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## The Role of Family of Origin in Current Lifestyle Choices: A Qualitative Secondary Data Analysis of Interracial and Same-Race Couples

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### Abstract

Many Americans are in poor health.<sup>1</sup> This is acute for racial/ethnic minorities compared to the Non-Hispanic White population.<sup>2,3</sup> A grounded theory approach was used to analyze semi-structured qualitative interviews to identify perceptions of family of origin lifestyle choices in same-race and interracial couples. Several central themes emerged from the data including influence of family of origin eating patterns, lack of family of origin importance for physical activity, and romantic partner influence in eating and exercise. Findings provide evidence for the socialization of family of origin on lifestyle choices into adulthood, but also suggest promising changes due to romantic partner.

### Keywords

Lifestyle choices; food; exercise; family; romantic couples

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Loved ones, including family of origin, have a large impact on our long-term eating behavior.<sup>4,5</sup> In addition, recent studies have suggested a recursive link in health patterns between romantic partners;<sup>6–9</sup> however, how family of origin and romantic partners interact together to impact current individual health related behaviors, including eating and exercise, has received less attention in the empirical literature. More importantly, how these influences play out in same-versus-interracial couples may differ, given that racial disparities exist among health outcomes (e.g., higher probability of chronic diseases, life expectancy, etc.). Notably, it is important to focus on Hispanic and Non-Hispanic White populations due to the higher prevalence of obesity found among Hispanics and general unhealthy patterns in ethnic minorities that have been related to limited access to healthy food choices and quality healthcare.<sup>10,11</sup> Therefore, the goal of this study is to extend results from previous research by qualitatively exploring how the families of origin for both partners in romantic relationships (same-race and interracial) interact together to impact current health related behaviors, with an emphasis on the viewpoints that were held in the families of origin about eating and exercise.

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## Literature Review

### Health Disparities in Hispanic versus Non-Hispanic White Populations

The United States is a diverse nation and is expected to become substantially more over the next decades due to the drastic increase of being born into an interracial, multiethnic, or mixed-race family. Interestingly, one of the most common pairings among interracial couples is among Hispanic and Non-Hispanic White (NHW) partners (42%).<sup>73</sup> In relation to health and health disparities, studies suggest that Hispanics have higher rates of food insufficiency, obesity, strokes, diabetes, tuberculosis, heavy alcohol consumption, and cancers related to infectious agents including liver, stomach, and uterine cervix in comparison to NHW.<sup>1-3,12-16</sup> Other studies have found that Hispanic children are more likely than other children to develop diabetes. Among children born in 2000, non-Hispanic White boys have a 26.7 percent risk of being diagnosed with diabetes during their lifetimes, while Hispanic boys have a 45.4 percent lifetime risk.<sup>17-20</sup> Non-Hispanic White girls born in 2000 have a 31.2 percent risk of being diagnosed with diabetes during their lifetimes, while Hispanic girls have a 52.5 percent lifetime risk. Moreover, higher prevalence of overweight and obesity among Latino children places them at a greater risk for developing chronic diseases including high blood pressure, asthma, sleep apnea, and other cardiovascular diseases.<sup>21-24</sup> These poor health differences across groups have been suggested to be caused by factors such as income, education, and immigration history. But even after adjusting for these determinants, disparities often persist.<sup>22,25,26</sup> Thus, we seek to prompt thinking about why these disparities exist, and more importantly, what may be done to eliminate these gaps by taking a family systems perspective and considering how family of origin lifestyle choices play a role in current lifestyle choices in same-race (both partners NHW) and interracial (Hispanic and NHW) romantic couples.

### Family of Origin and Lifestyle Choices

The prevalence of excessive weight and obesity in childhood has increased drastically since 2000 in the U.S.<sup>27</sup> This epidemic has led to detrimental health consequences and risk for several alarming diseases including cardiovascular disease, diabetes, musculoskeletal disorders, cancer (e.g., colon, breast, endometrial), and eating disorders into adulthood.<sup>28</sup> Debates about its causes and treatments have been the recent focus across fields. One area that has received particular attention is the impact of parents' behavior, with the focus on modeling (e.g., observation, reinforcement) and parental control in early childhood and adolescence.<sup>29</sup> These studies have indicated that children not only model their parents' food choices, health motivation, and body satisfaction, but also follow their parents' attitudes toward certain foods and health-related practices.<sup>30,31,32</sup> For example, studies have found that parental overprotectiveness is strongly related to disordered eating in late adolescence.<sup>33</sup> Other studies have found that maternal teaching is the strongest predictor of children maintaining a pattern of healthy consumption of food (e.g., consumption of fruits, vegetables, and water) at age 7 and age 13.<sup>34</sup> Similarly, fast food intake at an early age is linked to poor diet quality, greater weight gain, insulin resistance, risk of obesity and type 2 diabetes in adulthood.<sup>35-39</sup>

Other studies have found that parenting is an important pathway through which physical activity can be sustained as children grow into adulthood.<sup>40</sup> For example, studies have found that children and adolescents engage in higher levels of physical activity when supported by their parents.<sup>41,42</sup> Parent support for physical activity can occur via multiple pathways at an early age including encouraging children to be active, engaging in physical activity with children, and providing transportation to and resources for physical activity.<sup>43–45</sup> Likewise, studies have found that inactivity at an early age is linked to inactivity in adulthood, placing individuals at greater risk for certain chronic diseases and mental disorders.<sup>46–48</sup> Generally, findings suggest that health-related behaviors in adulthood are related to childhood upbringing, which is an important factor to consider when trying to understand differences in individual's morbidity and mortality in a romantic context.

### **Romantic Couples and Lifestyle Choices**

Several recent studies highlight the role of romantic partners and their importance in daily lifestyle practices. Mainly, studies have found that romantic partners have the ability to change each other's activity levels, health behaviors, eating regulation, body satisfaction, and risk for eating disorders.<sup>49–53</sup> Particularly, studies have found that partners are more likely to be satisfied with their bodies when they perceived their partners to be and when their partners were satisfied with their own bodies.<sup>53,54</sup> Other studies have found that romantic partners are likely to regulate each other's eating behaviors, especially when their significant others are heavy.<sup>55</sup> Studies have also found that when couples communicate about weight management in a healthy matter it is often linked to embracing healthy behaviors in the long-run.<sup>8,50</sup> Studies have also found that when men report lower than average health behavior values they tend to engage in less physical activity when influenced by their partners.<sup>50</sup> Other studies have assessed the role of romantic partners in health-harming behaviors and suggest bidirectional effects between actor and partner in relation to aggression, interpersonal violence, substance abuse, poor mental health, risky sexual behavior, and obesity.<sup>56–59</sup> Overall, studies suggest evidence for the influence of romantic partners on mental and physical health, as well as health behaviors, that are important to consider when trying to promote permanent change to healthier perceptions and behaviors at the individual level.

### **Purpose of the Study**

Evidence regarding the combined influence of family of origin and romantic partners in relation to current lifestyle patterns in adulthood is currently lacking. Interestingly, there is research supporting the idea that leaving the family of origin home and moving into independent living is a natural transition for most Western adults, and is likely to have an impact on dietary habits towards more freedom of when and what to eat.<sup>60</sup> Concurrently, however, other research suggests that family of origin persistently influences health-related behaviors well into adulthood including eating motivation, constructing healthy choices, and maintaining a balanced diet.<sup>61</sup> To date, it is still unknown what generates adult's conscious effort to modify versus sustain eating and exercise behaviors learned from family of origin.

To address this, the purpose of this qualitative study was to explore how both partner's family of origin interact to influence current lifestyle choices in same-and-interracial

romantic couples. Investigating both partner's perspectives in relation to eating and exercise behaviors learned from family of origin can inform whether romantic partners are a central catalyst to changes in individual's health related behaviors in adulthood. Currently, little research exists to indicate if and how family of origin lifestyle choices continue to play a role in the context of romantic relationships. At the same time, examination of this topic can provide a different perspective on health promotion and disease prevention by seeing if changes in health habits and behaviors are found when couples are from similar or different cultural backgrounds. Comparing same-and-interracial couples can help us understand whether such differences exist in lifestyle choices and preferences due to the diverse beliefs, values, and practices that can be drawn from being in a same-versus-interracial relationship. We strongly believe that focusing on health from this perspective can help us find ways to properly intervene and assist couples and their families, and eliminate the socialization of unhealthy lifestyle choices across different family contexts and at later ages.

## Methods

### Procedure

The present study adopts a grounded theory approach to analyze semi-structured qualitative interviews that makes use of qualitative data collected earlier with the goal of studying interpersonal dynamics and health behaviors in newly cohabiting couples (see<sup>62</sup>).

Participants were recruited from university list servers, Craigslist post, flyers posted at local public locations (e.g., churches, county marriage license building, businesses), and via word of mouth. Interested participants were contacted by a research assistant and were screened via telephone interviews. Inclusion criteria included being in a romantic relationship with no history of major physical or mental health problems, lifetime diagnosis of a psychiatric disorder (including eating disorders), current enrollment in a weight reduction program or medications intended to influence weight loss or gain, or on a prescribed therapeutic diet. Individuals who were eligible were asked to discuss the study with their romantic partner to ensure he/she would also participate. Couples who agreed to participate were then scheduled to attend a couple's laboratory session where semi-structured joint interviews took place.

### Participants

From a total of 88 existing video recorded interviews of couples, 14 heterosexual romantic couples (N = 28) were chosen to be analyzed using qualitative methods. These 14 interviews were selected based on whether the individuals were in an interracial versus same-race relationship, which was ascertained from two self-report questions: 1) Are you of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin (yes or no)? and 2) Which best describes your racial background (European American, African American, Asian American, Native Hawaiian or Pacific Islander, Non-Hispanic White, Other)? The final sample included seven interracial couples (Non-Hispanic White with Hispanic partner) and seven same-race couples (both partners Non-Hispanic White). These couples were selected randomly from a pool of 15 couples who were identified as being in an interracial relationship (Non-Hispanic White with Hispanic partner) and 52 who were identified as being in a same-race (Non-Hispanic White with Non-Hispanic White partner) relationship. Random sampling was used to ensure the generalizability of findings by

minimizing the potential of bias in selection and to keep the sample size manageable for qualitative analysis.<sup>71</sup> Additional demographic information on couples can be found in Table 1.

### Interview Measures

Semi-structured interviews were conducted to investigate if and how family of origin currently played an active role in lifestyle choices in couples. Informal interviews were conducted by trained research assistants. Partners were encouraged to speak spontaneously with each other, as well as with the interviewer. Individuals had the liberty to speak as little or as much as desired before moving onto the next question. All couples were aware that interviews were being video recorded. Topics discussed included family of origin attitudes towards food and exercise, their financial situation while growing up, how upbringing affects their current lifestyle choices, and their current financial situations and its impact on lifestyle choices. Some examples of questions include: “While you were growing up what was your family’s attitude towards food, how does the family that you grew up with affect the way you eat now, and what is your financial situation now?” The complete list of interview questions can be found in Table 2. Each interview took between 45 minutes to 2 hours to complete. At the end, couples were debriefed and compensated for their participation.

### Data Analysis

The results are based on approximately 20-25 hours of raw video recordings (~1.5 hours for each couple/video). The first step in this secondary qualitative analysis was to transcribe all utterances in the 14 video recordings. The data was then analyzed using a grounded theory approach.<sup>71, 72</sup> Grounded theory is a qualitative conceptual framework that aims to connect findings to existing theory/findings and/or to help develop new knowledge. Coding decisions for this study were based on this conceptual framework.<sup>71, 72</sup> More specially, a code is either a word or short phrase that captures the essence of the data, with an additional use of sub-codes that can potentially represent a lower-order version of a code. A category is a higher representation of a code, with an additional use of subcategory that can potentially represent a lower-order version of a category. A central theme is the highest outcome representative of category, subcategory, code, and subcode usually in the form of a short phrase or sentence. In relation to a grounded theory approach, all data (which includes categories, subcategories, codes, and subcodes) were linked to central themes where responses were compared to other responses, codes were compared to other codes, codes to categories, and back to responses.<sup>72</sup> This qualitative method is time consuming, but has been known to maximize efficiency and validity to achieve depth of understanding from qualitative data.<sup>71,72</sup> Several steps of coding and recoding, reanalyzing, connecting codes to other codes, codes to subcodes took place. The first and second authors reviewed all codes, discussed the specific categories, and characterized, described, and agreed upon important themes. This cyclical process formulated central themes that were then used to explain whether family origin played a role in current lifestyle choices in romantic couples.

## Results

Responses were compared for two cultural groups: same-race and interracial couples. Results reveal both couple differences and similarities related to family of origin attitudes in food and exercise. The result section is divided into two main parts. The first part discusses central themes and categories that were found regarding family of origin lifestyle influences. The second part discusses central themes and categories that were found regarding current lifestyle issues. Lastly, small differences were found among individuals who were in same-race versus interracial relationships, which are mentioned below.

### Part One: Family of Origin Lifestyle

#### Family of origin attitudes about food

**Eating patterns:** Eating patterns was the central theme that emerged in response to question 1. Within this theme, four categories were identified for both same-race and interracial couples, including: 1) knowingly unhealthy, 2) knowingly healthy, 3) unknowingly unhealthy, and 4) unknowingly healthy. Responses in the knowingly unhealthy category described the family as being aware of making unhealthy food choices during upbringing. This included skipping meals, having unstructured food choices where children could eat whatever they wanted, parents choosing to engage in fast diets (e.g., eating a lot of carbs and avoiding fruits and vegetables), and coming from a lower socioeconomic household where food choices were not health-based but dictated by financial conditions. These individuals commonly described eating at fast food restaurants and parents purchasing processed foods (e.g., boxed or premade meals) to be able to feed a large amount of people. “My family didn’t really make a conscious effort to eat in a particular healthy way - it was just sort of family dinners my mom was always in some sort of diet” (M5)<sup>a</sup>.

Responses in the knowingly healthy category described families as being aware of making healthy food choices during upbringing. This included having regular home cooked meals, avoiding fast food restaurants, and adopting new eating habits to address health issues (e.g., cancer, diabetes, etc.) among family members. “A lot of healthy eating, my mom cooked a lot or I cooked. My mom cooked a lot of it was healthy I didn’t really like fast-food too much anyway” (M8).

Responses in the unknowingly healthy category described families as making healthy food choices unconsciously but not having a specific focus on eating healthy all the time. This category was only found among one same-race couple. “We usually ate fruit. My parents were not like oh we need to be healthy they just kind of stayed away from meat” (F17)<sup>b</sup>.

Lastly, responses in the unknowingly unhealthy described families as being unaware of making unhealthy food choices during upbringing. Family attitudes towards food were described as using food as a sign of love where parents focused on big meals, and making special meals when others were feeling down. Responses were focused on social gatherings as offering easy access to large portions of food where several variations of dessert were

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<sup>a</sup>Male responded;  
<sup>b</sup>Female responded

provided. Here, desserts were the main attraction to social gatherings. This category was largely found among Hispanic partners in interracial relationships. “My mom was a cook in different places. My mom really sort of instilled in me that cooking for other people is a way to show love and she cooks a lot of food... She does a decent job in making healthy food but she also puts a lot of emphasis on desserts” (F18).

### **Family of origin attitudes about exercise**

**Physical activity approach:** Physical activity approach was the central theme that emerged regarding family attitudes towards exercise. Three categories were identified relative to this central theme in both same-race and interracial couples, including: 1) being individually active, 2) being active with family, and 3) pressure to be active. Responses in the category of being individually active described the absence of parental figures in sports and exercise activities. More specifically, interracial couples expressed lack of encouragement from family members for being physically active. A few individuals mentioned parent’s support, such as signing them up for sports. For the majority, however, individuals engaged in school sports and recreational activities (e.g., swimming) on their own or with friends. “There was no push to get out and exercise generally it was sort of if you did it great. But no push” (M5). “My sister and I were both on the swim team. Growing up I don’t feel like it was something my parents did that pushed us into it, they just let us do what we wanted” (F14).

Responses in the being active with family category described parents engaging in physical activities during upbringing. Particularly, same-race couples described parents as engaging in low (e.g., outdoor activities) and high (e.g., lifting weights, running, dancing, etc.) intense activities, whereas, interracial couples described being solely active through outdoor activities (e.g., walking, hiking, traveling). “My family were big promoters of it. My dad still exercises every morning at 5 a.m., while growing up that was what everybody did and my mom tries to walk everyday” (F28).

Responses in the last category described involuntary engagement in being physically active. Children would often join sports in schools to please parents because parents expressed weight concerns to children. This last category was found among one individual in a same-race relationship. “...when I was in high school my dad made me join sports teams. My dad was concerned about me gaining weight and stuff like that and that’s why he made me join sports” (F5).

### **Family of origin attitudes about finances**

**Food choices:** Food choices was the central theme that emerged with respect to family attitudes towards finances. Two categories were identified relative to this central theme in both same-race and interracial couples including: 1) healthier food choices and 2) cheaper alternatives. Responses in the first category described having enough money that parents would enforce eating at home, eating fruits and vegetables, and having home cooked meals when children were off from school. Some individuals described parents limiting snacks and junk food at home. Many of these responses were found in same-race couples. “We weren’t wealthy but we always had enough. I think we would just eat more at home. My mom had a garden and we would grow a lot of vegetables and get things from the farmer’s market and

get fresh stuff like that. If they had any influence, it was eating more at home and cooking at home” (M18).

Responses in the second category described having limited access to buying healthier foods. Financial limitations were related to eating processed food or eating out often due to limited time from working parents. The focus was not on health but on budget. Many of these responses were found in interracial couples. “But when they got divorced they were both really financially hurting from the divorce for paying for it. So, we ended up living in worse conditions and that obviously led to not being able to afford as much since my mom had 3 kids. We would eat a lot of canned foods Rice-A-Roni or Hamburger Helper ...Top Ramen something like that... because she couldn’t really afford more. We ate some fruits and what not ...and water... until I was 14 or 15” (F13).

## Part Two: Current Lifestyle

### Family of origin influence on current food choices

**Different characteristics in the adult diet:** Different characteristics in the adult diet was the central theme that emerged regarding family influence towards current food choices. From this theme, four categories were identified in both same-race and interracial couples, including: 1) unknowingly replicating family eating patterns, 2) cognizant of the need for change in diet, and 3) cognizant of family of origin influence on eating habits, but no mention of change. Responses in replicating family eating patterns included carrying over family recipes, cooking at home, and avoiding eating out. “I always make stuff that I would usually make or my parents would make for me. I know those recipes, I guess, so those are the kinds of things that I make” (M14).

Responses in the category of cognizant of the need for change in diet described wanting to change eating patterns from those of the family of origin. Here, individuals described unfavorable emotions in relation to food habits and family meals while growing up. This awareness allowed individuals to focus on making new recipes with romantic partners, adopting healthier choices when eating out or shopping for groceries, and making large efforts to eat more fruits and vegetables. “Overall I feel like it has positively affected me in a way it just drove me to be a better person even if the flaws I did see I didn’t adopt them as my own it just changed my philosophy and I know I didn’t want to do it that way” (M8).

These responses were distinctively different from individuals who also described being cognizant of family influence on eating habits, however, no direct expression was made to change habits. Sadly, responses in this category described continuation of unfavorable food habits learned from family of origin. This included overeating, abusing food when feeling down, having strong desires for sweets, and wanting to celebrate all the time due its association with food. Again, this category was different than the previous one because responses did not highlight the need for change in diet. “The thing from my family that has stuck with me in terms of eating habits had been my strong desire to eat sweet things, all the time” (F14).



### Family of origin influence on current exercise choices

**Frequency of physical activity:** Frequency of physical activity was the central theme that emerged regarding family influence on current exercise. From this theme, three categories were identified in both same-race and interracial couples including: 1) focusing on more physical activity than during upbringing, 2) being occasionally active, and 3) sustaining a neutral approach towards exercising. Responses in the first category highlighted commitment to greater physical activity than previously practiced during upbringing, which was driven by either external (e.g., parental role models, weight concern, convenience, partner influence, etc.) and internal (e.g., interest in new physical activities and self-effort) factors. These factors were highlighted more by individuals in same-race couples. “I think I’m more physically active than I was as a kid and I don’t think my family affects that right now” (F16).

Responses in the second category highlighted more sporadic or infrequent engagement in physical activities than previously practiced during upbringing. “Like I said previously, my family didn’t really push me into sports and athletics and stuff like that from elementary school all the way to high school so having participated in all those activities I feel like I have a general understanding of how to exercise and what’s good to do and what isn’t. But I don’t know if I have to things like that very frequently or routine. I try to. But then it will be a month and I haven’t ran in a while... I’m cognizant of those things but I’m like 100% whatever” (M13).

Responses in the last category did not emphasize needing to be more active than before and these responses were largely found in interracial couples. Here, individuals highlighted lack of importance in the family of origin for being physically active while growing up and perceiving no current pressure from parents or romantic partner to being more active now than before. “I’m still the same I don’t do as much activity. My dad is more of a couch potato now and my mom works a lot. I’m still pretty active I go to school every day I walk to the bus stop and to class. When I get home I’m kind of lazy. I was kind of lazy when I was a kid so it’s not that big of a change it’s pretty much the same just a little less active” (M4).

### Family of origin influence on current financial situation

**Food influence:** Food influence was the central theme that emerged regarding current financial situation. Three categories were identified relative to this central theme in both same-race and interracial couples including: 1) limiting choices and saving money, 2) healthier lifestyle, and 3) preserving family customs. Responses in the first category described having very little money to purchase brand named and organic foods. Buying cheaper alternatives to food was described as a way of saving money. “So, money is definitely tight. We’re trying the paleo diet which was working out really well. But since we had to get tight around money our budget is a lot smaller to buy the organic things. So, we buy the cheaper and easier things” (M6).

Responses in the second category revolved around making healthier food choices by avoiding junk or processed foods. These responses also mentioned having a limited amount of money to spend, yet, a great focus was made in not allowing this to change their eating

patterns, applying for jobs to make more money, and making a point of buying healthy food and eating at home. Interestingly, these responses described childhood memories of parents inserting the value of eating healthier due to the presence of chronic disease among family members. “I tried to not let my financial situation affect the way I eat. It’s more of the sort of a rule for me, if you will, no matter how poor I am I’m not going to let it seriously affect how I eat neither of us is making much money so one of the sort of priorities is still maintaining healthy eating” (M5).

In the last category, interracial couples described practicing family of origin behaviors regarding food more than same-race couples. This included eating out often, having bigger meals to get their money’s worth, replicating family recipes with romantic partners, and eating meals together. “We have car payments, insurance, and cell phone payments. After everything plus.... I think we live off of mean...When we get paid... I think we’re always like ‘oh let’s go out to eat or let’s invite our friends’. We have to wait for the next pay day. We talked about that we need to budget and that way we would have a better food situation” (F03). “I think a lot of how I treat food how I think about food is from my family. I... I think... associating food with celebration is sort of key in terms of how I operate ....and I want to celebrate all the time. That part of it has gotten drilled in. I think it’s also an evolving process. Right now. I’m mostly heavily influenced how I cook and how I think about food” (F18). Frequency of responses to interview questions can be found in Table 3.

## Discussion

During childhood, food choices and exercise behaviors are largely contingent on parent’s lifestyle.<sup>51,52</sup> Several studies suggest that children who develop poor lifestyle habits (e.g., food and exercise) usually continue those habits into adulthood, which increase risks for chronic diseases that are prominently found in ethnic minorities (e.g., obesity, diabetes, heart disease, etc.).<sup>4,63–65</sup> Other studies highlight the important role of romantic partners for each other’s lifestyle choices.<sup>50,66,67</sup> However, to date no studies have examined if and how family of origin lifestyle choices continue to play a role in a romantic context. This study focused on comparing qualitative responses from interracial and same-race couples, given that different perspectives may be found when one partner comes from a different cultural background.

Our findings provide an insider perspective on this phenomenon and narratively demonstrate that individuals make both positive and negative lifestyle changes on behalf of each partner’s upbringing. For instance, when partners described coming from families of origin that had different attitudes about food (e.g., healthy versus unhealthy, home meals versus eating out) they also described changing their food choices in the context of the romantic relationship. “I feel like I’m eating more now because we have more complete meals. When I was growing up there wasn’t really an emphasis of eating breakfast” (F7). Similar patterns were found in exercising behaviors. “Exercise was never really a family role. Growing up I never really associated with current exercises with growing up. It was never something that I did. If anything, he’s had more influence on me than my family” (F14). Causes for changing to their current diet were also related to individual’s own family of origin lifestyle choices, including no conscious effort to eat healthy, eating out often, eating premade or processed

meals at home, health issues (e.g., diabetes, obesity, etc.) among family members, and experiencing financial changes. This in turn led individuals to learn new recipes, making home cooked meals a priority, and adopting healthier alternatives when eating out. “Well I’m trying to be careful about it because of my dad and his side of the family” (F22). Thus, our findings suggest family of origin lifestyle choices are susceptible to change in romantic contexts. This supports findings of the importance of romantic partners for each other’s health.<sup>6,7,53</sup> Future studies should examine if family of origin lifestyle changes are permanent or temporary across partners, when new lifestyle choices are adopted (e.g., beginning of relationship), and if lifestyle patterns adopted from romantic partner are practiced when that partner is not present or after the relationships ends.

Moreover, our findings describe a narrative association between low income and unhealthy food choices, which supports previous studies that suggest that when consumers perceive financial limitations food choices are made to maximize calorie intake, while negating the consumption of energy rich foods (e.g., vegetables and fruits).<sup>68</sup> For example, when couples described having limited money they also described purchasing cheaper nameless brand foods, not having enough time to cook, and eating out often. Our results suggest that this perspective is stronger when both partners experienced financial restrictions while growing up. Other causes were narratively related to individual’s own family of origin lifestyles including not having formal sit-down meals, lack of formal cooking experience, having working parents, and childhood memories related to “feel-good” meals (i.e., comfort food). “Money is tight, and yeah I think both of us crave certain meals that we grew up with. Like I grew up with hamburger helper or mac and cheese some of those not very healthy so we fall back on those eating habits” (F56). Interestingly, this idea was described more in interracial than same race couples, which may be due to differences in cultural upbringing. For example, our results suggest that this difference in couples may be related to the ideology of food manifested from culture. “My family gave me and admiration for food, basically I make food for my friends to make them feel better and I make food for Vince to make him feel better and it’s how I show people that I care about them so I am constantly making food” (F10). “My mom really sort of instilled in me that cooking for other people is a way to show love and she cooks a lot of food. She does a decent job in making healthy food but she also puts a lot of emphasis on desserts.” (F18). “My mom still sends me banana bread or cakes and stuff to show that it’s a caring sign for her. There was always an emphasis more on the feeling of food than on health” (F17). “I think his mom is offended by me because I don’t eat meat. I think it’s a Mexican mother the way that she shows love is related to her food and her kitchen” (F8). Although not all interracial couples described this difference, future studies should focus on testing whether interracial couples are more likely than same-race couples to create a blend of eating patterns from family of origin to maintain cultural traditions. Our findings suggest that food is one of the ways we engage with, understand, and identify with other cultures. Moving forward, to advance the science of health disparities and provide health equity requires studies that examine the value of food to ethnic identity on a day-to-day basis. Additionally, this also requires future studies to examine how we can increase cultural identity and simultaneously enhance healthier lifestyle choices across all cultural groups.

Our findings also described a narrative association between lack of importance for exercise in the family of origin and infrequent exercise in adulthood. Our findings support previous studies that suggest that parents can influence a child's health by shaping dietary and physical behaviors long after leaving the home environment.<sup>4,69</sup> Based on narrative descriptions, this perspective was adopted due to a lack of verbal support from parents, lack of family role models, and modeled sedentary behaviors from nuclear and extended family members. "My dad is more of a couch potato now and my mom works a lot. I go to school every day I walk to the bus stop and to class. When I get home I'm kind of lazy. I was kind of lazy when I was a kid so it's not that big of a change it's pretty much the same just a little less active" (M4). However, our findings suggest that this perspective can be changed by a romantic partner's support and shared active lifestyle. "I am a lot more physically active now than I ever was living my family. If anything, I'm doing the opposite of what I was before" (M5). "Exercise was never really a family role. Growing up I never really associated with current exercises with growing up. It was never something that I did. If anything, he's had more influence on me than my family" (F14). These descriptions are promising and support previous studies that suggest the mere presence of active others affects individual's ability to become active.<sup>70</sup> Our findings enhance this research by suggesting that greater activity in couples may be related to having at least one partner expressing the importance of exercise from an early age. This subtle difference may have long-term effects on conserving exercise as a priority for both partners. Although studies continue to highlight the important role of romantic partners for each other's health practices (e.g., emotions, stress level, etc.), our narrative results add to this body of literature by suggesting that support from romantic partners can sprout positive messages and healthy habits after an inactive/unhealthy upbringing. The sharing of fitness goals between partners may help to create enduring healthy lifestyle choices and simultaneously boost the quality of the relationship by increasing intimacy and trust. Future studies should empirically test if Partner A's physical activity levels are dependent on Partner B's support and their active lifestyle, if couples report feeling more satisfied with their relationship when jointly engaging in exercise, and if mutual engagement cascades to other areas of their lives (e.g., diet) and when embarking in new roles (e.g., parenthood).

In sum, our findings provide a different perspective on how important family of origin and romantic relationships are to our current lifestyle choices. Particularly, our findings suggest that family of origin can be both helpful and harmful for enhancing healthier lifestyle choices into adulthood, but romantic partners are similarly or even more important at ending or sustaining unhealthy perspectives and habits at a later age. Thus, achieving health equity requires us to investigate health through a family and cultural perspective, which from our findings suggest several hopeful ways of entry to developing healthy lifestyle patterns well into aging.

### Limitations and Future Research

Although our findings enhance the larger literature, there are several limitations to this study worth noting. First, the study utilized a convenience sample of couples from a southwestern region, which limits the generalizability of results to broader populations. Future studies should collect responses from other locations and include a broader age range of couples.

Second, our study made use of previously collected video data that had the goal of studying emotional synchrony in romantic couples, so future studies should consider collecting more traditional qualitative responses. By doing so, it may increase the richness of responses from individuals and increase coding reliability.<sup>71</sup> Third, future studies should collect different pairings of interracial couples, same-sex couples, and broader socioeconomic status samples to help propose a theoretical perspective that considers class, gender, and different cultural backgrounds. Ultimately, replication of this study is needed to further validate the present findings and interpretations.

## Conclusion

Despite these limitations, our findings have several advantages. To our knowledge, this is the first study to examine how family of origin attitudes about food and exercise relate to current lifestyle choices in interracial and same-race couples. These findings highlight the important role of family of origin and how they continue to play a role in current lifestyle choices in a romantic context, and further suggest a window of opportunity for healthier lifestyle choices due to the influence of a romantic partner. This study not only supports previous findings, but also suggests new ways of seeing and understanding health disparities and health equity. Our findings provide support for the powerful impact of home environments at an early age and the result of a complex interaction with the presence of a romantic partner, both of which are important predictors of lifestyle changes, health, and aging. Our findings also point to the need for a comprehensive policy approach that takes behavioral nutrition and financial circumstances into account from a family perspective across different contexts. Lastly, our results suggest that similar and different perspectives on family of origin lifestyle choices can help sustain previously learned patterns and help partners adopt healthier lifestyle patterns. Implications are relevant to developing more effective and targeted interventions for couples and their families that could have a broad public impact on reducing health disparities in ethnic minorities and within the largely growing population of multiracial families.

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**Table 1**

Participant Characteristics (*N* = 28)

|                      | Same-Race Couples |             | Interracial Couples |             |
|----------------------|-------------------|-------------|---------------------|-------------|
|                      | Yes = 1           | No = 6      | Yes = 0             | No = 7      |
| Married Couples      |                   |             |                     |             |
| Relationship length  | 1.92 years        |             | 2.73 years          |             |
| Living together      | 5.78 months       |             | 9.07 months         |             |
| Age                  | 23.43 years       |             | 22.57 years         |             |
|                      | <i>Female</i>     | <i>Male</i> | <i>Female</i>       | <i>Male</i> |
|                      | Freq. %           | Freq. %     | Freq. %             | Freq. %     |
| Income               |                   |             |                     |             |
| \$0-25,000           | 5 72%             | 4 57%       | 7 100%              | 5 72%       |
| \$25,000-50,000      | 1 14%             | 2 29%       | 0 0%                | 1 14%       |
| \$50,000-75,000      | 1 14%             | 1 14%       | 0 0%                | 1 14%       |
| Level of Education   |                   |             |                     |             |
| High school          | 1 14%             | 0 0%        | 1 14%               | 1 14%       |
| Professional program | 0 0%              | 0 0%        | 0 0%                | 0 0%        |
| Some college         | 1 14%             | 4 57%       | 4 57%               | 4 57%       |
| Undergraduate degree | 5 72%             | 2 29%       | 1 14%               | 2 29%       |
| Graduate degree      | 0 0%              | 1 14%       | 1 14%               | 0 0%        |

**Table 2**

## Interview Questions

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**Family of Origin Lifestyle**

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1. While you were growing up what was your family's attitude towards food?
2. What was your family's financial situation like growing-up and what role did it play in where you ate or what you would eat?
3. What was your family's attitude towards exercise?

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**Current Lifestyle**

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1. How does the family that you grew up with affect the way you eat now?
  2. How does the family that you grew up with affect your physical activity now?
  3. What is your financial situation now? And what role does it play in your diet now?
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**Table 3**

Percentage of Responses to Interview Questions in Each Category

| Question                              | Central Theme                                      | Categories  | Same-Race Couples | Interracial Couples | Hispanic Partner Response (n = 7) |
|---------------------------------------|--|---|-------------------|---------------------|-----------------------------------|
| <b>Family Lifestyle</b>               |  |   |                   |                     |                                   |
| 1. Family Attitude Food               | Eating Patterns                                    | Knowingly Unhealthy                                   | 43%               | 50%                 | 43%                               |
|                                       |  | Knowingly Healthy                                     | 43%               | 21%                 | 0%                                |
|                                       |  | Unknowingly Unhealthy                                 | 7%                | 43%                 | 28%                               |
|                                       |  | Unknowingly Healthy                                   | 7%                | 0%                  | 0%                                |
| <b>2. Family Attitude Finances</b>    |  |   |                   |                     |                                   |
| Food Choices                          | Healthier Food Choices                             | 43%   | 21%               | 14%                 |                                   |
|                                       | Cheaper Alternatives                               | 14%   | 36%               | 43%                 |                                   |
| <b>3. Family Attitude Exercise</b>    |  |   |                   |                     |                                   |
| Physical Activity Approach            | Individually Active                                | 43%   | 64%               | 71%                 |                                   |
|                                       | Family Active Engagement                           | 43%   | 36%               | 14%                 |                                   |
|                                       | Pressure to be Active                              | 7%  | 0%                | 0%                  |                                   |
|                                       |  |   |                   |                     |                                   |
| <b>Current Lifestyle</b>              |  |   |                   |                     |                                   |
| 1. Family Influence Food              | Different Characteristics in the Adult Diet        | Replicating Family Eating Patterns                    | 29%               | 57%                 | 43%                               |
|                                       |  | Cognizant of the Need for Change in Diet              | 64%               | 29%                 | 14%                               |
|                                       |  | Cognizant of Influence on Eating Habits but No Change | 21%               | 0%                  | 0%                                |
|                                       |  | No Family Influence                                   | 0%                | 14%                 | 14%                               |
| <b>2. Current Financial Situation</b> |  |   |                   |                     |                                   |
| Family Influence                      | Limited Choices and Saving Money                   | 29%   | 29%               | 43%                 |                                   |
|                                       | Healthier Lifestyle                                | 43%   | 14%               | 14%                 |                                   |
|                                       | Preserving Family Customs                          | 21%   | 36%               | 57%                 |                                   |
| <b>3. Family Influence Exercise</b>   |  |   |                   |                     |                                   |
| Frequency of Physical Activity        | Focusing on More Physical Activity than Upbringing | 85%   | 14%               | 0%                  |                                   |
|                                       | Occasional Activity                                | 14%   | 43%               | 33%                 |                                   |
|                                       | Neutral Approach                                   | 0%  | 36%               | 33%                 |                                   |

Note. Percentage of responses fitting each code is based on the total number of individual responses for each couple type (total N = 14, first 2 columns) or for the number of Hispanic partners (total N = 7, last column). All responses were coded, yet, unequal numbers will be found given that some individuals did not respond to some interview questions.