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#### Research report

# Who still eats three meals a day? Findings from a quantitative survey in the Paris area \*



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#### ABSTRACT

In France, mealtimes constitute a strong cultural trait, especially the three-meal pattern. The aim of our study was to test whether this pattern is still prevailing and to what extent familial structure, gender, poverty and migration have an effect on meal frequency. This study is based on a cross-sectional analysis of data collected in 2010 in the SIRS cohort study among a representative sample of 3006 adults in the Paris metropolitan area. We developed simple logistic models and multinomial logistic models. Results confirmed that the three-meal pattern remains strongly rooted in food habits in the Paris area. For three meals a day, the presence of a partner was more significant than the presence of children in the household. However, the study highlighted that one out of four inhabitants declared eating two meals a day only. The results emphasized gender differences in eating two meals a day, as being less frequent but more distinctive for women than for men. For women indeed, it was mainly linked to economic and social vulnerability (women below the poverty line, foreigners, in single parent families). In this respect, the paper provides new insights into the social differentiation of meal patterns, and calls for further analysis.

#### Introduction

The three-meal pattern is a feature of Western societies (Symons, 1991) and is linked to a well-documented historical process (for France see: Flandrin, 1996; Grignon, 1996; Mennell, 1985). This pattern was formed during the 19th century on the bourgeois model of three meals a day, and gradually spread to society as a whole, becoming a cultural trait so widely shared by all classes that it became normative (Grignon & Grignon, 2004). Recent empirical studies have confirmed the stability of the three-meal pattern in France. According to the INPES Survey (Escalon, Bossard, & Beck, 2009) 87.1% of the French population have three meals a day and 11.8% have two. According to the INSEE time-use survey (de Saint Pol, 2006) 59.8% eat three meals a day, 15.4% two and 17.9% have four meals a day. The INCA surveys

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(Lafay, 2009) showed that 85% of the respondents declared that they ate breakfast every day, 87% lunch and 88% an evening meal. While results may differ according to the collection method (declarative or time-use questionnaires) and sample, the vast majority refer to the three-meal pattern. In addition, meals are concentrated in very narrow timeslots (de Saint Pol, 2006; Poulain, 2002). As shown by de Saint Pol and Ricroch (2012) at 1:00 p.m., half of the French population is having lunch and at 8:00 p.m., nearly 40% is having dinner.

These surveys mainly aimed to discuss the idea of the disintegration of traditional food habits in favour of the so-called *de-structuring* of eating habits, which would involve "a greater breaking up of food intake, an increased in snacking, and a loss of rituals at the meal" (Poulain, 2002, p.43). This theory has long persisted in France and in Europe despite a lack of scientific evidence as pointed out by Mestdag and Vandeweyer (2005). As a result, these surveys provided empirical material to show the preservation of the three-meal pattern. In so doing, they mainly focused on the habit of three meals and interpreted the fact of having two meals as skipping one of the three main meals. Taking the three-meal pattern as the norm, they interpreted other meal frequencies (i.e. less or more than three times a day) much more as irregular meals rather than alternative eating patterns. This pattern also dominates

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the nutritional guidelines for meals in France, since the French National Nutrition and Health Program (PNNS) advocates having three meals a day to prevent obesity and cardiovascular disease. In that respect, some authors found that people who have fewer than three meals a day were more likely to be obese than others (De Saint Pol & Ricroch, 2012).

The sociology of eating has shed light on familial structure to show that one-parent families are often experiencing very irregular meal patterns. Single-parent families were found to eat less often as a family than two-parent families (Charles, 1988; Fulkerson et al., 2009). It is argued that single-parent families have greater time constraints and work demands, resulting in less time available to prepare and participate in family mealtimes (Story & Neumark-Sztainer, 2005). People who live alone generally do not have anyone with whom to share their meals. Married and cohabiting couples, on the other hand, tend to eat together on a regular basis, while parents still share the majority of meal-times with their co-resident children (Mestdag & Glorieux, 2009). Household structure plays a role: on US data, Mancino, Lin, and Bellanger (2004) find that, *ceteris paribus*, single parents are more likely to skip breakfast and have lower quality diets than married parents.

The literature has also put emphasis on gender differences in meals. Men and women do not eat in the same way (de Saint Pol, 2008). For instance, research focusing on meal duration found gendered differences: male participants ate more than females, and men eating the longer meal ate more than those eating the shorter meal (Pliner, Bell, Hirsch, & Kinchla, 2006). A study investigating the influence of gender, group size and gender composition of groups of eaters on calories per meal showed that women observed eating with a male companion chose foods of significantly lower caloric value than those observed eating with another woman, when men's calorie totals were not affected by total numbers of men or women (Young, Mizzau, Mai, Sirisegaram, & Wilson, 2009). A research showed a marked difference between men and women towards their evaluation of how they integrated workfamily demands to manage food and eating. Mothers evaluated satisfaction on their ability to balance work and family demands through flexible home and work conditions, while striving to provide healthy meals for their families. Fathers evaluated satisfaction on their ability to achieve schedule stability and participate in family meals, while meeting expectations to contribute to food preparation (Blake et al., 2009). More generally, women's food behaviour is more in accordance with the dietary guidelines than men's food behaviour (Roos, Lahelma, Virtanen, Prättälä, & Pietinen, 1998; Turrell, 1997), and has a different impact on meal termination that men's (Zylan, 1996). However, little is known regarding the number of meals eaten by both men and women.

Numerous studies have shown an association between low socio-economic status and unhealthy food patterns concerning food selection and nutrient content (Darmon & Drewnowski, 2008; Konttinen, Sarlio-Lähteenkorva, Silventoinen, Männistö, & Haukkala, 2012) but we find little evidence in the literature of a relationship between socioeconomic status and the number of meals or food intakes. A French study carried out on children (ANSES., 2012) reported that the number of food intakes decreased with the standard of living, but only for adolescents. Indeed, meal skipping is a registered criterion for characterizing food insecurity (Carlson, Andrews, & Bickel, 1999). Moreover it has to be understood in a household framework: among members of British lowincome households, this practice was reported mainly for adult women (Dowler, 1997).

Similarly, meal patterns differ with the cultural context. Several French research programs on eating in the context of migration have highlighted the role of eating habits in the acculturation processes (Barou & Verhoeven, 1997; Calvo, 1982; Crenn, Hassoun, & Medina, 2010; Hassoun, 1997; Hubert, 1995). The literature often focuses on the content of meals, budget constraints (Barou & Verhoeven, 1997; Poisson, 2003), food supply (Calvo, 1997; Raulin, 1990) and the resulting innovations (Calvo, 1997), but rarely on the evolution of meal schedules. Hierarchy, time and number of daily meals differ as much as their content from one cultural area to another (Aymard, Grignon, & Sabban, 1993; Goody, 1984). However, the three-meal pattern is already shared by migrants from areas of colonial influence, characterized by dietary acculturation, i.e. the process by which immigrants adopt the dietary practices of the host country (Goody, 1984; Tuomainen, 2009) albeit with local variations (Crenn, Delavigne, & Techoueyres, 2010; Yang, 2010). Nevertheless, origin cannot solely explain the degree and modality of dietary acculturation (measured among other things by having three meals a day), which are also related to social differentiation (Tichit, 2012) and the country of childhood socialization (Martin-Fernandez, Grillo, Tichit, Parizot, & Chauvin, 2012).

Based on the SIRS survey (a French acronym for Health, Inequalities and Social Ruptures (SIRS) conducted in 2010 in the Paris metropolitan area, this paper concentrates on meal patterns. Is the three-meal pattern still the main pattern? Are regular meals being replaced by irregular eating patterns? Is a two-meal pattern emerging? Compared to the surveys quoted above, the SIRS population (an urban population living in the main metropolitan area in France) is quite interesting with regard to the topic of meals pattern. Indeed, with more single-parent families, migrants and lowincome families, this population is much more diverse than the whole French population (and, actually, Paris region is the region with the strongest social and economic inequalities in France). Our objective was to test whether the three-meal pattern is still the prevailing pattern and to what extent gender, family structure, poverty and migration had an effect on meal patterns for the purpose of providing new insights into the question of meal patterns.

#### Methods

Study design and sample

The SIRS cohort study is a longitudinal socio-epidemiological, population-based survey of the French-speaking adult population in the Paris metropolitan area (Paris and its suburban départements, a region with a population of 6.5 million), conducted since 2005 in the framework of a collaborative research project between the French National Institute for Health and Medical Research (IN-SERM) and the National Centre for Scientific Research (CNRS). This survey was based on a three-stage cluster random sample of 4560 adults (areas, households, adults) stratified according to the socioeconomic status of the neighbourhoods. The primary sampling units were census blocks (with about 2000 inhabitants each): 50 were randomly selected (over-representing the poorer neighborhoods) from the 2595 eligible ones in Paris and its suburbs. Subsequently, 60 households were randomly chosen from a complete list of dwellings in each surveyed block. Lastly, one adult was randomly selected from each household by the birthday method.<sup>2</sup> Data were collected through at-home, face-to-face interviews during the second wave of data collection in 2010 (for instance Vallée, Cadot, Roustit, Parizot, & Chauvin, 2011, or Martin-Fernandez et al., 2012 for an extensive description of the methodology).

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 $<sup>^{\</sup>rm 2}$  The interviewer asks to speak to the adult member of the household whose birthday comes next.

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