploring mothers' and fathers' goals for mealtimes to make sure within-mealtime goals are met for both parties in order to maximize the benefits of family mealtimes.

Overall, routines were described as important. Couples reflected on how there was simply not enough time to plan for meals, shop for food, prepare food, and eat meals together as a family. Parents reported that having regular schedules and routines in place was necessary in order to manage feeding-related tasks, highlighting the need for effective coparenting around feeding. Yet, the fact that couples also reported being bored with established routines also reflected the challenges of jointly navigating feeding tasks during early childhood.

Couples agreed about the goal of healthy eating and were generally united in their enthusiasm and use of strategies to work together and support each other to reduce child picky eating (e.g., "one-bite" rules; rewards for trying new foods). The scientific literature is inconsistent regarding the effectiveness or benefits of such strategies, however, with some work suggesting that repeated exposure increases children's food acceptance [42], whereas rewards are less effective [43]. Controlling feeding practices are associated with concurrent weight status and subsequent weight gain (see review by Shloim et al. [44]). It may be helpful for obesity prevention purposes to let parents know about such findings, given that parents reported spending significant energy on these activities, and also that recent work suggests picky eating may simply be a behavioral phase that will be outgrown with no lasting impact on growth [45].

In contrast to their general agreement in other areas (value of family meals, routines, and reducing picky eating), couples were less cohesive regarding how and why they restricted their child's access to certain foods (e.g., soda, junk food) and/or when they did so (e.g., snacking before dinner). It is important to consider such differences in fathers' and mothers' feeding attitudes and beliefs. Recent work showed that children were more likely to consume fast foods and sweetened beverages when fathers reported eating out with their child a few times a week [46] and that adolescents snacked more often when fathers and mothers were incongruent in their restrictive practices than when they were congruent [40]. When fathers or mothers have high disagreement regarding feeding-related tasks or beliefs, it may also increase childhood obesity risk through family stress pathways [47], lack of meal planning and consumption

of convenience foods [48, 49], and/or conflicting messages and practices regarding healthy foods or eating habits [50, 51]. Indeed, a study showed that fathers' and mothers' child feeding behaviors relate to children's nutrition status differently, such that mothers' use of food as a reward, but fathers' use of restriction for health and pressure-to-eat, were associated with higher child nutrition risk [52]. To prevent eating habits that may increase risk for obesity over time, it is likely important for fathers and mothers of young children to develop coherent and consistent strategies for coparenting around child feeding.

Although this study had many strengths, including being the first of which we are aware to examine coparenting in feeding among preschoolers in both fathers and mothers, there are also limitations. Interviewing fathers and mothers together provided unique perspectives on how they coparent around feeding, but may have limited in-depth examination of each individual's perspective, as describing coparenting around feeding in the presence of one's spouse clearly may influence responses. In addition, interviewing individuals together tends to increase cohesion and consensus but decrease conflict [53]. Fathers and mothers could interpret their roles in coparenting around feeding differently if asked independently. Further, dynamics in the small groups may have differed from the couple interviews. Future work interviewing members of a couple individually would provide insight into this aspect. The integration of focus group and individual interview data could also enhance data richness and trustworthiness of findings, such as the convergence of the central characteristics of the phenomenon across focus groups and individual interviews [68].

A potential limitation is that this was a convenience sample, and the demographic characteristics of the sample (i.e., married and cohabitating heterosexual couples, mostly upper-middle income families and highly educated, and predominantly non-Hispanic White or Black parents) may pose a limitation to generalizability, and may have driven certain themes, for example the stated value of family mealtimes or the practicality of having a routine. Yet, it is important to note that this study collected data from 30 father–mother dyads, which was within the range of sample size for qualitative work in this area. For example, in the most comparable studies, data were collected from 24 father–mother dyads [17, 19], 37 fathers [16], and 20 fathers [18]. No prior work has examined these questions with regard to coparenting, but a recent review of qualitative studies found that families of diverse racial and ethnic family backgrounds stressed the importance of ensuring the family eats together when possible [54], suggesting that certain goals or values may be shared across many families. Yet, prior work has also identified race/ethnicity differences in relation to division of household labor such that Black men do more household labor than do White men (see review [55]); clearly, this is

an important area to explore in future research. Furthermore, an important limitation of the current work was that we did not have data on parent work status, so we could not examine whether parent work status (e.g., stay at home; full time; part time) related to the feeding coparenting themes discussed. This will also be important to consider in future work, as studies have shown that parental work status (e.g., both parents working full time versus one stay-at-home) moderated the association between quality of coparenting behavior and other parenting behaviors [56]. Specifically, in dual-earner families, father involvement in caregiving and play was associated with less observed undermining coparenting behavior. However, in single-earner families, greater father involvement in caregiving was associated with less perceived supported and greater perceived undermining coparenting behavior, whereas father involvement in play was not associated with coparenting behavior [56]. These associations have not been examined in the feeding domain, but may be important to consider.

Additional limitations are that we did not examine parent (e.g., eating behavior, parenting) and/or child factors (e.g., weight status, sex) in relation to coparenting around feeding. This may also be an interesting direction for future work, as prior work has shown for example that mindful parenting was associated with more adaptive child feeding behavior [57]. In addition, prior studies have found that parent and child factors interacted to predict feeding behaviors. Specifically, findings showed that mothers with higher levels of bulimic symptoms were more likely to control their daughter's but not their son's food intake, whereas fathers with higher levels of body dissatisfaction were more likely to monitor their son's but not their daughter's food intake [58]. Last but not least, future research should also examine other components of coparenting (e.g., the degree to which each parent feels supported versus undermined by the other), as well as consider beliefs and values of other caregivers, in more diverse samples.

## Conclusion

In sum, this qualitative study illustrated factors salient to coparenting around feeding preschool-aged children, especially regarding the division of labor around feeding. Specifically, it identified novel themes related to gender roles and the influence of the family of origin on desire to promote healthier eating practices, and revealed areas of agreement as well as disagreement between fathers and mothers, highlighting the complexity of joint involvement by parents in the feeding domain. To enhance coparenting efforts between fathers and mothers, practitioners and clinicians may wish to facilitate joint discussions with parents to understand each partner's expectations and how to manage family

mealtimes and child eating behaviors. Gaining knowledge of both mothers' and fathers' involvement in feeding tasks, and how partners work together to accomplish these tasks, may yield a new target for family-based interventions to promote healthy family eating behavior and prevent childhood obesity.

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## Compliance with ethical standards

**Conflict of interest** On behalf of all authors, the corresponding author states that there is no conflict of interest.

**Ethical approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

**Informed consent** Informed consent was obtained from all individual participants included in the study.

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