



Intergenerational transmission of dietary behaviours: A qualitative study of Anglo-Australian, Chinese-Australian and Italian-Australian three-generation families



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ABSTRACT

Family food choice is complex with a number of people within the family sharing food choice and preparation responsibilities. Differences in dietary behaviours also exist between various ethnic groups worldwide, and are apparent within multicultural nations such as Australia. This study examined the intergenerational transmission of eating behaviour through semi-structured family interviews with 27 three generation families (Anglo-Australian: $n = 11$, Chinese-Australian: $n = 8$, Italian-Australian: $n = 8$; $N = 114$). The influence of generation (grandparent, parent, child), role (grandmother, grandfather, mother, father, daughter, son), and ethnic background were considered. Thematic analysis identified that regardless of ethnic background, grandmothers and mothers dominated family food choice decisions even in families where fathers were primarily responsible for the preparation of family meals. The women in each generation influenced fruit and vegetable intake by controlling purchasing decisions (e.g., by shopping for food or editing family grocery shopping lists), insisting on consumption, monitoring and reminding, utilizing food as a prerequisite for conditional treats (e.g., eating fruit before being allowed snacks), instigating and enforcing food rules (e.g., fast food only on weekends), and restricting others' food choices. Grandparents and children shared a relationship that skipped the parent generation and influenced dietary behaviours bi-directionally. These findings have implications for the delivery of dietary health messages used in disease prevention interventions designed to successfully reach culturally and linguistically diverse populations and all members of multigenerational families.

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Worldwide, obesity is a risk factor for a number of chronic diseases such as diabetes, heart disease and some cancers (Finer, 2010; National Health & Medical Research Council (NHMRC., 2013; Rowen, Milner, & Ross, 2010). In Australia, approximately two thirds of the adult population are either overweight or obese (Australian Bureau of Statistics, 2012), with the combined rate rising from 56% in 1995 to 63% in 2012. The rise in overweight and obesity has been attributed to factors that are environmental (Block, Scribner, & DeSalvo, 2004; Drewnowski, 2003), hereditary (Koehly, 2009; Ramachandrappa & Farooqi, 2011), and behavioural

(NHMRC., 2013). Dietary intake is one modifiable, behavioural risk factor that contributes to obesity and chronic disease. Dietary behaviours linked to obesity (e.g., the regular consumption of foods high in saturated fats, salt and sugar, or overeating; Gluckman, Hanson, Zimmet, & Forrester, 2011) vary between individuals and are influenced by a range of social and environmental contexts (Linke, Robinson, & Pekmezi, 2013).

Dietary behaviours develop over time and are at least partly learnt through the social context of family experience. Research suggests that one individual will make most of the decisions about food purchases and preparation for the entire family (e.g., Wansink, 2006). Moreover, the individual with the most responsibility for food will impact the eating habits of the whole family (Chadwick, Crawford, & Ly, 2013). This suggests that identifying who fulfills this influential role is critical to impacting dietary choices at the

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level of the family. Although both parents have been shown to influence the eating attitudes, beliefs and behaviours of their children (e.g., Baker, Whisman, & Brownell, 2000; De Bourdeaudhuij, 1997), evidence suggests that the mother's influence predominates (Green et al., 2003, 2009; Johnson, Sharkey, Dean, McIntosh, & Kubena, 2011; Johnson, Sharkey, McIntosh, & Dean, 2010). To date, research has highlighted the key unidirectional role of mothers who both model and reinforce specific food-related behaviours (e.g., Feunekes, de Graaf, Meyboom, & van Staveren, 1998; Feunekes, Stafleu, de Graaf, & van Staveren, 1997; Green et al., 2009; Prichard, Hodder, Hutchinson, & Wilson, 2012). In particular, the 'mother' role has been identified as the most important in making dietary choices within families (Beydoun & Wang, 2009; Green et al., 2003, 2009; Prelip, Kinsler, Thai, Erausquin, & Slusser, 2012; Wroten, O'Neil, Stuff, Liu, & Nicklas, 2012).

However, influences on food choice within families can also operate bi-directionally and these influences may extend beyond two generations to extended family (Forero & Smith, 2010; Green et al., 2003). This highlights the possibility that the 'extended' family (i.e., family beyond the parents and children) may play a significant role in food consumption choices. Knowing whether other family members have similar or other bi-directional influence on children is important. For example, we do not know how children influence the diets of grandparents, or vice versa, and whether this influence may be positive, negative or reciprocal (Berge, Arikian, Doherty, & Neumark-Sztainer, 2012; Montgomery-Anderson & Borup, 2012). In addition, little is known about the other vertical (i.e., across generations) bi-directional influences on dietary behaviours that may exist within multigenerational families (i.e., intergenerational influence) or the horizontal (i.e., within generations) bi-directional influences that may impact on food-related behaviour within families.

These potential bi-directional, intergenerational and intra-generational influences on dietary behaviours may also operate differently in families from different ethnic backgrounds. The mother's primary responsibility for meal preparation may have influence in virtually all ethnic groups, whereas grandparents have been shown to affect grandchildren's diets in some ethnicities (e.g., Li, Adab, & Cheng, 2015). For example, Chinese grandparents in China have been shown to play a fundamental role in forming food environments for their grandchildren (Jingxiong et al., 2007). Children also potentially influence the adoption of 'new' dietary behaviours within families. Examining how the transmission of eating practices may differ across different ethnic groups allows us to identify influence processes that are potentially protective of, or promote, healthy food choices within multicultural societies.

Australia is regarded as one of the most ethnically diverse countries in the world (ABS., 2012; Department of Foreign Affairs and Trade (DFAT), 2012). Approximately 25% of Australia's population was born overseas and a further 20% have at least one migrant parent (ABS., 2012; Anikeeva et al., 2010). Of these, the highest proportion of English speaking migrants was born in the United Kingdom (UK) and the highest proportion of non-English speaking migrants was from China, India, Italy and Vietnam (ABS., 2012). Obesity and overweight in Australian children has been linked with the country of origin of the parents (Booth et al., 2001). This is likely because ethnicity and cultural practices are an important influence on dietary behaviours (Booth et al., 2001; House et al., 2014). However, many current studies of familial influences on dietary practices focus on individuals with an Anglo background and often neglect to represent other ethnicities within multicultural Western societies (Ristovski-Slijepcevic, Chapman, & Beagan, 2008). This research gap warrants more attention.

Ethnic differences in health and diet-related diseases have been investigated in a number of countries (e.g., Agyemang et al., 2011;

Baum, 2008), although to a much lesser extent in Australia. Studies indicate that there are often health status disparities between different ethnic populations within a country. Examples of this disparity are shown in American and Australian studies of migrant groups and indicate that people born in Italy and various other European countries are more likely to be overweight and obese compared to migrants from China and other Asian countries (Astell-Burt, Feng, Croteau, & Kolt, 2013; Delavari, Sonderland, Swinburn, Mellor, & Renzaho, 2013; Kaushal, 2009; Taylor, Chey, Bauman, & Webster, 1999). One explanation for this difference may be different levels of acculturation and the potential maintenance of particular dietary preferences and family influences across ethnic groups.

The present study examined dietary behaviour within three-generational Australian families and aimed to explore how decision-making and behaviour focused on food choices operates within the broader family context. It included a comparison between three subgroups; Anglo-, Chinese- and Italian-Australian families to determine any intra- and inter-generational influences on dietary behaviour across the three ethnic groups and which family members might play a dominant role in this. We considered uni- and bi-directional influences on food choices within families by interviewing three-generational Australian families about their purchasing decisions, food preparation, healthy and unhealthy dietary intake, with a focus on who makes or influences these decisions, and the interactive nature of the influences.

1. Method

1.1. Recruitment and sampling

Purposive sampling was used to recruit three-generational Australian families with known Anglo-, Chinese- or Italian-Australian background, to participate in a qualitative study exploring three-generational cross-ethnicity influences on dietary behaviours. Purposive sampling is recommended when an insightful and in-depth understanding of a research topic is required (Braun & Clarke, 2013). Criteria for participation included families that identified as having either English speaking, Chinese or Italian background with at least one participant that was a first generation migrant to Australia (except for Anglo-Australian families born entirely in Australia) from Italy or mainland China or regions of origin considered as representative of Chinese migration. These included Hong Kong, Macau and Taiwan (Cheah, Leung, Tahseen, & Schultz, 2009).

Inclusion criteria included having at least one child between the ages of seven and 18 years, one parent, and one grandparent. Average family interview group size was four, with a range of three to six family members across three generations. The sample consisted of 27 three generation families who were recruited from the community of South Australia and Victoria ($N = 114$). Participants comprised 11 Anglo-Australian families ($N = 50$), 8 Chinese-Australian families ($N = 33$), and 8 Italian-Australian families ($N = 31$). Table 1 provides a breakdown of participant numbers by ethnicity, generation and gender. All families were of middle class background and the parent generation in each family had some form of university education.

Participants were recruited by placing flyers on community noticeboards, distributing invitation letters to schools, placing advertisements in newspapers, speaking on radio or to community centre groups, visiting cultural associations in the community, utilizing researcher's community networks, placing advertisements on social media and via email distribution lists through organisations such as the Cancer Council of South Australia and Flinders University. Ethics approval was obtained from the Social and

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