



Original Article

Investigation of eating behavior in adolescents in terms of family functionality

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Abstract

Objectives: The aim of this study is to examine eating habits in adolescents in terms of family functionality.

Methods: This study, which examines the eating habits of adolescents in terms of family functionality, is descriptive and relationship-seeking. The target population of this research consisted of 8,052 students who continued their education in the central district of the Turkish Giresun Province in the 2017–2018 academic year. The sample of the study was determined to be 385 to produce 95% reliability and 5% margin of error. In the research, a suitable non-random sampling method was used. An eating-attitude test, family assessment scale and Personal Information Form were used for data collection. In analyzing the data, frequencies and percentages were used to determine the socio-demographic characteristics of the students. The average of scores of the eating attitude test and family functionality was examined through one-way MANOVA analysis to see whether there is any difference according to the sociodemographic characteristics. The relationship of students' family functionality with eating attitudes was examined by simple linear regression analysis.

Results: Of the students participating in the study (average age 16.03 years), 206 (53.5%) were boys and 179 (46.5%) were girls. According to the analysis results, family functionality was found to predict eating attitudes ($p < 0.001$), but no significant difference was found between the variables of gender, eating behavior, and perceived parental attitudes, and eating behavior and family functionality. No significant difference was found between the variables of gender, eating behavior and perceived parental attitudes, and eating behavior and family functionality.

Conclusion: This study found that there was a positive relationship between adolescents' family functionality scores and eating behavior scores, but there was no significant difference between adolescents' gender, eating behavior and perceived parental attitudes variables, and eating behavior and family functionality.

Keywords: Adolescence; eating behavior; family; family functionality.

Adolescence is generally accepted as referring to the ages between 12 and 18 years. During adolescence, the transitional period from childhood to adulthood, adolescents experience developments and maturation in terms of hormonal, psychological, biological, mental, and social characteristics.^[1] During this period, adolescents not only try to adapt to biological, emotional, and social changes, but also struggle to comply with social norms.^[2] During this process of change, adolescents are also in search of their own identity. In this

context, adolescents not only try to individualize and separate from their parents, but they also seek their personal identity and thus have a need for social relations. At the same time, their ego is forming. Adolescents who want to be widely accepted by their social circle are also very interested in their appearance. Adolescents' desire to have the ideal body image also causes their eating habits to change.^[3–5] As is known, rapid changes take place in adolescents' body size and proportions during adolescence.^[6] Adolescents become more interested in

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What is known on this subject?

- Biological, social and psychological changes occur during adolescence. During this period, adolescents try not only to individualize and separate from their parents, but also to establish an identity; they need social relationships. Parents' uninterested, excessively authoritative, inconsistent, and perfectionist behaviors toward adolescents are risky attitudes that can lead to negative behaviors. Adolescents attach great importance to physical appearance, and therefore, adolescents' desire to have "the ideal" body image also causes their eating preferences to change.

What is the contribution of this paper?

- Although peer relationships are important during adolescence, adolescents are also affected by their family's attitudes and behaviors. Parents' attitudes and behaviors induce adolescents to exhibit positive or negative behaviors. Eating disorders in particular constitute one of the negative attitudes affecting adolescents in this period. This study determined that positive family approaches predicted positive changes in eating habits of adolescents.

What is its contribution to the practice?

- This study suggests that family functionality affects eating habits of adolescents, which may cause eating disorders. In this context, training is recommended for families with adolescents about the effects of eating habits. In addition, the results of the study will contribute to future studies in terms of making comparisons in this regard.

opposite-sex friends. In this process, as they have an intense desire to be admired physically, especially by their peers, they become more interested in and attach greater importance to their body image than previously. Parental attitudes and behaviors toward adolescents also change during these years of rapid development and change. Parents try to accommodate the needs of adolescents while they develop and change physically and psychologically.^[7]

The quality of the parent-child relationship is an important indicator of the development of both the child and his/her ability to adapt to society. This is also valid for the parent-adolescent relationship. Parents' nourishing, supportive, and monitoring attitudes toward adolescents play an important role in the development of their behaviors. In addition, parents' uninterested, excessively authoritative, inconsistent, and perfectionist behaviors toward adolescents are risky attitudes that can induce adolescents to have negative behaviors.^[8] Parental attitudes have an important effect on adolescents: the parent-child relationship established during childhood is an important determinant in the development of adolescents' relationships with their friends and social circle, making parental behaviors toward their children very important.^[9,10] Parents should be positive role models for their children during both childhood and adolescence because adolescents are affected by their parents' positive or negative behaviors. Adolescents also adopt their family functionality: those with healthy family functionality grow up healthier, displaying healthy behaviors.^[4] Negative family experiences have a negative effect on adolescents' personality development and behaviors.^[11] Positive family functionality provides a suitable environment for family members to have happy, responsible, and reliable personalities, and increased life satisfaction.^[12] Healthy family functionality requires developing good relationships and communication among family members. Impaired family functionality and family problems can

induce mental problems, such as suicide and depression, among family members.^[13]

Along with globalization and modernization, there are changes in both social and individual behaviors. In parallel with globalization, differentiation, especially in individuals' consumption needs, includes dressing, consuming foods and beverages, and technology use.^[14] During this process, changes in eating behaviors are particularly noticeable. Body perception, especially perceived as body weight, has an important place in the process of self-formation and self-presentation, whereby attitudes to slimming become widespread among adolescents.^[15]

Rapid physical changes during adolescence affect adolescents' quality of life; therefore, studies should emphasize their eating behavior. Serious problems are observed in some adolescents due to eating disorders characterized by resistance to treatment, high mortality, and a decreased quality of life.^[16] As such, eating disorders are serious psychiatric diseases that frequently develop during adolescence and are associated with significant medical and psychological sequelae. The eating disorder anorexia nervosa (AN) is characterized by significantly low body weight, fear of gaining weight, behaviors interfering with weight gain, discomfort in experiencing body weight or shape, and overvaluation of shape and weight.^[17] Bulimia nervosa (BN), another eating disorder found among adolescents, is characterized by a feeling of loss of control, recurrent inappropriate compensatory behavior, and overvaluation of shape and weight.^[18] Family attitudes play an important role in the development of eating disorders in adolescents. One study comparing the attitudes of families with obese adolescents and non-obese adolescents found that parents of obese adolescents had more authoritative attitudes toward their children than those of non-obese adolescents. That study also found that obese adolescents had higher anxiety in social settings than non-obese ones, and anxiety in obese adolescents increased as their parents' controlling attitudes increased.^[19]

If children do not get enough love from their parents, are deprived of parental affection they cannot fulfill their emotional needs during infancy, childhood, and adolescence; also, inconsistent parental attitudes can cause eating disorder in adolescents. Parents' desperate and pessimistic attitudes and behaviors negatively affect both children and adolescents, and can lead adolescents to perceive that their parents don't love them.^[20] Parents' attitudes and behaviors towards adolescents cause them to develop positive and negative behaviors. Parent-adolescent relations play an important role in the development of eating disorders, one of the common negative behaviors observed during adolescence. Studies emphasize early childhood and family relationships are involved in the development of the common eating disorders AN and BN, and also argue that family environment, family relationships, and parenting style are associated with eating disorders in adolescents.^[21-23]

As can be seen from the information presented to this point, adolescence is a period accompanied by rapid change and development during which parental attitudes can affect eating attitudes of adolescents. Negative eating attitudes in adolescents can negatively affect their psychological, physical and social development. In this regard, the present study is important because it emphasizes the effect of family functionality on adolescents' eating attitudes. The results of this study will also be beneficial for health practitioners in the field to draw attention to the importance of family functionality in preventing eating disorders in adolescents. In addition, revealing the determinants of adolescents' nutrition and eating behaviors will play an important role in preventing possible eating disorders in adolescents. In that context, this study aimed to examine the eating attitudes of adolescents in terms of family functionality through seeking answers to the following research questions:

1. Is there a significant relationship between adolescents' eating attitudes and family functionality?
2. Does the relationship between adolescents' eating attitudes and family functionality differ significantly by gender?
3. Does the relationship between adolescents' eating attitudes and family functionality differ significantly by eating habits?
4. Does the relationship between adolescents' eating attitudes and family functionality differ significantly by perceived parental attitudes?

Materials and Method

Type of the Study

This is a descriptive and correlational study that examines the eating attitudes of adolescents in terms of family functionality.

Population and Sample

The target population of this study consisted of 8,052 students who continued their education in the central district of Giresun Province of Turkey in 2017–2018 academic year. The sample size of the study was determined as 385 with 95% reliability and 5% margin of error. The convenience sampling method, a non-random sampling method, was used in the study.

The convenience sampling method allows the researcher to reach a group of people who are both suitable for research purposes and easy to contact or reach, and is thus a cost and time effective method for selecting the sample.^[24] Of the high school students participating in the study, 53.5% (n=206) were male and 46.5% (n=179) were female. The mean age of the students was 16.03 (SD: 1.24) years, ranging from 14 to 19. The students were distributed almost equally among all grades, where there was an equal number of students at the tenth and eleventh grades (26.5%), followed by the ninth (26.2%) and twelfth (20.8%) grades.

Data Collection Tools

Data were collected using a Personal Information Form, the Eating Attitudes Test, and the Family Evaluation Scale.

Personal Information Form: This form was prepared by the researchers based on the literature;^[25,26] It consists of 5 questions about the participants' gender, age, grade, eating habits, and perceived parental attitude.

Eating Attitudes Test (EAT): The EAT was developed by Garner and Garfinkel (1979) to evaluate existing eating disorders and possible disorders in eating behaviors in individuals; it was adapted to the Turkish language by Savaşır and Erol (1989).^[27] This is a six-point Likert-type self-assessment scale consisting of 40 items, the possible answers are always, usually, often, sometimes, rarely, and never. For the items of 1, 18, 19, 23, 27, and 39, the "sometimes" choice gets 1 point, "rarely" gets 2 points, and "never" gets 3 points, whereas the other choices get 0 points. For the other items, the "always" choice gets 3 points, "usually" gets 2 points, and "often" gets 1 point, whereas the other choices get 0 points. The total score for abnormal eating attitudes and behaviors is calculated by adding all the points for each answer and ranges from 0 to 120: a higher score indicates a greater severity of impaired eating attitudes and behaviors. Cronbach's alpha internal consistency coefficient of the scale was 0.70.^[28] In this study, Cronbach's alpha internal consistency coefficient of the scale was 0.78.

Family Evaluation Scale (FES): The FES was developed by Epstein et al. (1983) to evaluate family functionality as a whole and in different dimensions and adapted to the Turkish language by Bulut^[29] (1990). This is a 60-item four-point Likert type scale to define healthy and unhealthy family functionalities. It consists of 7 subscales: problem solving (items: 2, 12, 24, 38, 50, 60); communication (items: 3, 18, 29, 43, 59, 14, 22, 35, 52); roles (items: 10, 30, 40, 4, 8, 15, 23, 34, 45, 53, 58); affective responsiveness (items: 49, 57, 9, 19, 28, 39); affective involvement (items: 5, 13, 25, 33, 37, 42, 54); behavior control (items: 20, 32, 55, 7, 17, 27, 44, 47, 48); and general functionality (items: 6, 16, 26, 36, 46, 56, 1, 11, 21, 31, 41, 51). The total scale score ranges from 60 to 240; a low score indicates healthy family functionality, whereas a high score indicates unhealthy family functionality. In the Turkish validity and reliability study of the scale, Cronbach's alpha internal consistency coefficients of the subscales ranged from 0.38 to 0.86. In this study, Cronbach's alpha internal consistency coefficient of the scale was 0.84.

Data Collection Process

Data were collected from public high schools in Giresun, Turkey after necessary permission from Giresun Provincial Directorate of National Education was obtained. School counselors presented the data collection tools to the students, who were informed that the participation was voluntary, that their answers would remain confidential, and that the data would be used only for the research purposes. All students finally included in the sample were willing to participate in the study. Data collection tools were presented to a total of 405 students

and required around 30 minutes to complete. Then, data collection tools received back from students were evaluated, and a total of 15 missing or incorrectly filled measurement tools were excluded from the study.

Data Analysis

All statistical procedures were performed in SPSS 23.0 program.^[30] As a result, there was no wrong entry or missing values in the data set. However, five students were found to be univariate outliers; therefore, they were excluded from the data set.^[31] Frequencies and percentages were used to present information about students’ sociodemographic characteristics. A regression analysis was performed to examine the relationship between students’ family functionality and eating attitudes. One-way multiple variate analysis (MANOVA), used when there is only one independent variable and more than one dependent variable,^[32] examined whether students’ EAT and FES mean scores differed by their socio-demographic characteristics. Because the assumption of homogeneity of variance-covariance matrices was violated in some one-way MANOVA analyzes, Pillai’s Trace multivariate main effect test was used to report the multivariate main effect.^[31] In testing the research hypotheses, a 0.05 error margin was considered the upper limit.

Ethical Considerations

Ethical approval to conduct the study was obtained from the Social and Human Research Ethics Committee of Ondokuz Mayıs University (Decision no: 2017/169), and necessary permission was obtained from the Giresun Provincial Directorate of National Education. Then, directors, counselors, and form teachers in relevant schools were informed about the study. When students were available, they were informed about the study in the classroom, and then data collection tools were applied to those who agreed to participate in the study.

Results

A simple linear regression analysis was performed to determine how the students’ family functionality scores were associated with their eating behaviors and to what extent these functionality predicted their eating behavior scores.

Table 1 presents change statistics regarding the regression analysis. Table 1 shows that the multiple regression analysis

revealed that FES scores predicted EAT scores [F(1,383)=12.08 p<0.001; R=0.18, R²=0.03, R²adj.=0.03]. This model had a low effect size.

Table 2 presents the regression analysis results. Family functionality scores positively predicted eating behavior scores [β=0.18, t (383)= 6.83, p<0.001]. Because increased FES scores indicate unhealthy family functionality, students with unhealthy family functionality showed impaired eating attitudes and behaviors. FES scores explained about 3% of the change in eating behavior scores.

Table 3 presents the distribution of students’ EAT and FES mean scores by gender.

One-way MANOVA was performed to determine whether students’ EAT, and FES mean scores significantly differed by gender. Accordingly, the multivariate main effect of EAT and FES scores was not significant by gender [Pillai’s Trace=0.01, F (2, 382)=0.89, p>0.05, partial η²=0.005]. These results suggest that eating behavior and family functionality evaluations did not differ significantly by gender.

Table 4 presents the distribution of students’ EAT and FES mean scores by eating habits.

One-way MANOVA was performed to determine whether students’ EAT and FES mean scores differed significantly by eating habits. Accordingly, the multivariate main effect of EAT and FES scores was not significant based on eating habits [Pillai’s Trace=0.01, F (2, 382)=2.63, p>0.05, partial η²=0.014]. These results suggest that eating behaviors and family functionality evaluations did not differ significantly by eating habits.

Table 5 presents the distribution of students’ EAT and FES mean scores by perceived parental attitudes.

One-way MANOVA was performed to determine whether students’ EAT and FES mean scores significantly differed by perceived parental attitudes. Accordingly, the multivariate main effect of EAT and FES scores was not significant based on perceived parental attitudes [Pillai’s Trace=0.01, F (6, 762)=0.67, p>0.05, partial η²=0.005]. These results suggest that eating attitudes and family functionality evaluations did not differ significantly by perceived parental attitudes.

Discussion

This study found that family functionality positively predicted eating behaviors in adolescents. In the literature,

Table 1. Change Statistics on predicting EAT scores of students’ family functionality									
Model	R	R ²	Adj. R ²	SEE	Change Statistics				
					ΔR ²	ΔF	sd ₁	sd ₂	p
Family Evaluation Scale									
Model 1	.18	.03	.03	11.50	.03	12.08	1	383	.001*

EAT: Eating Attitudes Test; FES: Family Evaluation Scale, *p<.001, SEE: Standard Error of Estimate.

Table 2. Simple linear regression analysis of the EAT effect of students' family functionality

Model	Non-standardized coefficients			Standardized coefficients	
		B	Sd	Beta	t
Model 1	Constant	6.48	4.10		1.58
	Family Evaluation Scale	.11	.03	.18	3.48

*p<.001. YTT: EAT: Eating Attitudes Test.

Table 3. Students' EAT and FES descriptive statistics by gender

Variable	n	Eating Attitudes Test		Family Evaluation Scale	
		Mean	Standard deviation	Mean	Standard deviation
Males	206	20.61	11.63	135.56	17.96
Females	179	20.58	11.75	132.97	20.93

EAT: Eating Attitudes Test, FES: Family Evaluation Scale.

Table 4. Students' EAT and FES descriptive statistics based on their regular eating habits

Variable	n	Eating Attitudes Test		Family Evaluation Scale	
		Mean	Standard deviation	Mean	Standard deviation
Regular eating of 3 meals	190	20.25	11.19	132.09	19.94
Irregular eating	195	20.93	12.13	136.59	18.67

EAT: Eating Attitudes Test, FES: Family Evaluation Scale.

Table 5. Students' EAT and FES descriptive statistics by their perceived parental attitudes

Variable	n	Eating Attitudes Test		Family Evaluation Scale	
		Mean	Standard deviation	Mean	Standard deviation
Authoritarian	53	19.34	11.38	138.19	18.29
Uninterested	41	20.59	10.68	134.66	21.38
Democratic	214	20.61	12.01	133.43	19.36
Protective	77	21.40	11.52	134.22	19.31

EAT: Eating Attitudes Test, FES: Family Evaluation Scale.

there are studies suggesting that family functionality is an important predictor of eating disorders.^[21,22,33,34] Parents' attitudes and behaviors emphasizing social values, promotion of physical attraction, and admiration of fitness affect adolescents. In addition, parents' attitudes pushing adolescents to have an ideal body structure through diet and exercise cause eating problems in adolescents.^[35] The mother is the primary role model in the family, and strongly influence their daughters. Similarly, daughters adopt irregular eating habits of their mothers.^[36] The results of this study suggest that adolescents growing up in families with unhealthy functionality have impaired eating attitudes and behaviors. In the

literature, there are studies with results in parallel with those of this study.

In their study about individuals with anorexia disease, Tozzi et al.^[37] found that one third of anorexic individuals had eating disorders due to impaired family functionality. In addition, Kuğu et al.^[38] found that adolescents with eating disorders had families with unhealthy functionality. On the other hand, there are studies with results contradicting those of this present study. No statistically significant relationship was found between eating disorders and family functionality in university students by Siyez and Baş (2009),^[39] in female medical

students by Erol et al.,^[40] in health vocational high school students by Töker (2008).^[41] However, one study determined that impaired family functionality predicted eating disorders, suggesting that patients with eating disorders had families with unhealthy functionality.^[42] Another study reported that eating disorders affected especially women aged 15 to 25 years.^[43] The sample of this present study consisted of high-school adolescents aged 14 to 18 years who live with their families and are at risk for eating disorders. Therefore, they may be affected by family functionality.

This study also found no statistically significant difference between the students' eating attitudes and family functionality by gender. In the literature, there studies with result inconsistent with those of this study. Ünsal et al.^[44] also found no significant difference between the adolescents' eating attitudes according to gender, whereas both Ulaş et al.^[45] and Ünalın et al.^[46] found a statistically significant difference between their eating attitudes with respect to gender. Accordingly, the result of this study is partially supported by those in the literature. The result of this study suggesting that adolescents' eating attitudes did not differ by gender may be because female and male adolescents spend the same time and have the same food sources in schools, like similar types of food, and are in the same developmental period.

This study determined that eating attitudes and family functionality did not differ significantly by perceived parental attitudes of adolescents. This result is consistent with those in the literature. Töker (2008)^[41] obtained similar results. Another study emphasizes that family relationships can affect eating behaviors of adolescents.^[47] One other study points out that family relations are an important source of psychological problems, whereby families with authoritarian or overprotective attitudes keep their children at arm's length, therefore these children cannot get emotional satisfaction in their families, and their parents' attitudes can indirectly affect their eating behaviors.^[48] In this context, parental attitudes have an important effect on positive behaviors in adolescents.^[49] The result of this study suggesting that parental attitudes did not affect eating attitudes of adolescents may be because adolescents tend to become more autonomous, get away from their families, attach more importance to external environment, and spend longer time outside during adolescence. In other words, this result may be because high school students, who constituted the sample of the study, spend longer times both studying in school and participating in social activities, and therefore they might have eating hours mostly outside the home.

Conclusion

This study found a positive relationship between the adolescents' family functionality and eating attitude scores, and no significant difference between their eating attitudes and family functionality by gender, eating habits and perceived parental attitudes. Accordingly, adolescents and their fam-

ilies should be provided education considering that family functionality affect eating attitudes of adolescents, which may lead to eating disorders. In addition, further qualitative studies should be conducted to examine eating and parental attitudes in depth.

Strengths and Limitations of the Study

This study was conducted using students in high schools in the city center of Giresun, Turkey. Therefore, the results of the study can be generalized to a limited extent. The study emphasizes the effect of family functionality on eating attitudes of adolescents, which is the strength of the study.

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Authorship contributions: Concept – M.G., H.K.; Design – M.G.; Supervision – H.K.; Fundings – M.G., H.K.; Materials – M.G.; Data collection &/or processing – M.G.; Analysis and/or interpretation – M.G.; Literature search – M.G., H.K.; Writing – M.G.; Critical review – H.K.

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