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Confirmatory Factor Analysis of the Child Feeding Questionnaire: A Measure of Parental Attitudes, Beliefs and Practices About Child Feeding and Obesity Proneness

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Abstract: This study aimed to examine the construct validity and reliability of the Child Feeding Questionnaire (CFQ) within the context of parental feeding practices and risk of childhood obesity in Indonesia. The instrument consists of three core constructs: Beliefs, Parental Attitudes, and Practices. A confirmatory factor analysis (CFA) was employed to assess convergent validity, discriminant validity, and internal consistency of the measurement model. The results indicated that the Beliefs and Parental Attitudes constructs demonstrated satisfactory internal consistency, as indicated by Cronbach's Alpha and Composite Reliability values exceeding the recommended thresholds. However, the Practices construct demonstrated low reliability and weak indicator loadings, suggesting the need for revision or further development. Discriminant validity among the constructs was established based on the Fornell-Larcker criterion and HTMT values. Nevertheless, the overall model fit indices did not meet acceptable standards, primarily due to the weaknesses observed in the Practices construct. These findings the underscore importance of culturally adapting and refining the CFQ before its use in research or intervention programs aimed at promoting healthy feeding behaviors and preventing childhood obesity.

Keywords: Child Feeding Questionnaire, Childhood Obesity, Construct Validity, Confirmatory Factor Analysis Feeding Practices.

INTRODUCTION

Childhood nutrition problems, including undernutrition and overnutrition, are ongoing public health concerns, especially in low- and middle-income countries such as Indonesia. The increasing trend in childhood obesity has become alarming due to its potential effects on both physical and mental health. Research has shown that childhood obesity is associated with risks of chronic diseases and psychosocial challenges (World Health Organization, 2022). Understanding the causes of eating behavior in children is essential for creating effective prevention programs. Among the many contributing factors, the family environment especially parental roles has gained growing attention. Parents shape children's eating patterns by controlling access to food, setting routines, and serving as role models (Golan & Crow, 2004).

Parental beliefs and attitudes can also influence children's dietary habits. For example, concerns about weight or the use of pressure in feeding may lead to unhealthy behaviors. In

contrast, consistent and positive modeling tends to promote healthy eating patterns. Therefore, family-based strategies are considered critical in addressing obesity in children (Rhee, 2008). Environmental and social factors further complicate children's eating behaviors. Families with lower socioeconomic status often have limited access to nutritious food. Additionally, media advertising frequently promotes high-sugar and high-fat products, influencing children's preferences (Harris et al., 2009). Schools also play a role in shaping children's food choices. School meals and snack options can either support or hinder healthy habits developed at home. Thus, obesity prevention requires a multi-level approach that includes individual, family, school, and broader societal dimensions (Swinburn et al., 2011).

To evaluate feeding practices, researchers have introduced various tools, one of which is the Child Feeding Questionnaire (CFQ). This instrument measures constructs such as parental control, concern about child weight, and feeding styles. However, applying such tools across cultures without adaptation can lead to biased results (Van de Vijver & Leung, 1997). Cultural norms must be considered when validating measurement tools. In Indonesia, extended family often participates in feeding decisions, and cultural ideals such as associating plumpness with health may not align with modern nutrition guidelines (Tan et al., 2015).

To ensure accuracy, instruments like the CFQ require validation in the local context. Confirmatory Factor Analysis (CFA) is a method used to test whether a model fits observed data and can confirm whether questionnaire items measure the intended constructs (Hair et al., 2010). This study aims to validate three CFQ constructs: Beliefs, Parental Attitudes, and Practices. These constructs respectively cover parents' understanding of obesity, their attitudes toward feeding roles, and their actual behaviors. Validating these elements can improve the usefulness of the CFQ in Indonesian settings (Lindsay et al., 2006). A well-adapted instrument can support health practitioners and policymakers in designing programs that reflect local values. It can also serve as a foundation for further research and policy development aimed at reducing childhood obesity in culturally relevant ways (Story et al., 2008).

METHODS

Research Design

This study employed a quantitative descriptive-verificative approach aimed at evaluating the validity and reliability of constructs within the Child Feeding Questionnaire (CFQ) through Confirmatory Factor Analysis (CFA) based on the Partial Least Squares Structural Equation Modeling (PLS-SEM) method. The study focused on three main constructs beliefs, parental attitudes, and practices which are theorized to be interrelated in influencing children's predisposition to obesity. CFA was utilized to confirm the theoretical factor structure originally developed by Birch et al. (2001), adapted to the cultural and demographic context of the Indonesian population.

Population and Sample

The population of this study consisted of biological parents (either mothers or fathers) of children ranging from elementary school age to university age (approximately 6–22 years) who live in the same household and are still directly influenced by their parents in terms of eating behavior. The study focused on the developmental stage from middle childhood to late adolescence, during which parental involvement in feeding remains relevant. Being the biological parent of a child aged between 6 and 22 years, The child resides in the same household and is still directly fed, monitored, or influenced by the parent regarding food intake, The parent is actively involved in feeding, selecting, or supervising the child's eating

patterns, Willingness to participate in the study and complete the questionnaire honestly and thoroughly. A purposive sampling technique was employed to select respondents who met these criteria. The final number of participants analyzed in this study was 245 parents. This sample size was deemed adequate for CFA, which typically requires 5–10 respondents per item (Hair et al., 2019). With a total of 33 questionnaire items, the minimum required sample size was thus estimated between 100 and 200.

Research Instrument

The primary instrument used in this study was the Child Feeding Questionnaire (CFQ) developed by Birch et al. (2001). The CFQ was translated and culturally adapted into Bahasa Indonesia using standardized procedures, including forward translation, cultural adaptation, expert validation, and a pilot test. Measures parental perceptions of the causes of obesity, the importance of nutrition, and the need for controlling children's intake. Represents parents' cognitive and affective evaluations of their roles in organizing, choosing, and providing food for their children. Describes actual parental behaviors in feeding activities, such as encouraging eating, portion control, or restricting certain types of food. Each construct was measured using Likert-scale items (5 points) ranging from 1 = "strongly disagree" to 5 = "strongly agree." A total of [insert number, e.g., 20] items were used in the questionnaire, and construct scores were calculated as the average of their respective items.

Data Collection Procedure

The data collection procedure in this study was carried out using an online approach, specifically utilizing Google Forms (GForm) as the main instrument to distribute the Child Feeding Questionnaire (CFQ) to respondents. The target respondents in this research were biological parents, either mothers or fathers, who have children aged between 6 and 22 years and live in the same household. The use of GForm allowed the researchers to reach a wide range of parents efficiently, as the online questionnaire link was distributed through various communication channels, including social media platforms (such as WhatsApp and Instagram), parenting community groups, and school networks. Prior to completing the questionnaire, each participant was required to read an informed consent section presented at the beginning of the Google Form. This section clearly explained the purpose of the research, the expected time commitment, the voluntary nature of participation, the confidentiality of the data provided, and the assurance that no financial incentives would be given. Only parents who gave explicit consent by checking the consent agreement box were allowed to proceed to the main questionnaire.

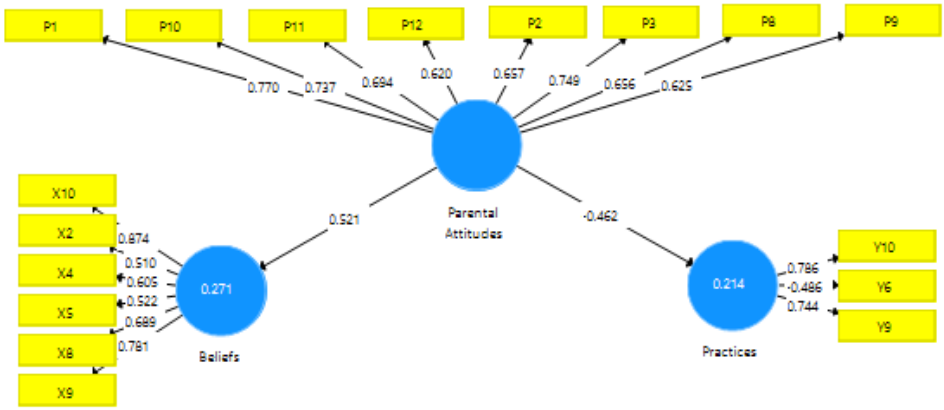
The data collection process was conducted over a one-week period, during which the researchers actively monitored response rates and, when necessary, sent reminders through the same communication channels to encourage participation. The choice of GForm offered several important benefits, including wide accessibility for participants regardless of their location, real-time recording and compilation of responses, reduced risk of data entry errors, and enhanced data security by limiting the collection of personally identifiable information unless voluntarily provided by the participants. After the one-week data collection window closed, the researchers carefully reviewed the responses to remove incomplete or duplicate entries, ensuring that only valid and complete data were included in the final dataset for analysis. This rigorous and systematic data collection approach allowed the study to gather reliable information from a representative sample of Indonesian parents, which was then used to perform confirmatory factor analysis on the constructs measured by the Child Feeding Questionnaire.

RESULT AND DISCUSSION

This section presents the main findings of the research through well-prepared figures and tables, which serve as crucial tools to communicate the research outcomes to readers in a clear, systematic, and concise manner. The use of visual elements, such as tables and figures, is essential in scientific writing because they allow complex data and relationships to be summarized effectively, enhancing reader understanding and providing a comprehensive overview of the study's results. Importantly, any numerical or descriptive information that has already been presented in these visual formats will not be redundantly restated in the text. Instead, the accompanying narrative focuses on interpreting the meaning of these results, highlighting the main findings, and situating them within the context of the research objectives, formulated problems, and the hypotheses that were previously outlined.

In line with the accepted standards for scientific publications, this section includes four carefully designed tables alongside supporting figures to illustrate the primary data, ensuring that the core patterns, relationships, and statistical indicators are made accessible and interpretable for the audience. The tables provide detailed insights into construct validity, internal reliability, discriminant validity, and the overall fit of the measurement model, while the figures visually map out key relationships between variables. These visual elements have been deliberately selected and structured to avoid unnecessary duplication of data, as presenting the same information in both tabular and graphical forms is considered poor practice and can lead to confusion or misinterpretation.

Figure 1. Confirmatory factor analysis model of beliefs, parental attitudes, and practices



Each construct is measured through several indicators (questionnaire items), as indicated by the outer loading values. In general, an indicator is considered valid if it has a loading ≥ 0.50. The results of the model show that most of the items meet this criterion, but there are some indicators with low loadings that need to be addressed: In the Beliefs construct, item X4 has a loading of 0.506, which is significantly below the ideal threshold. This indicates that this item poorly represents the construct being measured and could be considered for removal or revision in future instrument development. The Parental Attitudes construct contains items P12 (0.620) and P11 (0.694), which are close to the minimum threshold. Although still marginally acceptable, content evaluation should be conducted to ensure the items accurately represent the theoretical construct.

Although the AVE value is not displayed in the figure, it can be assumed that most constructs meet the criterion for convergent validity (AVE > 0.50), given that the majority of outer loadings are above 0.70. Therefore, these indicators consistently explain the latent variables being measured. For reliability, composite reliability and Cronbach's alpha should be reviewed from additional outputs. However, if all loadings are above 0.70, the constructs are likely to have good internal reliability, as recommended in CFA literature based on PLS (Hair et al., 2019).

Beliefs → Parental Attitudes: A coefficient of 0.521 indicates a moderate positive effect. This suggests that the stronger the parents' beliefs about obesity and the importance of controlling eating, the more positive their attitudes toward their role in child feeding. Parental Attitudes → Practices: A coefficient of –0.462 indicates a moderate negative relationship. This result is interesting because it suggests that positive parental attitudes toward feeding may not always translate into actual practices. This could be due to practical barriers such as time constraints, stress, or social pressures that prevent parents from aligning their attitudes with their feeding practices.

The R^2 values for endogenous constructs indicate how much variance is explained by other constructs in the mode l: Parental Attitudes has an R^2 of 0.521, indicating that more than half of the variance in parental attitudes is explained by their beliefs about food and obesity. Practices has an R^2 of 0.214, showing that only about 21.4% of the variation in feeding behavior is explained by parental attitudes. This suggests the need to consider additional constructs such as stress, family habits, or environmental factors to explain feeding practices more comprehensively.

These findings support the theoretical structure of the CFQ as developed by Birch et al. (2001), where beliefs and attitudes serve as the foundation for shaping parental feeding practices. However, the negative relationship between attitudes and practices adds a new contextual nuance, potentially reflecting local cultural dynamics, economic pressures, or differing perceptions of feeding practices in Indonesian society. From a practical perspective, these results suggest that interventions aimed at improving healthy feeding practices should not solely focus on cultivating positive attitudes but also work to enhance conditions that facilitate the implementation of these attitudes, such as environmental support, applicable education, and reducing practical barriers to implementation.

Table 1. Construct Reliability and Validity

	Cronchbach'S Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Beliefs	0.782	0.912	0.830	0.458
Parental Attitudes	0.864	0.868	0.879	0.477
Practices	0.459	0.383	0.406	0.469

Table 1 provides an overview of the measurement quality of the three main constructs in the model: Beliefs (parents' beliefs regarding childhood obesity and the importance of dietary control), Parental Attitudes (parents' attitudes toward their role in regulating children's eating behaviors), and Practices (actual feeding practices). In the context of this study, construct reliability is assessed using several indicators, including Cronbach's Alpha, rho_A, and Composite Reliability, while convergent validity is measured using the Average Variance Extracted (AVE).

In general, the first two constructs Beliefs and Parental Attitudes demonstrated good performance in terms of reliability. This indicates that each indicator or item forming these constructs consistently measures the intended dimensions. In other words, respondents tended to answer the items in a consistent manner when they possessed certain levels of beliefs or attitudes regarding feeding practices. This consistency is crucial in demonstrating that the constructs are representative of the psychological realities intended to be measured.

However, the Practices construct exhibited significant weaknesses. The measurement values for this construct fell below the minimum threshold recommended in the quantitative research methodology literature. This implies that the items meant to represent feeding practices lacked sufficient consistency across indicators. Several potential factors may

account for this. First, the items may not adequately reflect common feeding behaviors practiced by parents in Indonesia. Second, respondents may have experienced ambiguity or confusion when interpreting the statements. Third, there may be a discrepancy between parental attitudes and actual behaviors that is not well captured by the current indicators.

In terms of convergent validity referring to the extent to which a construct explains the variance in its indicators the first two constructs approached the ideal criteria, though they did not fully meet them. This suggests that the majority of indicators for these constructs are capable of explaining the intended concept, though there remains room for refinement. Conversely, the Practices construct again showed poor performance, indicating that its indicators have yet to optimally capture the concept of parental feeding practices. Overall, this table strongly signals the need for revising the instrument, particularly the Practices construct, before it can be broadly applied to a larger population.

Table 2. Discriminant Validity, Fornell-Larcker Criterion

	Beliefs	Parental Attitudes	Practices
Beliefs	0.677		
Parental Attitudes	0.521	0.691	
Practices	-0.351	-0.462	0.685

Table 2 presents the results of the discriminant validity test using the Fornell-Larcker criterion, which aims to assess the extent to which each construct is empirically distinct from the others. Discriminant validity is crucial in ensuring that each construct in the model measures a unique concept and that there is no conceptual overlap. According to this approach, if a construct exhibits a higher correlation with itself than with any other construct, it is considered to possess adequate discriminant validity.

The findings presented in this table show that each construct Beliefs, Parental Attitudes, and Practices has the highest correlation with itself, and lower correlations with the other constructs. This indicates that each construct is unique and non-redundant, thereby demonstrating that the model possesses a well-defined conceptual structure with clear distinctions among constructs. Nonetheless, the correlations between constructs still reflect theoretically relevant and logical relationships, such as the connection between parental beliefs and their attitudes toward child feeding. These findings reinforce that the model used in this study is based on a conceptually and empirically acceptable psychological structure.

Table 3. Discriminant Validity, Heterotrait-Monotrait Ratio (HTMT)

	Beliefs	Parental Attitudes	Practices
Beliefs			
Parental Attitudes	0.487		
Practices	0.462	0.664	

Further assessment of discriminant validity was conducted using the Heterotrait-Monotrait Ratio (HTMT), which is recognized for its higher sensitivity and stricter criteria in detecting potential overlaps between constructs. In this method, discriminant validity is considered established when the ratio of correlations between different constructs (heterotrait) relative to the same construct (monotrait) falls below a certain threshold. The results presented in this table indicate that the relationships between constructs remain within acceptable limits, suggesting that no two constructs are statistically indistinguishable. Although Parental Attitudes and Practices exhibit a relatively strong association, it does not reach a level that would imply conceptual redundancy. This finding is crucial in ensuring that each construct retains its conceptual distinctiveness, even though they may be logically related. With discriminant validity confirmed through both the Fornell-Larcker criterion and

the HTMT method, it can be concluded that the measurement model in this study is grounded in a solid theoretical framework and is empirically defensible.

Table 4. Model Fit Summary

	Saturated Model	Estimated Model
SRMR	0.115	0.114
d_ULS	2.026	2.001
d_G	0.433	0.439
Chi-Square	593.728	599.273
NFI	0.628	0.624

The final table presents a summary of the overall model fit, reflecting how well the theoretical structure aligns with the empirical data. Several model fit indices are used in this table to evaluate whether the model accurately represents the patterns observed in respondents' data. Unfortunately, the results reveal that the model has not yet achieved an adequate level of fit. The values of the fit indices suggest substantial discrepancies between the proposed model and the observed data, indicating that the model does not yet adequately capture the relationships among variables within the target population. One of the primary reasons for the low model fit appears to be the weaknesses identified in the Practices construct, both in terms of reliability and validity. This construct not only demonstrates measurement inconsistency but also contributes to the overall poor model fit.

This finding highlights the critical role of measurement quality, emphasizing that a successful model depends not only on the clarity of its theoretical structure but also on the robustness of the instruments used to measure its constructs. Therefore, a thorough revision and enhancement of the indicators within the Practices construct is strongly recommended before this instrument is employed in broader-scale research or intervention programs. Taken together, the four tables provide an integrated view of the measurement quality and structural soundness of the adapted version of the Child Feeding Questionnaire for the Indonesian context. The instrument shows promise, particularly in measuring parental beliefs and attitudes toward child feeding. However, substantial improvement is still needed for the behavioral or practical aspects to better reflect the realities of feeding practices in Indonesian families. Such refinements are crucial to ensure that the instrument can serve as a valid and reliable tool for both research and family based child nutrition interventions in the future.

These findings align with several CFQ adaptation studies conducted in other Asian contexts. For example, studies in Malaysia and China have similarly reported difficulties in the reliability of the Practices construct, often attributed to cultural interpretations of feeding behavior and parental authority (Geng et al., 2009; Khor et al., 2009). Such similarities underscore the necessity of culturally specific instrument refinement. Compared to these studies, the current Indonesian adaptation shows consistent strength in the Beliefs and Parental Attitudes constructs, yet shares the common challenge of insufficient alignment between attitudes and actual behaviors, suggesting a broader cultural pattern in Asian parenting styles.

CONCLUSION

Based on the findings of this study, it can be concluded that the adaptation of the Child Feeding Questionnaire (CFQ) to the Indonesian cultural context provides an important contribution to the measurement of parental beliefs, attitudes, and practices related to child feeding behaviors and obesity proneness. The confirmatory factor analysis (CFA) demonstrated that the Beliefs and Parental Attitudes constructs showed satisfactory validity

and reliability, as indicated by Cronbach's Alpha and Composite Reliability values exceeding the recommended thresholds. This suggests that these two constructs effectively capture parents' understanding and evaluations regarding their role in preventing childhood obesity in a consistent manner.

However, the Practices construct revealed significant weaknesses, both in terms of internal consistency and the contribution of its indicators to the overall construct. The analysis showed that the items intended to measure actual parental feeding behaviors failed to adequately represent the practical realities of Indonesian families, which in turn contributed to the poor overall model fit. This indicates a clear need for revision and further development of the Practices dimension to better reflect the behavioral dynamics and socio-cultural context of Indonesian families, including factors such as social pressures, time constraints, and the influential role of extended family members, which are characteristic of the local culture. The contribution of this study to scientific development is significant, particularly in the field of psychometric evaluation of cross-cultural instruments.

The findings underscore the importance of careful cultural adaptation before applying instruments developed in Western contexts for use in research or interventions in developing countries such as Indonesia. With a locally validated tool, health practitioners, policymakers, and researchers will be better equipped to design more effective interventions aligned with local values and norms to promote healthy eating behaviors and prevent childhood obesity. Furthermore, this study opens opportunities for future exploration into additional factors beyond beliefs and attitudes that may influence feeding practices, such as parental stress, family lifestyle, and environmental influences. Therefore, the results of this study not only contribute to the improvement of measurement instruments but also provide a crucial foundation for subsequent research and the development of more comprehensive family-based intervention programs in the future.

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