



Sociocultural influences and body change strategies in Spanish adolescent boys of different weight status



Carlos A. Almenara^{a,b,*}, Jordi Fauquet^{c,d,1}, Gemma López-Guimerà^{b,2},
Montserrat Pàmias-Massana^{e,3}, David Sánchez-Carracedo^{b,2}

^a Institute for Research on Children, Youth and Family, Faculty of Social Studies, Department of Psychology, Masaryk University, Joštova 10, 602 00 Brno, Czech Republic

^b Department of Clinical and Health Psychology, Universitat Autònoma de Barcelona, 08193, Bellaterra (Cerdanyola del Vallès), Barcelona, Spain

^c Department of Psychobiology and Methodology of Health Sciences, Universitat Autònoma de Barcelona, 08193, Bellaterra (Cerdanyola del Vallès), Barcelona, Spain

^d Neuroimaging Research Group, IMIM (Hospital del Mar Medical Research Institute), Barcelona Biomedical Research Park, C/Doctor Aiguader, 88, 08003 Barcelona, Spain

^e Mental Health Unit of the Parc Taulí Health Corporation (CSPT), 08208, Sabadell, Barcelona, Spain

ARTICLE INFO

Article history:

Received 10 February 2014

Received in revised form 12 August 2014

Accepted 8 September 2014

Available online 16 September 2014

Keywords:

Body weight

Males

Overweight

Sociocultural factors

Beauty ideal internalization

Weight control

ABSTRACT

The aim of the present study was to examine the association between sociocultural influences to attain an ideal body and body change strategies (BCS) in Spanish adolescent boys of different weight status. A total of 594 Spanish boys ($M = 13.94$ years, $SD = 0.20$) participated. Measures included in the study were weight status according to body mass index (BMI), sociocultural influences (perceived pressures to attain an ideal body, general internalization of an ideal body, internalization of an athletic-ideal body), BCS to lose/control weight (dieting, healthy and unhealthy weight-control behaviors), and BCS to gain weight and muscles. Underweight boys engaged more frequently in weight-gain behaviors. Overweight boys reported higher levels of perceived sociocultural pressures and general internalization compared to normal-weight boys, and were more likely to be engaged in BCS to lose/control weight compared with the other weight-status groups. There were no differences between groups in terms of internalization of an athletic-ideal body and BCS to increase muscles. Future research and prevention programs should consider male-specific behaviors and weight-status differences.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Some adolescent boys engage in behaviors aimed at changing their body weight and shape (Ricciardelli & McCabe, 2004). Behaviors such as eating very little food to lose weight or taking steroids for muscle-building are potentially harmful, given that at this age they can be detrimental to the boy's growth and psychological well-being (Johns, Tidswell, Mcpherson, & Swift, 2009).

According to the sociocultural theory (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), culture promotes body appearance ideals and values through parents, peers, and particularly the media. Individuals aware of these messages would perceive them as sociocultural pressures leading to cognitive processes such as appearance comparison and internalization (i.e., cognitive incorporation of cultural standards

of beauty or attractiveness). In turn, these mechanisms would promote body dissatisfaction and an increased risk of disordered eating (Thompson et al., 1999). Several studies support this theoretical framework and its link to the development of body image disturbances and eating- and weight-related problems (Smolak, 2009).

The limited literature using this framework with samples of boys suggests that weight status also plays an important role (Ricciardelli & McCabe, 2004). Whereas among girls, regardless of their weight status, body dissatisfaction is usually expressed as a desire for a thinner body, among boys it is usually those who are underweight or overweight that are the most dissatisfied (Calzo et al., 2012). Taking into account weight status, boys would express different levels of body dissatisfaction and engage in body change strategies (BCS) either to put on weight or to lose weight. However, it should be noted that boys seem to be interested in muscularity, without regard to their weight status (Ricciardelli & McCabe, 2004).

Few studies have examined the use of BCS in boys across weight status (McCabe & Ricciardelli, 2009). Furthermore, some studies on eating behavior have overlooked the gap between intention and behavior (Larsen, van Strien, Eisinga, Herman, & Engels, 2007), and most studies have been carried out with samples from English-speaking Western countries; few have been conducted in Spain (e.g. López-Guimerà et al., 2013).

* Corresponding author at: Institute for Research on Children, Youth and Family, Department of Psychology, Faculty of Social Studies, Masaryk University, Joštova 10, 602 00 Brno, Czech Republic. Tel.: +420 549494972.

E-mail addresses: carlos.almenara@mail.muni.cz (C.A. Almenara), Jordi.Fauquet@uab.cat (J. Fauquet), Gemma.Lopez@uab.cat (G. López-Guimerà), mpamias@tauli.cat (M. Pàmias-Massana), David.Sanchez@uab.es (D. Sánchez-Carracedo).

¹ Tel.: +34 935811674, +34 935813263; fax: +34 935812001.

² Tel.: +34 935813855; fax: +34 935812125.

³ Tel.: +34 937458377.

This study was performed to examine the association between BCS and sociocultural influences in Spanish adolescent boys of different weight status. Three hypotheses were tested. First, consequent with previous findings as outlined above, we stated that overweight boys will engage more in BCS to lose/control weight and underweight boys will engage more in BCS to increase weight (BCS-W). Second, we stated that no differences will be found among weight-status groups in BCS to increase muscles (BCS-M). Third, we stated that underweight and overweight adolescent boys will report more sociocultural pressures and will show higher levels of internalization.

2. Method

2.1. Participants

Participants were 594 adolescent boys ($M = 13.94$ years old, $SD = 0.20$) from the MABIC project (Sánchez-Carracedo et al., 2013).

Self-reported origin of participants was mainly Spanish (73.6%), followed by Latin-American (12.2%), others (12.5%), and 1.7% who did not specify their origin. Socioeconomic status, according to parents' educational level and occupational status (Hollingshead, 1957), was predominantly middle-class (81.0%).

2.2. Procedure

Ethical standards were approved by the Clinical Research Ethics Committee of the "Parc Taulí" Health Corporation (CSPT). Parental consent was used as a criterion for participation. A detailed description of the procedure can be found elsewhere (Sánchez-Carracedo et al., 2013).

2.3. Materials

2.3.1. Weight status

Height and weight were measured in situ. Body mass index ($BMI = kg/m^2$) was calculated. Using international cut-off points (Cole, Bellizzi, Flegal, & Dietz, 2000; Cole, Flegal, Nicholls, & Jackson, 2007), weight-status categories were obtained: underweight (8.3%), normal weight (64.8%), and overweight including obese (26.9%).

2.3.2. Sociocultural influences

Sociocultural Attitudes Toward Appearance Questionnaire-3, SATAQ-3 (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). This scale is Likert-type from "completely disagree" (1) to "completely agree" (5). In the current study we used the subscales: Pressures (SATAQ-P), Internalization-General (SATAQ-IG) and Athletic-ideal Internalization (SATAQ-IA) of the Spanish version (Sánchez-Carracedo et al., 2012). Reliability values, using Cronbach's alpha, were .889, .899, and .823, respectively.

2.3.3. Body change strategies to lose/control weight

2.3.3.1. Dieting to lose weight. Based on the Project EAT (Neumark-Sztainer, Story, Hannan, Perry, & Irving, 2002), participants were asked "How often have you gone on a diet during the last year?", and a definition of diet was provided: "changing the way you eat so you can lose weight". The five possible answers were dichotomized into "no" (never) and "yes" (other responses).

2.3.3.2. Weight-control behaviors (WCB). Also guided by the Project EAT, we asked participants "Have you done any of the following things in order to lose weight or keep from gaining weight in the past year?", so as to assess healthy (HWCB, six items), and unhealthy (UWCB, nine items) weight-control behaviors. Response format is dichotomous ('yes' or 'no'). Participants answering at least one "yes" in each category were classified as engaging in HWCB or UWCB.

2.3.4. Body change strategies to increase weight and muscle

We selected four items from the Body Change Inventory (Ricciardelli & McCabe, 2002). Format is Likert-type from "never" (1) to "always" (5). In the current study we used two items assessing attempts to increase muscle tone (BCS-M; "How often do you: change your eating to increase your muscle tone? exercise more to increase your muscle tone?"), and two items referring to attempts to gain weight (BCS-W; "How often do you: eat more to put on weight?, exercise more to put on weight?").

2.4. Data analyses

A series of binary logistic regression analyses were carried out to assess the impact of weight status on the likelihood that respondents would report that they engage in HWCB, UWCB, or dieting. A series of ANOVAs were then performed to examine the relationships between weight status and continuous variables (BCS-W, BCS-M, and SATAQ-3 subscales). Socioeconomic status was entered as a covariant in all of the analyses. A significant ANOVA was followed up by Bonferroni post-hoc comparisons to further evaluate the differences.

3. Results

3.1. General findings

The most common behaviors for the whole sample were HWCB and dieting, with at least one out of five boys reporting being engaged in one or more of these behaviors. The most common form of HWCB was exercise for losing weight (almost 40%). By groups, the highest frequency of BCS to lose/control weight was in the overweight group (see Supplementary Data).

3.2. Logistic regression for the analysis of dichotomous variables

Logistic regression was used to examine the impact of weight status on the dichotomous variables (HWCB, UWCB, and dieting). The results indicated that, in general, having a higher weight status increases the risk of HWCB, UWCB, and dieting. Risk for UWCB, HWCB and dieting was higher in the overweight group than in the normal-weight group (Table 1). By contrast, a statistically significant odds ratio, below one, in HWCB indicated that underweight boys were less likely to report being engaged in HWCB than those in the normal-weight group.

3.3. ANOVA for continuous variables

Table 2 shows the ANOVA results for internalization (general and athletic-ideal), sociocultural pressures, BCS-W and BCS-M.

The results indicated statistically significant differences among groups in general internalization, pressures, and BCS-W. To further

Table 1
Risk of dieting and weight-control behaviors.

Measures	OR ^a	Wald	<i>p</i>	95% CI
<i>Dieting</i>				
UW-NW	0.64	0.65	.418	0.22–1.87
OW-NW	11.10	110.06	<.001	7.08–17.41
<i>HWCB</i>				
UW-NW	0.38	7.73	.005	0.19–0.75
OW-NW	8.54	62.35	<.001	5.02–14.55
<i>UWCB</i>				
UW-NW	1.31	0.51	.475	0.62–2.78
OW-NW	3.68	37.24	<.001	2.42–5.59

Note. OR = odds ratio; CI = confidence interval; UW = underweight; NW = normal weight; OW = overweight; HWCB = healthy weight control behaviors; and UWCB = unhealthy weight control behaviors. Statistically significant values ($p < 0.01$) are in italic.

^a Adjusted by socioeconomic status.

Download English Version:

<https://daneshyari.com/en/article/10446877>

Download Persian Version:

<https://daneshyari.com/article/10446877>

[Daneshyari.com](https://daneshyari.com)