



## Family meals among parents: Associations with nutritional, social and emotional wellbeing



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### ABSTRACT

A growing body of research suggests that children and adolescents who share frequent meals with their families report better nutrition indicators, family relationships and mental health. Yet, little research has examined whether parents who share meals with their families report the same indicators of wellbeing. The current paper addresses this question using population-based survey data and a sample of parents in the United States ( $n = 889$ , mean age 31 years) that responded to the fourth wave of the Project EAT study in 2015–16. Multiple regression models were used to examine associations between frequency of family meals and indicators of nutritional, social and emotional wellbeing, controlling for demographic and household characteristics. Analyses also examined if associations were moderated by sex, as mothers tend to be more responsible for household and childcare tasks. Results suggested that parent report of frequent family meals was associated with higher levels of family functioning, greater self-esteem, and lower levels of depressive symptoms and stress ( $p$ -value for all  $< 0.001$ ). Frequency of family meals was also related to greater fruit and vegetable consumption (both  $p < 0.05$ ), but was unrelated to other indicators of parent body size and nutritional wellbeing. Associations between frequency of family meals and parent wellbeing were similar for both mothers and fathers. Findings from the current study suggest that frequent family meals may contribute to the social and emotional wellbeing of parents. Future strategies to promote family meals should consider the potential impacts on the health and wellbeing of the whole family.

### 1. Introduction

A growing body of research suggests that frequent family meals support the healthy development of children and young people (Fulkerson et al., 2014; Harrison et al., 2015; Skeer and Ballard, 2013). Family meals are opportunities for families to prepare and share healthy foods. Children and young people who frequently share meals with their families report better nutrition and eating behaviors like eating more vegetables and less fast food (Berge et al., 2016; Fulkerson et al., 2009; Larson et al., 2006; Utter et al., 2013a).

Family meals also provide opportunities for communication, sharing of values and family bonding. Research suggests that adolescents who have frequent family meals report greater family connection and parental monitoring and communication (Elgar et al., 2013; Utter et al.,

2013b; Fulkerson et al., 2010). These findings may explain, in part, existing evidence that suggests family meals are protective against adolescent participation in health risk behaviors and promote emotional wellbeing (Elgar et al., 2013; Utter et al., 2013b; Franko et al., 2008; Fulkerson et al., 2006; Utter et al., 2017).

Less is known about the potential nutritional, social and emotional benefits of family meals for parents. Findings from a nationally representative survey in the US found a small, but significant, association between frequent family meals and lower body mass index among parents (Sobal and Hanson, 2011). Another study conducted by our research team found that parents who had frequent family meals ate more fruits and vegetables, fathers ate less fast food, and mothers engaged in fewer dieting behaviors (Berge et al., 2012a). Particularly little research has explored the social and emotional benefits of family meals

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for parents. As noted above, family meals provide opportunities for family communication and positive engagement. For parents, this may be a useful opportunity to discuss family issues, allocate household jobs or simply engage with family members in a positive way. As such, it is possible that frequent family meals may promote social and emotional wellbeing for parents, as well as children.

It is alternatively possible that frequent family meals come at a cost to parent wellbeing and increase stress, as preparing meals requires time and resources that many parents may not have. This may be particularly true for mothers as women still spend more time doing housework and child care than men (Parker and Wang, 2013). Moreover, more than half of mothers say they find it difficult to balance work and family life (Parker and Wang, 2013). Reducing time spent in preparing meals may be one strategy mothers use to cope (Devine et al., 2006; Horning et al., 2017). Adults who are employed spend less time on home food preparation and place a higher value on convenience foods (Monsivais et al., 2014).

The aim of the current study is to expand what is already known about the relationship between family meals and the health and wellbeing of parents. Specifically, the current research will explore associations between family meals and parental indicators of nutritional, social and psychosocial wellbeing. As women assume more responsibility for household chores, such as meal preparation, the current analyses will also examine whether the associations between family meals and nutritional, social and emotional wellbeing vary by parent sex.

## 2. Methods

Data for this cross-sectional analysis were drawn from the fourth wave of the population-based Project EAT (Eating and Activity in Teens and Young Adults) longitudinal study of dietary intake, physical activity, weight control behaviors, weight status and factors associated with these outcomes among young adults. At the original assessment (1998–1999), a total of 4746 junior and senior high school students at 31 public schools in the Minneapolis-St. Paul metropolitan area of Minnesota, US completed surveys and anthropometric measures (Neumark-Sztainer et al., 2002a, 2002b). In 2015–2016, original participants who responded to at least one previous follow-up survey were mailed letters inviting them to complete the Project EAT-IV survey and a food frequency questionnaire (FFQ) (Berge et al., 2012b; Goldschmidt et al., in press) with the offer of 50 dollars for survey completion.

Complete follow-up survey data were collected online, by mail, or by phone from 66% of those for whom correct contact information was available (N = 2770) for a final sample of 1830 young adults. Of the 1830 participants in EAT-IV, 49% (n = 889) reported that they had at least one child and were retained for the current analyses. All study protocols were approved by the University of Minnesota's Institutional Review Board Human Subjects Committee.

### 2.1. Measures

*Family meal frequency* was assessed with the question, “During the past seven days, how many times did all, or most, of the people living in your house eat a meal together?” Participants could select one of six response options ranging from “never” to “more than 7 times” (Test-retest  $r = 0.64$ ). The response options were re-categorized to create three categories (0 to 2 times, 3 to 6 times, and 7 times or more) based on distribution within in the sample.

#### 2.1.1. Indicators of social wellbeing

Six items were drawn from the general functioning scale of the Family Assessment Device (Epstein et al., 1983; Miller et al., 1985) to measure overall family functioning. Previous research has shown high validity ( $r = 0.92$ ) and test-retest reliability ( $r = 0.71$ ) for the general functioning scale with racially/ethnically and socio-economically

diverse populations (Epstein et al., 1983). The 6-item scale on the EAT-IV survey assessed family communication, acceptance of family members, expressing feelings, getting along, decision making and trust. Possible EAT-IV family functioning scores ranged from 6 to 24, with higher scores indicating greater family functioning (Cronbach's  $\alpha = 0.72$ , test-retest reliability  $r = 0.71$ ).

*Partner relationship strength* was assessed with the emotional intimacy subscale of the Personal Assessment of Intimacy in Relationships (Schaefer and Olson, 1981) among participants who reported that they currently had a significant other. The instrument contains six items assessing intimacy within a relationship, such as listening and sharing feelings with significant other. Responses were selected from a four-point Likert scale. Possible scores ranged from 6 to 24, with higher scores indicating greater relationship strength (Cronbach's  $\alpha = 0.88$ ; test-retest  $r = 0.80$ ).

#### 2.1.2. Indicators of emotional wellbeing

*Depressive mood* was assessed with a six item instrument asking how often participants were troubled by symptoms such as feeling hopeless over the past 12 months (Kandel and Davies, 1982) (not at all, somewhat very much). The items were summed to get a depression score that ranged from 6 to 18, with higher scores indicating more depressive symptoms (Cronbach's  $\alpha = 0.85$ ; test-retest  $r = 0.77$ ).

*Self-esteem* was assessed with the Rosenberg Self-esteem Scale (Rosenberg, 1965) which asks about multiple dimensions of self-image and wellbeing. Possible scores ranged from 6 to 24, with higher scores indicating greater self-esteem. The scale was found to have good internal consistency (Cronbach's  $\alpha = 0.85$ ) and reliability (test-retest  $r = 0.81$ ) in the EAT sample.

A *stress index* was measured with two items asking, on a scale of one to ten, about overall level of stress and ability to manage stress. An index was then created by dividing the number for perceived stress score by the managing stress score (Nelson et al., 2008). Possible scores ranged from 0.1 to 10, with scores above 1.0 indicating unmanaged greater stress (test-retest  $r = 0.78$ ).

#### 2.1.3. Indicators of nutritional wellbeing

*Body mass index* (BMI) was calculated as weight (kg) / height (m) (Harrison et al., 2015), drawing on self-reported height and weight. In a validation study among a sub-sample of 127 Project EAT-III young adult participants, the correlation between measured and self-reported BMI values was  $r = 0.95$  (Quick et al., 2013). In the current sample, the mean BMI for males was 28.2 (68% overweight) and for females 28.0 (62% overweight).

*Fast food* intake was assessed with the item, “In the past week, how often did you eat something from a fast food restaurant (like McDonald's, Burger King, etc.)?” with six response options ranging from never to > 7 times. Usual past year intake of *fruit*, *vegetables*, and *sugar sweetened beverages* was assessed with a semi-quantitative food frequency questionnaire (Harvard School of Public Health Nutrition Department, n.d.). A daily serving was defined as the equivalent of one-half cup for fruit and vegetables or as the equivalent of one glass, bottle, or can for sugar-sweetened beverages. For analyses, all food consumption variables (including fast food) were treated as continuous items.

*Age*, *sex*, and *race/ethnicity* were all based on self-report measures with strong reliability (test-retest percent agreement: 74–100%). Socioeconomic indicators included *household income*, *educational attainment* (highest level of education completed by participant or spouse) (Horacek et al., 2002), and *current level of employment* (full-time or part-time/not working). Participants were also asked to report on their *number of children*, *age of their children*, whether *children live in the household*, and if they have a *significant other*. Participants were considered to be living with their children if they reported having one or more children in their home at least 50% of the time.

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