

Family mealtimes play a role in health of children with asthma

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The amount of time families spend eating meals together has been linked to the health and well-being of children and teens, with families who eat together regularly reporting declines in substance abuse, eating disorders, and unhealthy weight in their children. Now, a new study that looks at children with asthma has found that the quality of family interactions during mealtime affected the children's health.

The study appears in the January/February issue of the journal, *Child Development*. It was conducted by researchers at the University of Illinois at Urbana-Champaign, the University of Rochester Medical Center, and Upstate Medical Center in Syracuse, New York.

Almost 7 million American <u>children</u> have asthma, a chronic disease that causes airways to become sore and swollen. In this study, researchers looked at 200 families with children ages 5 to 12 who had persistent asthma, observing how they interacted during a video-recorded meal in their homes. Whereas children with asthma generally take medicine before exercise or in a particular season, children with persistent asthma take medicine more frequently, need to avoid different <u>allergens</u>, and are generally advised to maintain regular routines to control the disease.

Although mealtimes lasted on average only 18 minutes, the study found that the quality of social interactions as families ate was directly related to the children's health, including how their lungs worked, their asthma symptoms, and the quality of their lives (specifically, how the disease interfered with their daily life and whether it prevented them from



engaging in certain activities). Simply put, in families that spent mealtimes talking about the day's events, showing genuine concern about their children's activities, and turning off electronic devices, children had better health.

Families in which the primary caregiver had less education, minority families, and single-parent families experienced more disruptions during mealtime—including watching TV and talking on cell phones—and spent less time talking about the day's events. This led to a more disorganized mealtime, which, in turn, was related to poorer health for the children in these families.

"Mealtimes represent a regular event for the vast majority of families with young, school-age, and adolescent children," notes Barbara H. Fiese, professor of human and community development, and director of the Family Resiliency Center, at the University of Illinois at Urbana-Champaign, who led the observational study.

"They provide an optimal setting for public health initiatives and prevention efforts, and can be considered by policymakers and practitioners as a straightforward and accessible way to improve the health and wellbeing of children with <u>asthma</u>."

Provided by Society for Research in Child Development

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