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"It's like Big Mama's house": Examining Extended Family Influences on the Dietary Behaviors of African American Children

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Abstract

The family environment plays an important role in influencing children's dietary behaviors. Traditionally, African American extended family members play a key role in child socialization. We examine the role of extended families in how children are socialized to adopt dietary norms. We conducted in-depth, semi-structured interviews with 24 individuals across eight family units to elicit information regarding the influences of culture and families on children's dietary behaviors. Findings suggest that families teach children to value activities that combine quality time and enjoying food together; adults are inconsistent in how they teach children to adopt desired dietary behaviors. This work has implications for improving family-based interventions for African American children through promoting healthful behaviors that are also respectful of family dietary traditions, improving communication between adults and children, and leveraging family members as attitudinal and behavioral referents.

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The family plays an important role in influencing children's dietary behaviors. Multiple studies indicate linkages between child diet and several complex family-level factors, including ethnicity and culture, parenting styles, and family communication patterns and socioeconomic status (Kumanyika 2008; Patrick and Nicklas 2005; Savage, Fisher, and Birch 2007). Among African American families, multiple factors, including maternal educational achievement; parental dietary patterns and perceptions of child weight status and subsequent health risks; family structure and financial resources; and the degree to which routines, such as engaging in regular family meals, are valued and carried out within the family influence children's dietary behaviors (Lee et al. 2002; Bruss, Morris, and Dannison 2003; Burgess-Champoux et al. 2009; Guidetti and Cavazza 2008; Nsiah-Kumi et al. 2009). Furthermore, there are racial and ethnic disparities in children's dietary behaviors, with African American children being less likely to meet grain and dairy intake recommendations and more likely to consume high fat foods and sweetened beverages (Di Noia, Schinke, and Contento 2008; Cullen et al. 2002). There is evidence that many of these and other behaviors contributing to unhealthy weight status originate within the home, as children have a tendency to model their parents' behaviors (Savage, Fisher, and Birch 2007). The home and family environment provide children with dietary behavior cues that are reflective of their respective social and cultural norms (Delormier, Frohlich, and Potvin 2009).

Because caregivers typically socialize children to adopt the behaviors understood as necessary for acceptance by and success within a particular cultural group, these influences and socialization practices must be examined within the cultural contexts where they occur (Coard et al. 2004). The relationships that develop between children and their family members are culturally defined and important to consider in understanding the context in which childhood obesity and related dietary behaviors develop (Yasui and Dishion 2007). African American families and households often have dynamic, multigenerational structures, with relatives within and across generations sharing the responsibility for rearing and caring for children (McAdoo and Younge 2008; Wilson et al. 1995). As a result, extended family members play a potentially significant role in socializing children to adopt cultural norms (Foster 1983).

The structure, functioning, and relationship dynamics in African American families can be partially attributed to family-based collectivism, an altruistic concept of putting the interests and needs of the family before those of the individual; this is a core value among many racial and ethnic minority groups (Rogers and Sebald 1962; Hays and Mindel 1973). Although the expression of family-based collectivism beyond one's nuclear family to extended family members is common, how this concept is expressed may differ based on the race and/or ethnicity of the family (Hays and Mindel 1973). Among African Americans, family-based collectivism often leads to an increased sense of closeness within the family, resulting in mutual respect and trust, reliance on support during times of hardship, and shared life experiences among family members (Hatchett, Jackson, and McAdoo 1993;

McAdoo and Younge 2008; Rozario and DeRienzi 2008; Wilson et al. 1995). Additionally, family-based collectivism may result in family members serving as behavioral and attitudinal referents for one another, particularly in regard to respecting and continuing family traditions (Hatchett, Jackson, and McAdoo 1993; McAdoo and Younge 2008; Wilson et al. 1995). In African American families, engagement in family-based collectivism often contributes to extended family living and co-parenting arrangements in which multiple relatives share child rearing responsibilities and can be potential resources for the family's children (Wilson et al. 1995; Martin and Martin 1980).

Research suggests that within family units, mothers and fathers may demonstrate differences in how and when they use these strategies (Orrell-Valente et al. 2007). It is plausible that there are also differences between primary caregivers and extended family members in the strategies they use for teaching children cultural norms related to dietary behaviors. Additionally, it is important to consider the sociocultural influences on these practices and to understand how and why they are carried out (Yasui and Dishion 2007). Taking this approach may help to enhance our understanding of how parenting behaviors and family socialization practices contribute to the prevention or promotion of children's dietary patterns that lead to obesity.

The traditional structure and functioning of African American families merits the use of an intergenerational framework for exploring how cultural heritage and individual behaviors interact to promote or inhibit the healthy development of African American children (Gadsden 1999). This approach is of importance when examining the behaviors of African American children, as they are more likely to reside in households with extended family members (Wilson et al. 1995). However, there are gaps in the existing literature regarding how children's relationships and engagement with extended family members both those residing within and outside of the home may influence children's dietary behaviors, which suggests that need for additional research. There is also a need for a greater understanding of family dynamics and interactions within extended families, and how these factors influence dietary behaviors in particular. Therefore, this paper presents findings from a qualitative study examining cultural and familial influences on the dietary and physical activity behaviors of African American children residing in Baltimore City, Maryland. This exploratory study aims to investigate the roles of extended family members in socializing children to adopt dietary and physical activity behaviors and related cultural norms. While the study focuses on dietary and physical activation behaviors and norms, the familial, cultural, and structural issues related to these two broad areas of behavior are different. Therefore, in this paper, we focus on the findings related to the extended family's role in influencing on children's dietary behaviors.

Methods

This two-part study took place between September 2008 and August 2010, spanning a total of 23 months. The parent study (September 2008 – December 2008) included the collection of quantitative and qualitative data from 31 primary caregiver-child dyads to examine household and neighborhood factors related to childhood obesity. The follow-up study (April 2010 – August 2010) built on emerging themes from the parent study, with a focus on

themes related to extended families. More specifically, the follow-up study was designed to provide a more detailed consideration of family-level factors related to childhood obesity, particularly among African American children and their extended families. This paper focuses on the research methods and findings of the follow-up study, with an emphasis on findings related to dietary behaviors. This research was approved by the [University name held for blind review] Institutional Review Board. Informed consent or assent was obtained from each participant.

Recruitment strategy

The initial recruitment strategy for the follow-up study (the focus of this paper) involved contacting primary caregivers who participated in the parent study to determine their eligibility and willingness to participate in the follow-up study. One primary caregiver-child dyad from the parent study was excluded because of the child's developmental delay and difficulty in completing in-depth interviews due to his lack of comprehension and focus, leaving a sampling frame of 30 primary caregiver-child dyads. All other primary caregiver-child dyads from the parent study were eligible to participate if the primary caregiver 1) still resided with and was the legal guardian of the African American child (as identified by the primary caregiver) who participated in the parent study; 2) was willing to allow the child to complete a 30 to 45-minute interview and to allow the child's height and weight measurement; and 3) was willing to identify and participate in a paired interview with an adult member of the child's extended family who the primary caregiver perceived as being regularly involved in the care and/or supervision of the child, with the understanding that some information from the parent study interview might be shared with the extended family member.

Due to loss to follow up ($n = 19$), ineligibility ($n = 3$), and refusal to participate ($n = 4$), only four of the primary caregiver-child dyads from the parent study were successfully contacted and recruited to participate in the follow up study. Snowball and purposive sampling methods were used to identify and recruit additional family units (Marshall 1996). Snowball sampling was implemented by requesting referral information for potential participants from each primary caregiver who completed participation in the follow-up study. Purposive sampling (i.e., selecting participants based on predefined criteria) was used to identify and recruit potential family units during community-based events sponsored by organizations located in and/or providing services to various neighborhoods in Baltimore City. These sampling methods are appropriate for exploratory and in-depth investigation in which proportionality and generalizability are not the primary concerns (Marshall 1996). The same inclusion criteria were used for primary caregivers as those identified from the parent study participants, except they had to be the legal guardian of an African American child (as identified by the primary caregiver) who was 6 to 13 years of age. The 6 to 13 year-old age range was established to correspond with the expected age range of child participants from the parent study at the time data was collected for the follow-up study. Four additional family units were successfully recruited and interviewed for the follow-up study using this sampling strategy, creating a final sample consisting of four family units identified directly from the parent study, two family units that were identified via snowball sampling, and two family units that were identified via purposive sampling.

Interview procedures

Each family unit participated in semi-structured, in-depth interviews that took place in the home of the primary caregiver. With this method of interviewing, the interviewer was allowed to reorder and reword the probes as appropriate, and the interviewees had the freedom to discuss topics that were not directly related to the questions posed, but provided additional meaning and context to the research (Berg 2007). Author A interviewed the primary caregiver and extended family member for each family unit jointly, and one of three research assistants interviewed each child individually. The average duration of the child and adult interviews were 40 and 50 minutes, respectively. Author A and the research assistants discussed the child interviews after each interview was completed. The interviews were audio recorded and transcribed verbatim by a professional transcription service.

The child interview guide included verbal and pictorial prompts. Pictures were compiled and grouped together to provide children with examples of different types of dietary and physical activity routines and practices. The corresponding questions developed for each group of pictures were designed to solicit the children's discussion of what, if any, differences existed in how they experienced the activity or practice when in the care of their extended family members as compared to when they were in the care of their primary caregivers. Prior to the start of the interview, each child's height and weight were measured using a portable stadiometer and weighing scale to calculate body mass index (BMI) percentile-for-age.

The guide for the primary caregiver-extended family member interviews was designed to prompt the adults' discussion of differences and similarities in how they taught the children about physical activity and dietary norms, motivations for their socialization strategies, and what aspects of physical activity and diet they felt were most important for the children to learn. Questions were also posed to solicit the adults' discussion of the culture of their extended families and their perceptions of the influence of the extended family on the family unit's day-to-day physical activity and diet-related practices. Table 1 provides examples of questions and probes included.

Research team considerations

Author A is a young African American woman, and this work represents one product from her doctoral dissertation study. Although she is not a native of Baltimore City, she approached the study with reflexivity, which was influenced by her own extended family experiences and previous research experiences. The research assistants included an African American graduate student (female) and two advanced undergraduate students of South Asian descent (one male and one female). The primary author selected these students to join the research team because of their previous experiences interacting with children from Baltimore City or other urban settings and their level of comfort with entering the homes of the participants. Their approach to the data collection was standardized through a multi-phase training that involved piloting the interview guide, in-depth discussions of piloting experience and study procedures, and completion of responsible conduct of research modules as required by the University's IRB.

Data analysis

A simplified grounded theory approach guided an iterative and inductive coding process that began after the first few interviews were transcribed (Corbin and Strauss 2008). This approach allowed for the identification of concepts included in the interview guides, as well as additional concepts that emerged during the interviews (Corbin and Strauss 2008). Author A consolidated the emergent topics into major themes to develop an initial coding framework, which allowed for a transition from general to more specific themes as data analysis continued. Through this process, Author A identified central themes within the data by expanding some codes to reflect broader concepts, and collapsing or eliminating other codes that were repetitive or too specific (Lofland et al. 2006). Author A then refined the emergent themes using a constant comparative method in which segments of the data were compared to determine whether codes were appropriately assigned and reflected the same concept within and across family units (Ayers, Kavanaugh, and Knafl 2003; Corbin and Strauss 2008). Triangulation of sources (i.e., using two more data sources to understand a phenomenon) and analytic triangulation (i.e., using multiple analysts to understand different ways of looking at the data) contribute to the rigor of the study (Denzin 1978; Patton 1999). Although Author A led the coding and analytic process, members of the parent study and follow up study research teams reviewed the coding analysis and provided feedback on the clarity and accuracy of the codes. Involving the research team in this manner served to enhance the dependability (i.e., reliability) of the study (Miles and Huberman 1999).

Findings

Study participants

The final study sample included 24 individuals from eight family units (i.e., one child, primary caregiver, and extended family member from each family). With the exception of the adults in one family unit, all of the adults self-identified as Black/African American. In that family unit, the extended family member identified as White and the primary caregiver identified as “multiracial” (i.e., White and Black/African American). All of the children were identified as Black/African American by their respective primary caregivers. Table 2 outlines the characteristics of each child and family unit, in the order in which the interviews took place, and relevant demographic data for the Neighborhood Statistical Area in which each family resided (University of Baltimore 2010).

Emerging themes in diet socialization

Multiple themes emerged through the data analysis; here, we highlight the themes of “Food and Fellowship” and “Food, Conflict, and Control,” the primary areas for which thematic saturation was reached in the data collection and analysis process. Concepts discussed within these themes are related to how and why food was included in various family fellowship activities (i.e., activities in which family members were engaged for the primary purpose of spending quality time together), and how food contributed to or resulted from conflict within the family and the adults’ attempts to control the children’s dietary behaviors. Within these themes, there were similarities and differences in how primary caregivers and extended family members influence children’s behavior through behavior modeling, facilitating, or providing verbal instruction for the desired dietary behaviors

among their children. Children shared the adults' appreciation for fellowship activities and were, in many cases, aware of the mechanisms used by the adults to control the children's dietary behaviors.

Food and Fellowship—Across all of the adult and child interviews, much of the conversation centered on the inclusion of food as a significant component of various types of fellowship within extended families. Within this theme, primary caregivers and extended family members exhibited similarities in their perceptions of the two dominant concepts of “Sunday dinners” and “family celebrations.”

The concept of “Sunday dinners” refers to the preparation and consumption of a special dinner meal on Sundays. These meals had characteristics that set them apart from dinner meals prepared on other days of the week. Several adults noted that the Sunday dinner was a “full course meal,” rather than a lighter fare or one prepared with convenience foods (i.e., frozen meals or meal components, canned foods, boxed meals). As explained by one mother:

The dinner that I usually cook on Sunday is a big meal. ...I still do the full course, your vegetables, your meat, and your starch, but it's a special meat, you know what I mean? A meat that's not normally given [during the week]. ...Sunday is a real sit down, full meal and with dessert... But during the weekdays, it's just grab all, whatever snack you find in the cabinet or whatever chips or whatever and in it goes.

The setting of the Sunday dinners was another distinguishing characteristic of the meal. Several of the adults discussed the coming together of family members for Sunday dinner as a memorable part of their own childhoods. Many of the adults expressed that this was a family-based tradition that needed to be continued and taught to their own children. For some of the adults, the setting of their regular Sunday dinners was also perceived as an important factor that reinforced the closeness within their families. One child's mother provided a detailed explanation of why she and her sister, the participating extended family member, felt it was important for their children to experience regular Sunday dinners:

Yeah, they're taught that at Aunt Ann's or Aunt Renee's house on a Sunday dinner, you're getting that family conversation and maybe something you missed on the week, forget to ask about, and it's brought up at the table or something. So I think it brings some sense of closeness, like a Big Mama's house... I just think being family-knit and close together. ... and it's about family. When they grow up, I don't want my kids to say, 'Mostly all through the week and through Sunday weekends, we had fast food,' ...but that's the only thing I really wanted to keep, because I remember the Sunday dinners.

One grandmother noted that because of time constraints related to her work schedule, she was often unable to prepare a Sunday dinner for her family. However, because the preparation of this meal was important to her and the family, she made arrangements to prepare a “Sunday” dinner on other days of the week. “Sunday” dinner clearly implies more to this grandmother than the day of the week on which it is consumed:

Sometimes, I can't even cook on Sunday because I get home so late, unless I start putting it in the slow cooker the night before, or that morning... But I'll cook sometimes—make a Sunday meal on a Monday.

In addition to regular Sunday dinners, primary caregivers and extended family members across all of the families acknowledged and discussed the central role of food during holidays and special occasions (i.e., birthdays, wedding, funerals), hence the concept of “family celebrations.” The celebration of traditional holidays, such as Mother's Day, Independence Day, and Christmas, often included the coming together of the extended family, and the preparation of foods that were reserved for that time of year. For example, one mother noted, “On Christmas, we have brunch. And my grandmother makes us rabbit and gravy served over top of grits with biscuits on the side. Mmmm—that's the only time we get it.” In addition, food-centered celebrations were also valued for the fellowship involved in preparing foods. As explained by one extended family member, “...just getting together. That's the central part. Just coming together and preparing and doing stuff together.” For many of the families, these acts of fellowship around food were also signs of respect for family traditions, particularly those put into place and perpetuated by family matriarchs. One mother attributed her family's dietary behaviors and food-based traditions to the teachings of her grandmother, along with the sense of closeness within her extended family:

You know what you learn in the past is how you maintain yourself and your lifestyle for your future. If you was brought up vegan, nine times out of ten, you're going to raise...your children [that way]. You know, so it really plays a major part especially if you're from a very tight knit family. ...by us being very tight knit and such a tight bond that we have it's like our influences it still remains the same, the teachings from my grandmother.

Some of the children also described special foods for warm-weather holidays that were celebrated with cookouts. One child noted that during these celebrations, some foods, such as hotdogs and hamburgers, were similar to, yet in some way different from, what they might consume at more routine meals: “Real stuff. Real hot dogs and real hamburgers, chicken and ribs, salad, macaroni salad and that's basically it.” Several children and adults identified these foods, along with others (e.g., watermelon, fruit salad, ribs, fish, corn on the cob, etc.), as being characteristic of cookouts and other warm-weather celebrations. Several of the children and adults mentioned that they only saw extended family members (other than those participating in the study) during these and similar family gatherings for holidays and special occasions.

The “Food and Fellowship” theme demonstrates the families' use or incorporation of food in formal and informal celebratory activities. The observance of Sunday as an important day for preparing a special dinner was evident across all of the families, and several of the adults noted the importance of consuming Sunday dinner together. In addition, food and the quality time associated with preparing and consuming food were central to extended family gatherings to celebrate holidays, birthdays, and other special occasions. The incorporation of food in these activities was a tradition for many of the families.

Food, Conflict, and Control—In some families, discussions by the adults and children indicated consistencies in teaching children about healthy dietary behaviors, limited conflict, and a balance between children's autonomy and food preferences and the adults' control of children's dietary behaviors. This included allowing the children to prepare simple meals on their own and engaging in a grocery shopping process in which the primary caregiver maintained overall control but also discussed what foods were needed in the home and the cost and healthfulness of items requested by the children. For example, one child stated, "... it's basically up to her, but she kind of like get the things that's on sale... She will make sure it's good for us to eat it first, and then she'll get it..." However, in most of the families, the adults demonstrated inconsistencies in how they socialized children to adopt dietary behaviors. This often resulted in, or was a result of, food as a source of conflict within the families. Subsequently, there were many differences in primary caregivers' and extended family members' efforts to influence the children's behavior through encouraging or modeling the behaviors they desired to see enacted, facilitating desired dietary patterns, and verbally instructing the children in acceptable dietary behavior. In many instances, the differences involved not only the primary caregiver and participating extended family member, but also other adult relatives who lived in the household and/or had routine interactions with the children. Conflicts between the adults and children within the household also contributed to inconsistencies in dietary socialization and variations in the adults' efforts to control children's dietary behaviors.

Conflicts between primary caregivers and extended family members arose from multiple sources, including differences in food preferences or attitudes about what foods should be included in the children's day-to-day diet and why. Most of the adults were aware of and discussed their conflicting instructions and actions. In one family, there was a clear disagreement between the child's primary caregiver and extended family member. Despite the extended family's recent lifestyle change to practicing healthier dietary behaviors, the mother did not enforce similar changes in the child's diet. She did not contest the child's refusal to eat many fruits and vegetables, and provided a multifaceted justification based on her own childhood experiences of being forced to eat her vegetables, advice from the child's pediatrician to let the child eat her preferred foods rather than nothing at all, and the child's age (6 years old). As the child discussed, although she enjoyed eating some fruits, her preferred foods (i.e., hamburgers, French fries, shrimp fried rice) were those found at fast food outlets, which she was allowed to visit multiple times per week. While the participating extended family member expressed understanding the mother's challenges with forcing the child to eat, she also felt that the mother could improve her efforts to convince her child to eat a wider variety of foods:

The other day, [Dionne] was fixing [Ashlyn's] plate, and I'm like, 'Where's the greens?' She's not going to eat those? Force her to. At least give it to her. Like, 'Ashlyn you have to try it. You want this?' ...they were string beans... And Dionne is like, 'She's not going to eat them.' And I'm like, I thought they said you have to try more than once to give a child and I just thought Dionne [should] try more than once...

The child's extended family member also felt that it was necessary for her to actively "lead by example" with her son (not a participant of the study), who was 12 and had recently expressed concerns about his weight. She was making a conscious effort to involve her son in meal preparation activities, and they were participating in a local nutrition course together. Given his older age and weight status, both adults believed that this was a more appropriate approach to use with him.

In some instances, conflicts and inconsistencies persisted even when major health concerns (e.g., heart disease, hypertension, diabetes) prompted the differences in adults' dietary preferences and attitudes about socialization. For example, one mother, who had recently received dietary recommendations from her physician due to concerns about her cardiovascular health, made active efforts to incorporate her dietary changes into the diets of her son and daughter. However, her brother, who lived with her and the children, had very different food preferences. Being the person in charge of grocery shopping for the family, the mother tried to accommodate her brother's preferences while also making efforts to improve her children's diet:

[My brother] doesn't like it. So I try to bend a little bit on getting some things that I know he will eat. But also on the other end, I try to get things more healthier. So I definitely keep fruit in the house...the whole-wheat spaghetti, the buckwheat pancake mix. I'm trying to lean on [the healthy] side, but I know I still have to get [extra food] if [my brother] doesn't want that... [I'm] trying to get him on board.

Although it was apparent that the mother preferred healthier foods for her children, having unhealthier options in the home increased the children's access to those foods. In addition, her brother continued to take the children to the corner store after school, where he "pretty much let them get what they want," which usually included items such as cookies, ice cream, and potato chips. This magnified the mother's concerns about her son's weight, as he was overweight and demonstrated a lack of portion control and physical activity.

In other families, dietary socialization inconsistencies resulted from conflicting food preferences between the adults and children. One grandmother, who was also the family's primary food preparer, was hypertensive and diabetic, which required her to closely monitor her own dietary habits. However, both the grandmother and mother noted that their efforts to change the children's diet to correspond with that of grandmother were met with adamant opposition from the children. To counter this, the grandmother focused on controlling the portion sizes of certain foods. The mother also maintained some control by limiting access to perceived unhealthy foods by restricting what the children were allowed to bring home from the grocery store. As the child stated, "I [can't] get too much stuff that's unhealthy... like too much sweets."

The extended family member of another child attributed some of the adults' socialization inconsistencies to the family's preferred dining location, a buffet-style restaurant, coupled with the adults' desire to avoid or appease the children's repeated requests for additional foods:

Mainly Country Buffet, because it's all you can eat. And those two little girls, [my daughter] and Shanice, eat a lot. And we get on them constantly about the way they

eat. ‘Y’all need to stop eating so much. Y’all eat too much,’ we’ll say. But then we let them have it. We can say to them, ‘No, you’re not getting it,’ and then they’ll ask again, and then finally, ‘Just go ahead.’

The primary caregiver affirmed that this happened often and noted, “Yeah, so we give in... Because they got on my nerves too much. And them two will get together, and they act like they is really, really starving, like we don’t feed them.” These types of interactions were not limited to the family’s mealtimes, but also while grocery shopping; therefore, the children were no longer allowed to accompany the adults during most trips to the grocery store. As the child simply stated, “[my mom] says we ask for too much.”

In another family, the mother noted similar circumstances surrounding her parenting consistencies, in that she often gave in to her children’s requests for more food out of the need to “keep them out of my way.” However, her discussion also indicated the presence of more complex issues affecting her son’s adoption of dietary behaviors and her perceived lack of control in helping him manage his dietary behaviors and weight:

...Because Isaiah will go overboard. As long as it’s there, he will eat it. Every now and then, I fuss, ‘Hey you just had some. You had enough.’ But he will sneak. If I’m not in the room, and he can get in that kitchen, and he already has in his mind what he wanted, he will get it. And I think a lot of times he do me like that—he’s a house person. He’ll go outside only when he feel like it, but as long as you got computer or TV and video games, he’s fine. He’ll sit there and just eat whatever he can eat... So I think a lot of the eating habits that he has picked up because he’s just constantly in the house.

Although the mother voiced her frustrations with her child’s diet, discussions with the child indicated that he was allowed to bring home most of what he wanted from the grocery store, which often included sodas, sweet cereals, and premade lunch packs.

Within each of the families, there was evidence of conflicting parenting behaviors around food provision and consumption. Primary caregivers and extended family members both demonstrated inconsistencies in their socializing behaviors, and in some families, children experienced differing socializing behaviors from the different adults in their families. Some of the adults were aware of the inconsistencies, but beyond recognizing that this allowed the children to eat more than what was desirable, there were no discussions of how the inconsistencies affected the children’s dietary behaviors.

Discussion

This exploratory study presents an analysis of some of the ways in which primary caregivers and extended family members describe socializing children to adopt familial dietary norms. The analysis addresses factors that may inform these influences, and the sociocultural contexts in which socialization practices take place. In addition, the analysis provides a comparison of the strategies used by primary caregivers and extended family members and highlights the roles and responsibilities of grandmothers in extended families. Across all families, food was an important component of fellowship activities, and many adults discussed their perceived importance of teaching children about familial fellowship and food

traditions. In contrast, food was also a source of conflict within the families; although this conflict was not discussed in a way that suggested interpersonal animosity, it often resulted from or contributed to inconsistencies in how children were socialized to adopt dietary behaviors.

Strengths and limitations

This work addresses a gap in the literature by examining the role of extended families in influencing African American children's dietary behaviors. The study's two-part research design highlighted areas in which further questioning was needed to understand the combined influence of primary caregivers and extended family members on the development of children's dietary behaviors. In addition, the use of multiple data sources and referents facilitated an in-depth examination of the dietary behaviors and routines of children and their families, and the contexts in which these behaviors and routines took place. The data for this study were self-reported. As such, the data generated should be assessed being mindful of the likely impact of social desirability, comprehension, and limitations of recall accuracy. However, the use of semi-structured, in-depth interviews is also a strength of this research. In particular, this method allows for exploration of participants' insights into the meaning associated with dietary behaviors and routines in each family and produced data that are likely to reflect actual perceptions of what are meaningful influences on children's dietary behaviors, which may be important in their own right.

Another strength is that data were gathered from three members of each family, providing considerable depth of perspective on a given family, which facilitated triangulation. Nonetheless, analysis is limited in that the behaviors, attitudes, and beliefs of other family members may also influence the dietary behaviors of the children, and are not captured. Additional research is necessary to examine those influences. In addition, the adults from each family unit were interviewed together. Conducting joint discussions with multiple members of one family is a method that has been used in other research (Kaplan, Kiernan, and James 2006). However, it is possible that conducting individual interviews would elicit additional and/or different responses from the adults. Although the collection of data from only 24 individuals across eight families may limit the generalizability of the study, the use of the constant comparative method to make within- and across-case comparisons help to improve the generalizability of the data. However, the purpose of the study was not to generalize, but to provide an in-depth examination of dietary socialization practices among African American extended families. Finally, this study was strengthened by the composition of the interviewing team. Although there is some inherent bias introduced through the interviewer, being interviewed by an African American woman may have led to the adult participants feeling a greater sense of trust and ability to be forthcoming during the interviews. Additionally, although there were three research assistants, their approach to interviewing the children was standardized.

While we did not collect the demographic and height and weight data from the adults, we can make some inferences about the socioeconomic positions of the families based on neighborhood level data, and about the health status of the adults, particularly the grandparents who were involved, from the interview data. Additionally, most of the direct

quotes presented here are from the adult interviews. However, their perceptions are reflected in both thematic areas. Data for other thematic areas (not presented in this paper) have greater representation of the children's responses. Although the children did actively participate in their individual interviews, most provided responses that were much less complex than the adults' responses. These responses were likely developmentally appropriate. Likewise, it was appropriate to ask simpler questions of the children than of the adults.

The high rate of families lost to follow up may have been attributable to several factors, primarily the 20 months that lapsed between the start of data collection for the parent and follow up studies. In addition, many of the participants of the parent study resided in low-income neighborhoods, which are often characterized by high rates of residential transience (Schachter 2004). It is possible that this produces some bias to the study in that participants who were less transient or lived in higher income neighborhoods may have different family functioning and characteristics than those who were more transient or from lower income neighborhoods.

Implications

This work presents an in-depth analysis of the dietary behaviors of eight African American children and their families living Baltimore City, Maryland. We completed this analysis as a means of gaining insight into how extended families shape children's dietary behaviors. While our work does not lend itself to empirical generalization, we can use these initial, exploratory findings to guide further examination of the familial and cultural contexts surrounding the dietary behaviors of African American children residing in similar geographic setting or with similar family structures.

The results of this study indicate that family-based collectivism plays a role in how African American primary caregivers and extended family members teach children to adopt cultural dietary norms. The most notable tenets of family-based collectivism evident among the families were showing respect for family traditions and the role of family members as behavioral and attitudinal referents (Rogers and Sebald 1962; Sabogal et al. 1987). Both of these concepts have important implications for understanding childhood obesity risk among African American families and for determining directions for future research and interventions.

Primary caregivers and extended family members both discussed the importance of continuing and exposing their children to the food-based traditions that were valued by their families, most notably, weekly Sunday dinners and special holiday meals. Research suggests that children belonging to families that regularly consume meals together are less likely to be obese (Birch and Davison 2001; Patrick and Nicklas 2005), and similar to other research findings, the women in this study, valued preparing and serving a "full course meal" (i.e., meat, vegetable, and starch) for Sunday dinners (Lucan et al. 2012). However, most of the children in our study were overweight and while several of the adults expressed concerns about the children's weight, their discussions indicate that Sunday dinners typically included prolonged eating times, larger portions, and more variety of foods, and health concepts were not introduced as pertinent to meals where fellowship is the primary concern. This is

particularly important and may indirectly promote overeating among the children, as research shows that while younger children tend to be responsive to physiologic satiety and hunger cues, these cues tend to have a lesser effect on dietary intake, and children tend to eat more when larger portion sizes are available (Ebbeling, Pawlak, and Ludwig 2002; Rhee 2008). It is plausible that children in this study did not engage in compensatory reductions in intake after these larger Sunday meals given the adults' discussions indicating that they frequently allowed the children to consume convenience, fast, and/or junk food throughout the workweek. Furthermore, our work suggests the need for additional research to understand why meals during the week are not typically consumed together, and how the meanings attached to the Sunday dinner meal tradition can be leveraged to help families consume more meals together throughout the week. Additionally, because families did not focus on consuming meals together during the week, more research is needed to understand why this may be the case, and whether or not childhood obesity interventions for African American families may achieve greater effectiveness by including components that promote increased frequency of family meals consumed together.

This study also demonstrates how extended family members serve as behavioral and attitudinal referents. Among the participating families, the primary caregivers and extended family members exhibited more similarities rather than differences in regards to some of the themes and concepts that emerged from the data; this was the case even in the adults' inconsistent dietary socialization practices. This may also be related to family-based collectivism and the structure and functioning of many of the families. Given the sense of familial closeness that was discussed by many of the adults, it is plausible that the shared behavioral and attitudinal referents within the extended families contributed to the similar parenting practices demonstrated by the primary caregivers and extended family members. As discussed by Peters et al (2006), the passing of history and culturally shared norms from generation to generation creates a sense of loyalty toward certain potentially unhealthy dietary behaviors, which may cause an individual to continue in such behaviors even when it is known that those behaviors promote the development of chronic health conditions such as hypertension, diabetes, and obesity. This has implications for health practitioners and future family-based nutrition education interventions for African American children. Interventions and interactions between patients and practitioners may be improved through a consideration of how extended family members can be leveraged as and educated to be behavioral and attitudinal referents for healthful dietary behaviors that are also respectful of cultural dietary traditions, particularly in families in which diet-related chronic diseases are present.

The adults' inconsistencies in their dietary socialization practices appear to negatively affect the children's behaviors, particularly to the extent that both primary caregivers and extended family members reported that they often indulge their children and grant requests for additional portions or unhealthy foods. These inconsistencies were evident despite the adults' verbal instructions for the children to engage in healthier behaviors. Given the inconsistencies in the socializing behaviors related to the children's diet, there may be a need for family-based childhood obesity interventions with components that focus on improving caregivers' self-efficacy to enforce behaviors that they know are healthy for their children. This might include the use of multiple approaches related to caregiver-child

communication, communications about child dietary behavior between adult caregivers, and time management.

The findings of this study suggest that children's dietary behaviors are influenced not only by their primary caregivers, but also by members of their extended families. Given the importance of the family as a key social group in which children's dietary patterns and preferences develop (Delormier, Frohlich, and Potvin 2009), this study provide additional support for examining dietary patterns as social practices rather than just examining them as behaviors. As this study indicates, individual dietary patterns may be representative of the collective dietary patterns of social groups, such as families, thereby requiring a sociological approach that considers the relationships between a child's dietary patterns and the social contexts in which they occur (Delormier, Frohlich, and Potvin 2009). In addition, adults, particularly primary caregivers, may experience challenges in balancing the dietary needs, preferences, beliefs, and attitudes of those who are involved in the dietary routines and behaviors of children within their families. This work further supports the need for more research to understand how a more holistic approach to family-based childhood obesity can be adopted and implemented.

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References

- Ayers L, Kavanaugh K, Knafl KA. Within-case and across-case approaches to qualitative data analysis. *Qualitative Health Research*. 2003; 13:871–883. [PubMed: 12891720]
- Berg, Bruce L. A dramaturgical look at interviewing. In: Berg, BL., editor. *Qualitative research methods for the social sciences*. Boston, MA: Pearson Education, Inc.; 2007.
- Birch, Leann Lipps; Davison, Kirsten Krahnstoeve. Family environmental factors influencing the developing behavioral controls of food intake and childhood overweight. *Pediatric Clinics of North America*. 2001; 48(4):893–907. [PubMed: 11494642]
- Bruss, Mozhddeh B.; Morris, Joseph; Dannison, Linda. Prevention of childhood obesity: Sociocultural and familial factors. *Journal of the American Dietetic Association*. 2003; 103(8):1042–1045. [PubMed: 12891156]
- Burgess-Champoux TL, Larson N, Neumark-Sztainer D, Hannan PJ, Story Mary. Are family meal patterns associated with overall diet quality during the transition from early to middle adolescence? *Journal of Nutrition Education*. 2009; 41(2):79–86.
- Coard, Stephanie I.; Wallace, Scyatta A.; Stevenson, Howard C.; Brotman, Laurie M. Towards culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of Child and Family Studies*. 2004; 13(3):277–293.
- Corbin, Juliet M.; Strauss, Anslem L. *Basics of qualitative research: Techniques and procedures for developing grounded theory*. 3rd ed.. Thousand Oaks, CA: Sage Publications, Inc.; 2008.

- Cullen KW, Ash DM, Warneke C, de Moor C. Intake of soft drinks, fruit-flavored beverages, and fruits and vegetables by children in grades 4 through 6. *American Journal of Public Health*. 2002; 92(9):1475–1477. [PubMed: 12197978]
- Delormier, Treena; Frohlich, Katherine L.; Potvin, Louise. Food and eating as social practice - understanding eating patterns as social phenomena and implications for public health. *Sociology of Health & Illness*. 2009; 31(2):215–228. [PubMed: 19220802]
- Denzin, NK. *The research act: A theoretical introduction to sociological methods*. New York: McGraw-Hill; 1978.
- Di Noia J, Schinke SP, Contento IR. Dietary fat intake among urban, African American adolescents. *Eating Behaviors*. 2008; 9(2):251–256. [PubMed: 18329605]
- Ebbeling, Cara B.; Pawlak, Dorothea B.; Ludwig, David S. Childhood obesity: public-health crisis, common sense cure. *Lancet*. 2002; 360:473–482. [PubMed: 12241736]
- Foster, Herbert J. African patterns in the Afro-American family. *Journal of Black Studies*. 1983; 14(2): 201–232.
- Gadsden, Vivian. Black families in intergenerational and cultural perspective. In: Lamb, ME., editor. *Parenting and child development in "nontraditional" families*. Mahwah, NJ: Lawrence Erlbaum Associates; 1999.
- Guidetti, Margherita; Cavazza, Nicoletta. Structure of the relationship between parents' and children's food preferences and avoidances: An explorative study. *Appetite*. 2008; 50(1):83–90. [PubMed: 17624624]
- Hatchett, Shirley J.; Jackson, James S.; McAdoo, Harriette Pipes. African American extended kin systems: An assessment. In: McAdoo, HP., editor. *Family ethnicity: Strength in diversity*. Thousand Oaks, CA: Sage Publications, Inc.; 1993.
- Hays WC, Mindel CH. Extended kinship relations in Black and White families. *Journal of Marriage and the Family*. 1973; 35(1):51–57.
- Kaplan, Matthew; Kiernan, Nancy Ellen; James, Lynn. Intergenerational family conversations and decision making about eating healthfully. *Journal of Nutrition Education and Behavior*. 2006; 38(5):298–306. [PubMed: 16966051]
- Kumanyika, Shiriki K. Environmental influences on childhood obesity: Ethnic and cultural influences in context. *Physiology & Behavior*. 2008; 94(1):61–70. [PubMed: 18158165]
- Lee, E Juanita; Murray, Velma McBride; Brody, Gene; Parker, Veronica. Maternal resources, parenting, and dietary patterns among rural African American children in single-parent families. *Public Health Nursing*. 2002; 19(2):104–111. [PubMed: 11860595]
- Lofland, J.; Snow, D.; Anderson, L.; Lofland, LH. *Analyzing social settings: A guide to qualitative observation and analysis*. Florence, KY: Wadsworth Publishing; 2006.
- Lucan, Sean C.; Barg, Frances K.; Karasz, Alison; Palmer, Christina S.; Long, Judith A. Perceived influences on diet among urban, low-income African Americans. *American Journal of Health Behavior*. 2012; 36(5):700–710. [PubMed: 22584097]
- Marshall, Martin N. Sampling for qualitative research. *Family Practice*. 1996; 13(6):522–525. [PubMed: 9023528]
- Martin, EP.; Martin, JM. Introduction. In: Martin, E.; Martin, J., editors. *The black extended family*. Chicago, IL: The University of Chicago Press; 1980.
- McAdoo, Harriette Pipes; Younge, Sinead N. Black families. In: Neville, HA.; Tynes, BM.; Utsey, SO., editors. *Handbook of African American psychology*. Thousand Oaks, CA: SAGE Publications, Inc.; 2008.
- Miles, MB.; Huberman, AM. *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications, Inc.; 1999.
- Nsiah-Kumi, Phyllis A.; Ariza, Adolfo J.; Mikhail, Laura M.; Fienglass, Joseph; Binnes, Helen J. Family history and parents' beliefs about consequences of childhood overweight and their influence on children's health behaviors. *Academic Pediatrics*. 2009; 9(1):53–59. [PubMed: 19329092]
- Orrell-Valente, Joan K.; Hill, Laura G.; Brechwald, Whitney A.; Dodge, Kenneth A.; Petit, Gregory S.; Bates, John E. "Just three more bites": An observational analysis of parents' socialization of children's eating at mealtime. *Appetite*. 2007; 48:37–45. [PubMed: 17000028]

- Patrick, Heather; Nicklas, Theresa A. A Review of Family and Social Determinants of Children's Eating Patterns and Diet Quality. *J Am Coll Nutr.* 2005; 24(2):83–92. [PubMed: 15798074]
- Patton MQ. Enhancing the quality and credibility of qualitative analysis. *Health Services Research.* 1999; 34(5):1189–1208. [PubMed: 10591279]
- Peters RM, Aroian KJ, Flack JM. African American culture and hypertension prevention. *Western Journal of Nursing Research.* 2006; 28(7):831–854. [PubMed: 17056776]
- Rhee, Kyung. Childhood overweight and the relationship between parent behaviors, parenting style, and family functioning. *Annals of the American Academy of Political and Social Science.* 2008; 615:12–37.
- Rogers, Everett M.; Sebal, Hans. A Distinction between Familism, Family Integration, and Kinship Orientation. *Marriage and Family Living.* 1962; 24(1):25–30.
- Rozario, Philip A.; DeRienzi, Daniel. Familism Beliefs and Psychological Distress Among African American Women Caregivers. *Gerontologist.* 2008; 48(6):772–780. [PubMed: 19139250]
- Sabogal, Fabio; Marin, Gerardo; Otero-Sabogal, Regina; Marin, Barbara Vanoss; Perez-Stable, Eliseo J. Hispanic Familism and Acculturation: What Changes and What Doesn't? *Hispanic Journal of Behavioral Sciences.* 1987; 9(4):397–412.
- Savage, Jennifer S.; Fisher, Jennifer Orlet; Birch, Leann Lipps. Parental influence on eating behavior: Conception to adolescence. *Journal of Law, Medicine & Ethics.* 2007; 35(1):22–34.
- Schachter, Jason P. Geographical Mobility 2002–2003. In: U. S. D. o. Commerce. , editor. Washington, DC: U.S. Census Bureau; 2004.
- University of Baltimore. Baltimore Neighborhood Indicators Alliance-Jacob France Insitute. Baltimore Neighborhood Indicators Alliance-Jacob France Institute; 2010. 2010. Available from <http://www.bnaijfi.org>. [cited December 13 2010]
- Wilson, Melvin N.; Greene-Bates, Christine; McKim, LaMont; Simmons, Faith; Askew, Tiffany; Curry-El, Judith; Hinton, Ivora D.; Wilson, Melvin N. African American family life: The dynamics of interactions, relationships, and roles. In: Wilson, MN., editor. *African American family life: Its structural and ecological aspects.* San Francisco, CA US: Jossey-Bass; 1995.
- Yasui, Miwa; Dishion, Thomas J. The ethnic context of child and adolescent problem behavior: Implications for child and family interventions. *Clinical Child and Family Psychology.* 2007; 10(2):137–178.

Table 1

Sample Interview Questions

Adult Interview		Child Interview		
Focus Area	Sample Questions	Focus Area	Sample Questions	Corresponding Picture Prompt
Extended Family Member (EFM) Relationship with Child	[EFM], tell me about your relationship with [participating child].	Family Meals	Do you usually eat meals together with your family?
	How often do you get to see or spend time with him/her? What is the primary reason behind your time or visits with him/her?		(If yes) Which meals do you eat together as a family?	
	How do you think you influence his/her dietary and physical activity habits?		Which meals do you eat without everyone?	
	How are your interactions with him/her, related to diet and physical activity different from those of [Primary Caregiver (PC)]?		Where you normally eat those meals?
	(If different) [EFM and PC], why are your interactions different?		What meals do you eat with [participating EFM]?	
	Are there any ways in which you agree or disagree on his/her dietary and/or physical activity habits?		Is mealtime different with [participating EFM] than it is with your parents? What is similar? What is different?	

Table 2

Family Unit Characteristics

Child Characteristics			Primary Caregiver	Extended Family Member	Immediate Family Household Composition ¹	Neighborhood Characteristics ²		
Gender	Age	BMI-for-age (%tile)				African Americans (%)	Family Median Income (\$)	Below Poverty Level ³ (%)
Female	11	25 (>95 th)	Mother	Maternal Grandmother	Child, Mother, Stepfather	82	54,358	4
Female	6	17 (75 th – 85 th)	Mother	Maternal Cousin	Child, Mother, Aunt, Grandfather, Non-participating Cousin	99	33,880	17
Male	11	21 (85 th – 90 th)	Mother	Maternal Grandmother	Child, Mother, 3 Siblings	94	20,912	50
Male	11	21 (85 th – 90 th)	Mother	Maternal Grandmother	Child, Mother, 5 Siblings	97	32,061	26
Male	11	26 (>95 th)	Mother	Maternal Grandmother	Child, Mother, 1 Sibling	88	32,500	31
Male	8	18 (75 th – 85 th)	Maternal Grandfather	Maternal Aunt	Child, Grandfather, 1 Sibling	81	42,702	7
Female	11	26 (>95 th)	Mother	Maternal Aunt	Child, Mother, Cousin, 3 Siblings	98	31,420	20
Male	10	33 (>95 th)	Mother	Maternal Uncle	Child, Mother, Uncle, 1 Sibling	99	20,119	38

¹ Household members listed with participating child as the reference point.

² The % African Americans, median family income, and % below poverty level for Baltimore City are 65%, \$35,438, and 19%, respectively.

³ Percent of families reporting a total income of less than the official poverty threshold for the corresponding family size.