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Public Health

journal homepage: www.elsevier.com/puhe

Short Communication

Prevalence and predictors of parental concern for children's weight from 2002 to 2012[☆]G.A. Kennedy, K.M. Klein, P.K. Keel^{*}

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ARTICLE INFO

Article history:

Received 5 January 2018

Received in revised form

4 April 2018

Accepted 20 May 2018

Keywords:

Parental concern

Overweight

Obesity

Eating pathology

ABSTRACT

Objectives: Public health initiatives to increase parental awareness about children's obesity have become more prominent in the past decade. These initiatives may contribute to increased concern in parents for their children's weight, even if their children are at a healthy weight. The aim of the present study was to document trends in parental ($N = 365$; 67.9% female) concern for their children's weight from 2002 to 2012 using surveys on health and eating behaviors.

Study design: Participants ($N = 365$) were parents who completed surveys in 2002 and were followed up in 2012 as part of a longitudinal epidemiological study of eating attitudes and behavior.

Methods: McNemar's test and logistic regression models estimated changes in and predictors of parental concern.

Results: In 2002, 36.5% of participants indicated concern for their children's weight, which rose to 54.4% in 2012. Parents of overweight children were more likely to report concern than parents of average-weight children at baseline and 10-year follow-up. However, concern increased significantly even among parents of average-weight children, rising from 28.7% to 41.6% (McNemar's test statistic: 8.20, $P = .002$). Secondary analyses revealed that parents' baseline drive for thinness predicted increased likelihood of concern in these parents (odds ratio: 1.10, $P = .04$).

Conclusion: Findings support the need for future research to examine consequences of societal messages about pediatric obesity.

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Approximately one-third of US children are overweight or obese and face associated health risks, such as type II diabetes.^{1,2} Some have suggested that raising parental awareness of these risks could reduce children's weight.³ Estimates from the early 2000s indicated that only 11–31% of parents of

overweight or obese children were concerned for their children's weight.⁴ Thus, interventions to elicit parental concern over children's weight were implemented beginning in 2003,⁵ and public health media campaigns increasingly focused on the consequences of childhood obesity. It is unknown if these

[☆] Portions of this article were presented at the 2016 International Conference for Eating Disorders in San Francisco, California.

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<https://doi.org/10.1016/j.puhe.2018.05.021>

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efforts were accompanied by increases in concern from parents of overweight or obese children or if increased concern extended to parents of children within a healthy weight range. Although previous research has investigated parental concern for children's weight and its correlates, an examination of long-term trends in parental concern has not been conducted.⁶ For example, Faith et al. (2004) found stability in parental concerns over 2-year follow-up of 57 families.⁷ Whether this reflects immutability of parental concerns, the limited duration of follow-up, or the small sample size is unclear given the limited research in this area. To address this gap in the literature, the present study examined the prevalence of parental concern for children's weight over a 10-year period after the introduction of major public health campaigns to increase parental awareness of pediatric obesity. As a secondary aim, we explored factors that longitudinally predicted parental concern for children's weight at follow-up stratified by children's weight status.

Participants

Data were collected from participants initially recruited from a random sample of college students at an elite private northeastern US university in 1982 and 1992 and followed up at 10-year intervals in a study of eating attitudes and behaviors. Written informed consent was obtained before survey completion at each data collection wave. The institution review board of the institutions associated with data collection and analyses approved the study at each wave. The present study used follow-up data collected in 2002 and 2012 from participants enrolled in the 1982 and 1992 cohorts, who indicated having children in 2002 who were average weight or overweight ($n = 365$), representing 28.5% of those who participated. Participants were predominantly white (82.5%) and female (67.9%). The mean (standard deviation) age of the sample was 38.2 (4.3) years in 2002, which represents the baseline assessment point for the present analyses. Of these participants, 81.5% provided follow-up data in 2012.

Measures

Demographic information

Participants were asked to indicate their sex, age, and race/ethnicity. Participants were also asked to report the number, sex, and age of each of their children. In 2002, participants were asked to rate from 1 to 5 (1 = very underweight; 5 = very overweight) the weight of each child. Participants who indicated having at least one child who was overweight or very overweight were coded as having an overweight child, and participants who indicated having all average-weighted children were coded as having average-weight children. In 2012, participants were asked to indicate if they felt any of their children were underweight (Yes/No) or overweight (Yes/No). Of note, participants did not record the height and weight of their children and were not provided with guidelines for determining weight status. Children's weight status is,

therefore, based on parental perception of weight status. Given that participants did not provide the height and weight of their children, the accuracy of these perceptions remains unknown. Participants with underweight children from either cohort were not included in analyses.

Body mass index (kg/m^2)

Participant body mass index (BMI) was calculated based on the participant's self-reported height and weight.

Parental concern

Participants were asked to rate from 1 (not at all) to 5 (extremely) how worried they were about their children's weight, which for families with more than one child collapsed parental concern across all children. This single-item assessment is similar to others used to assess parental concern for their child's weight in previous studies³ and was dichotomized to be in line with previous research, with 0 equaling no parental concern and 1 equaling any concern.

Eating Disorder Inventory

Eating pathology was assessed using versions of the Eating Disorder Inventory (EDI) Bulimia (EDI-BUL) and EDI Drive for Thinness (EDI-DF) subscales. The non-clinical scoring approach was used for these non-clinical samples.⁸ Internal consistency was $\alpha = .78$ for EDI-BUL and $\alpha = .86$ for EDI-DT in 2002.

Data analysis

To prevent bias, multiple imputation methods in SPSS, version 23, were used to impute missing values (18.5% of data at follow-up). Chi-squared analyses examined the association between presence of concern and presence of overweight in children in 2002 and 2012. Related-Samples McNemar's Change test assessed for significant changes in concern from 2002 to 2012.

Exploratory logistic regression models were used to identify predictors of concern in parents in 2012, stratified by children's weight status at that time point. Parent's baseline concern for children's weight as well as parent's baseline age, sex, race/ethnicity, and BMI were entered in step one. Change in children's developmental stage (i.e., having children aged above 10 years at both time points versus having a child with transition in age from below 10 years to above 10 years from time 1 to time 2), gender composition (i.e., having only boys at both time points, only girls at both time points, or gaining a girl by time 2), and weight status (i.e., each relevant combination of children's weight status at time 1 and time 2) were entered in step two, and parent's baseline drive for thinness and bulimic symptoms were entered in step three.

Table 1 presents descriptive statistics of parent and child variables. Fig. 1 depicts the proportion of parents who endorsed concern for children's weight in 2002 and 2012 by children's weight categories at these times. The percentage of families with overweight or obese children increased from

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