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A qualitative analysis of parents' perceptions of weight talk and weight teasing in the home environments of diverse low-income children

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ABSTRACT

Research has shown that family weight talk and teasing are associated with child overweight status and unhealthy weight control behaviors. However, little is known about how weight talk and teasing are experienced in the home, how parents respond, and what factors influence whether weight talk and teasing occur. The main objective of this study is to qualitatively examine weight talk and teasing in the home environments of diverse low-income children. Parents ($N = 118$) from a mixed-methods cross-sectional study were interviewed in their home. The majority of parents (90% female; mean age = 35 years.) were from minority (65% African American) and low income (<$25,000/year) households. A grounded theory analysis found the following themes: weight talk contradictions, overt and covert weight talk/teasing, reciprocal teasing, and cultural factors related to weight talk/teasing. These themes should be addressed when developing family-based interventions to reduce weight talk and teasing in the home environment.

Introduction

Prior research has shown that weight talk and weight teasing are associated with the onset of obesity, disordered eating behaviors (e.g., binge eating, fasting), early dieting, and psychosocial problems (e.g., depression, low self-esteem) in children (Balantekin, Savage, Marini, & Birch, 2014; Bauer, Bucchianeri, & Neumark-Sztainer, 2013; Berge, 2009; Berge, Maclehose, et al., 2013; Berge et al., 2015; Eisenberg, Neumark-Sztainer, Haines, & Wall, 2006; Eisenberg, Neumark-Sztainer, & Story, 2003; Fulkerson, Strauss, Neumark-Sztainer, Story, & Boutelle, 2007; Hanna & Bond, 2006; Neumark-Sztainer et al., 2010, 2002; van den Berg, Neumark-Sztainer, Eisenberg, & Haines, 2008). Of concern, many children report that family members are a main source of the weight talk or weight teasing (Balantekin et al., 2014; Neumark-Sztainer et al., 2010). However, little is known about what weight talk and weight teasing actually sound like in the home environment. Given the negative consequences of weight talk and teasing (Balantekin et al., 2014; Bauer et al., 2013; Berge, 2009; Berge, Maclehose, et al., 2013; Berge et al., 2015; Eisenberg et al., 2003; Fulkerson et al., 2007; Hanna & Bond, 2006; Neumark-Sztainer et al., 2010, 2002; van den Berg et al., 2008), it is important to know more about the specifics regarding weight talk and teasing in the home such as, what types of weight talk and teasing occur in the home environment, why do families engage in weight talk and teasing, and how is weight talk and teasing handled in the home when it occurs? Additionally, knowing how parents view and respond to weight talk and teasing in the home environment may inform public health interventions regarding how to intervene with families to reduce these behaviors.

Previous research on weight talk and teasing in the home environment has focused on examining the consequences of family weight talk and teasing on children's weight and weight-related behaviors. Results of these studies have shown that higher amounts of parental encouragement to diet, parental encouragement to be physically active for weight loss, family-level weight teasing, or parent-to-child conversations about the child's weight, shape or size were associated with early dieting, unhealthy weight control behaviors, lower body satisfaction, and higher body mass index (BMI) in children and adolescents (Balantekin et al., 2014; Berge, Maclehose, et al., 2013; Berge et al., 2015; Davison & Deanne, 2010;

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Fulkerson et al., 2007; Hanna & Bond, 2006; McCormack et al., 2011; Neumark-Sztainer et al., 2010). Another study examined the sources of negative weight-based talk for children (Hanson, Rowley, Maclehose, Neumark-Sztainer, & Berge, submitted for publication). Results showed that children experienced negative weight-based talk from at least one or more family members, which was twice as much as they heard from non-family members (e.g., friends, peers, teachers, other adults), and that siblings were more likely to be the source of negative weight-based talk. Furthermore, older brothers were the most common source of sibling negative weight-based talk, followed by younger sisters, younger brothers, and older sisters. Participants who endorsed hearing negative weight-based comments by a parent reported that mothers were the source almost twice as often as fathers. Additionally, exploratory results showed that negative weight-based talk by a family member was associated with higher unhealthy weight control behaviors in 9–12 year old children (Hanson et al., submitted for publication). Overall, previous quantitative research has shown that weight talk and teasing by family members and parents is common and is associated with higher weight status and unhealthy weight control behaviors in children. However, we are not aware of any studies that have specifically examined parents' own views of weight talk or teasing in the home environment. Qualitative research is needed in order to provide a more in-depth picture of how weight talk and teasing operate in the home environment in order to create interventions that can reduce these conversations in the home (Pocock, Trivedi, Wills, Bunn, & Magnusson, 2010).

Additionally, it is important to understand more about weight talk and teasing in the home environments of African American youth who are at high-risk for childhood obesity (Ogden, Carroll, Kit, & Flegal, 2012; Ogden, Lamb, Carroll, & Flegal, 2010). This population is particularly important to investigate because there have been conflicting results regarding the effects of weight talk and teasing on African American youth. For example, some previous research has suggested that weight talk and weight teasing is less stigmatizing in the African American culture (Latner, Stunkard, & Wilson, 2005; Young-Hyman, Herman, Scott, & Schlundt, 2000), whereas other research has shown that weight talk and teasing is associated with unhealthy weight control behaviors and overweight status in African American adolescents at similar levels as youth from other diverse cultures (Eisenberg et al., 2006; Neumark-Sztainer et al., 2010; van den Berg et al., 2008; Witherspoon, Latta, Wang, & Black, 2013).

Thus, to address the gaps in the field related to weight talk and teasing in the home environment, a qualitative approach was used in the present study in order to gather an in-depth understanding from parents regarding how weight talk and teasing are experienced in the home, how parents respond to weight talk and teasing when it occurs, and what factors may influence whether and how weight talk and teasing occur in the home environment. The following four research questions are examined in this paper: (a) What types of weight talk and weight teasing are occurring in the home environment?; (b) Why do families engage, or not engage, in weight talk and teasing?; (c) How is weight talk and teasing handled when it occurs?; and (d) How does one's culture influence weight talk and teasing in the home environment?

Method

Sample and Study Design

The Family Meals, LIVE! study is a 2-year, mixed methods, cross-sectional study designed to identify key risk and protective factors for childhood obesity in the home environment, such as eating family meals, parent feeding practices, family functioning, and family weight talk and/or teasing (Berge et al., 2014). The Family Meals, LIVE! study was guided by Family Systems Theory, which recognizes multiple levels of familial influences (i.e., parent-, sibling-, family-level) on a child's eating behaviors (Berge, Wall, Larson, Loth, & Neumark-Sztainer, 2013; Bertalanffy, 1952; Whitchurch & Constantine, 1993). Direct observational methods (i.e., family meal video-recordings) used in the study are described elsewhere (see Berge et al., 2014). Qualitative interviews conducted with parents in Family Meals, LIVE! were utilized in the current study. All participating family members provided consent or were assented into the study. All study protocols were approved by the University of Minnesota's Institutional Review Board.

Children ($N = 120$) and their families from four primary care clinics serving primarily diverse and low income families in Minneapolis/St. Paul participated in Family Meals, LIVE! in 2012–2013. A recruitment letter from the primary care doctor was sent to the child's primary caregiver inviting participation in the Family Meals, LIVE! study. Children and their families were eligible to participate if the child was between the ages of 6–12 years old and family members spoke and read English.

Parents/guardians ($N = 120$) were mostly mothers or other female guardians (90%) and were approximately 35 years old ($SD = 7.5$; range = 25–65 years). The racial/ethnic backgrounds of parents were as follows: 65% African American, 23% White, 5% American Indian, 5% Asian, and 2% mixed or other race/ethnicity; children were similarly diverse. Over 50% of parents were from very low socioeconomic status households (<$25,000). The majority of parents had finished high school but had not attended college, and about 50% of parents were working full- or part-time.

Procedures

Families participated in two home visits, 2 weeks apart (Berge et al., 2014). In the second visit, a qualitative interview was conducted with the primary caregiver. Parents were interviewed by research staff who had been trained in conducting qualitative individual interviews (Crabtree & Miller, 1992). The qualitative interview guide was created to elicit parents' perspectives regarding several home environment factors that are potential risk or protective factors for childhood obesity (e.g., family meals, healthful eating, sedentary behavior). Weight talk and teasing were a main focus of the interviews because of the limited prior research examining specifics related to weight talk and teasing in the home environment such as, how and why families engage in weight talk and teasing, how parents respond to weight talk and teasing, and whether culture influences weight talk and teasing in the home environment. The interview questions (see Table 1 for specific questions asked) allowed for an in-depth exploration of these key issues surrounding weight talk and teasing in the home environment.

Research team. Research team members included research faculty, full-time research staff, and research assistants who were graduate students. The research faculty were between the ages of 30–40 years, the full-time staff were between the ages of 25–35 years, and the research assistants were between the ages of 20–40 years. The team members represent a combination of Caucasian, African American, Hispanic, and Asian racial/ethnic groups. Before conducting any home visits or analyses, there was a series of research team meetings where cultural competence and sensitivity was discussed. During these meetings, presentations on cultural aspects of research and potential biases when conducting research with racially/ethnically and socioeconomically diverse participants were delivered by community members and our own research team members from the representative cultures of the participants in our study. Research staff and research assistants conducted all of the in-home visits in sets of two. Each set included one member who