# **Current Research**

# Adolescent and Parent Views of Family Meals

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### **ABSTRACT**

**Objective** To examine and compare the family mealtime environment from the perspectives of both adolescents and parents.

**Design** Adolescents completed a school-based survey and parents participated in a telephone interview as part of Project EAT (Eating Among Teens).

**Subjects/setting** Participants were 902 adolescent females (n=424) and males (n=478) and one of their guardians/parents.

Statistical analyses performed Frequencies,  $\chi^2$  analyses, and Spearman correlations were used to assess relationships.

**Results** Parents were more likely than adolescents to report eating five or more family meals per week, the importance of eating together, and scheduling difficulties (P<0.001). Younger adolescents were more likely than older adolescents to report eating five or more family meals per week, higher importance of eating together, and more rule expectations at mealtime (P<0.001), whereas older adolescents were more likely to report scheduling difficulties (P<0.001). Girls reported more family meals per week and more scheduling conflicts than boys did; boys reported more rules at mealtime than girls did (P<0.001).

Conclusions Family meals are perceived positively by both adolescents and parents. Family meals may be a useful mechanism for enhancing family togetherness, and for role modeling behaviors that parents would like their children to emulate. Dietetics professionals can capitalize on positive attitudes toward family meals to help promote their frequency. Helping families learn to cook healthful, quick meals may reduce dependency on less healthful meal options, reduce the frequency of eating outside of the home, and promote greater nutritional intake.

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0002-8223/06/10604-0005\$32.00/0 doi: 10.1016/j.jada.2006.01.006 ocial relationships that develop while eating meals with others build a sense of community and belonging. Today, nuclear families are the core of most shared or communal eating (1,2). The family meal can be an opportune time for socialization and role-modeling of manners and healthful eating habits. Moreover, the development of family unity through family meals is important during adolescence (3,4) and may provide the structure and sense of unity and connectedness young children need to feel safe and secure (5-7).

Opportunities for family meals have been negatively affected by changes in our society, such as increased after-school youth activities, changes in family structure and living arrangements, increased availability of convenience foods (8), and increased eating outside of the home (9). Previous research suggests that the frequency of family meals may be decreasing: children's reports of consuming a home dinner decreased from 89.2% in 1973 to 75.9% in 1994 (9). Only one study to date has examined the frequency of family meals by sociodemographic characteristics; findings indicate that more frequent family meals are associated with mother's employment status (not employed), high socioeconomic status, and race/ethnicity (Asian American) (10). Overall, research regarding family meals is relatively sparse.

Previous focus group (11) and survey (12) research regarding family meals with several hundred secondary school students aimed to increase understanding of family meal patterns among adolescents. Social Cognitive Theory, which emphasizes the effect of socioenvironmental factors on eating behaviors (13,14), provided the theoretical foundation. Almost one third of students reported that their families had eaten a meal together at least seven times in the previous week, but a similar percentage (31.9%) reported eating fewer than three family meals during the past week (12). Both parents and adolescents alike reported the importance of family meals as well as the difficulty in implementation (12).

Scheduling difficulties interfere with family meals, particularly as children mature (15), and there are more competing demands for time (16). Adolescents frequently report busy schedules, desire for autonomy, dissatisfaction with family relations, and dislike of food served at family meals as barriers to family meals (11). Longitudinal research has shown that parents spend more time eating with preteens than with teenagers, and that there are sex differences in time spent with parents (17). These studies indicate that there are important age-related changes in the time spent eating meals with family. Theories of adolescent development suggest that such changes are important for healthy development (3,4); therefore, research that examines developmental and sex differences in time spent eating with family may have important implications for adolescent development.

The importance of family meals extends beyond feelings of connectedness. Research has shown positive associations between family meal frequency and nutritional intake among children (15) and adolescents (10,18) and inverse associations with eating disturbances or unhealthful eating patterns, including skipping breakfast (18). In addition, adolescents who reported more frequent family meals, a high priority for family meals, a positive atmosphere at family meals, and a more structured family meal environment were less likely to engage in disordered eating even after controlling for more global family factors such as connectedness (19). Thus, although family meals may be a marker or vehicle for family connectedness (11), they serve as a protective factor for eating disturbances beyond general family bonding.

# The family meal can be an opportune time for socialization and role-modeling of manners and healthful eating habits.

Previous research of family meals has focused on selfreported perceptions of youth. To best guide intervention efforts to increase family meals, it is important to understand perceptions of barriers to family meals, level of enjoyment, and current practices from the perspectives of both parents and children. To date, only one study has gathered data from both parents and teens. Boutelle and colleagues (20) compared parent and adolescent responses regarding the frequency of family dinners, arguments during dinner, television viewing during dinner, and adolescent meal preparation. Their findings suggest that parents and adolescents have different views of family meal specifics. Specifically, adolescents were less likely than their parents to report sitting down with the family for dinner and having the television on during dinner, and more likely to report the occurrence of arguments during dinner and the frequency of helping to prepare for dinner. The research by Boutelle and colleagues (20) did not address the perceived importance of eating meals together, rules regarding meals, nor the perceived enjoyment of family meals.

The present study aims to extend previous research of the family meal environment by examining: (a) family meal frequency and the family mealtime environment, particularly the importance, rules, and enjoyment of family meals, from the perspectives of both adolescents and parents; (b) adolescent perceptions of the family mealtime environment by sex and grade level; and (c) correlations between perceptions of family meals and family meal frequency among adolescents and parents.

# **METHODS**

# **Participants**

Participants were 902 adolescent females (n=424) and males (n=478) and one of their guardians/parents. The adolescent sample was approximately 29% white, 24% African American, 21% Asian American, 14% Hispanic, and 12% other. A randomly selected subset of adolescents (n=1,045)

was selected for participation in the family assessment component of the study based on completion of the school survey that was part of Project EAT (Eating Among Teens, N=4,746) and race/ethnicity (efforts were made to increase the subgroup sample's racial/ethnic heterogeneity). Their parents were then contacted for a telephone interview.

Parents of the ethnically diverse subset of students (n=1,045) who completed the school survey were contacted for a telephone interview (86.6% response rate, n=902). Most parents (82%) were mothers, followed by fathers (9%), other female guardians (5%), and stepmothers or other male guardians (2% each); 63% were married. The parent sample was approximately 43% white, 22% black, 18% Asian American, 10% Hispanic, and 7% other. Socioeconomic status (SES) was derived with classification tree analyses that resulted in five categories (low, low-medium, medium, medium-high, and high) based on an algorithm that included highest level of education reported by either parent, educational attainment, public assistance, and children's eligibility for receipt of a free/reduced-price school lunch. The algorithm's categorization of SES was heavily influenced by parents' highest education level. The five levels of SES basically mirrored the five response options of the education variable. For analyses, the five SES categories were collapsed into low, medium, and high SES; and SES was equally represented in these three groups.

### **Procedures**

Trained research staff administered the 221-item student survey during class time. Survey development was guided by Social Cognitive Theory (13,14) using reliable and valid items from existing surveys and focus group discussions with adolescents (19). Content validity was established by a team of experts, adolescent members of the University of Minnesota Youth Advisory Board, and extensive pilot-testing. The University of Minnesota Human Subjects' committee and the participating school districts' research boards approved study procedures. The study procedures complied with Health Insurance Portability and Accountability Act guidelines. More detailed descriptions of participant recruitment and study procedures have been documented in other study-related publications (21-23).

# Measures

Frequency of family meals was assessed with the survey item, "During the past seven days, how many times did all, or most, of your family living in your house eat a meal together?" Response options were "never," "1-2 times," "3-4 times," "5-6 times," "7 times," and "more than 7 times." Adolescents also responded to a series of statements in which they ranked their level of disagreement/ agreement (1-4). Priority for family meals was assessed with three items related to the importance of family meals and barriers to family meals (see Table 1 for item descriptions). The atmosphere of the family mealtime environment was assessed with several items regarding communication and enjoyment during meals. Structure surrounding family meals was assessed with items regarding rules, manners, and watching television while eating dinner. These items were adapted from the Family Eating Attitude and Behavior Scale (24). Test-retest re-

**Table 1.** Comparisons of the family mealtime environment between adolescents and parents and between older and younger adolescents who participated in Project EAT (Eating Among Teens)

	Adolescent report (n=902) %	Parent report (n=902) %	<i>P</i> value <sup>a</sup>	Adolescents in grades 7-9 (n=362) %	Adolescents in grades 10-12 (n=539) %	<i>P</i> value <sup>a</sup>
Frequency						
Number of times family had a meal together in						
past week <sup>b</sup>			< 0.001			< 0.001
Never	13.7	6.8		9.2	16.8	
1-2	18.7	17.8		13.1	22.4	
3-4	20.3	18.4		19.0	21.3	
5-6	17.8	16.5		18.7	17.1	
7	9.9	22.0		12.0	8.4	
>7	19.6	18.5		28.0	14.0	
Priority	10.0	10.0		20.0	1 110	
It's important that our family eat a meal						
together <sup>c</sup>			0.002			< 0.001
Strongly disagree	15.4	0.5	0.002	12.8	17.2	<b>∼</b> 0.001
Somewhat disagree	21.7	1.8		15.7	25.6	
Somewhat agree	39.5	15.0		44.7	36.1	
Strongly agree	23.4	82.7		26.8	21.1	
Different schedules make it hard to eat			10.001			.0.00:
together			< 0.001			< 0.001
Strongly disagree	20.1	9.6		25.4	16.7	
Somewhat disagree	26.2	11.5		28.0	25.0	
Somewhat agree	34.3	26.2		33.2	35.0	
Strongly agree	19.4	52.7		13.4	23.3	
It's difficult to find time for a family meal <sup>c</sup>			< 0.001			0.006
Strongly disagree	23.1	18.8		23.1	23.1	
Somewhat disagree	31.2	17.3		36.9	27.5	
Somewhat agree	28.9	30.8		25.4	31.2	
Strongly agree	16.8	33.1		14.6	18.2	
Atmosphere						
Dinner is about more than food; we all talk <sup>c</sup>			0.003			0.28
Strongly disagree	12.9	2.2	0.000	10.8	14.3	0.20
Somewhat disagree	22.5	3.2		22.4	22.5	
Somewhat agree	41.7	21.6		41.5	41.9	
Strongly agree	22.9	73.0		25.3	21.3	
Mealtime is a time for talking with family <sup>c</sup>	22.5	70.0	0.001	20.0	21.0	0.42
Strongly disagree	17.0	3.4	0.001	15.5	18.0	0.42
	22.5					
Somewhat disagree		4.2		25.7	20.5	
Somewhat agree	37.4	18.2		33.1	40.1	
Strongly agree	23.1	74.2		25.7	21.4	
Eating family meals brings people together in an			0.007			0.05
enjoyable way <sup>c</sup>	10.5	1.0	0.007	7.0	10.0	0.05
Strongly disagree	10.5	1.0		7.8	12.3	
Somewhat disagree	26.0	2.0		24.7	26.8	
Somewhat agree	46.2	25.9		48.5	44.6	
Strongly agree	17.3	71.1		19.0	16.3	
Structure						
We are expected to follow rules at mealtime <sup>c</sup>			0.08			< 0.001
Strongly disagree	27.7	4.9		21.5	31.8	
Somewhat disagree	28.4	8.4		26.4	29.8	
Somewhat agree	31.5	25.5		35.7	28.6	
Strongly agree	12.4	61.2		16.4	9.8	
Manners are important at the dinner table <sup>c</sup>		· · · <u>-</u>	0.12		0.0	0.06
Strongly disagree	7.8	1.2	0.12	4.0	10.3	0.00
Somewhat disagree	18.8	1.6		19.1	18.6	
Somewhat agree	43.6 29.8	20.2 77.0		45.7 31.2	42.3 28.8	
Strongly agree						

Table 1. Comparisons of the family mealtime environment between adolescents and parents and between older and younger adolescents who participated in Project EAT (Eating Among Teens) (continued)

	Adolescent report (n=902) %	Parent report (n=902) %	<i>P</i> value <sup>a</sup>	Adolescents in grades 7-9 (n=362) %	Adolescents in grades 10-12 (n=539) %	<i>P</i> value <sup>a</sup>
We watch TV while eating dinner <sup>c</sup>			< 0.001			0.50
Strongly disagree	24.3	37.9		23.5	24.8	
Somewhat disagree	19.9	19.9		22.1	18.4	
Somewhat agree	36.4	26.7		33.5	38.4	
Strongly agree	19.4	15.5		20.9	18.4	

a  $\chi^2$  analyses are based on dichotomous response options except for the test of family meal frequency, which was trichotomous.

liabilities for individual items ranged from  $r{=}0.54$  to  $r{=}0.70$ . Parents/guardians were asked to respond to the same statements during their telephone interview with similar response options. Prior to administration of the survey in the larger Project EAT study, both parent and adolescent surveys were pretested among samples (68 adolescents and 15 parents) from schools not participating in the study. In addition, an interdisciplinary team of experts in the field reviewed several versions of the surveys.

# **Analysis**

Most of the items in the student survey and parent interview had categorical response options. In the tables, frequencies are provided for all of the response options; however, response options were dichotomized for appropriate tests of significance. Thus, for the frequency of family meals, responses were recoded to be "never," "1-4 times," and "5 or more times." For all other items, responses were dichotomized into "somewhat agree/strongly agree" and "somewhat disagree/ strongly disagree."  $\chi^2$  analyses were conducted to test differences in responses to mealtime variables between adolescents and parents, between younger (7th-9th grade) and older (10th-12th grade) adolescents, and between female and male adolescents. For the adolescent/parent comparisons, data from adolescents as a group were compared to data from parents as a group. Spearman correlations were calculated with the full range of response options to identify the relationships between reports of family meal frequency and perceptions of family mealtime environment for parents and adolescents separately.

# **RESULTS**

# Comparisons of Adolescent and Parent Perceptions of Family Meals

Relatively few students and parents reported never eating a meal with their family in the past week (see Table 1). Almost half of the students reported eating family meals five or more times in the past week. Parents were

significantly more likely than adolescents to report eating five or more family meals per week (57% and 47.3%, respectively).

The majority of adolescents (62.9%) and most parents (97.7%) reported the importance of eating a meal together as a family, although differences in perceptions were statistically significant. Parents were more likely than adolescents to report scheduling and time barriers to family meals and a positive atmosphere during meals, although high levels of communication and the perception that family meals are a time for enjoyment were reported by both adolescents and their parents. Adolescents were significantly more likely than parents to report watching television while eating dinner.

# Adolescent Perceptions of Family Meals by Age and Sex

Compared with older adolescents, younger adolescents reported more frequent family meals, with 58.7% of younger students reporting five or more meals together in the past week compared with 39.5% of older adolescents (see Table 1). Younger adolescents were more likely than older adolescents to view family meals as a priority and report that they are expected to follow rules at mealtime, and older adolescents were more likely than younger adolescents to report scheduling and time barriers to family meals.

Girls were significantly more likely than boys to report eating five or more family meals per week (48.6% vs 45.7%;  $\chi^2[2]$ =7.6, P<0.05) and scheduling conflicts around family meals (56.8% vs 50%;  $\chi^2[2]$ =4.1, P<0.05), while boys were more likely to report having to follow rules at mealtimes (47.4% vs 40.8%;  $\chi^2(2)$ =4.0, P<0.05). Other comparisons by sex were not statistically significant (data not shown).

# Correlations Between Perceptions of the Meal Environment and Family Meal Frequency

Correlations between adolescents' and parents' perceptions of family meals and family meal frequency were examined (see Table 2). A higher priority of family meals and less television viewing during meals, as reported by

<sup>&</sup>lt;sup>b</sup>Response options collapsed into three categories: never, 1-4 times, and 5+ times for  $\chi^2$  analysis.

<sup>&</sup>lt;sup>c</sup>Response options collapsed into dichotomous categories of "agree" and "disagree" for  $\chi^2$  analyses.

**Table 2.** Correlations between frequency of family meals and perceptions of family meals for adolescents and parents who participated in Project Eat (Eating Among Teens)<sup>a</sup>

	Frequency			
	Frequency of family meals as reported by adolescents	Frequency of family meals as reported by parents		
Priority				
It's important that our family eat a meal together	0.56***	0.28***		
Different schedules make it hard to eat together	-0.39***	-0.41***		
It's difficult to find time for a family meal	-0.40***	-0.45***		
Atmosphere				
Dinner is about more than food, we all talk	0.35***	0.09**		
Mealtime is a time for talking with family	0.30***	0.03		
Eating family meals brings people together in an enjoyable way	0.33***	0.13***		
Structure				
We (children) are expected to follow rules at mealtime	0.34***	0.05		
Manners are important at the dinner table	0.18***	-0.01		
We watch TV while eating dinner	-0.13***	-0.11***		

<sup>a</sup>Spearman correlations between priority, atmosphere, and structure of family meals and the frequency of family meals were conducted within respondent type.

both adolescents and parents, were associated with reports of more frequent family meals. All of the items assessing adolescents' perceptions of the meal atmosphere and structure were significantly associated with family meal frequency; associations for parents were weaker and less consistent.

# **DISCUSSION**

Family meals are perceived as positive experiences by both adolescents and parents, although they differ in their perceptions of family meal frequency and the meal environment. Age is negatively associated with family meal frequency as well as the belief that family meals are important. Girls report significantly more family meals per week and more scheduling conflicts than boys do, and boys report more rules at mealtime than girls do.

The present study findings that adolescents report having fewer family meals per week than parents report are similar to those of Boutelle and colleagues (20). Differences in adolescent and parent reports of family meal frequency may be related to the reality that adolescents may not be in attendance at family meals when most of the other family members are present (parents may count meals without the teen as "family meals"). Often parents allow their teens to eat dinner separately from the rest of the family (25). Alternatively, the parent's responses may have been more influenced by social desirability.

Clearly, both adolescents and parents have positive expectations about eating meals with their families and seem to believe family meals are important. However, parents seem to value family mealtimes more than adolescents do. Furthermore, associations between a positive atmosphere of family meals and family meal frequency were generally significant for both adolescents and parents. Family meals may be a useful mechanism for enhancing family togetherness and communication, and for role modeling behaviors that parents would like their

children to emulate. Families should be encouraged to emphasize the importance of family meals as part of their family traditions. Making family meals a priority may foster feelings of family togetherness. Teens who enjoy eating meals with their families may be more likely to have more frequent family meals. Thus, promoting a positive meal atmosphere that is free of conflict may enhance the frequency of eating meals together.

# Both adolescents and parents have positive expectations about eating meals with their families and seem to believe family meals are important.

Differences in reports of the frequency and atmosphere of family meals between younger and older adolescents highlight the reality and strivings of independence among older youth. Compared with younger adolescents, older adolescents reported less frequent family meals, less importance of family meals, fewer rules at mealtimes, and greater difficulty scheduling family meals. These findings indicate the autonomy associated with older adolescence. It is also likely that parents expect less from their older adolescents in terms of their presence at the family meal and regarding mealtime behaviors. However, it is interesting to note that younger and older adolescents did not differ in their perceptions of the togetherness associated with family meals; more than half of both groups perceived mealtime as a time to talk with family. These findings indicate that despite the relative maturity and independence of older adolescents, they have a positive regard for family meals and view them as a time to enjoy family togetherness.

<sup>\*\*</sup>*P*<0.01.

<sup>\*\*\*</sup>*P*<0.001.

The present study had several strengths, including a large and ethnically diverse sample of both adolescents and their parents. A limitation that should be considered in interpreting the findings is that all of the data were collected via report from parents and adolescents rather than by objective observers and may have been influenced by social desirability. Interpreting contextual issues of the family environment are difficult with survey methodology. Perhaps future research could use observational research and qualitative analysis to learn more from families about the resources and strategies they use to successfully implement regular family meals, and then apply them to families who have difficulty implementing family meals.

Based on the present findings, more research is needed to understand why adolescents and parents differ in their reports of frequency and the environment of family meals. With regard to reports of family meal frequency, are adolescents absent from many evening dinners in which the rest of the family attend? If adolescents miss a family dinner due to scheduling conflicts, do they eat alone at another time, and do they eat dinner in front of the television? Further research is needed to clarify these associations.

# **CONCLUSIONS**

Dietetics professionals may be able to capitalize on parents' and adolescents' positive attitudes about family meals to help promote the frequency of family meals. Parents should be assured that their teenagers do believe eating family meals is important. Helping families learn to integrate healthful, easy-to-prepare, quick meals may reduce dependency on less healthful meal options, reduce the frequency of eating outside of the home, and promote greater nutritional intake, all while increasing the frequency of family meals.

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## References

- Sobal J, Nelson MK. Commensal eating patterns: A community study. Appetite. 2003;41:181-190.
- DeVault M. Feeding the Family: The Social Organization of Caring as Gendered Work. Chicago, IL: University of Chicago Press; 1991.
- 3. Collins WA. Relationships and development: Family adaptation to individual change. In: Shulman S, ed. Close Relationships and Socioemotional Development. Norwood, NH: Ablex; 1995:128-154.
- Steinberg L. Interdependence in the family: Autonomy, conflict and harmony in the parent-adolescent relationship. In: Feldman SS, Elliott GL, eds. At the Threshold: The Developing Adolescent. Cambridge, MA: Harvard University Press; 1990:255-276.
- 5. Davis JA. Family meals: A thing of the past. Arch Dis Child. 1995;73:356.
- MacKenzie M. Is the family meal disappearing? J Gastronomy. 1993;7:34-45.
- 7. Wolin SJ, Bennett LA. Family rituals. *Fam Proc.* 1984;23:401-420.

- Perry C, Kelder S, Komro K. The social world of adolescents: Family, peers, schools and the community. In: Millstein S, Peterson A, Nightengale E, eds. Promoting the Health of Adolescents: New Directions for the 21<sup>st</sup> Century. New York, NY: Oxford University Press; 1993:73-96.
- Nicklas TA, Morales M, Linares A, Yang S, Baranowski T, de Moor C, Berenson G. Children's meal patterns have changed over a 21-year period: The Bogalusa Heart Study. J Am Diet Assoc. 2004;104: 753-761.
- Neumark-Sztainer D, Hannan PJ, Story M, Croll J, Perry CL. Family meal patterns: Associations with sociodemographic characteristics and improved dietary intake among adolescents. J Am Diet Assoc. 2003;103:317-322.
- Neumark-Sztainer D, Story M, Ackard D, Moe J, Perry C. The "Family Meal": Views of adolescents. J Nutr Educ. 2000;32:329-334.
- Neumark-Sztainer D, Story M, Ackard D, Moe J, Perry C. Family meals among adolescents: Findings from a pilot study. J Nutr Educ. 2000;32:335-340.
- 13. Bandura A. Social Learning Theory. Englewood Cliffs, NJ: Prentice-Hall; 1977.
- Bandura A. Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice-Hall; 1986.
- Gillman MW, Rifas-Shiman SL, Frazier L, Rockett HRH, Camargo CA, Field AE, Berkey CS, Colditz GA. Family dinner and diet quality among older children and adolescents. Arch Fam Med. 2000;9:235-240.
- Robinson JP, Godbey G. Time for Life: The Surprising Ways Americans Use Their Time. University Park, PA: Pennsylvania State University Press; 1997.
- 17. Dubas JS, Gerris JRM. Longitudinal changes in the time parents spend in activities with their adolescent children as a function of child age, pubertal status, and gender. *J Fam Psychol*. 2002;16:415-427.
- Videon TM, Manning CK. Influences on adolescent eating patterns: The importance of family meals. J Adolesc Health. 2003;32:365-373.
- Neumark-Sztainer D, Wall M, Story M, Fulkerson JA. Are family meal patterns associated with disordered eating behaviors among adolescents? *J Adolesc Health*. 2004;35:350-359.
- Boutelle KN, Lytle LA, Murray DM, Birnbaum AS, Story M. Perceptions of the family mealtime environment and adolescent mealtime behavior: Do adults and adolescents agree? J Nutr Educ. 2001;33:128-133.
- Neumark-Sztainer D, Falkner N, Story M, Perry C, Hannan PJ, Mulert, S. Weight-teasing among adolescents: Correlations with weight status and disordered eating behaviors. *Int J Obes Relat Metab Dis*ord. 2002;26:123-131.
- Neumark-Sztainer D, Croll J, Story M, Hannan PJ, French SA, Perry C. Ethnic/racial differences in weight-related concerns and behaviors among adolescent girls and boys: Findings from Project EAT. J Psychosom Res. 2002;53:963-974.
- 23. Fulkerson JA, McGuire MT, Neumark-Sztainer D, Story M, French SA, Perry CL. Weight-related attitudes and behaviors of adolescent boys and girls who

- are encouraged to diet by their mothers. *Int J Obes Relat Metab Disord*. 2002;26:1579-1587.
- 24. Hogen PD. The relationship between individual psychological characteristics and factors associated with family use of food as predictors of disturbed eating attitudes and behaviors in adolescents [doctoral
- dissertation]. Hartford, CT: University of Hartford; 1988:208.
- 25. Boutelle KN, Birnbaum AS, Lytle L, Murray DM, Story M. Associations between perceived family meal environment and parent intake of fruit, vegetable, and fat. *J Nutr Educ Behav*. 2003;35:24-29.

# **APPLICATIONS**

# **Family Mealtimes: More than Just Eating Together**

hildhood obesity has become one of America's most serious health problems, with the prevalence steadily increasing over the past 4 decades (1-4). While childhood obesity rates have doubled, the rate of adolescent obesity has tripled (5-11). The causes of obesity are complex and include genetics; lack of physical activity; over-consumption of high-fat, energy-dense foods; and family, school, and community environments. National survey data indicate that only 2% of school-aged children meet the dietary recommendations for all food groups (12). In addition, as children become adolescents, the quality of their diet tends to decline (12).

The family can exert a strong influence on children's diet and food-related behaviors, which, in turn, may impact their weight status (13). Research shows that the family meal has a significant impact upon the nutritional quality of children's diets (14-16). A higher frequency of family meals is associated with a greater intake of fruits, vegetables, and milk, and a lower intake of fried foods and soft drinks (14-16). Family meals also can impact the development of language and literacy skills (17) and can generate a decrease in risk-taking behaviors (18).

Studies indicate that, although 74% of adolescents report that they enjoy eating with their families, 53% report that they do not regularly eat together (19). There is a decline in family meal frequency throughout adolescence. Middle school— and junior high school—aged youth eat more family meals than high school—aged youth (19). It is challenging for families to find time to sit down at the family table while they juggle demands from school, work, and extracurricular activities (19).

The present study extends previous research about family mealtimes by examining family meal frequency and the family mealtime environment from the perspectives of both adolescents and parents. The researchers found that both adolescents and parents have a positive view of family meals and, therefore, recommend that dietetics professionals capitalize on these positive attitudes to promote family meal frequency.

Dietetics professionals working with adolescents and

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their families should encourage families to make the family mealtime a priority and try to have at least four family meals per week. Families may need help in identifying realistic ways to increase the frequency of family meals that take into consideration work, school, and extracurricular activity schedules. Families can learn to plan ahead, think creatively, and make adjustments to fit their schedule. For example, the family may want to change the time of day they eat together or have a tailgate picnic before or after a sporting event.

Dietetics professionals can also help families implement strategies that will help make the most of family mealtimes. Communities, schools, and businesses all can support and promote family meals. Emphasis should be on pleasure and enjoyment at mealtimes. Family mealtime is not the time to engage in serious debates about issues like discipline or money. Conversation should be focused on the positive, saving discipline and controversial discussions for another time. Mealtime interruptions and distractions (eg, television, telephone, and radio) should be avoided. To increase the feeling of togetherness, children can be involved in meal preparation. There are numerous age-appropriate ways for children and adolescents to help with meal preparation. By implementing these and other strategies, family mealtimes can become more pleasurable.

Family mealtimes are associated with more positive dietary intake and healthful behaviors among adolescents. Family meals also can facilitate family interaction, communication, and a sense of unity. Because of the multiple benefits of eating meals together as a family, dietetics professionals working with youth and families should emphasize the importance of family meals. Promoting the family meal is a potential public health measure for improving dietary quality, reducing overweight, and improving educational and social outcomes.

### References

- Ebbeling CB, Pawlak DB, Ludwig DS. Childhood obesity: Public-health crisis, common sense cure. *Lancet*. 2002;360:473-482.
- 2. Kuczmarski RJ, Fiegal KM, Campbell SM, Johnson CL. Increasing prevalence of overweight among US adults. The National Health and Nutrition Examination Surveys, 1960-1991. *JAMA*. 1994;72:205-211.
- 3. Ogden CL, Flegal KM, Carroll MD, Johnson CL.