

Investigation of ethnic differences in body image between Hispanic/biethnic-Hispanic and non-Hispanic White preadolescent girls[☆]

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Abstract

The extent to which the construct of body image is measurement invariant across ethnic groups is an important consideration for studies examining ethnic differences and characteristics that influence body image disturbances. However, the literature examining the body image construct as a function of ethnic group membership is limited. The primary aim of this study was to investigate whether Hispanic/biethnic-Hispanic and non-Hispanic White preadolescent girls (aged 8 through 12 years old; $N = 141$) had fundamentally different conceptualizations of body image in a low to low/middle socioeconomic status school-based sample. Our findings suggest that the measurement construct of body image was similar and relatively stable for Hispanic/biethnic-Hispanic and non-Hispanic White preadolescent girls. In addition, the body image construct was predictably related to disordered eating symptoms in both groups, with different dimensions of body image differentially predictive by ethnic group. Overall, body image appears to be a meaningful construct with similar measurement meanings across Hispanic/biethnic-Hispanic and non-Hispanic White ethnic groups.

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Introduction

Body image is a complex construct that refers to an individual's overall appearance or to more specific concerns, such as body shape (Smolak, 2006). It is multidimensional, consisting of perceptual, evaluative, and affective (or attitudinal) dimensions (Pesa, Syre, & Jones, 2000; Smolak, 2006). The evaluative dimension, which incorporates body dissatisfaction (i.e., feelings about one's body build) and body esteem

(i.e., global ratings of much one likes his or her body), is the aspect of body image most frequently studied in children (Smolak, 2004; Smolak & Levine, 2001). The body image construct has received progressively more attention with children and adolescents in the past few decades due to increasing rates of eating disorders and obesity in these populations (Grunbaum et al., 2004; U.S. Department of Health and Human Services, 2000). In general, disturbances in body image are commonly believed to be underlying factors in the development of eating disorders (Gardner, Friedman, & Jackson, 1999a). Biological, psychological, and sociocultural factors are all believed to influence body dissatisfaction and body esteem, thereby contributing to disturbances in body image (Smolak, 2004, 2006).

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Although adolescence has been the primary developmental period addressed in the childhood disordered eating literature, recent research has shown that biological, psychological, and sociocultural risk factors are beginning to emerge in preadolescence. For example, pubertal development and body mass index (BMI) were found to significantly predict disordered eating (Keel, Fulkerson, & Leon, 1997) and psychosocial adjustment (Tremblay & Frigon, 2005) in pre- and early adolescence. Furthermore, studies have found that parental attitudes toward their child's appearance are beginning to change well in advance of adolescence. Parents of grade school children reported less positive evaluation, less praise, and more criticism of their child as well as more efforts to change their child's physical appearance than did parents of younger children (Striegel-Moore & Kearney-Cooke, 1994). Research has also shown that the opinions of peers are increasing in influence during preadolescence. The importance that peers place on weight and eating was found to be strongly correlated with girls' weight concerns (Taylor et al., 1998), and exposure to peer dieting techniques and peer investment in dieting was found to be significantly associated with disordered eating as girls approached adolescence (Levine, Smolak, Moodey, Shuman, & Hessen, 1994). Thus, preadolescence is now being recognized as a vulnerable period for body image disturbances.

Body dissatisfaction and body esteem

Recent research on body image has focused on the primacy of sociocultural factors, over biological and psychological factors, as the foundation of body image disturbances (Smolak, 2006). A prominent example of a sociocultural risk factor for eating disturbances is cultural messages. Research has shown that young girls are receiving compelling messages that slenderness is important and valued in today's society. The desire to attain this "thin ideal" but to be unable to realize this goal may lead to body dissatisfaction (Stice & Whitenton, 2002). A significant proportion of preadolescent girls report a desire to be thinner (Gustafson-Larson & Terry, 1992; Maloney, McGuire, Daniels, & Specker, 1989) and express fear of becoming fat (Shapiro, Newcomb, & Loeb, 1997). In fact, one large school-based study reported that more than 40% of 9-through 16-year-olds reported feeling fat and/or wishing to lose weight, and 23% reported being afraid to eat because of the possibility of gaining weight (Childress, Brewerton, Hodges, & Jarrell, 1993).

Moreover, the pervasiveness of the "thin ideal" message, and consequently, eating disturbances, is

affecting girls at earlier ages (Shapiro et al., 1997). Girls as young as 5 years old are expressing concerns about their weight (Davison, Markey, & Birch, 2003). Girls in first grade have been shown to report dieting and weight concerns and to engage in disordered eating behaviors (Flannery-Schroeder & Chrisler, 1996), and the presence of body dissatisfaction at 5 and 7 years old has been shown to be a precursor for higher dietary restraint, more maladaptive eating attitudes, and a greater likelihood of dieting at age 9 (Davison et al., 2003). In fact, body dissatisfaction in the form of body size discrepancy has been found to act as a mediating variable between such risk factors as societal pressure for thinness, self-esteem, and depression and associated eating disorder symptoms in preadolescent girls (Veron-Guidry, Williamson, & Netemeyer, 1997).

One protective factor that may shield girls from internalizing the "thin ideal" message is high body esteem, a positive sense of one's body that incorporates feelings about one's appearance and weight. Body esteem has been negatively correlated with disordered eating behaviors in first through fifth grade girls (Flannery-Schroeder & Chrisler, 1996) and in middle school girls (Hoare & Cosgrove, 1998; McVey, Pepler, Davis, Flett, & Abdolell, 2002). In addition, body esteem has been shown to significantly decrease between third and fifth grade (Flannery-Schroeder & Chrisler, 1996) and to precipitously decline in middle school (Smolak, 2006), and low body esteem has been found to predict higher eating disorder scores (Gardner, Stark, Friedman, & Jackson, 2000).

Weight

Elevations in BMI, a measure of body fat based on height and weight, have also been found to be a risk factor for disturbance in body image (Smolak, 2006). BMI has been found to significantly predict eating disorder scores (Gardner et al., 2000; Keel et al., 1997) and stronger attempts to lose weight (Muris, Meesters, van de Blom, & Mayer, 2005). When BMI is treated as a continuous variable, girls with elevated BMI levels report increased body dissatisfaction (Stice & Whitenton, 2002), a greater desire for thinness, higher levels of dietary restraint (Ackard & Peterson, 2001), and lower body esteem (Vander Wal, 2004).

Ethnic differences

The majority of this body image research has been conducted with relatively homogeneous White samples, and thus, there is limited research on body image

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