

Parenting In Context



Do Family Meals Really Make a Difference? By Eliza Cook and Rachel Dunifon

Your child may be 35% less likely to engage in disordered eating, 24% more likely to eat healthier foods and 12% less likely to be overweight (Hammons & Fiese, 2011). All three of these statistics are attached to one family ritual—shared mealtimes. But, what do these statistics mean and how do researchers come to these conclusions? The goal of this brief is to highlight family mealtime research and summarize the implications of research into family mealtimes.

Challenges in Researching Family Meals

One challenge facing researchers wanting to understand the implications of family meals is that it is difficult to isolate the effects of family meals from other factors. How do researchers know if family meals influence positive child outcomes as opposed to other family characteristics that are simply correlated with having frequent family meals? For instance, it could be that the type of parent who implements frequent family meals has other resources (i.e., more time, money, communication skills) and this is what really drives the positive outcomes highlighted above. In fact, less frequent family meals are generally associated with lower socioeconomic status, maternal employment, single parenthood, and poor quality family relationships; thus it is difficult to separate the effects that family meals have on positive child outcomes from those of these other factors (Musick & Meier, forthcoming). A

majority of family meal research does not address this important distinction, but recent research by Kelly Musick and Ann Meier (forthcoming) entitled, *Assessing Causality and Persistence in Associations Between Family Dinners and Adolescent Well-Being*, takes on the challenge of understanding this dynamic relationship.

Recent Research on Family Meals Using data from large sample of U.S. teens, the National Longitudinal Survey of Adolescent Health (Add health), Musick and Meier seek to discover the links between family meals and child mental health, substance use, and delinquency, using a variety of methods designed to better understand whether family meals themselves are associated with improved outcomes for children.

First, Musick and Meier explore what portion of the association between family meals and positive adolescent outcomes can be explained by the characteristics and family relationships that differentiate people who have meals as a family from those who do not. Musick and Meier find that previous research may have overstated the linkages between family meals and child well-being. Their research suggests most of the linkage between family meals and youth outcomes is actually due to characteristics that differentiate families that engage in family meals from those who do not (i.e., youth age and gender, racial background, family income, family

structure, parental education, maternal employment, and family relationship quality).

Next the researchers employ a more stringent analysis to isolate the effect of family meals on youth outcomes. They did this by not only controlling for family characteristics (as noted above), but also implementing change models that allow them to better isolate the effect of family meals. Results show that family dinners are linked to lower levels of depressive symptoms even when utilizing this rigorous method, but are not linked to substance use or delinquent behaviors. Indeed the authors find that the implications for youth of engaging in family meals are similar to the implications of living in a two- vs. a single-parent family.

Finally, Musick and Meier investigate if the influence of family meals in adolescence continues into adulthood (ages 18-26). Using their longitudinal data, they find that no effects persist through adulthood.

The take away message from this study is that youth who engage in more frequent family meals tend to have lower depressive symptoms. While a more basic analysis suggested that family meals have a significant beneficial effect on child mental health, substance use, and delinquency, after accounting for demographic backgrounds and family relationships, these benefits decreased in magnitude, suggesting that they were not due to the family meals per se, but rather reflected the type of people who engage in family meals.

Other Benefits of Family Meals
Family mealtimes are a hot topic in social

science research today. As previously discussed, current research is beginning to find better ways to detach family meal benefits from other family processes to more accurately depict this dynamic family routine. Evidence suggests that children who take part in family meals are less likely to be overweight (Fulkerson, Kubik, Story, Lytle, & Arcan, 2009; Hammons & Fiese, 2011; Neumark-Sztainer, Hannan, Story, Croll, & Perry, 2003;), eat more healthy foods (Taveras et al., 2005; Videon & Manning, 2003; Hammons & Fiese, 2011), have less delinquency (Eisenberg, Neumark-Sztainer, Shira Feldman, 2009; CASA, 2010; Council of Economic Advisers, 2000), greater academic achievement (CASA, 2010; Council of Economic Advisers, 2000; Eisenberg, Olson, Neumark-Sztainer, Story, & Bearinger, 2004), improved psychological well-being (Council of Economic Advisers, 2000; Eisenberg et al., 2004; Fulkerson et al., 2006, 2009; CASA, 2010), and positive family interactions (Neumark-Sztainer et al., 2008; Neumark-Sztainer, Wall, Story, & Fulkerson, 2004; Jacobs & Fiese, 2007, Fiese, Foley, & Spagnola, 2006). However, it is important to keep in mind that most of these studies do not utilize the same rigorous analysis model used by Musick and Meier (using both longitudinal data and a change model); thus it is difficult to know whether these studies are truly capturing an effect of family meals in and of themselves.

How to Define a Family Mealtime
When looking through the wide range of studies on family meals, one issue to note is how researchers define family mealtimes. For instance, do both parents need to be present? What if the television is on while a family eats? In this section we will overview a few of the most

common ways researchers define family mealtimes, as well as discuss the ways in which scholars conduct research in this area.

Family members present. Most mealtime studies ask participants to report on how many family members attend shared mealtimes. In most situations, responders are asked to rate attendance based on a few categorical options, such as: none, some, most, or all family members were present (Fiese & Hammons, 2011). Some surveys ask participants to identify which type of family member was present (i.e., mother, father, grandparent, sister, etc.). Some studies find that family meals are most beneficial when both parents are present, while others show that results vary depending on how many of the entire family are present at mealtime (i.e., two out of five members vs. having all five family members present for most family meals) (Fiese & Hammons, 2011). This is an important aspect of family meals because the benefits of shared meals may depend on who is in attendance.

Frequency. Researchers have found varying benefits based on the frequency of weekly family meal times (i.e., low=0-2, medium=3-4, and high=5-7 meals) (Fiese & Hammons, 2011). Most studies have found that medium and high levels (i.e., 3 or more days per week) of frequent meals yield the most positive benefits for children.

Cross-sectional studies vs. longitudinal studies. Another area that is important to differentiate in family meal studies is whether the study is cross-sectional or longitudinal. Cross-sectional studies gather information regarding outcomes at one moment in time, whereas longitudinal studies collect data from the

same individuals across multiple periods of time. Longitudinal studies allow the researcher to assess the long term impacts of family mealtimes, as well as to implement more rigorous methods, such as the change model used by Musick and Meier.

Mediating factors. Few researchers have attempted to measure what it is specifically about family meals that may lead to improved outcomes. Possible factors include empathy, family cohesion, communication skills, and family attitudes.

Isolating the Effect of Family Meals. As mentioned in the summary of the Musick and Meier study, one of the most common criticisms of family meal research is that it is difficult to isolate family mealtime benefits as distinct from other factors in the family environment.

Recommendations for Families, Clinicians, and Educators.

While research on family meals is still evolving, and scholars face challenges in indentifying the "true" effects of family meals, evidence to date suggests that family meals do provide benefits for children and youth. Listed below are a few recommendations of ways to improve family meal time:

1. Set a goal to have regular family meals at least three times per week, if possible. Most research notes some type of improvement in child outcomes when a family participated in at least three family meals together each week. Of course this is not possible for all families. If not, try to substitute family dinners with shared breakfasts, evening snacks or any

similar activity that will allow your family to gather more regularly.

2. Remember the benefits of consistent family mealtimes. As noted by Musick and Meier, the routine of family meals can generate feelings of closeness and comfort. Even when mealtimes feel hectic or disorganized, take comfort in the fact that the simple act of regular mealtimes may be providing your child with stability.

3. Don't forget, quality of family meals is just as important as quantity. Mealtimes have been noted as one of the most common times children communicate with parents, so if possible, guard your mealtimes from outside distractions. Turn off the TV and cell phones and ask questions to your children about their day, school, friends, goals, etc. Researchers note that family meals may provide a unique context for parents to connect with and share important information with their children (Musick & Meier).

Family dinners may be part and parcel of a broader package of practices, routines, and rituals that reflect parenting beliefs and priorities. Interventions aimed at increasing the frequency of family meals may be successful only if they can change the family habits that tend to go along with eating as a family (Musick & Meyer, forthcoming, p. 28).

References

- Berge, J., Wall, M., Neumark-Sztainer, D., Larson, N. & Story, M. 2010. Parenting style and family meals: Cross-sectional and 5-year longitudinal associations. *Journal of the American Dietetic Association*, 110, 1036–1042.
- CASA. (2010). The importance of family dinners VI. The National Center on Addiction and Substance Abuse, Columbia University. Retrieved from http://www.casacolumbia.org/templates/publications_reports.aspx
- Council of Economic Advisers. (2000). Teens and their parents in the 21st Century: An examination of trends in teen behavior and the role of parental involvement. Report released at the White House Conference on Teenagers: Raising Responsible and Resourceful Youth, Washington, DC. Retrieved from http://clinton3.nara.gov/WH/EOP/CEA/html/Teens_Paper_Final.pdf
- Eisenberg, M., Neumark-Sztainer, D., Fulkerson, J., & Story, M. (2008). Family meals and substance use: Is there a long-term protective association? *Journal of Adolescent Health*, 43, 151 – 156.

- Eisenberg, M., Olson, R., Neumark-Sztainer, D., Story, M., & Bearinger, L. (2004). Correlations between family meals and psychosocial well-being among adolescents. *Archives of Pediatric and Adolescent Medicine*, 158, 792 – 796.
- Eisenberg, M., Neumark-Sztainer, D., Shira Feldman, (2009). Does TV viewing during family meals make a difference in adolescent substance use? *Journal of Preventive Medicine*, 48, 585-587.
- Fiese, B., Foley, K., & Spagnola, M. (2006). Routine and ritual elements in family mealtimes: Contexts for child well-being and family identity. *New Directions for Child and Adolescent Development*, 111, 67–89.
- Fiese, B. & Hammons, A. (2011). Is frequency of shared family meals related to the nutritional health of children and adolescents? *Journal of the American Academy of Pediatrics*, 127, 1565-1574.
- Fisher, L., Miles, I., Austin, S., Camargo C., & Colditz, G. (2007). Predictors of initiation of alcohol use among US adolescents: Findings from a prospective cohort study. *Archives of Pediatrics and Adolescent Medicine*, 161, 959 – 966.
- Fulkerson, J., Kubik, M., Story, M., Lytle, L., & Arcan, C. (2009). Are there nutritional and other benefits associated with family meals among at-risk youth? *Journal of Adolescent Health*, 45, 389 – 395.
- Fulkerson, J., Story, M., Mellin, A., Leffert, N., Neumark-Sztainer, D., & French, S. (2006). Family dinner meal frequency and adolescent development: Relationships with developmental assets and high-risk behaviors. *Journal of Adolescent Health*, 39, 337 –345.
- Griffin, K., Botvin, G., Scheier, L., Diaz, T., & Miller, N. (2000). Parenting practices as predictors of substance use, delinquency, and aggression among urban minority youth: Moderating effects of family structure and gender. *Psychology of Addictive Behaviors*, 14, 174 –184.
- Jacobs, M. & Fiese, B. (2007). Family mealtime interactions and overweight children with asthma: Potential for compounded risks? *Journal of Pediatric Psychology*, 32, 64-68.
- Musick, K. & Meier, A. (Forthcoming). Assessing Causality and persistence in associations between family dinners and adolescent well-being. *Journal of Marriage and Family*.
- Neumark-Sztainer, D., Hannan, P., Story, M., Croll, J., & Perry, C. (2003). Family meal patterns: Associations with sociodemographic characteristics and improved dietary intake among adolescents. *Journal of the American Dietetic Association*, 103, 317 – 322.

- Neumark-Sztainer, D., Wall, M., Story, M., & Fulkerson, J. (2004). Are family meal patterns associated with disordered eating behaviors among adolescents? *Journal of Adolescent Health, 35*, 350 – 359.
- Sen, B. (2010). The relationship between frequency of family dinner and adolescent problem behaviors after adjusting for other family characteristics. *Journal of Adolescence, 33*, 187– 196.
- Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Beuhring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L., & Udry, J. (1997). Protecting adolescents from harm. Findings from the national longitudinal study on adolescent health. *Journal of the American Medical Association, 278*(10), 823 – 32.
- Taveras, E., Rifas-Shiman, S., Berkey, C., Rockett, H., Field, A., Frazier, A., Colditz, G., & Gillman, M. (2005). Family dinner and adolescent overweight. *Obesity Research, 13*, 900 – 906.
- Videon, T. & Manning, C. (2003). Influences on adolescent eating patterns: The importance of family meals. *Journal of Adolescent Health, 32*, 365 – 373.

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