

QUALITY FAMILY MEAL TIMES IN PROMOTING GOOD SOCIAL ADJUSTMENT AMONG ADOLESCENTS

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ABSTRACT

The proportion of families eating together has decreased over the years and few findings exist to examine the importance of family meal time quality and its impact on family members' well being. This study aimed to examine the relationship between the quality of family meal times and adolescents' social adjustment. In this study, the family meal is defined as the meal eaten by a person who lives in a multi-person household which takes place at home. Participants consisted of 120 students (males = 60; females = 60) aged 16-18 years old from Tawau, Sabah. The Family Meal Time Questionnaire, Family Functioning Scale (FFS) and Rosenberg Self-Esteem Scale (RSE) were administered to investigate self-esteem and perception of family functioning as mediating variables for adolescent social adjustment. Results demonstrated quality family meals were significantly related to higher levels of self-esteem ($r = .318, p < .01$) and better perceptions of one's family function ($r = .650, p < .01$). In conclusion, family meal time may promote better adolescent's mental health.

Keywords: quality meal time, self-esteem, social adjustment.

INTRODUCTION

Family meals are important meeting points in everyday family life but lately the frequency of families coming together for a meal has been on a decline and may bring about negative effects. In recent years, psychologists have become interested in studying family meal times because it offers an opportunity to observe how the family interaction could be linked to children's mental health and how it plays an important role in shaping children's beliefs about others (Fiese, Foley, & Spagnola, 2006). Family conversations that revolve around positive issues during meal times produce children who are more resilient to stress (Duke, Fivush, Lazarus, & Bohanek, 2003) and promotes greater awareness of risk-taking behavior among adolescents (Stattin & Kerr, 2000). Societal changes such as disappearance of family conversations (Hofferth, 2001); increased female employment; parents' non-standard working hours; longer extra-curricular activities participation amongst children (Larson, Branscomb, & Wiley, 2006); dislike for food served; and increased desire for autonomy

(Neumark-Stzainer, Story, & Ackard, 2000) have caused a decrease in proportion of families eating dinner together since the 1980s (Hofferth, 2001; Eisenberg, Olson, Neumark-Szainer, Story, & Bearinger, 2004). In America, the frequency of family meals decreased even more as American children reach 15 to 17 years (Neumark-Stzainer *et al.*, 2000). As a result, Stockmyer (2001) suggested that this trend had led to negative effects on the eating habits, food choices, family ties, and the social adjustment of adolescents.

Previously, there was only one other researcher who defined family meals. In 2001, Kjaernes defined it as a meal usually eaten at the same time in the company of one's family members or household. For the purpose of this study, family meal is defined as the meal eaten by a person who lives in a multi-person household which takes place at home. The quality of family meals on the other hand is determined by prioritization of family meals and the atmosphere during family meal time. Social adjustment here refers to two aspects of the adolescent's psycho-social adjustment: self-esteem and perception of family functioning. Self-esteem will be referred to as favorable and unfavorable attitude to the self, a definition that was proposed by Rosenberg (1965). Rosenberg's self-esteem theory relies on 2 factors: reflected appraisals and social comparisons. Concerning reflected appraisals, Rosenberg (1995, p.14) acknowledges that "Human communication depends on seeing matters from other people's perspectives." In the process of 'taking the role of the other,' we become aware that we are objects of others' attention, perception, and evaluation. Thus, we come to see ourselves through the eyes of others.

Perception of family functioning, on the other hand, is based on how adolescents view their family in terms of communication and relatedness between family members (Epstein, Baldwin, & Bishop, 1983). Adolescents' perception of their family life is one way of investigating general family functioning. Family functioning is perceived as a main matrix for developing adolescents' skills in coping effectively with day-to-day stresses (Alnajjar, 1991). Adolescents here are defined as teenagers between the ages of 16 and 18 years old.

A healthy family functioning and self-esteem are proven to be protective factors for adolescent problem behaviors. Research has found that delinquent behavior develops and is maintained within a social context, in particular the family (Dishion, Capaldi, & Yoerger, 1999; Loeber, Farrington, Stouthamer-Loeber, Moffitt, & Caspi, 1998). Self-esteem also does not exist in a vacuum, as its development is influenced significantly by the immediate family context, although self-concept may also be influenced by factors outside the family, such as peers and school (Harter, 1999). It is likely that factors such as family functioning and self-esteem work together to predict adolescents' externalizing behavior. Henderson, Dakof, Schwartz and Liddle (2006) confirmed this hypothesis with their study of 224 African-American and Hispanic adolescents. They examined the effects of family functioning, self-esteem and adolescent externalizing problems. Based on their findings, a significant relationship exists between negative self-concept and adolescents' perception of maladaptive family functioning, which is associated with more severe externalizing problems.

Adolescent social and psychological adjustment is determined by parental involvement, as characterized by the amount of time parents spend with their children (i.e. doing common activities together, bonding with each other or having meals together) and the nature of relationship between parent and children. Eisenberg *et. al.* (2004) carried out a survey between 1998-1999 on 4,746 adolescents in middle school and high school in the

Minneapolis/St. Paul area. They asked the students how often they ate together with their families during the last week. Of students surveyed, 26.8% reported eating seven or more meals with their family in the past week, while 33.1% ate with their family one to two times per week or never. Eisenberg *et al.* (2004) found that adolescents who ate with their families frequently had lower suicidal ideations, performed better in school and are better adjusted emotionally. Neumark-Sztainer *et al.* (2000) pointed out that these positive effects are more significant in girls compared to boys. According to Weinstein (1978), adolescent girls who sit down for frequent meals with their families are half as likely to smoke, drink and use marijuana as those who share family meals less often. The difference may be due to the distinct ways in which they engage with their families, with girls tending to be emotionally closer to their parents and better equipped to pick up on "emotional cues" of support. (Zerzonsky, 1978). Family meals may also offer girls the extra protection simply because they increase the amount of time adolescents spend at home instead of out with their friends, the environment where they are most likely to experiment with cigarettes, drugs and alcohol. The frequency of family meals, however, is not the sole predictor of adolescents' mental health. Instead, the context of the meal is regarded as equally important. This means that food is not the centerpiece of the meal, but family interactions are.

Also, to examine family meal patterns and associations with one's ethnicity, a study was conducted in Minneapolis, U.S. by Neumark-Sztainer, Wall, Story and Fulkerson (2004). The result of this study revealed that in terms of races, Asian Americans had more frequent family meals compared to White or African Americans. Thus, Asian American adolescents are proposed to have higher levels of self-esteem and a more favorable view of their family functioning. Child Trends' original analyses of data from the 2003 National Survey of Children's Health however reported a different finding. Its results showed that Hispanic adolescents (ages 12 to 17) are more likely than non-Hispanic White and non-Hispanic Black adolescents to dine with their families on a regular basis. Nevertheless, it was not stated if Hispanic adolescents had higher levels of self-esteem and better social adjustment as a result of such bonding with their families.

According to Larson *et al.* (2006), there is evidence that in families where meals are given a priority and are structured, adolescents are reported to have higher self-esteem and are better adjusted. In households where the television is on during meal times, interaction between family members' decreases; hence, adolescents are more likely to isolate themselves. This is further confirmed by another study which shows that with the presence of television during meals, adolescents are less likely to talk about their problems with their family as they are distracted by what they are watching. As a result, they tend to have a less positive view of their family functioning or connectedness due to the lack of socialization and bonding during meal time (Edmunds & Dennison, 2007). On the other hand, structured meal times establish a secure home base, providing adolescents with a sense of predictability and stability in their environment; therefore, promoting the adolescents' growth and well-being. Larson *et al.* (1996) confirmed the fact by pointing out that healthy families are structured and predictable without being rigid.

With everyone going their separate ways during the day, dinner can be the only time for the whole family to be together (Weinstein, 2005). Quality family meal time is clearly important for adolescents' social adjustment. Although all families have conflicts, family meals teach children that there is a safe place to come together (Stockmyer, 2001). This research aims to expand on the limited Malaysian research examining family meal time

quality and its associations with adolescents' social adjustment specifically in Tawau, Sabah. The participants' perception of their family life was explored by means of examining their general family functioning (aspects of communication and relatedness between family members). Multi-ethnic differences were also examined. Several hypotheses were tested. Firstly, it was hypothesized that a significant relationship existed between the quality of family meals and adolescents' perception of family functioning as well as their level of self-esteem. Secondly, it was hypothesized that the quality of family meal time had a greater impact on the social adjustment of female adolescents compared to males. And finally, it was hypothesized that there were no significant differences between the races (i.e. Malay/Bumiputera, Chinese, Indians and Other races) concerning the adolescents' perception of their family functioning and their self-esteem level. Attempts were also made to validate the modified Family Meal Time Questionnaire.

METHODOLOGY

Subjects

A convenience sample of 120 secondary school students from 2 schools in Tawau, Sabah participated in this study. Participants were aged from 16 to 18 years old comprising 60 females and 60 males. The mean age for this sample is 16.7 years (SD = 0.816). Participant's race was controlled, limited to only 30 students (who met the eligibility criteria) from each race: Malay/Bumiputera, Chinese, Indian and Other races. This research however did not take into consideration the participant's religion, socio-economic status and parental status. Table 1 illustrates the additional demographic information gathered from the participants.

Table 1. Subjects' Demographic Information (n=120)

Variable	Number of Subjects	Percentage (%)
Form		
4	64	53.3
5	30	25.0
6	26	21.7
Residential Area		
Urban	91	75.8
Rural	29	24.2

Study Method

A survey method was used to collect data from 2 secondary schools in Tawau, Sabah. Judgment sampling, an extension of convenience sampling, is used to obtain the intended results from the participants of this research. The entire sample was taken from one "representative" city, which is Tawau, located in Sabah. The reason for employing this sampling technique is based on convenience and the assumption that the chosen sample is a good representation of the entire population.

Among the quality control undertaken in the data collection include the implementation of a pilot test. The main reason a pilot test was conducted in this case is to assess the feasibility of a full scale study and also to assess the adequacy of the research instruments proposed. Based on the pilot test, it was found that the sampling frame and techniques were effective, and the research instrument had good validity. In addition, the face validity of the questionnaire was conducted before any data was collected. Consequently, after data collection, the data was analyzed thoroughly for problems such as extreme or inconsistent values to minimize all potential sources of error.

Written consent was obtained from all participants prior to administration of questionnaires. Questionnaires were only distributed to willing participants. All participants were briefed in English and Bahasa Malaysia. The questionnaire was divided into 4 sections, with the first section containing the participant's demographic information, followed by Part A – The Family Meal Time Questionnaire, Part B – Family Functioning Scale (FFS) by Tavitian, Lubiner, Green, Grebstein, & Velicer (1987a) and Part C – Rosenberg Self-Esteem Scale (RSE) by Rosenberg (1965). Questionnaires were completed within 15 – 20 minutes and were collected immediately upon completion.

Instruments

The Family Meal Time Questionnaire

This instrument consists of 16 items. It was developed to assess family quality meal times. It measures 2 components namely meal time prioritization and meal time atmosphere. Items were rated on a 5-point Likert-type scale (never, rarely, sometimes, usually and always). High scores represent higher quality family dinners. Pilot testing of the instrument showed a cronbach value of .8562 which confirmed the internal consistency of the designed scale. A bivariate correlation between the family meal time atmosphere component and adolescent's level of depression yielded a negative but non significant relationship ($r = -.279$, $p > .05$). Due to time constraints, a test-retest of the instrument was not performed.

Family Functioning Scale (FFS)

The Family Functioning Scale (FFS) by Tavitian *et al.*(1987a) consists of a list of 40 self-rated items which measures the general dimensions of family functioning along 5 factors: family affect, family communication, family conflicts, family worries and family rituals/

supports. Items were rated on a 7-point Likert scale (never, almost never, rarely, sometimes, frequently, almost always and always). High scores denote greater family connectedness. The FFS has high internal consistency with alphas ranging from .90 for family affect subscale to .74 for conflicts subscale (Tavitian, Lubiner, Green, & Velicer, 1987b).

Rosenberg Self-Esteem Scale (RSE)

This instrument was developed by Rosenberg (1965) to measure feelings of self-worth. The RSE comprises 10 items measured on a 4-point Likert-type scale (strongly agree, agree, disagree, strongly disagree). Test-retest correlations were between the ranges of .82 and .88 while cronbach's alpha for various samples are in the range of .77 to .88 (Gray-Little, Williams, & Hancock, 1997). Gray-Little *et.al.* (1997) also mentioned that past studies have shown the RSE was related to self-esteem constructs such as confidence and popularity.

RESULTS

A Pearson's correlation in Table 2 shows that the family meal time quality had a positive or direct correlation with levels of self-esteem for each of the 120 adolescents ($r = .318$, $p < .01$). The quality of family meal was also significantly correlated with the participants' reported level of family functioning ($r = .650$, $p < .01$). It is evident that self-esteem level and perception of family functioning is closely related to the quality of family meal in the adolescent's household. However, there were no significant differences between perceptions of family functioning between the male and female students.

Table 2. Intercorrelations Between Quality Family Meal, Family Functioning and Self-esteem

	Family Functioning	Self-Esteem	Quality of Family Meal
Family Functioning	-	.218*	.650 **
Self-esteem		-	.318 **
Quality of Family Meal			-

* $p < .05$. ** $p < .01$.

The females in our study had slightly lower self-esteem levels as shown in Table 3. In terms of perception of family functioning, however, the males and females sample differed considerably. Though the females had lower reported levels of self-esteem, they had a much more positive perception of their family as compared to the males.

Table 3. Mean Numbers of Self-esteem Level and Perception of Family Functioning

	Males (n = 60)		Females (n = 60)	
	Mean	SD	Mean	SD
Self- esteem	19.4068	4.69820	18.1667	4.70905
Family Functioning	163.000	22.6611	170.7167	26.73749

In addition, a one-way analysis of variance (ANOVA) revealed that there was no significant difference in terms of self-esteem level $F(3, 115) = 1.149, p > .05$, and perception of family functioning $F(3, 116) = .857, p > .05$, among the 4 different races studied. This indicates that the quality of family meals do not affect adolescents of a particular race more than the others (refer to Table 4).

Table 4. Analysis of Variance for Self-esteem and Perception of Family Functioning by Race

Variable	Mean Scores				F (3, 115)
	Malay	Chinese	Indian	Other	
Self-esteem	19.5667	19.5667	18.1724	17.8000	1.149
Family Functioning	167.7667	168.9667	170.0333	160.6667	.857

The results indicate a strong association between quality of family meal time and perceptions of family functioning amongst the adolescents. There was also no significant difference in terms of self-esteem level among males and females. However, females tended to have more positive family functioning views compared to their male counterparts. There were also no significant differences found between the 4 races studied.

DISCUSSION

Results demonstrate that only 1 out of 3 of the original hypotheses is supported. As hypothesized, quality family meals are related to higher levels of self-esteem and a more favorable perception of one's family function. No significant differences in self-esteem levels were observed between the genders; however, females had lower self-esteem levels, but compared to males, were more satisfied with their perceived family functioning. There were no significant differences between the races in their perceived family functioning and levels of self-esteem.

The results are consistent with several previous studies (Eisenberg *et al.*, 2004; Weistein, 2005). Eating together as a family provides structure and stability to family life for the adolescents as it provides parents with more opportunities to interact with, advice, and supervise their children on a day-to-day basis (Griffin, Botvin, Scheier, Diaz, & Miller, 2000). Positive dinner atmospheres impacted adolescents' views on family functioning, increases their self-esteem, increased their ability in resisting peer pressure, and was less likely engage in risky behaviors or report symptoms of depression (Eisenberg *et al.*, 2004). Parents who are generous with praise during meal times encourage a healthier sense of self in their adolescent children because it shows that these parents are proud of their young ones and care enough to take notice of their accomplishments (Eisenberg *et al.*, 2004).

Contrary to the initial hypothesis, our findings imply that there are no major differences in self-esteem and resilience between the two genders. Regardless of gender or age, adolescents who felt isolated or neglected are more likely to experience lower self-esteem as compared to those who felt a sense of belonging and connection to the family. Consequently, families that often criticize or focus on the negatives during meal time could do harm to the adolescents' self-esteem as it devalues their worth as unique beings. In contrast, when positive interactions prevail during meal preparation and eating, the family meal helps establish a sense of security among family members (Fivush, Bohanek, Robertson, & Duke, 2003). This demonstrates that family meals have the power to improve family connectedness and enhance the self-esteem of adolescents, irrespective of race or religion.

This study has several strengths and limitations. The strengths of this study include having a high response rate (99.9%) and its heterogeneous sample enables a multi-ethnic group comparison to be made. This study will endeavor to expand the existing literature on promoting the protective value of family dinners. However, the results cannot be generalized to the Malaysian sample due to limitations in age and location of participants. The data is concurrent in nature and does not allow for causal conclusions to be made.

There are still many questions left unanswered that future research could undertake. Amongst them, to identify underlying mechanisms of the benefits of family meal time amongst adolescents; role modeling by parents (such as positive coping skills); sharing of family rituals; expansion to other meals (e.g. breakfast and lunch); and comparison of single parent or dual-income families.

CONCLUSION

Without a doubt, family meals have great significance as symbols of family cohesiveness, and represent part and parcel of the evolving nature of family identity and the process of integrating the individual into this very special group. To conclude, although many families today may be challenged to meet the busy demands of juggling work and home, there is reason to believe that taking time out for family meals will definitely benefit adolescents above and beyond their general sense of connection to family members and these benefits may apply to a broad range of health domains.

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