

# Perspectives About Family Meals from Racially/Ethnically and Socioeconomically Diverse Households With and Without an Overweight/Obese Child

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## Abstract

**Background:** Several quantitative studies have found a protective association between family meal frequency and child and adolescent weight and weight-related behaviors (e.g., healthy dietary intake, less disordered eating behaviors). However, limited qualitative research has been conducted to understand more in depth about family meal-level characteristics (e.g., rules, responsibilities, and interpersonal dynamics) that may be risk or protective factors for child weight and weight-related behaviors. The current study aimed to identify family meal-level characteristics within racially/ethnically and socioeconomically diverse households that were similar and/or different between households with and without an overweight/obese child.

**Methods:** The current study is a qualitative study including 118 parents of children ages 6–12 who participated in the Family Meals, LIVE! study. Parents (92% female) were from racially/ethnically (87% minority) and socioeconomically (73% <\$35,000 per year) diverse households. Parents were individually interviewed during a home visit. Data were stratified by child weight status (i.e., normal weight vs. overweight/obese) and analyzed using deductive and inductive content analysis.

**Results:** Qualitative results showed some similarities and some differences in family meal-level characteristics by child weight status that may provide insight into past research showing significant associations between family meal frequency and child weight and weight-related behaviors. Similar themes between families with and without an overweight/obese child included: family meals provide more healthful food; rules about manners; meal planning; and involving children in meal preparation. Themes that were different between families with and without an overweight/obese child included: connection and communication; “clean your plate rule”; electronic devices; and child behavior problems.

**Conclusions:** Findings from the current study may be useful for developing interventions for racially/ethnically and socioeconomically diverse households with and without an overweight/obese child to be delivered through family meals.

## Introduction

Cross-sectional and longitudinal studies have consistently found that having frequent family meals is associated with multiple health benefits for children and adolescents, including healthful dietary intake,<sup>1–4</sup> lower levels of unhealthy weight control behaviors,<sup>5</sup> and better psychosocial well-being.<sup>6</sup> In addition, associations between family meal frequency and lower child weight status have been found; however, not all findings have been consistent.<sup>1,7,8</sup> Although there have been numerous quantitative studies examining the association between family meal frequency and child and adolescent weight and

weight-related behaviors,<sup>1–8</sup> limited qualitative research has been conducted to understand more in depth about family meal-level characteristics (e.g., rules, responsibilities, and interpersonal dynamics) occurring during family meals that may explain the association between family meal frequency and child weight status. In addition, no studies that we are aware of have compared family meals in households where there is a child who is overweight/obese and households where there is a child who is normal weight. Understanding how family meals operate in households with and without an overweight/obese child will help to identify potential risk and protective factors related to family meals that may be linked to child weight

and weight-related behaviors. Further, identifying family meal-level characteristics in households with normal weight children could inform targets for interventions to reduce childhood obesity.

The majority of the previous qualitative research on family meals has not included racially/ethnically and socioeconomically diverse populations,<sup>9</sup> has focused more on barriers and problems with carrying out family meals (e.g., time constraints, cost, and lack of ideas),<sup>10–12</sup> or has examined the benefits of family meals and why families have family meals (e.g., time to communicate, family togetherness).<sup>10,12–14</sup> Thus, more qualitative research is needed examining multiple family meal-level characteristics (e.g., rules during family meals, media/screen time expectations, child behavior at meals, and meal preparation behaviors) with racially/ethnically and socioeconomically diverse families in order to understand more in depth why family meals may be protective for child weight and weight-related behaviors.

The main aim of the current study is to identify family meal-level characteristics that are similar and/or different in racially/ethnically and socioeconomically diverse households with and without an overweight/obese child. The main research questions included: (1) Do parents report similar or different reasons for having family meals in households with and without an overweight/obese child?; (2) Do parents report similar or different rules during mealtimes in households with and without an overweight/obese child?; (3) Do parents report similar or different child behaviors during family meals in households with and without an overweight/obese child?; and (4) Do parents report similar or different meal preparation behaviors in households with and without an overweight/obese child?

## Methods

### *Sample*

The current study utilized data from the Family Meals, LIVE! study.<sup>15</sup> Family Meals, LIVE! is a mixed-methods, cross-sectional study designed to identify key family home environment factors related to eating behaviors that increase or minimize the risk for childhood obesity. Participants (children ages 6–12 years) were recruited through primary care clinics ( $n=4$ ) located in low-income and minority neighborhoods. A flier was sent to the child's home inviting the family to participate in a study examining family and home influences on child eating behaviors and child weight status. Interested parents would call research staff who would set up an appointment for the first home visit, where child weight status was confirmed and all family members were assented/consented into the study. Eligibility criteria included children between the ages of 6 and 12 years and their families, families who ate at least three family meals per week, and no child illness/disorder that would interfere with child eating behaviors or nutrition. Families participated in two home visits. The first home visit included conducting a home food inven-

tory, a 24-hour child dietary recall with the primary caregiver/parent, collection of heights and weights on all family members, and the beginning of an observation period where families would video-record their family meals for 8 days. In between the two home visits, parents participated in another 24-hour child dietary recall. In the second home visit, parents participated in the final 24-hour child dietary recall and individual interviews were conducted with the parent. Detailed study methods are described elsewhere.<sup>15</sup> Given the intense involvement of the study (i.e., video-recording 8 days of family meals and two 2-hour home visits), participants were given the iPad that was used to video-record their family meals as their study incentive. This helped ensure that the iPads would not get lost and would be well taken care of. The University of Minnesota's Institutional Review Board Human Subjects Committee (Minneapolis, MN) approved all study procedures.

The study included 120 children and their primary caregivers (see Table 1). Children were between the ages of 6 and 12 (mean age = 9 years) and 46% were girls. The primary caregivers were mostly women (91%) with a mean age of 35 years (standard deviation [SD], 7.5; range, 25–65). Parents and children were racially/ethnically diverse (87% minority) and from low-income (72% <\$35,000 per year) households. A little over 50% of the caregivers were unemployed or stay-at-home caregivers. By design of the study, 50% of the sample was classified as overweight/obese (BMI =  $\geq 85$ th percentile) and 50% were normal weight (BMI >5th and <85th percentile) in order to identify potential risk and protective factors for childhood obesity in the home environment. For the current study, 118 individual parent interviews (two families did not complete the qualitative interviews) were used in the qualitative analysis. Individual interviews were used versus focus group methodologies in order to gain more specific family-level information about the home food environment.

### *Interview Development and Data Collection*

An interview guide was developed based on peer-reviewed research on family meals and findings from the Family Meals, LIVE! pilot study.<sup>12,16</sup> Interviewers were trained using standardized qualitative interview protocols.<sup>17</sup> Individual interviews followed a semistructured, open-ended question format using follow-up probing questions by the interviewers to elicit expansion of participant responses.<sup>17</sup> The qualitative interview questions aimed to understand parents' perspectives regarding potential risk or protective factors for childhood obesity (e.g., family meals, healthful eating) in the home environment. Questions included: (1) What are some reasons why you have family meals?; (2) What do you like about family meals?; (3) some families have spoken and unspoken rules during mealtimes, such as you can't leave the table until you have finished everything on your plate, or you don't have to eat everything that is served as long as you try it. What are some of your spoken and unspoken rules?; and (4) How

**Table 1. Demographic Characteristics of Parents and Children in Family Meals, LIVE!**

Target child	%	(n = 120)
<b>Sex</b>		
Female	46	(55)
Male	54	(65)
<b>Race</b>		
African American/black	64	(77)
White	13	(15)
Mixed/other	23	(28)
<b>Age (years)</b>		
mean (SD)	8.9	(2)
<b>BMI</b>		
Obese (≥95%)	30	(36)
Overweight (85%–<95%)	20	(24)
Normal weight (5%–<85%)	50	(60)
<b>Primary caregiver</b>	<b>%</b>	<b>(n)</b>
<b>Sex</b>		
Female	91	(110)
Male	9	(10)
<b>Race</b>		
African American/black	62	(74)
White	19	(23)
Mixed/other	19	(23)
<b>Age (years)</b>		
mean (SD)	34.8	(7)
<b>Household</b>	<b>%</b>	<b>(n)</b>
<b>No. of people living in house</b>		
2	13	(16)
3–4	36	(43)
5–6	40	(48)
≥7	11	(13)
<b>Work</b>		
Full time	31	(37)
Part time	17	(21)
Unemployed/stay-at-home caregiver	51	(61)
Missing	1	(1)
<b>Socioeconomic status</b>		
Low (<\$20,000)	52	(62)
Low-middle (\$20,000–<\$35,000)	21	(25)
Middle (\$35,000–<\$50,000)	11	(13)
Upper middle (\$50,000–<\$75,000)	10	(12)
High (\$75,000 and greater)	6	(7)
Missing	1	(1)

SD, standard deviation.

does your family handle electronic devices or other distractions at mealtimes? Interviews lasted between 30 and 45 minutes.

### Statistical Analysis

Audio-recorded interviews ( $n = 118$ ) were transcribed verbatim and coded using a deductive and inductive content analysis approach.<sup>18–20</sup> This hybrid approach allowed for using *a priori* categories, such as our research questions (deductive analysis) to guide our analysis, while at the same time allowing for themes to naturally emerge from the data (inductive analysis). Two members of the research team independently read and coded the interviews using NVivo 10 software (NVivo 10, 2014; QSR International Pty Ltd, Doncaster, Victoria, Australia). Using open coding, the researchers read through each interview line by line to establish initial codes and capture key thoughts and concepts. Next, coding to reduce broad categories into subcategories was conducted and major concepts were identified. The major concepts were further defined, developed, and refined into main themes. After completing the coding, the interviews were stratified into two groups based on child weight status, allowing for similarities and differences in themes to naturally emerge (inductive analysis) between the two groups. Fifty-nine interviews were categorized in the overweight/obese group, and 59 interviews were categorized into the normal weight group. Inter-rater reliability was established with both coders coding 10% of the interviews. Consistency between the coders was assessed using the formula: number of agreements divided by total number of agreements plus disagreements.<sup>21</sup> Intercoder reliability was established and maintained at 95%. Discrepancies were discussed between the two coders and the larger research team until 100% consensus was achieved.<sup>22</sup> Any qualitative themes between households with and without an overweight/obese child that reached a 20% or more difference are discussed below in order to understand potential important differences that can be followed up with large quantitative samples.

## Results

Overall, results indicated that there were both similarities and differences in themes regarding family meal-level characteristics between households with and without an overweight/obese child (see Table 2). These similarities and differences will be reported below by research question. All names in qualitative quotes have been changed for confidentiality.

### *Research Question #1: Do Parents Report Similar or Different Reasons for Having Family Meals in Households With and Without an Overweight/Obese Child?*

Results indicated two similarities (to feed children/family; to feed children/family more healthfully) and

**Table 2. Similarities and Differences in Themes Regarding Family Meals in Households With and Without an Overweight/Obese Child**

Similarities between households with and without an overweight/obese child	% normal weight endorsing theme	% overweight/obese endorsing theme	Differences between households with and without an overweight/obese child	% normal weight endorsing theme	% overweight/obese endorsing theme
Research Question #1: Do parents report similar or different reasons for having family meals in households with and without a child who is overweight/obese?					
• Have family meals in order to feed their children/family	31	39	• Family connection and communication	64	34
• Have family meals because it allows parents to feed their children/family more healthful foods	41	36	• Part of tradition	20	42
Research Question #2: Do parents report similar or different rules during mealtimes in households with and without an overweight/obese child?					
• Have rules about manners	66	70	• No “clean your plate” rule	37	8
• Have “at least try it” rule	48	50	• “Clean your plate” rule	21	59
			• Allow electronic devices/ screen time at family meals, had the TV on during family meals	31	56
Research Question #3: Do parents report similar or different child behaviors during family meals in households with and without an overweight/obese child?					
• Report children not wanting to sit during family meals	41	57	• Child behavior problems during family meals	15	39
Research Question #4: Do parents report similar or different meal preparation behaviors in households with and without an overweight/obese child?					
• Don't like meal planning	33	40	• Frustration with children not helping with cleanup	15	38
• Involve children in cooking and carrying out family meals	57	44			
TV, television.					

two differences (communication/connection; tradition) between households with and without an overweight/obese child regarding reasons for having family meals.

*Similarity: To feed children/family.* Over 30% of families with and without an overweight/obese child said that they had family meals because they needed to feed their children/family anyway, and that having family meals were one way to make sure that happened. One father (white, 32 years of age) with a normal weight child stated, “We gotta eat.” One mother (African American, 27 years of age) with an overweight/obese child said, “It’s legal, I have to feed the children.” Another mother (white, 28 years of age) with a normal weight child stated, “Well, I have a family and...we got to eat.”

*Similarity: Feeding children/family more healthfully.* Over 35% of families with and without an overweight/obese child reported that they had family meals because it allowed them an opportunity to feed their children more

healthfully. One mother (white, 24 years of age) with an overweight/obese child said that she had family meals, “To keep my family healthy.” Another mother (American Indian, 30 years of age) with an overweight/obese child said, “Family meals are important for my family because we eat healthy food.” One mother (Hispanic, 22 years of age) with a normal weight child said, “I want to keep my kids healthy...family meals is a good opportunity to do that.”

*Difference: Communication/connection.* Over 60% of families with normal weight children identified “communication and connection” as main reasons for having family meals compared to 34% of families with overweight/obese children in the home. For example, one mother (African American, 29 years of age) with a normal weight child said:

*Family meals are a time to come together...you know, we pray and we talk about the day, things that we did, and what’s to*

*happen tomorrow. I think it's very family-like to have family meals instead of just everyone in different places eating or eating at different times, because, like I said, it's a time to come together, while the rest of the day you're busy and when you all sit down at the table, you all are together.*

One father (white, 31 years of age) with a normal weight child stated:

*We feel that it's [family meals] important because it gives us at least fifteen to twenty minutes to really be with each other. We do quite a bit of discussion during that time, "how did your day go," "what happened," gives us a little bit more one-on-one time with the kids too. We don't always get that otherwise.*

**Difference: Tradition.** Over 40% of families with overweight/obese children identified that "tradition" was one of the reasons they had family meals, compared to 20% of families with normal weight children in the home. One mother (Native American, 25 years of age) from a household with an overweight/obese child said, "It's [family meals] just family tradition, you're supposed to have family meals." Another mother (African American, 23 years of age) with an overweight/obese child stated, "I think it's [family meals] very important from generation to generation...we go to Grandma's, we all eat the same meal, just sit and eat." One father (African American, 30 years of age) with an overweight/obese child said:

*We have family meals together because that's the way I was raised...coming to a family meal was important...it was something that was expected, and we were there, so I continue that tradition with our family.*

### *Research Question #2: Do Parents Report Similar or Different Rules During Family Meals in Households With and Without an Overweight/Obese Child?*

Results indicated two similarities (rules about manners; at least try it) and two differences (clean your plate; limits with screen time) between families with and without an overweight/obese child regarding rules during family meals.

**Similarity: Rules about manners.** Over 65% of families with and without an overweight/obese child indicated that they used rules about manners during family meals. One mother (white, 25 years of age) with a normal weight child said:

*My rules are basically "good manners"...they can talk, but it's no food in the mouth, or when they're done they put their dishes in the sink and wash them, and everybody has to come and eat at the same time.*

Another mother (African American, 26 years of age) with an overweight/obese child stated, "My rules are elbows off the table, sit still when you're eating, be quiet when you're eating. No fighting at the table, no arguing with each other." One father (Hispanic, 28 years of age)

with a normal weight child said, "Manners, that's one of the things we try to emphasize, wash your hands before you come to dinner, be respectful at the table."

**Similarity: "At least try it".** Approximately 50% of families with and without an overweight/obese child said that they had a rule at family meals that everyone had to, "at least try it." One father (African American, 31 years of age) with a normal weight child said, "You don't have to eat everything as long as you try it. If you're not hungry, just eat a little something." One mother (African American, 29 years of age) with an overweight/obese child stated:

*I like them to try, at least try it. That is something I do say. "You have to at least try it." Don't say you don't like it just because of the way it looks, and it's different.*

Another mother (white, 25 years of age) with a normal weight child said:

*It's dinner, so you got to at least try something...I mean you don't have to eat it all, but you have to eat something. And sometimes your child will be like, "I don't want to, I don't want to." Okay, eat five big bites and then you can be done, you know, that type of thing, so you have to eat something, you know, there is no "I'm just done" no.*

**Difference: Clean your plate.** Approximately 60% of families with an overweight/obese child endorsed a "clean your plate rule," compared to only 21% of families with a normal weight child. In comparison, 37% of families with a normal weight child in the household reported intentionally *not* using a "clean your plate" rule, compared to 8% of families with an overweight/obese child. A mom (African American, 26 years of age) with an overweight/obese child said, "They have to clean their plate before they can leave the table." A mother (Hispanic, 24 years of age) with an overweight/obese child stated:

*They cannot get up without eating. They can't ask for seconds without eating everything on their plate first and they can't have something to drink...because they would be too busy drinking and not eating, and then when they get full off of the drink, then they don't want to eat anymore.*

On the other hand, families with a normal weight child endorsed that they did not have a "clean the plate rule." One mother (white, 22 yrs.) with a normal weight child said, "We don't have the 'clean plate club rule' at all. That was a conscious choice that we made very early on that we weren't going to do that." One father (African American, 35 years of age) with a normal weight child said, "The 'finish your plate' rule, I guess I think that's not necessarily a good thing. I would rather they just stop when they're full, you know and be done with that." Another mother (African American, 27 years of age) with a normal weight child stated:

*I've never told Janeeca that she couldn't leave until she cleaned her plate, or she finished her food. I've always told her, if you're full stop eating. You don't have to finish it, don't stuff yourself. I've always told her that and you know I don't want her to overfeed*

*herself. And if she can't eat it and I got to throw it away or whatever, I'd rather live with that then knowing that I made her, forced her to eat something when she wasn't hungry so.*

*Difference: Limits with electronic devices/screen time.* Families with overweight/obese children differed from families with normal weight children on screen-time rules (i.e., televisions [TVs], cell phones, and tablets), with 25% more parents with overweight/obese children (56% compared to 31%) stating that screen time was allowed during family meals. Families with overweight children described eating meals while watching TV, as well as having the TV on but not paying attention to it. One mother (African American, 29 years of age) of an overweight/obese child said, "I let them be. I let them watch TV or use their phones to a certain extent at dinner." Another mother (Hispanic, 26 years of age) of an overweight/obese child stated, "The TV it just stays on during meals—I don't know why my TV's always on, 24/7."

In contrast, a mother (African American, 30 years of age) with a normal weight child said, "TV is off during dinnertime, because I think it becomes a distraction and it discourages talk amongst family members." Another mother (white, 23 years of age) with a normal weight child stated, "I don't bring my phone to dinner. And of course, she [daughter] can't bring any device to dinner either." One father (Native American, 33 years of age) with a normal weight child stated:

*I feel like they have plenty of time to do that stuff [screen time], that doesn't need to happen around mealtime ever, just, it's not necessary, it's such a small amount of time at the end of the day where we're all sitting down eating, they don't need electronics at the meal. They just don't.*

#### *Research Question #3: Do Parents Report Similar or Different Child Behaviors During Family Meals in Households With and Without an Overweight/Obese Child?*

Results indicated one similarity (children not wanting to sit during family meals) and one difference (child behavior problems) between households with and without an overweight/obese child regarding child behavior during family meals.

*Similarity: Children not wanting to sit during family meals.* Over 40% of families with and without an overweight/obese child stated that their child(ren) would not sit down during family meals. One mother (African American, 31 years of age) with an overweight/obese child said that she did not like that her child was "getting up, going back and forth, walking from the table...coming back to the table, getting up, back and forth." One father (Native American, 29 years of age) with a normal weight child stated:

*They want to get up, they want to eat and move around, instead of just sitting and eating...they want to come over here or go over there and turn on the TV, or turn off the TV or just something, they can't sit still.*

*Difference: Child behavior problems.* Approximately 39% of parents in households with overweight/obese children reported child behavior problems during family meals, compared to 15% of parents with normal weight children. One mother (Hispanic, 34 years of age) with an overweight/obese child stated, "I hate it when they fight, because they fight a lot...I don't want to hear it when I'm eating, okay?" Another mother (African American, 27 years of age) with an overweight/obese child stated, "When it's time to eat, he don't like to come upstairs and eat. He throws tantrums, to a point where he just don't eat at all." One father (white, 35 years of age) with an overweight/obese child stated:

*...with four kids there's always occasional picking at this or that...parents saying come sit down and eat your meal...I mean just like tonight, Jeremiah was hopping up on the table and we were all trying to get him down and it turned into a big mess.*

#### *Research Question #4: Do Parents Report Similar or Different Meal Preparation Behaviors in Households With and Without an Overweight/Obese Child?*

Results indicated two similarities (meal planning; involve children in cooking and carrying out meal) and one difference (cleaning up) regarding meal preparation and carrying out family meals between households with and without an overweight/obese child.

*Similarity: Don't like meal planning.* Over 30% of parents from households with and without an overweight/obese child stated that they did not enjoy the meal planning involved with family meals. One mother (white, 37 years of age) with an overweight/obese child stated, "I don't like planning what we're going to eat or if what I plan no one's in the mood for, that's frustrating." Another mother (African American, 48 years of age) with an overweight/obese child said:

*Planning the meal...that is the part that I really rather would not do. If somebody would hand me a menu, here you go, these are foods you guys will eat, that would kind of be a dream for me.*

One father (white, 40 years of age) with a normal weight child stated:

*I don't like planning meals...trying to make sure that there's something a little bit different, we kind of got in the spaghetti and tacos and pizza and mac and cheese rut, and so now we're finding new recipes...it is tiresome.*

*Similarity: Involve children in cooking and carrying out family meals.* Approximately 45% of parents from households with and without an overweight/obese child said that they tried to involve their children in cooking the food for family meals and the logistics related to carrying out family meals, such as setting or clearing the table. One mother (Native American, 42 years of age) with a normal weight child said, "Cecelia helps cook the meals...she

likes to cook so I involve her...she's very helpful." One father (Hispanic, 55 years of age) with an overweight/obese child said, "The kids have to help with setting the table, clearing off the table, and other chores."

*Difference: Cleanup.* Approximately 38% of families with an overweight/obese child identified frustration with children not helping to clean up after meals, compared to 15% of parents with normal weight children. One mother (African American, 28 years of age) with an overweight/obese child stated:

*They are supposed to take their dish in there [kitchen] and scrape it off and put it in the sink and it's usually Damion that don't want to do it. You know, he don't want to take his dish and scrape it, or he just wants to run ahead of everybody, first one through...but the rest of them follow him and so I'm stuck with the dishes.*

One father (Hispanic, 41 years of age) with an overweight/obese child said:

*...cooking meals makes stuff dirty...clean-up's never fun, but that's true about most things in life...they [kids] have to help clean up the mess and they don't like it...so they usually don't do it.*

## Discussion

Findings from the current study indicate that there were some similarities and some differences regarding how parents with and without an overweight/obese child in the household perceived family meals. These findings may shed light on potential risk and protective factors of family meals within racially/ethnically and socioeconomically diverse households. First, findings indicated that parents of normal weight children: (1) had family meals because they promoted connection and communication among family members and (2) did not pressure their children to eat food served at family meals (*i.e.*, no "clean your plate" rule), compared to parents of overweight/obese children. These findings may suggest that promoting communication and connection during family meals and using less controlling parent feeding practices creates an atmosphere at family meals that is conducive to family meal enjoyment and healthy eating in children, thus potentially leading to child normal weight status. Previous research supports these current findings by showing associations between a positive emotional atmosphere in the home,<sup>24</sup> a positive emotional atmosphere during family meals,<sup>15,25</sup> less controlling feeding practices,<sup>26-30</sup> and child normal weight status.

Second, findings indicated that parents of an overweight/obese child: (1) had family meals because it was "tradition"; (2) tended to use pressure-to-eat feeding practices with their children at family meals (*e.g.*, "clean your plate" rule); (3) allowed electronic devices during family meals; (4) reported child behavior problems at family meals; and (5) reported problems with getting children to help clean up, compared to parents of normal weight children. These family meal-level characteristics experienced in households

with an overweight/obese child may be potential risk factors for childhood overweight status. For example, it may be the case that parents of overweight/obese children have family meals because they are "supposed to" (*i.e.*, tradition); thus, communication and family connection may be less likely to occur in such a context. Additionally, having more distractions during meals (*i.e.*, electronic devices), child behavior problems, and parental pressure-to-eat feeding practices may create an environment that is less conducive to family enjoyment of the meals, overeating, and more unhealthy food intake, thus potentially leading to child overweight/obese status. Past research supports these current findings by showing associations between electronic devices at meals,<sup>31</sup> parent controlling feeding practices,<sup>26-30</sup> negative emotional atmosphere at family meals,<sup>15,25</sup> and child overweight/obese status.

Third, similarities found between families with and without an overweight/obese child, such as having family meals in order to feed people, to feed children more healthfully, and involving children in meal preparation and carrying out family meals, suggest that these common factors may give parents buy-in regarding family meal interventions. For example, interventions targeting childhood obesity by family meals should consider emphasizing the importance of feeding children/family members, feeding more healthful foods, and family meals as a way to involve children in the meal preparation in order to gain buy-in from parents for successful intervention delivery.

This study has both strengths and limitations. First, the large qualitative sample size provides in-depth insight into potential risk and protective factors for family meals by child weight status. Additionally, the large racially/ethnically and socioeconomically diverse sample size increases confidence of these qualitative findings. Second, the study design of prestratifying households by child weight status provided a large sample size to identify important qualitative themes by child weight status. Third, the study was conducted with a racially/ethnically and socioeconomically diverse population. One limitation of the study is that the majority of the sample was comprised of single-headed households. Thus, findings from the current study may not be generalizable to dual-headed households. Another limitation of the study was that the sample only included families who ate more than three family meals per week (for video-recording purposes). It would be important for future research to examine households with a greater variability in the frequency of family meals. Further, it is important to keep in mind that other factors may have influenced the themes found in the study, such as culture, food insecurity, age of child, parent weight status, and parent education. We were unable to control for these factors because of the qualitative design.

## Conclusions

Overall, results from the current study suggest that parents from racially/ethnically and socioeconomically

diverse households with and without overweight/obese children have some similar and some different perspectives regarding family meals. Findings suggest that the differences regarding family meals in households with overweight/obese children (*i.e.*, tradition, “clean your plate” rule, pressure-to-eat feeding practices, child behavior problems, use of electronic devices, and cleaning up) may provide insight and potential intervention targets into why overweight/obese children may not benefit from the protective nature of family meals, compared to normal weight children. Future research is needed to confirm findings from the current study. Additionally, longitudinal and randomized, control trials are needed to identify which family meal-level characteristics are most protective for child weight status.

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## Author Disclosure Statement

No competing financial interests exist.

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