Effect of Parental Support on Health and Dietary Behaviors

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INTRODUCTION

Evaluating how parental support and relationships intertwine with is vital to determining overall diet and health status. Evidence for this association comes from Norwegian based study that showed an important relationship of home environment and dietary eating habits (Fismen, Samdal, Torsheim, 2012). This research, shows a possible correlation between measured family affluence scale, eating habits and meal frequency. In fact, a vast majority of research presents a strong connection between parental support, diet and health behaviors (Morrison, Dashiff, 2013).

While it is true that household size plays an important factor in determining available resources, strong evidence also shows that parental support is vital in overall diet and health. One such study, evaluated how parental roles can affect young children's adherence to a healthy diet. The study examined dietary patterns in early childhood by looking at maternal education and household income (Camara,Lauzon-Guillain, 2015). Therefore, the study concluded that it was very important to have both parents involvement with nutritional needs of their child (Camara,Lauszon-Guillian, 2015).

Research Question

"Do people without parental support have poorer general health or poorer diet?"

Hypothesis

- Those who have parental support will have better health
- Those who have parental support will have better dietary behaviors

Methods

Study Design

- Add health data was composed from a sample of participants and was a generated from a public use file. Sections used for the purpose of this study include: "Parental Support and Relationships" and "General Health and Diet."

Statistical Analysis

- Sample t-test to compare the differences between Parental structure and fast food frequency
- Logistic regression to compare the differences between multivariate comparison of parental structure and health status with gender as a confounder.
- Data was analyzed using SPSS Statistical version 24. Results were considered significant if p-value was less than 0.5. Descriptive statistics were used to gather sample characteristics.

- **Variables of Interest:**

Parental Structure	Health Status	Fast Food Frequency	Gender
• Primary parent figure that raised you. • Dichotomized to "both parents" and "other."	• In general how is your health? • Ranges from excellent to poor health	• How many times did you eat fast food in the past week? • Ranges from 0-40 times per week.	• Male/Female • Sample size contained 51% males and 49% females.

References

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3.Morrison, A. S., Dashff, J. C., Vance E. V. (2013). Role of parental autonomy support on self-determination in influencing diet and exercise motivation in older adolescents. Dove Press Journal: Nursing: Research and Reviews, 2013(3), 77-85. https://www.dovepress.com/role-of-parental-autonomy-support-on-self-determination-in-influencing-a12926.
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Sample Characteristics

Table 1: Sample Characteristics

Participant Demographic n= 6504		n	%
Gender			
	Male	3147	48.4
	Female	3356	51.6
BMI			
	<18.5	77	1.2
	18.5-24.9	1578	24.3
	25-29.9	1498	23
	>30	1961	30.2
Health Status			
	Excellent	979	15.1
	Very Good	1963	30.2
	Good	1683	25.9
	Fair	434	6.7
	Poor	55	0.8
Parental Structure			
	Both Parents	4287	65.9
	Other	823	12.7
		Mean	**SD**
Age (mean, SD)		29	1.8
Fast Food Frequency		2.3	2.849

Multivariate Comparison

Table 2: Relationship between Health Status and Parental Structure

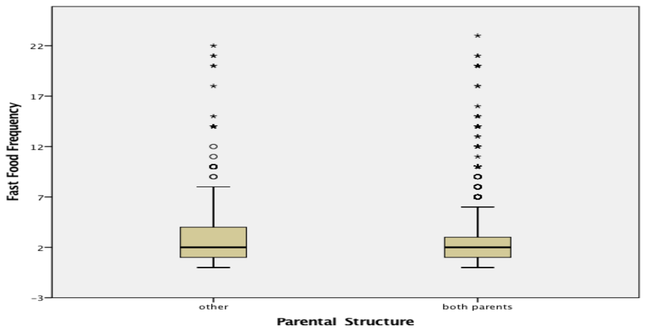
	B*	SE**	P-value	CI***
Parental_Structure	-0.516	0.115	<.0001	.477-.747
Bio_Sex	0.287	0.095	0.002	1.108-1.604

* Regression Coefficient
** Standard Error
*** Confidence Interval

After controlling for gender, participants with "both" parent's odds of poor health is .477 lower then people who had "other" types of parental structure. After controlling for health status, females had 1.108 time the odds of reporting poor health compared to males. Gender is a stronger predictor of estimating health status than parental structure. Figure 2 shows a graphic representation of this table.

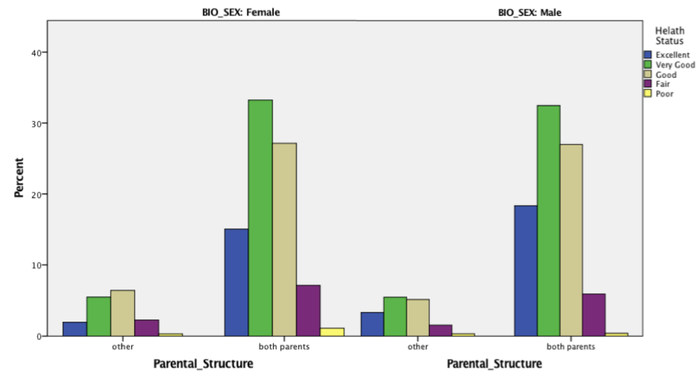
RESULTS

Figure 1: Bivariate Inference Graph



Conducted a sample t-test, which showed less fast food intake with both parents with a mean of 2.22 and SD ± 2.684 compared to participants with "other" parental structure with a mean of 2.93 and SD of ± 3.540. Statically significant with p<.001 and CI of .452 to .966., compared to "other" parental structure with P<.001 and CI of .496 to .922.

Figure 2: Multivariate Graph



CONCLUSION

The study conducted an independent sample t-test and found that participants raised by "both" parents are significantly and positively associated with the likelihood of consuming less fast food (2.22 times per week ± 2.684) compared to those who were not raised by both parents (2.93 times per week ± 3.540), 95% CI .450-.966, P<0.001 (Figure 1).

In logistic regression test, after adjusting for the potential confounding factor of gender, parental structure (P<.001) was significantly and positively associated with the likelihood of experiencing greater health when raised by "both" parents. In this analysis, the odds ratio tells us that those who were raised by "both" parent's odds of "poor health" is .477 times lower than those who had "other" parental structure. Based on these analyses, gender is not a confounding factor because the association between parental structure and health status is still significant after accounting for gender (Table 2).