



Family meals then and now: A qualitative investigation of intergenerational transmission of family meal practices in a racially/ethnically diverse and immigrant population

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ABSTRACT

Having frequent family meals has consistently been associated with better health outcomes in children/adolescents. It is important to identify how intergenerational transmission of family meal practices occurs to help families benefit from the protective nature of family meals. Limited studies exist that explore the intergenerational transmission of family meal practices, particularly among racially/ethnically diverse and immigrant populations. This study explores how parents describe differences and similarities between meals “then” and “now”, lessons they learned as children about family meals, lessons they passed onto their children, the challenges of carrying out family meals, and how families handle the barriers/challenges to intergenerational transmission of family meal practices. The study was conducted with a sample of African American, Native American, Latino, Hmong, Somali, and White families (25/category). Qualitative themes were explored with the overall sample, by race/ethnicity, immigrant status, and by time in the United States (US) as an immigrant. Parents overwhelmingly reported learning as children that family meals were important and conveying this message to their own children. Differences existed among racial/ethnic groups and time in the US as an immigrant. For example, Somali parents frequently endorsed having no challenges with intergenerational transmission of family meal practices. Immigrant parents in the US for a longer period of time were more likely to endorse learning/teaching about family meal importance, that the food eaten now is different than growing up, that a chaotic environment is a challenge to having family meals, and that they accommodate family member's schedules when planning family meals. Results demonstrate that exploring a parent's early family meal experiences may be important when intervening with parents from diverse racial/ethnic and immigrant populations when trying to improve or increase family meal practices.

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1. Introduction

Having regular family meals has consistently been associated with better dietary intake (e.g., increased fruit and vegetable intake), weight-related outcomes (e.g., lower weight status, less unhealthy weight control behaviors), and emotional health (e.g., lower depressive symptoms) in children and adolescents

(Fulkerson, Larson, Horning, & Neumark-Sztainer, 2014; Hammons & Fiese, 2011; Neumark-Sztainer, Larson, Fulkerson, Eisenberg, & Story, 2010; Skeer & Ballard, 2013; Utter et al., 2013). Additionally, a recent literature review on family meals suggested that people benefit from family meals across the lifespan (Fulkerson et al., 2014). It is important to identify potential mechanisms that can increase the likelihood of the transmission of family meal practices to future generations in order to increase the protective nature of family meals. However, recent studies tend to focus only on current family influences (e.g., parenting style, financial resources) that are associated with the occurrence of family meals. For example,

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families report limited time/busy schedules as influencing the decision to have family meals (Fulkerson et al., 2011), low enjoyment of cooking, and high purchasing barriers as limits for serving healthy foods at family meals (Neumark-Sztainer et al., 2014).

A review paper examining family meals and diet/weight outcomes across the lifespan recommended conducting intergenerational studies examining how parents experienced family meals as a child compared to their current family meal practices to better understand predictors of the transmission of regular family meal practices (Fulkerson et al., 2014). There are limited studies examining the transmission of family meal practices from one generation to the next. Of the few studies found, one study showed that the frequency of family meals and family meal expectations (e.g., expectations to be home for dinner) in adolescence predicted family meal patterns and practices fifteen years later in young adulthood/parenthood (Watts et al., in press). Another study found that adolescents who had regular family meals had better diet, weight-related (e.g., lower weight status) and psychosocial (e.g., lower depressive symptoms) outcomes fifteen years later as parents compared to adolescents who did not have regular family meals (Berge et al., in press). One retrospective study of parents of 8–12 year old children (primarily White mothers) compared parents' childhood experiences of family meals with their current mealtime experiences (Friend et al., 2015). Parent report of frequent family meals as a child was significantly associated with having more frequent family meals with their current family; these families were also more likely to have more family routines in their current family (e.g., family members have specific dinner time roles, an expectation that family members will be home), as well as higher meal expectations (e.g., importance of eating together daily, dinner time as a time to connect) (Friend et al., 2015).

Some qualitative research exists that explores parents' experiences with family meals as children and how this influences their current family meal practices (Dallos & Denford, 2008; Malhotra et al., 2013). Interviews with primarily African American mothers of preschoolers found that mothers were motivated to carry forward family meals because of their own childhood experiences (Malhotra et al., 2013). This included both negative recollections of their own mothers being absent as well as positive childhood family meal experiences. In interviews with parents of children with anorexia nervosa, parents described negative childhood mealtime experiences, which prompted parents to try and have better mealtime experiences with their own children (Dallos & Denford, 2008).

Intergenerational influences on family meals must also be considered through the lens of immigration and acculturation as well as race/ethnicity. It is well-documented that immigrants' eating patterns are influenced by their time in the United States (US) (Ayala, Baquero, & Klinger, 2008; Bauer, Neumark-Sztainer, Fulkerson, & Story, 2011; Dharod, 2011; Franzen & Smith, 2009; Pan, Dixon, Himburg, & Huffman, 1999; Skeer et al., 2016). Studies with Asian US college students, Somali refugees, and Latino immigrants found that higher acculturation (e.g., time in the US, English language proficiency) was positively associated with intake of nutritionally-poor foods (e.g., soda, snack foods, sweets) and a decrease in the consumption of fruits and vegetables (Ayala et al., 2008; Dharod, Croom, Sady, & Morrell, 2011; Pan et al., 1999). Hmong immigrants reported in focus groups that the access of food in the US and greater financial stability led to overeating nutritionally-poor foods (Franzen & Smith, 2009). Other research has also shown that immigrant populations have more frequent family meals than those who are US-born (Bauer et al., 2011; Skeer et al., 2016). Thus, the dual influence of immigrant parent's experience of family meals as children and their experience of being an immigrant in the US needs to be further explored.

This study seeks to expand the knowledge on intergenerational transmission of family meal practices with regard to parents' childhood meal experiences and how these experiences shape their current mealtime practices with their own children. In addition, the current study explores the challenges racially/ethnically diverse and immigrant families face transmitting family meal practices to their own families. Using qualitative data, this study investigated the following research questions, 1) What differences do parents describe between mealtimes with the family they grew up in (i.e., "then") and their current family (i.e., "now")?; 2) What similarities do parents describe between family meals then and now?; 3) What lessons did parents learn from their own parents and grandparents about family meals?; 4) What lessons are parents passing on to their own children?; 5) What do parents wish they did now, based on family meal experiences as a child?; 6) What challenges do families face in carrying out family meal practices?; and 7) How do families handle the challenges to intergenerational transmission of family meal practices? This study's large, racially/ethnically-diverse sample allows these research questions to be investigated by race/ethnicity and immigrant status to better understand these population's experiences with intergenerational transmission of family meal practices.

Family systems theory (FST) guided the study design, research questions, and analysis in the current study (Berge, Whitechurch & Constantine, 1993). FST purports that in a family system, families model both healthful and unhealthful behaviors which have a high likelihood of being transmitted from parent to child intergenerationally. Additionally, FST suggests that the family is an important intervention point to increase the likelihood of intergenerational transmission of family meal patterns.

2. Methods

Data from this study are from Phase I of a National Institutes of Health funded study called Family Matters (Berge et al., 2017). This study is a two-phased, incremental, mixed-methods study that examines risk and protective factors for childhood obesity in low-income and minority households. This study includes results from Phase I, which included direct observation of diverse families (n = 150; 25 each from African American, Native American, Latino, Hmong, Somali, White families) via a video-recorded family task (i.e., a family board game), ecological momentary assessment (EMA), and qualitative interviews. Details regarding the study designs for both phases of the study can be found elsewhere (Berge et al., 2017). Phase I families (n = 150) were recruited from primary care clinics in the Twin Cities between 2015 and 2016. Families with a 5–7 year old child with a recent wellness screening were sent a letter from their primary care clinic; interested families were screened by phone by Family Matters staff. Eligibility criteria included having a 5–7 year old child and another sibling living in the home full time and the ability to read and speak English, Spanish, Somali, or Hmong. Direct observational data were collected from families over the course of two home visits (e.g., anthropometry, home food inventory). A qualitative interview was conducted with the parent/primary ("parent") guardian during the second home visit by trained research team members; the "parent" was the person who identified themselves as the primary caregiver of the 5–7 year old child. Families completing all study components received the iPad Mini they used to take the EMA surveys and up to \$100 in gift cards. The current study focuses on data collected during the qualitative interview. All family participants consented/assented to being in the study, and all Family Matters protocols were approved by the University of Minnesota's Institutional Review Board.

As Family Matters sought to explore the home environment of

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