

# Association Between Family Variables and Mexican American Children's Dietary Behaviors



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## ABSTRACT

**Objective:** To examine the association between family variables and children's diets.

**Design:** Cross-sectional study with households sampled using random-digit dialing. Children completed a one-time, self-administered survey, and mothers participated in a face-to-face structured interview.

**Setting:** Data collection occurred in southern San Diego County on the U.S.-Mexico border.

**Participants:** One hundred sixty-seven Mexican American children between 8 and 18 years of age and their mothers.

**Main Outcome Measures:** Diet: number of snacks, candies and sweets, and sodas consumed daily; dietary fat and fiber; and money spent weekly on fast food and snacks. Family variables: household size, family support for healthful eating, number of meals eaten together, availability of fast food in the home, food ads seen on television, and parent purchasing food products that children saw advertised on television.

**Data Analyses:** Regression analyses were used to examine the independent contributions of family variables on dietary intake. Statistical significance was set at  $P < .05$ .

**Results:** Greater family support for healthful eating was associated with fewer snacks and more fiber consumed. Children of parents who purchased food products that their children had seen advertised on television reported consuming more snacks and more fat, and they spent more money on fast food and snacks.

**Conclusions and Implications:** Family-based interventions are needed to moderate the potential influence of television-advertised food products on children's requests for these food products.

**Key Words:** children, television, dietary behaviors, Mexican American

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## INTRODUCTION

Latino children in the U.S. are more likely to be overweight than their non-Latino peers.<sup>1,2</sup> Dietary determinants

of overweight include large portion sizes and consumption of high-fat snacks, soft drinks, and fast food.<sup>3-6</sup> Television viewing and other sedentary behaviors have repeatedly been associated with obesity.<sup>7</sup> Besides supplanting more active pastimes, watching TV is linked with eating more calories and greater exposure to food advertising promoting consumption of unhealthful food products.<sup>3,8</sup> Latino children and adolescents spend more time watching TV than do white children<sup>8,9</sup> and are less physically active than their African American or white counterparts.<sup>10</sup>

Structural aspects of the home environment,<sup>11,12</sup> household rules,<sup>13</sup> and cultural norms<sup>14</sup> influence the dietary habits of children. For example, when their children refuse to eat, less acculturated Latinas tend to offer their children alternative food options and use bribes more often than their more acculturated counterparts.<sup>15</sup> Eating habits and food choices are often determined by the family budget and

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family food preferences.<sup>16,17</sup> Family members can influence diet directly through shopping behaviors<sup>14</sup> or indirectly by allowing TV viewing during meal time.<sup>12,18</sup> Parents, in particular, play important roles in creating an environment conducive to a healthful lifestyle,<sup>13</sup> with peer influence becoming more important for older children.<sup>11</sup> Parents can make healthful dietary options readily available<sup>19</sup> and reduce access to sedentary activities such as TV watching.<sup>12</sup> Children of parents who promote eating family meals together may consume more fruits, vegetables, grains, and calcium-rich food products, and fewer snacks and soft drinks.<sup>20,21</sup> Although parents appear to know what constitutes a healthful diet, their ability to role model these behaviors is less than favorable.<sup>22</sup> Overall, past research has pointed to the importance of family members' influence on lifestyle behaviors.<sup>23,24</sup>

The goal of this study was to examine the relationship between family variables (eg, family support, meals eaten together) and children's dietary intake. We also sought to better understand the types of food advertisements to which children are exposed and how exposure is related to children's dietary intake. This study was carried out among 167 Mexican American and Mexican immigrant families, representing a population especially at risk for overweight and obesity.

## METHODS

### Study Design

This study comprises a cross-sectional analysis of data collected from children whose mothers were involved in *Secretos de la Buena Vida*,<sup>25</sup> a Spanish-language tailored nutrition communication intervention. The children completed a self-administered survey in their homes and had their height and weight measured by trained research assistants. The mothers completed a face-to-face structured interview with trained bilingual, bicultural research assistants. All data were collected during the intervention's baseline assessment. All study protocols were approved by the Institutional Review Board at San Diego State University.

### Recruitment

Latino households were randomly sampled and recruited via random-digit dialing using a telephone list of Hispanic surname households from the central and southern regions of San Diego County. The telephone list included active and listed residential telephone numbers. Households were eligible to participate if the primary adult female in the home was between 18-65 years of age, reported reading fluently in Spanish, planned to remain in the area during the study period, and was not on a strict medical diet for health reasons. During the first of 4 home visits to collect data from the adult female, the research assistant requested permission to recruit one of her children to complete a

self-administered survey and have his or her height and weight measured. Only one child per household was allowed to participate, and this child had to meet the following inclusion criteria: son or daughter of the adult female, lives full-time with the adult female, between 9 and 18 years of age, and no known chronic health conditions. If more than one child was eligible, the oldest one present during the home visit was invited to participate.

## Measures

**Child survey.** Four different surveys were made available to the children to accommodate developmental status and language preferences: child (9-12 years old) and adolescent (13-18 years old) versions in English or Spanish. The adolescent version was created and modified to be developmentally appropriate for the 9- to 12-year-olds (eg, fewer response options). In most cases, published scales with prior psychometric properties were used. Survey items developed within the context of this study were informed by extensive formative research and pilot-tested with the target population.<sup>26</sup> Most of the previously published scales were not available in Spanish, requiring the study team to translate and back-translate these scales.<sup>27</sup>

### CHILD AND ADOLESCENT DIETARY INTAKE

Dietary intake was assessed using the Block fat and fiber screeners<sup>28</sup> and 4 additional project-generated questions. The Block screeners employ a response option of 0=less than once a month, 1=once a month, 2=once a week, 3=every day, and 4=more than once a day, and yield a mean dietary fat score and a mean dietary fiber score based on 17 and 7 items, respectively. We added 4 questions that assessed the following: number of servings of snacks consumed daily with corresponding portion sizes but excluding fruits and vegetables as a snack (eg, 1 snack serving = 1 small bag of chips, 1 small muffin or snack cake, 2 or 3 small cookies, or 1 small bag of french fries), number of servings of candies consumed daily with corresponding portion sizes (eg, 1 serving = 1 candy bar or 1 small bag of gummi bears or other candy), number of 12-ounce soft drinks consumed daily, not including diet soft drinks; and the amount of money spent on fast food (eg, hamburgers, french fries, pizza, burritos, tacos) and snacks during a typical week. The latter dietary item was recoded into increments of \$5.00.

### FAMILY INFLUENCES

Five sources of family influence were assessed: household size, family support for healthful eating, meals eaten together, frequency of exposure to fast food eaten in the home, and number of TV-advertised food products that parents yielded to purchasing for their children. Household size was measured with one open-ended question on the number of individuals who live in the household. Family

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