

Putting Research to Work for Military Families



Focus:
Army

Determinants of Health-Promoting Behaviors in Military Spouses During Deployment Separation

Padden, D. L., Connors, R. A., & Agazio, J. G. (2011). Determinants of health-promoting behaviors in military spouses during deployment separation. *Military Medicine*, 176(1), 26-34. doi:10.7205/milmed-d-d1-000141

SUMMARY: Through self-reported surveys, researchers examined what factors (perceived stress, number of work hours, number of children, etc.) affected the involvement of health-promoting behaviors (exercise, dietary, medical check-ups, substance avoidance, etc.) for wives of deployed Active Duty Army Soldiers. Stress was linked to several health behaviors and as lengths of deployments increased, wives' positive health behaviors decreased.

KEY FINDINGS:

- Military wives who worked more hours outside of the home and had higher levels of perceived stress had lower rates of exercise and safety behaviors (e.g., maintaining a first aid kit at home).
- The older a wife was at the time of the study, the more likely she was to engage in regular health check-ups and safety behaviors.
- White women and those with higher ranking spouses reported higher levels of social activity.
- Lower stress management was associated with more hours worked outside of the home, more children in the home, previous deployments, and amount of perceived stress.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer workshops to families during deployment that promote healthy behaviors such as proper diet, exercise, and home safety
- Host support groups for military wives who have increased risk factors for stress (e.g., employed outside of the home, have multiple children, and have experienced a greater number of deployments) during spouses' deployments
- Develop activities for military children and adolescents that integrate education about mental health, stress, and coping skills

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend training of professionals to better identify military spouses who have difficulties managing roles and responsibilities during deployment
- Promote the development of structured leisure activities aimed at stress management for military families at installations
- Continue to support programs that address the unique challenges faced by military spouses

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METHODS

- Military wives were recruited from a Family Readiness Group (FRG) meeting at one large Army base in the southern United States.
- Participants completed self-report questionnaires about their stress and health behaviors.
- Statistical analyses examined the relationships among stress and different health behaviors.

PARTICIPANTS

- The sample consisted of 105 civilian Army spouses whose mean age was 31 years old (SD = 6.31 years).
- Participants' race/ethnicity were predominately White (80%) as well as Black (10%), Latina (8%), and other ethnicities (2%).
- Participants' husbands had an average length of deployment of almost 3 months and an average of two deployments.

LIMITATIONS

- The study used a relatively small sample size (N = 105), making it difficult to generalize the results to all spouses of deployed Active duty Service members. Also, spouses participating in FRG meetings may differ from those who are not actively engaged in such activities, indicating a possible selection bias.
- Only female spouses of deployed Active Duty Service members participating in FRG meetings participated in the study which limits the generalizability of the findings.
- The study was cross-sectional, which means no conclusions about causation can be determined based on the findings.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Explore factors that impact health-promoting behaviors for male spouses, spouses across the country, and spouses outside the continental United States, as well as a more ethnically diverse sample
- Include a representative sample (e.g., age, with/without children, and all branches) with efforts to include spouses who do not attend command sponsored activities
- Include multiple informants of health-related activities (e.g., having couples self-report and report on their spouses' behaviors)

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