



# The moderating effects of acculturation on the relation of parenting strategies to unhealthy weight control behaviors in Hispanic daughters



Norma Olvera <sup>a, \*</sup>, Molly R. Matthews-Ewald <sup>b</sup>, Mijin Kim <sup>c</sup>, Alexandria Posada <sup>a</sup>,  
Madeline Rancine <sup>a</sup>, Consuelo Arbona <sup>a</sup>

<sup>a</sup> Department of Psychological, Health, & Learning Sciences, University of Houston, 3657 Cullen Boulevard Room 491, Houston, TX 77204-5029, USA

<sup>b</sup> 2M Research Services, LLC, 500 E Border Street, Arlington, TX 76010, USA

<sup>c</sup> Department of Psychological, Health, & Learning Sciences, University of Houston, 3657 Cullen Boulevard Room 491, Houston, TX 77204-5021, USA

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## ABSTRACT

There is a dearth of research regarding the association of child and parent traits to the use of unhealthy weight control behaviors among minority girls with obesity. This study examined the moderating effects of mothers' and daughters' acculturation in the relation of parenting strategies (setting limits, monitoring and discipline) to unhealthy weight control behaviors in Hispanic girls with obesity. Participants included 148 Hispanic mother-daughter dyads ( $M_{age} = 39.1, SD = 6.4$  years;  $M_{age} = 11.3, SD = 1.5$  years, respectively). Two-thirds of the mothers were born in Mexico and 46% of them reported low levels of acculturation. In contrast, almost all daughters (90%) were born in the United States and reported high levels of acculturation. Participants were recruited through school nurses and social agencies community coordinators. Mothers and daughters completed surveys on demographic, acculturation, unhealthy weight control behaviors (daughters only) and parenting strategies (mothers only), and had their height, weight, and adiposity assessed. Results from a hierarchical regression analysis revealed that daughters' acculturation, but not mothers' acculturation, moderated the relation of parenting limit setting to daughters' reported engagement in unhealthy weight control behaviors ( $\beta = 1.12, p = 0.007$ ). That is, mothers who used more limit setting were less likely to have daughters engaging in unhealthy weight control behavior and this association was stronger among low acculturated girls than among their highly acculturated counterparts. Future research should assess cultural influences and parenting practices in a sample of Hispanic mothers and their adolescent daughters of varied weight statuses and acculturation levels.

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## 1. Introduction

Obesity in childhood and adolescence is a major health problem. It is estimated that one third of children and adolescents in the United States are overweight or obese (Ogden, Carroll, Kit, & Flegal, 2014; Ogden et al., 2016). Excess weight is a well-recognized risk factor for youth's engagement in unhealthy weight control behaviors (UWCBs) such as regular dieting, vomiting, laxative or diet pill

use, fasting, and excessive exercise (Balantekin, Birch, & Savage, 2015; Elliott, Tanofsky-Kraff, & Mirza, 2013; Goldschmidt, Aspen, Sinton, Tanofsky-Kraff, & Wilfley, 2008; Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004). Although engagement in UWCBs does not imply the presence of a clinical eating disorder (Jacobi et al., 2004), UWCBs are associated with adverse physical and psychological outcomes, including weight gain (Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011; Neumark-Sztainer, Wall, Story, & Stanchish, 2012), and increased risk for eating disorders (Neumark-Sztainer et al., 2006), substance abuse (Piran & Robinson, 2011; Pissetsky, May Chao, Dierker, May, & Striegel-Moore, 2008), emotional disorders, low self-esteem, and depression (Ackard, Fulkerson, & Neumark-Sztainer, 2011; Crow, Eisenberg, Story, & Neumark-Sztainer, 2006; Doyle, le Grange, Goldschmidt, & Wilfley,

\* Corresponding author.

E-mail addresses: [nolvera@central.uh.edu](mailto:nolvera@central.uh.edu) (N. Olvera), [mmatthewsewald@gmail.com](mailto:mmatthewsewald@gmail.com) (M.R. Matthews-Ewald), [mkim6@uh.edu](mailto:mkim6@uh.edu) (M. Kim), [amheysquierdo@central.uh.edu](mailto:amheysquierdo@central.uh.edu) (A. Posada), [mdracine@uh.edu](mailto:mdracine@uh.edu) (M. Rancine), [carbona@central.uh.edu](mailto:carbona@central.uh.edu) (C. Arbona).

2007).

Girls appear to be at greater risk for UWCBs than boys (Berge et al., 2014; Kann et al., 2014; Neumark-Sztainer et al., 2011). Caucasian, Hispanic, and African American girls as young as six years old have reported engaging in dieting and other restrictive eating behaviors such as skipping meals, fasting, or purging (Elliott et al., 2013). Furthermore, results of cross-sectional (Combs, Pearson, & Smith, 2011; Neumark-Sztainer et al., 2012) and longitudinal (Neumark-Sztainer et al., 2011) studies among primarily Caucasian adolescents with and without obesity, suggest that 50 to 55 percent of girls engage in UWCBs to control their weight. Given the relatively high prevalence of UWCBs among adolescent girls, and the detrimental health consequences of such behaviors, the study of risk factors associated to UWCBs in early adolescent girls is warranted.

Evidence suggests that mothers' weight-related attitudes and behaviors may play a key role in their elementary and middle school daughters' development of eating behaviors, including UWCBs (Lombardo, Battagliese, Lucidi, & Frost, 2012; Phares, Steinberg, & Thompson, 2004). For instance, maternal teasing with regard to their daughters' weight (mean age of 12.6 years and 15.2 years; Keery, Boutelle, van den Berg, & Thompson, 2005; Libbey, Story, Neumark-Sztainer, & Boutelle, 2008, respectively), maternal weight and body size talk toward daughters (mean age of 15.8 years; Neumark-Sztainer et al., 2010), maternal encouragement of daughters' dieting (mean age of 14.4 years; Neumark-Sztainer, Wall, Story, & van den Berg, 2008), and maternal engagement in dieting behaviors (mean age of 12.3 years; Byely, Archibald, Graber, & Brooks-Gunn, 2000) have been associated with dieting and binge eating in daughters.

Most of the research that has examined parental strategies to address children's weight and eating behaviors, has focused on controlling parental feeding strategies among preschoolers and early school-aged Caucasian children (Faith, Scanlon, Birch, Francis, & Sherry, 2004; Larios, Ayala, Arredondo, Baquero, & Elder, 2009; Ventura & Birch, 2008). Consistently, findings suggest that higher levels of restrictive parenting strategies regarding eating and physical activity are related to weight gain and a less healthy diet among both young children (4–5 years old) (Francis & Birch, 2005; Francis, Hofer, & Birch, 2001; Powers, Chamberlin, van Schaick, Sherman, & Whitaker, 2012), and adolescents (11–17 years old) (Gray, Janicke, Wistedt, & Dumont-Driscoll, 2010; Spruijt-Metz, Lindquist, Birch, Fisher, & Goran, 2002). In addition, among elementary and middle school children (ages 5–11), controlling parental strategies have been related to increased levels of dietary restraint (Carper, Orlet Fisher, & Birch, 2000), disinhibited eating (Cutting, Fisher, Grimm-Thomas, & Birch, 1999), and overeating or eating in the absence of hunger (Birch, Fisher, & Davison, 2003). To our knowledge, there is only one study, by Loth, MacLehose, Fulkerson, Crow, and Neumark-Sztainer (2013), that has examined the relation between food-related parenting strategies and use of UWCBs among adolescents (mean age of 14.4 years) with obesity. Loth et al. (2013) observed a positive relationship between maternal food restriction strategies and increased use of extreme weight-control behaviors among girls.

Although less studied, monitoring and limit-setting parenting strategies have also been linked to children's eating behavior, weight status, and physical activity (Arredondo et al., 2006; Hennessy, Hughes, Goldberg, Hyatt, & Economos, 2010). For instance, parental monitoring of food consumption has been associated with a decreased intake of unhealthy foods in children aged 4–8 years old (Hazard, Skidmore, Williams, & Taylor, 2015) and an increase in healthy eating and exercise in children aged 5–7 years old (Arredondo et al., 2016). Additionally, parental monitoring was associated with a decrease in impulsive and emotional

eating among 10–13 year old girls (Farrow, 2012) and parental limit-setting was related to healthier weight status and lower sedentary behaviors among children 4–7 years of age (Epstein et al., 2008) and adolescents 12–14 years old (Alia, Wilson, St. George, Schneider, & Kitzman-Ulrich, 2012; Carlson et al., 2010; Ramirez et al., 2011). In sum, findings indicate that monitoring and limit setting might be promising parenting strategies to foster healthy weight among children and adolescents. Despite their positive health outcomes, monitoring and limit setting parenting strategies have not been examined in relation to use of UWCBs in children and adolescents.

More critically, limited research has investigated the contribution of feeding strategies to the use of UWCBs among Hispanic adolescents who are at increased risk for obesity (Ogden et al., 2014, 2016). The few studies in this area involving Hispanic families have reported a positive relationship between restrictive feeding strategies (Taveras, Gillman, Kleinman, Rich-Edwards, & Rifas-Shiman, 2010) or feeding styles (e.g., indulgent) and higher weight among preschoolers (Hughes, Power, Papaioannou, Cross, Nicklas, Hall, Shewchuk, 2015) and children ages 4–12 years old (Olvera & Power, 2010). Other studies also have found a positive relation between pressure to eat by Hispanic parents and weight status in their 8 to 10 f (Tschann et al., 2015) and 10 to 11 year-old children (Matheson, Robinson, Varady, & Killen, 2006).

Because parental strategies for eating and physical activity are likely shaped by cultural norms (e.g., Kumanyika, 2008), it is important to consider acculturation when examining these practices in Hispanic populations. Studies have shown acculturation differences in maternal feeding practices among Hispanic mothers of preschool children (Power, O'Connor, Orlet-Fisher, & Hughes, 2015; Seth et al., 2007). Specifically, among Hispanic mothers greater acculturation (i.e., higher identification with American culture) has been associated with less reported use of discipline and other restrictive child-feeding strategies (Power et al., 2015; Seth et al., 2007), including lower restriction of unhealthy foods (Pai & Contento, 2014; Power et al., 2015). More research with this population is necessary in order to understand the role acculturation may play on the relation of mothers' feeding practices to Hispanic preadolescent girls' eating behaviors.

In addition to parental acculturation, child acculturation might be relevant when examining UWCBs in Hispanic families. Studies have shown that compared to their less acculturated peers, highly acculturated Hispanic children are more likely to endorse the American thin ideal body size (Olvera, Suminski, & Power, 2005) and engage in UWCBs, including binge eating, purging, dieting, and a hyper concern with their body weight (Chamorro & Flores-Ortiz, 2000; Gowen, Hayward, Killen, Robinson, & Taylor, 1999). Ayala, Mickens, Galindo, and Elder (2007) reported that Mexican American adolescent girls who endorsed society's standards of appearance had the greatest amount of body dissatisfaction, which may lead to engagement in UWCBs for weight control. Similarly, Pepper and Ruiz (2007) concluded that highly acculturated Latina college students were more likely to report anti-fat attitudes than low acculturated Latinas and that these attitudes were positively correlated with body dissatisfaction and disordered eating behaviors. Although there has been limited research, particularly among preadolescents, evidence indicates the need to consider both Hispanic parents' and children's acculturation as potential factors associated with UWCBs in Hispanic youth. To our knowledge, no study has assessed the role of both mother and child acculturation on UWCBs in Hispanic girls.

The current study expands upon the existing literature by examining the role that maternal (e.g., acculturation level and parenting strategies) and daughter characteristics (e.g., acculturation) have on early adolescent daughters' use of UWCBs, as well as

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