Parenting and Child Diabetes

Multiple reports have shown that children and youth with type I diabetes have poorer glycemic outcome as assessed by glycosylated hemoglobin levels than do adults with this disease.[1] From a medical perspective, issues of glycemic control are most often approached from the perspective of medical management.[2-4] This leaves unexamined the impact of parent-child interactions around diabetic control. Examining these interactions is particularly critical in view of the fact that adolescents with chronic illness are at high risk for engaging in unhealthful weight-loss practices (binge eating, frequent dieting, and purging practices).[5] Adolescents with diabetes have many traits characteristic of eating disorders, and there is a significant association between eating disorders symptomology and less-frequent blood glucose monitoring, elevated HbA1c, and increased risk of retinopathy.[6,7]

A review of the literature on parenting and diabetes gives hope for a more positive outcome. Clear differences emerge when contrasting parenting attitudes and behaviors between children[8,9] and adolescents[10-15] with good control[1,3,5,10-13,16] and those with poor control.[1,11-13]

This literature uses many different models and inventories to examine family functioning, and describes that functioning from various perspectives using varying language. However, these patterns translate readily into the authoritative-authoritarian-permissive-neglectful models of parenting[17] defined by Baumrind[18] and amplified by Maccoby.[19] Successful parenting with diabetes is likely to be authoritative parenting,[20] whereas poor control

> Parents of children and adolescents with good control maintain clear leadership at the same time as they give the child warmth and respect, responsibility-based scope for independence, and realistic mastery opportunities and expectations. Family conflict and conflict around diet is low.
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> Parents of children and adolescents in poor control are either domineering or neglectful, take greater responsibility for diabetes management and have greater fear of hypoglycemia, find diabetes management to be oppressive, and put pressure on children to manage their own diabetes. Family conflict is high, particularly around diet.

The Division of Responsibility in Feeding is authoritative parenting

According to fdSatter, optimum feeding provides both leadership and autonomy and is an authoritative approach to parenting.[21] The parent takes leadership by taking responsibility

for the *what*, *when,* and *where* of feeding and gives autonomy by allowing the child to be responsible for the *how much* and *whether* of *eating.* The Figure illustrates patterns of feeding characterized by these patterns of parenting.

In making the distinction among patterns of parenting and feeding, it is important to define the term "autonomy" as used in the context of parenting. Autonomy implies connectedness and attentiveness to the child. Authoritative parents *give* autonomy in the context of providing for children and giving opportunities for mastery. At the same time, parents remain attentive to children's needs, capabilities and wishes. Authoritarian parents provide leadership, but they give little consideration to children's needs, capabilities and wishes. Permissive parents are ruled by children's needs, capabilities and wishes and provide little leadership. Neglectful parents are uninvolved: They provide neither leadership nor connectedness and expect the child to fend for him- or herself.

Figure: Patterns of feeding

	High leadership	**Low leadership**
High autonomy	**Authoritative**: "Here is what we have to eat. You may eat it or not. You may eat again at snack time."	**Permissive**: "What would you like? When would you like it?"
Low autonomy	**Authoritarian**: "Here is your food. Eat it."	**Neglectful**: "Don't bother me. Get it yourself."

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