



## Research report

# Following family or friends. Social norms in adolescent healthy eating<sup>☆</sup>



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## ABSTRACT

It is commonly believed that during adolescence children become increasingly influenced by peers at the expense of parents. To test the strength of this tendency with regards to healthy eating (fruit and vegetable intake), a survey was completed by 757 adolescent–parent dyads. Our theoretical framework builds on social cognitive theory and the focus theory of normative conduct, and data are analysed by means of confirmatory factor analysis and structural equation modelling. The study reveals that when it comes to adolescents' fruit and vegetable intake, parents remain the main influencer, with what they do (descriptive norms) being more important than what they say (injunctive norms). The study contributes to a more comprehensive understanding of what influences adolescent healthy eating, including the social influence of parents and friends, while also taking adolescent self-efficacy and outcome expectations into account. No previous studies have included all these factors in the same analysis. The study has a number of important implications: (1) healthy eating interventions should aim at strengthening self-efficacy and positive outcome expectations among adolescents, (2) the family context should be included when implementing healthy eating interventions and (3) parents' awareness of their influence on their children's healthy eating should be reinforced.

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## Introduction

Eating practices established in childhood are often carried into adulthood (Lake et al., 2004). Hence, it is important to establish healthy eating practices early in childhood and to support them during adolescence (WHO, 2000). Especially, eating sufficient quantities of fruit and vegetables contributes to the prevention of chronic diseases and the avoidance of obesity in general (WHO, 2003). Children most often eat in a social context. They are strongly influenced by parents' attitudes and behaviour, and as primary socialisation agents (John, 1999), parents are gatekeepers of their children's healthy eating (Birch & Fisher, 1998). As the child grows older, secondary socialisation agents such as friends, school and media influence behaviour as well (Chan, Prendergast, Grønhøj, &

Bech-Larsen, 2010). Parental influence is believed to decline or at least change as the child moves into adolescence (Gitelson & McDermott, 2006).

Among the many routes to healthy eating, special attention has been devoted to increasing the intake of fruit and vegetables – and hopefully replacing unhealthy food. Although we acknowledge that the latter cannot be taken for granted, and that reducing unhealthy eating is an important topic in its own right, this study's point of departure is the fact that most adolescents do not eat the recommended amount of fruit and vegetables (Rasmussen et al., 2006; WHO, 2004) and there is a need for a better understanding why. Specifically, there is a lack of research on the relative importance of adolescents' personal motivation and the social influence of parents and friends on adolescents' healthy eating. Therefore, the purpose of this study is to determine the social influence of parents and friends on adolescents' healthy eating, specifically fruit and vegetable intake, while also taking into account adolescents' personal motivation to eat fruit and vegetables. A range of motives for food intake has been identified by previous research (e.g., Herman, Roth, & Polivy, 2003).

Bandura's (1986) Social Cognitive Theory (SCT) is a popular framework for studying people's motivation to change behaviour (in our case, increasing fruit and vegetable intake). Many previous studies have confirmed the importance of the key motivation constructs proposed by SCT, namely self-efficacy and outcome expectations,

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for healthy eating (e.g. Fitzgerald, Heary, Kelly, Nixon, & Shevlin, 2013; Geller & Dzewaltowski, 2010). Self-efficacy is the belief “that one has the power to produce desired changes by one’s actions” (Bandura, 2004, p. 144). Relevant outcome expectations regarding an anticipated behaviour are classified into three types: physical, social and self-evaluative (Bandura, 1977). Further, SCT suggests that a person’s behaviour is not the product of personal motivation alone, but also learned through observing the behaviour of others and influenced by perceived social pressure. The individual’s self-efficacy, outcome expectations and social influence (i.e., perceived social norms) together lead to behavioural goals or intentions, which together with facilitating and/or impeding contextual factors lead to behaviour.

A common definition of social norms is “rules and standards that are understood by members of a group and that guide and/or constrain social behaviour without the force of laws” (Cialdini & Trost, 1998, p. 152). Cialdini and colleagues distinguish between descriptive and injunctive norms (Cialdini, Kallgren, & Reno, 1991; Cialdini, Reno, & Kallgren, 1990). Descriptive norms refer to what is commonly done, whereas injunctive norms refer to commonly held perceptions of do’s and don’ts. In the context of SCT, it is not so much other people’s objective behaviour or expectations as the individual’s subjective perception of these realities that are assumed to influence behaviour (Thøgersen, 2008).

Healthy eating (Fitzgerald et al., 2013) and specifically fruit and vegetable consumption among adolescents have been found to increase with self-efficacy (Rasmussen et al., 2006; Young, Fors, Fasha, & Hayes, 2004) and with positive outcome expectations (Resnicow et al., 1997). As regards social influence on children’s healthy eating, the importance of parents is widely recognised (Lau, Quadrel, & Hartman, 1990) and parental influence in childhood seems to have long-term effects (Bauer, Laska, Fulkerson, & Neumark-Sztainer, 2010; Lake et al., 2004). Not surprisingly, given children’s daily exposure to parents’ attitudes and behaviour, parental intake (Rasmussen et al., 2006) and adolescents’ perception of parents’ intake of fruit and vegetables (Kristjánsdóttir, De Bourdeaudhuij, Klepp, & Thorsdóttir, 2009; Young et al., 2004) are also positively correlated with adolescents’ intake. Adolescents and their parents usually live together and share the fruit and vegetables that are available in the home and also a more general context and culture of eating, preparing and planning food intake. SCT refers to this shared context, which may account for some of the similarity in behaviour between adolescents and their parents, as (facilitating or impeding) socio-structural factors (Bandura, 1986).

Previous research has also found correlations between adolescents’ and their friends’ eating behaviour (Bruening et al., 2012) suggesting that friends influence each other (Ball, Jeffery, Abbott, McNaughton, & Crawford, 2010; Salvy, de la Haye, Bowker, & Hermans, 2012) and/or conform to common norms (Stead, McDermott, MacKintosh, & Adamson, 2011). It has also been found that friends influence healthy eating negatively (Fitzgerald et al., 2013) by sometimes encouraging adolescents to consume unhealthy foods (Croll, Neumark-Sztainer, & Story, 2001). Others have found that friends restrict each other’s intake of unhealthy foods (Howland, Hunger, & Mann, 2012) and that friends’ negative influence can be counteracted by the adolescent’s impression management concerns (Salvy et al., 2012). It is not always clear from the literature whether friends actually influence each other or whether they become friends based on behavioural similarities (see for instance Bruening et al., 2012).

In this paper, the importance for adolescents’ fruit and vegetable intake of both parents’ and friends’ descriptive and injunctive norms as well as adolescents’ own self-efficacy and outcome expectations is investigated. On the basis of the literature, we expect that all of these variables will influence adolescents’ intake of fruit and vegetables and that family norms will influence adolescents’

healthy eating more than their own self-efficacy and outcome expectations. Specifically, we hypothesise that:

Hypothesis 1a. Adolescents’ intake of fruit and vegetables depends on their self-efficacy and outcome expectations as well as on the dominant family norms as reflected in parental behaviour.

Hypothesis 1b. Adolescents’ intake of fruit and vegetables depends more on the dominant family norms than on their own self-efficacy and outcome expectations.

According to SCT and empirical research (Baker, Whisman, & Brownell, 2000; McClain, Chappuis, Nguyen-Rodriguez, Yaroch, & Spruijt-Metz, 2009) it is the *perception* of others’ behaviour more than others’ *actual* behaviour that influences a person’s behaviour. Hence, we expect that adolescents’ behaviour will be more strongly related to their subjective perception of their parents’ behaviour than to their parents’ actual behaviour, and even more so when parent’s actual behaviour is measured imperfectly by parental self-report.

Hypothesis 2. Adolescents’ intake of fruit and vegetables depends more on how they perceive their parents’ behaviour than their parents’ actual behaviour, as measured by parental self-report.

Since adolescents consume most meals in the family, parents are expected to be more influential than friends when it comes to adolescents’ eating. Hence, we hypothesise that:

Hypothesis 3. Adolescents’ intake of fruit and vegetables is influenced more by the dominant norms in their own family than by the norms that they perceive as dominant among their friends.

A recent study among adolescents (16 to 19 years old) found that descriptive norms, but not injunctive norms of peers in school were associated with their own fruit and vegetable intake (Lally, Bartle, & Wardle, 2011). Hence, we hypothesise that descriptive norms influence adolescents’ healthy eating more than injunctive norms.

Hypothesis 4. Adolescents’ intake of fruit and vegetables depends more on what their parents and peers do (i.e., descriptive norms) than on what they say (i.e., injunctive norms).

## Methods

### Participants and procedure

A sample of 1321 adolescents and 795 parents was recruited from 17 schools in the Central Denmark Region in September 2010.<sup>1</sup> The sample contained a total of 757 adolescent–parent dyads, which were identified by a unique ID number. In the adolescent–parent dyads sample, there were 347 boys/410 girls and 634 mothers/113 fathers (see Table 1). Hence, girls are slightly and mothers heavily over-represented in the sample. Participation was voluntary and no compensation was offered.

The questionnaire was thoroughly pre-tested. A school gave access to four children (age 11) who filled in the questionnaire and afterwards wording and scales were discussed with the first author. Following adjustments, four new pupils from the same school went through the same pre-test. A third pre-test was conducted with 30 pupils (ages 10–16), who filled in the questionnaire; subsequently, frequencies and scale reliability were checked. The adaptations and

<sup>1</sup> The Step-by-Step Project also contained an intervention study aiming at increasing fruit and vegetable intake among school children (Pedersen, S., Grønhoj, A., Bech-Larsen, T., & Thøgersen, J. (2014). Texting your way to healthier eating? Effects of a feedback-intervention using text messaging to increase adolescents’ fruit and vegetable intake. (*manuscript in preparation*)).

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