



Review Article

Can it be harmful for parents to talk to their child about their weight? A meta-analysis



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ABSTRACT

Many parents express concern that raising the issue of weight risks harming their child's physical self-perceptions and wellbeing. Such concerns can deter families from engaging with weight management services. This systematic review aimed to investigate the evidence behind these concerns by analysing the association between parent-child weight-talk and child wellbeing. A systematic search of eight databases identified four intervention studies and 38 associative studies. Meta-analysis was only possible for the associative studies; to facilitate more meaningful comparisons, weight-talk was categorized into four communication types and effect size estimates for the association between these and wellbeing indicators were calculated through a random effects model. Encouraging children to lose weight and criticizing weight were associated with poorer physical self-perceptions and greater dieting and dysfunctional eating (effect sizes: 0.20 to 0.47). Conversely, parental encouragement of healthy lifestyles without explicit reference to weight was associated with better wellbeing, but this was only measured in two studies. Of the four intervention studies, only one isolated the effects of parents' communication on wellbeing outcomes, reporting a positive effect. There was no effect of age on the strength of associations, but dysfunctional eating was more strongly associated with parent communication for girls than boys. The findings indicate that some forms of parent-child weight-talk are associated with poor wellbeing, but suggest that this is not inevitable. Encouraging healthy behaviours without reference to weight-control, and positive parental involvement in acknowledging and addressing weight-concern may avoid such outcomes. More longitudinal research is needed to analyse the direction of these effects.

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1. Introduction

Childhood obesity is a significant public health issue, associated with increased risk of disease in childhood (Daniels, 2009) and on into adulthood (Freedman et al., 2001; Reilly and Kelly, 2011; Singh et al., 2008). Given its rising prevalence worldwide, initiatives to prevent and reduce childhood obesity are called for (World Health Organisation, 2016). Interventions that involve parents are consistently more effective than those that do not (Ewald et al., 2013). For this reason, many countries operate child weight monitoring programmes to inform parents when a child is overweight as the first step to engaging them in preventative or reparative activities (Young et al., 2008; Park et al., 2014). However, while effort is put into informing parents of their children's weight status and attempting to initiate treatment with obese children, there is little holistic understanding of how parents should communicate with their children once they themselves are aware that their child's weight is a concern. Many parents worry that raising the issue of weight and engaging their child in weight-management activities risks harming their child's physical self-perceptions, wellbeing and could trigger eating disorders (Young et al., 2008; Park et al., 2014; Gillison et al., 2014; Syrad et al., 2014; Taylor et al., 2013; Statham et al., 2011; Pocock et al., 2010; Borra et al., 2003; Falconer et al., 2014). That is, the negative impact of tackling weight on a child's wellbeing, or simply raising their child's awareness of their weight, is perceived to be more of a threat to their health than their being overweight. This can lead to parents reacting angrily to health professionals (Gillison et al., 2014; Grimmett et al., 2008) and declining offers of support for child weight management (Zeller et al., 2004).

Individual research studies are available that report on the associations between various types of parent-child communication (e.g., talking to a child directly about his or her weight (Bauer et al., 2013; Keery et al., 2004), teasing by family members (Keery et al., 2004), encouraging dieting (Neumark-Sztainer et al., 2010a; Mellin et al., 2004; Fulkerson et al., 2002; McCabe and Ricciardelli, 2005; Field et al., 2008; Berge et al., 2013), and providing social support (Herzer et al., 2011) and children's unhealthy dietary behaviours and wellbeing. However, to our knowledge there is no existing resource that draws together this evidence to provide an overview of whether or not this existing evidence-base supports or disputes parents' concerns. Critics argue that without considering the potential unintended consequences of promoting parental engagement in child weight management activities, health professionals are at risk of failing to meet their obligation to 'do no harm' (O'Dea, 2005). This paper aims to systematically review research exploring the link between parent-child weight-talk and children's wellbeing, to collate evidence to address this important issue. The study aims to identify where the gaps in our knowledge lie, and thus where new research may be most usefully targeted.

2. Method

2.1. Design

The research question was investigated through conducting a systematic review following guidelines from the Cochrane collaboration

(Cochrane Collaboration, 2008). The protocol was registered with PROSPERO in February 2015 (CRD42015017055).

2.2. Search strategy

Eight databases were searched in March 2015 (PubMed, Web of Science, PsycInfo & PsycArticles, Embase, DARE, Scopus, Index to Theses and Biomed Central) using the search terms; (*child* OR daughter OR son OR adolescent OR youth OR teen* OR young*) AND (*parent OR mother OR father OR caregiver*) AND (*weight talk OR communication OR body image OR eating disorder OR dysfunctional eating OR wellbeing*) AND (*weight OR obes* OR overweight*). No date limits were set. Following screening of titles retrieved through the search terms, 11 lead-authors of articles most closely matching the study aims were contacted through personal email to obtain further grey literature, and a request for further additional or unpublished data sent out through online networks (Research Gate, Social Policy and Practice, LinkedIn). A hand-search was then conducted of the reference lists of eligible articles.

2.2.1. Inclusion/exclusion criteria

Studies were included if reports were available for communication between either or both parents and children of school age; studies were excluded if they reported on communication with non-parent adults, or children with clinically diagnosed eating disorders or medical conditions affecting eating, physical activity and weight (e.g., cystic fibrosis, diabetes). The focus of the systematic review was on parent-child communication about weight, rather than parenting practices related to weight-related behaviours, so studies reporting only on practices that are 'done to' a child rather than those involving discussion of weight or weight-related behaviours were excluded (e.g., feeding practices). All types of parent-child communication were included, as were all types of child wellbeing indicators, as defined by study authors. Restrained eating and dysfunctional weight loss behaviours were included, as they are indicative of poor weight-related wellbeing when occurring at this early age. As body image concern is reported to be an issue for children of all body weights (Ricciardelli and McCabe, 2001), and as children and parents are known to be inaccurate in correctly classifying a child's weight (Lundahl et al., 2014; Sherry et al., 2007), studies reporting on children of all body weights were included. Only quantitative studies were included to facilitate meta-analysis; studies reporting on observed associations were separated from intervention studies for analysis following data extraction.

2.3. Review strategy and data extraction

In line with the Cochrane guidance for systematic reviews (Cochrane Collaboration, 2008), studies were screened for inclusion through three phases: Initial screening was conducted to identify studies that could be clearly excluded according to (1) study title and (2) abstract (by AL), retaining all cases of uncertainty to Step 3. (3) Full texts of all remaining articles were retrieved, and data extracted and screened against the inclusion criteria independently

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