



# Predictors of body dissatisfaction in a Hispanic college student sample



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## ARTICLE INFO

### Article history:

Received 11 April 2013

Received in revised form 3 September 2013

Accepted 9 October 2013

Available online 21 October 2013

### Keywords:

Body image

Hispanic

Mood

Depression

Affect

## ABSTRACT

This study assessed the impact of demographic, mood, acculturation, weight, and accurate weight feedback on body dissatisfaction and satisfaction. One hundred and sixty Hispanic college students completed measures assessing depressive symptoms, acculturation, affect, and body image. Participants were randomized to receive immediate or delayed weight feedback. Three multiple regression analyses assessed predictors of body dissatisfaction, body weight and fitness happiness, and perceived attractiveness. A hierarchical regression model assessed body dissatisfaction after receiving feedback. Results indicate that greater body dissatisfaction was associated with females, greater depressive symptomatology, and higher weight. Body weight and fitness happiness was associated with males and greater positive affect. Perceived attractiveness was related to smoking, greater positive affect, and greater importance placed on weight. Body dissatisfaction was not impacted by accurate weight feedback. Studies assessing the impact of these predictors in weight loss and/or body acceptance interventions are warranted, particularly in Hispanic college students.

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## 1. Introduction

In the United States, 32.2% of men and 35.5% of women are obese, and an even greater number, 72.3% of men and 64.1% of women are overweight (Flegal, Carroll, Ogden, & Curtin, 2010). Obesity and overweight are associated with many diseases, such as coronary heart disease, Type 2 diabetes, certain cancers, hypertension, stroke, osteoarthritis, and high cholesterol (Weight Control Information Network, 2007). It has been found that some body dissatisfaction is typical and can even be a motivational factor for weight-loss (Dionne & Davis, 2004; Dionne & Yeudall, 2005; Heinberg, Thompson, & Matzon, 2001; Levitsky, Garay, Nausbaum, Neighbors, & DellaValle, 2006; McFarlane, Polivy, & Herman, 1998). Indeed, the Self-Discrepancy Theory posits that those who are aware of the discrepancy between their real and ideal self will alter their behavior in order to become more like their ideal self (Higgins, 1987).

Previous studies have found that greater body dissatisfaction is associated with females, higher weight, those who smoke, and greater depressive symptomatology and negative affect (Frederick, Forbes, Grigorian, & Jarcho, 2007; Heywood & McCabe, 2006; Nguyen, 2008; Pomerleau & Saules, 2007). However, with regard to Hispanic populations, there is limited information about what factors are associated with body dissatisfaction and satisfaction, though some

studies seem to suggest that Hispanic individuals do not differ significantly from other ethnic groups (Frederick et al., 2007).

The present study assessed the impact of demographic variables, mood, acculturation, and weight on body dissatisfaction in a Hispanic sample of college students. We hypothesize that body dissatisfaction would be associated with females, higher weight, greater depressive symptomatology and negative affect, and smoking. As a secondary aim, the impact of accurate weight feedback on body dissatisfaction was also assessed. In accordance with the Self-Discrepancy theory (Higgins, 1987), we hypothesize that body dissatisfaction would increase after receiving weight feedback.

## 2. Materials and methods

### 2.1. Participants

Participants were 160 self-identified Hispanic college students at least 18 years of age attending a university located on the U. S./México border. Participants were 63.6% female with an average age of 19.94 years ( $SD = 2.63$ ). No other inclusion or exclusion criteria were observed.

### 2.2. Measures

Age, sex, ethnicity, marital status, participation in campus organizations (i.e. fraternities, organized sports, etc.), smoking status, and self-reported height and weight were obtained. Motivation and importance of changing weight were also assessed on a Likert-type scale in which responses range from 1 (Not all motivated/important)

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to 10 (Very motivated/Important). In addition, the following measures were administered:

The *Primary Care Evaluation of Mental Disorders* (PRIME-MD; Spitzer et al., 1994) is a nine symptom checklist assessing depressive symptoms. Participants are asked to indicate how frequently they have experienced each problem in the last two weeks. Items are on a Likert scale and range from 0 indicating “not at all” to 3 indicating “nearly every day.” Items in the measure are summed in order to obtain a score for depression, where higher numbers indicate greater depressive symptomatology. This instrument has been found to be consistent with diagnoses made independently by mental health professionals ( $\kappa = .71$ ). Internal reliability for the current study was .84.

The *Short Acculturation Scale for Hispanics* (SASH; Marín, Sabogal, VanOss, Otero-Sabogal, & Pérez-Stable, 1987) contains 12 items assessing the degree to which people of Hispanic descent have adopted American culture. This scale measures three factors believed to be related to acculturation: Language Use, Media, and Ethnic Social Relations. Responses are on a Likert scale and range from 1 to 5. Scores for each item on the scale are averaged to obtain a score for acculturation, in which higher scores indicate greater acculturation. Internal reliability for the current study was .92.

*Positive and Negative Affect Schedule-Expanded Form* (PANAS-X; Watson & Clark, 1992) is a mood measure that contains 60 words or phrases that measure both positive and negative affect. Responses are on a Likert scale and range from 1 indicating “very slightly or not at all” to 5 indicating “extremely.” The PANAS-X provides scores for the two primary factors, Positive Affect and Negative Affect on a scale from 10 to 50. Higher scores for each factor indicate greater Positive Affect or Negative Affect. Internal reliabilities for the positive and negative subscales were .88 and .85, respectively.

*Culturally Relevant Body Image Instrument* (Pulvers et al., 2004) contains 18 silhouette drawings of male and female bodies. Participants are asked to circle which body they feel they most resemble at the current moment as well as which body they wish to resemble. A difference between the two scores is taken. The scale has been shown to have good validity and test–retest reliability. Scores range from –8, indicating high levels of body dissatisfaction to 8, indicating no body dissatisfaction.

*Body Happiness Questionnaire* (BHQ; Witt et al., Manuscript in progress). Each item on this survey lists a physical characteristic. Participants are asked to rate their contentment with each characteristic. Participants are also asked how important this characteristic is in defining their own physical appearance. The BHQ is divided into four subscales: Body Weight and Fitness Importance, Body Weight and Fitness Happiness, Perceived Attractiveness Importance, and Perceived Attractiveness Happiness. Items that belonged in the Body Weight and Fitness Happiness and Perceived Attractiveness Happiness scales were scored on a Likert scale with a score of –2 indicating “very unhappy” and a score of 2 indicating “very happy.” The Body Weight and Fitness Importance and Perceived Attractiveness Importance scales were scored on a Likert scale with responses ranging from 0, which indicates “not at all important,” to 3, which indicates “very important.” To obtain an overall happiness score for Body Weight and Fitness (BWF) and Perceived Attractiveness (PA), happiness is weighted by the level of importance the participants place on each feature. Validity and test–retest reliability has not been established with this scale as of yet. Internal reliabilities for the BWF and PA subscales were .92 and .89, respectively.

Two additional forms were administered to participants: a mathematical filler task comprised of simple addition problems and an intervention ranking form that asked participants to rank how helpful they believed each component of feedback was. A body composition analyzer assessed participants' height, weight, and body mass index (BMI).

### 2.3. Procedure

Data were collected after Institutional Review Board approval. Students enrolled in psychology courses signed up for appointments through a secure online database maintained for research studies. Informed consent was obtained from all participants. Participants were then administered a baseline survey packet, which was comprised of demographic questions, the PRIME-MD, SASH, PANAS-X, and the two body image measures. After completion, the baseline surveys were collected and all participants were given a filler task, while each participant was taken to another room to have his or her body composition measured.

Participants were randomized into two different groups. Those in the immediate feedback group were given a paper copy of the body composition output as well as a brief written explanation of what the output meant (e.g. body fat percentage was above average). Participants were asked to hold their questions until the end of the session. Those in the delayed feedback session were told they would get to see their body composition analysis at the end of the session and be able to ask any questions at that time. All participants were then administered a follow-up survey packet that consisted of the PRIME-MD, PANAS-X, and the body image measures. All participants were then debriefed and those in the delayed feedback group received written feedback. Participants were given course credit for participation.

### 2.4. Approach to analyses

Participant characteristics were analyzed using descriptive statistics (See Table 1). Inferential analyses included three multiple regression models. For model 1, dissatisfaction as measured by the Culturally Relevant Body Image Instrument was the dependent variable. For model 2, the dependent variable was Body Weight and Fitness Happiness as measured by the BHQ, and for model 3 the dependent variable was Perceived Attractiveness, also taken from the BHQ. The

**Table 1**  
Participant characteristics.

Participants (N = 160)	
Characteristic	Frequency/Mean (SD)
Age	M = 19.94 (SD = 2.63)
Female	63.6%
Male	36.4%
Smoking Status	
1 cigarette per day	7.5%
1 to 6 cigarettes per week	6.3%
Less than 1 cigarette per week	5.0%
Less than 1 cigarette per month	3.1%
Cigarettes per day	5.14 (SD = 4.53)
Weight classification	
Obese (BMI > 30)	16.3%
Overweight (BMI 25 to 29.9)	25.6%
Normal weight (BMI 18.5 to 24.9)	54.4%
Self-reported weight	151.09 (SD = 38.73)
Measured weight	153.27 (SD = 40.60)
Weight importance: 0 to 10	7.72 (SD = 1.95)
Motivation to change weight: 0 to 10	7.43 (SD = 2.23)
Acculturation (SASH): 1 to 5	3.15 (SD = .77)
Dissatisfaction (baseline): –8 to 8	.74 (SD = 1.10)
Negative affect: 1 to 5	1.91 (SD = .68)
Positive affect: 1 to 5	3.20 (SD = .78)
Depressive symptoms (PRIME-MD): 1 to 27	7.31 (SD = 5.12)

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