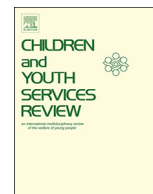




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## Diet quality and satisfaction with different domains of life in single- and dual-headed households: Comparing mother-adolescent dyads



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### ABSTRACT

The objectives of the present study were to compare the diet quality, nutritional status and satisfaction with life, food related life and family life between mothers and adolescent children from single and dual-headed households. In Temuco, Chile, families composed of single mothers and married or cohabiting mothers with one child aged between 10 and 17 years answered a questionnaire that included the Adapted Healthy Eating Index (AHEI), Satisfaction with Life Scale (SWLS), Satisfaction with Food-related Life (SWFoL) scale and Satisfaction with Family Life (SWFaL) scale. Continuous variables were analyzed using a dyadic hierarchical multilevel mixed model for distinguishable dyads. To analyze nutritional status, the between-dyads independent variable procedure for categorical data was performed using a Mann-Whitney *U* test. Mothers and adolescents from single-headed and dual-headed families did not significantly differ in their AHEI scores. The proportion of overweight and obese mothers and adolescent children was higher in dual-headed households. Type of household did not influence the SWLS, SWFoL, and SWFaL of mothers, whereas adolescents from dual-headed households had higher SWFaL. Strategies to improve diet quality should be developed and implemented regardless of the family structure, yet interventions to improve nutritional status should be targeted at dual-headed households. Also, special emphasis should be given to improving the satisfaction with family life in adolescents from single-headed households.

### 1. Introduction

It is well established that family habits play a role on adolescent eating behavior (Loth, Berge, Larson, & Neumark-Sztainer, 2017; Schnettler, Lobos, et al., 2017; Sharif, Alcalá, Albert, & Fischer, 2017; Steeves et al., 2016; Watts, Yang et al., 2016). Parents influence children's eating behavior by providing healthy or unhealthy foods at home (Jaime, Prado, & Malta, 2017; Nepper & Chai, 2016) and having a positive/negative modeling effect (Jaime, Prado, & Malta, 2017; Palfreyman, Haycraft, & Meyer, 2015). In addition, evidence shows a positive association between frequent family meals and healthier diets (Hebestreit et al., 2017; Watts et al., 2017). Hence, the importance of family meals is recognized in obesity prevention research (Lee et al.,

2015; Sarti, Dijkstra, Nury, Seidell, & Deddings, 2017).

Family structure shapes reciprocal interactions that occur between family members and the ability to manage daily routines (Minuchin, 1974). Various studies show an association between family structure and diet quality (Augustine & Kimbro, 2013; Baek, Paik, & Shim, 2014; Formisano et al., 2014; Jarosz, 2017; Ohly et al., 2013; Pedersen et al., 2016; Reicks et al., 2015; Schmeer, 2012; Stewart & Menning, 2009; Yang et al., 2016). Empirical evidence shows that two-parent families may be better equipped to have a healthful diet than single-parent families (Chen & Escarce, 2010; Huffman, Kanikireddy & Patel, 2010).

Although both single-parent and two-parent families face barriers to healthy eating, single-parent families may face additional obstacles (Berge, Hoppmann, Hanson, & Neumark-Sztainer, 2013). These include

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lower maternal monitoring and control over meals (Reicks et al., 2015; Stewart & Menning, 2009), higher stress levels and less emotional support (Schmeer, 2012), less importance attached to their food choices and more frequently allowing their children to eat high-energy foods (Formisano et al., 2014) and less economic resources (Schmeer, 2012). However, other studies show that single-parent and dual-headed families do not necessarily differ in their eating habits (Sharif et al., 2017). Therefore, more research is required in order to study the influence of family structure on diet quality and nutritional status. Considering that a major increase in single-parent families has occurred in Western countries in the last three decades (Cherlin & Furstenberg, 1988; Schor & American Academy of Pediatrics Task Force on the Family, 2003), focus on the comparison of single-parent and dual-parent families is particularly relevant. In the case of Chile, single-parent families increased from 22.2% in 1990 to 44.1% in 2015 (CASEN, 2015).

Although both mothers and fathers influence their children's eating behavior, research shows that mothers usually exert a more positive influence than fathers (Hebestreit et al., 2017; Rhodes et al., 2016; Schnettler, Lobos, et al., 2017), because they are more likely to adhere to dietary guidelines than fathers (Hebestreit et al., 2017; Rhodes et al., 2016). However, the positive influence of mothers is expected to depend on family structure. Studies report that adolescents in single mother families are more likely to have unhealthy eating habits compared to those who live with both parents, including a lower frequency of family meals (Baek et al., 2014; Jarosz, 2017; Reicks et al., 2015), higher probability to skip meals (Pedersen et al., 2016), lower intake of fruit and vegetables (Baek et al., 2014; Ohly et al., 2013; Reicks et al., 2015; Stewart & Menning, 2009) and greater consumption of sugary drinks (Ohly et al., 2013) and fast food (Stewart & Menning, 2009). Differences in the health status of adolescents from single mother families and dual-headed families have also been reported: adolescents from single mother families have been reported to have higher body mass index -BMI- (Formisano et al., 2014; Schmeer, 2012) and higher prevalence of obesity (Augustine & Kimbro, 2013; Schmeer, 2012).

Family structure does not only influence health status and eating habits, but also satisfaction with life. Previous studies show that married mothers have higher levels of life satisfaction than single mothers (Bull & Mittelmarm, 2009; Pollmann-Schult, 2014). Children who live with both parents report higher levels of life satisfaction (Bjarnason et al., 2012; Dinisman, Monserrat, & Casas, 2012; Dinisman, Andresen, Montserrat, Strózik & Strózik, 2017; Walper & Thönnissen, 2015), family satisfaction (Dinisman et al., 2017; Walper & Thönnissen, 2015) and satisfaction with other domains of life (Dinisman et al., 2012) than children living with single parents. Diet quality, eating habits and nutritional status are reported to be positively associated with satisfaction with different domains of life. Healthful eating habits, greater frequency and importance assigned to family meals and a lower prevalence of being overweight or obese are positively associated with higher levels of satisfaction with life and food-related life (Schnettler et al., 2016; Schnettler, Denegri et al., 2015; Schnettler, Lobos et al., 2017; Schnettler, Miranda et al., 2015) and higher levels of satisfaction with family life (Schnettler, Lobos et al., 2017). In this regard, studies conclude that mothers with lower levels of life satisfaction have poorer diet quality than those with higher level of satisfaction with life (Jarman et al., 2012; Jarman et al., 2015). However, to the best of our knowledge, no studies have compared the levels of overall life satisfaction and satisfaction in the food and family domains of mothers and adolescents children from families with different structure.

In this context, the objectives of the present study were: a) to compare the diet quality and nutritional status between mothers and adolescents from single and dual-headed households, and b) to compare the levels of satisfaction with life, food related life and family life between mothers and adolescents from single and dual-headed households.

## 2. Methods

### 2.1. Participants and procedure

Non-probability sampling was used to recruit a sample of 170 single-headed households and 170 dual-headed households with at least one child aged between 10 and 17 years in Temuco, Chile. In the case of dual-headed households, married mothers and unmarried cohabiting mothers were included as there is a growing preference for cohabitation in lieu of legal marriage in Chile (Calvo, Tartakowsky, & Maffei, 2011). In the case of single-headed households, families were included only if the mother was the head of the household. Single-parent households headed by the father were excluded, as this is an uncommon scenario in Chile (CASEN, 2015).

Participants were recruited from seven schools that serve socio-economically diverse populations. Directors in each school signed authorization letters to conduct the research with their students and provided a list of telephone numbers of single mothers and married or cohabiting mothers with children older than 10 years. The study was approved by the Ethics Committee of the Universidad de La Frontera.

Mothers were contacted by trained interviewers, who provided detailed information about the study and asked them if they would like to participate. Interviews were conducted in participants' homes or schools, depending on each participant's choice. After the mother and their children signed written consent forms, the questionnaires were administered separately to each.

A pilot test of the questionnaires was conducted with ten single-headed households and ten dual-headed households, following the procedure described above. No changes were required in either the questionnaires or the interview procedure.

### 2.2. Measures

Questionnaires included the following measures, which were answered by both the mothers and adolescents:

- Adapted Healthy Eating Index (AHEI): AHEI is an adaptation of the US-HEI (Kennedy, Ohls, Carlson, & Fleming, 1995) developed by Norte and Ortiz (2011) for Spanish speaking populations. Respondents indicated their consumption frequency of nine food groups (cereals and derivatives, vegetables, fruit, milk and dairy products, meats, legumes, sausages and cold meats, sweets and sugary soft drinks). Each food group received a score, ranging from 0 to 10 according to the degree of compliance with food recommendations (Norte & Ortiz, 2011). A diet variety score was constructed using the consumption frequency these nine target foods: two points were given if the respondent complied with each of the daily recommendations, and one point was given if he/she complied with each of the weekly recommendations. The AHEI score is calculated by adding the score obtained from the consumption frequency of each of the nine food groups and the diet variety score, for a maximum of 100 points. Scores above 80 are regarded as indicative of a “healthy” diet; scores between 51 and 80 indicate a diet that “requires changes”; and scores lower than 50 indicate an “unhealthy” diet (Kennedy et al., 1995).
- Satisfaction with Life Scale (SWLS): SWLS (Diener, Emmons, Larsen, & Griffin, 1985) is a scale composed of five items grouped into a single dimension to evaluate overall cognitive judgments about a person's own life (e.g. “In most ways my life is close to my ideal”). The Spanish version of the SWLS was used (Schnettler, Miranda, Sepúlveda, & Denegri, 2011). Respondents were asked to indicate their degree of agreement with each statement using a 6-point Likert scale (1, completely disagree; 6: completely agree). The scale showed good internal reliability (Cronbach alpha mothers = 0.898, adolescents = 0.903) and therefore SWLS scores were obtained by summing up scores from the five items.

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