

Relationship of cognitive restraint of eating and disinhibition to the quality of food choices of Latina women and their young children

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Abstract

Background. Previous studies have examined the association of methods to control eating such as dietary restraint and disinhibition with weight and quantity of foods eaten. The purpose of this study was to examine the association of these constructs with quality of food choices for women and for their young children.

Methods. One hundred and eighty-seven Latina women completed the Eating Inventory, which measures cognitive dietary restraint and disinhibition, and reported on the food intakes of themselves and their 5- to 7-year-old child using a food frequency questionnaire. BMIs were also calculated.

Results. Cognitive restraint in mothers was generally associated with more healthful food choices of themselves and, to a lesser degree, of their children. Mothers' dietary disinhibition was associated with less healthful choices of themselves and their children. Mothers' control variables were not related to children's BMIs, except disinhibition was positively correlated with boys' BMI. Cognitive restraint in this low-income Latina population is thus associated with higher quality diets of self and child with no negative impact on children's BMIs whereas disinhibition is associated with overeating by self and child of high-fat, high-sugar foods. With the rise of obesity and with dietary quality of most Americans needing improvement, restraint may be a form of necessary cognitive self-regulation; and disinhibition or overeating is of greater concern.

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Introduction

Attempts to control eating such as dieting and dietary restraints have been documented to be widespread in modern western society, particularly among women, fueled by dissatisfaction with body size and body image and preoccupation with thinness. It has been estimated that between 40% and 70% of women and adolescent girls in the U.S. general population are dissatisfied with their body size or are dieting at any given time [1–4]. At the same time, obesity is on the rise and childhood obesity has become a national concern [5,6,7]. Yet, concerns about body weight are very much influenced by cultural context and there may be differences among different ethnic groups in perceptions and behaviors

related to control of eating, such as dietary restraint. This study was designed to investigate control of eating in a sample of Latina women and the relationships of these issues to the quality of food choices of themselves and their young children.

The construct of dietary restraint was originally introduced to attempt to clarify the relationships between weight status and behaviors to control eating such as dieting [8,9]. Dietary restraint has been defined as the tendency to control food intake consciously to prevent weight gain or to promote weight loss. It also includes the notion that this excessive concern for weight and rigid control of eating leads to disinhibition or loss of control of eating behavior under conditions that are antagonistic to self-control, such as emotional distress, alcohol, or the presence of palatable food [8–12]. While there is evidence from correlational and experimental studies that there is a causal link between dietary restraint [9] and loss of control or binge eating [10,12–17], many researchers have proposed that dietary

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restraint is a multidimensional construct [18–20]. Stunkard and Messick [18] developed the Three-Factor Eating Questionnaire (TFEQ) or Eating Inventory to measure separately the various constructs underlying dietary restraint theory: (a) cognitive restraint of eating or the extent to which people believe they exercise cognitive control over eating behavior; (b) disinhibition of control or the tendency to lose control over eating once begun; and (c) susceptibility to hunger. Results from several studies provide support for the reliability and validity of these factors [11,18,21,22].

An increasing number of studies examining the relationships among these variables have found that restraint and disinhibition are not always causally linked. There are some restrained eaters who may be called “successful dieters,” who appear to be effective in establishing restrained eating behavior as long-term behavior without experiencing disinhibition of control, and are able to maintain their body weights lower than their previous weights [19,20,23,24]. There are also those who score high on the disinhibition scale, or overeat as a response to environmental or emotional stimuli, who were not previously restrained or inhibited [24]. A study of the relationships among the three factors of the Eating Inventory in adolescents also found the relationships to be more complex [25].

Several studies have suggested that disinhibition or loss of control may be dependent on a special type of dietary restraint, which may be called rigid control of eating behavior characterized by an “all-or-nothing” approach to eating and food, calorie counting, and avoidance of liked foods that give pleasure as opposed to the more flexible control of eating exhibited by long-term, successful restrained eaters [19]. The disinhibition scale may be a better measure of disturbances in eating behavior than the restraint scale [26–30] and is a measure of the tendency to lose control over eating once begun, or overeating, due to situational factors or emotional states [31,32].

Few studies have examined the issue of whether the constructs of dietary restraint and disinhibition have an impact on the quality of diet. One study found that restrained and unrestrained women ages 18–30 in Germany [33] did not differ significantly in food choice frequencies for basic foods such as meat, vegetables, starchy foods or bread, or even in consumption of margarine or sweet items, such as cookies and cake. The only difference was that restrained eaters avoided mayonnaise, oils, butter, and high-fat dairy products. In a study of a sample of both women and men [34], women scoring high on the Eating Inventory Restraint Scale reported significantly lower total calorie intake and less frequent consumption of sweets compared to women low on the Eating Inventory. Men who scored high on the Eating Inventory Restraint Scale reported a significantly greater percent of calories intake from protein and carbohydrate and less frequent consumption of beef, pork, whole milk, and

sweets. Another study found that the high restraint groups had significantly lower intakes of calories, fat including cholesterol, carbohydrates including sugar, beef, and soda [35].

In a sample of British adolescents, restrained eaters were found to have a lower calorie intake relative to their body size and they ate less carbohydrate and fat [36]. Another study of adolescents found that the group highest on the Eating Inventory Restraint Scale tended to eat significantly fewer calories compared to the group highest on disinhibition, fewer total portions of food (and meal and snack portions), less sugar, more protein, and had higher scores on a measure of overall quality of diet [25]. The group that scored high on both scales had intakes that were intermediate between the two extreme group groups. Taken together, these studies provide a mixed picture of the association of restraint with quality of diet but do suggest that the diets of restrained eaters may be somewhat more healthful.

Several recent studies have examined the relationship between parents’ weight-related variables and their young children’s weight and eating behavior [37–43]. Several of these studies included the role of dietary restraint and disinhibition. One study found that mothers’ dietary restraint and perceptions of their daughters’ risk of overweight predicted mothers’ restriction of their daughters’ eating, which in turn was related to their young daughters’ eating and weight [38]. A longitudinal study found that maternal use of restrictive feeding practices promoted girls’ eating in the absence of hunger [43]. These studies focused on quantity of intake and weight, not on quality of diet, the subject of this study.

Clearly body weight concerns are influenced by culture, and hence there may be differences in perceptions and behaviors related to control of eating such as dietary restraint or disinhibition among different ethnic groups within the United States. Some research and theorizing on eating disturbances and eating disorders have been extended to include considerations of multiethnic differences [44]. Most such studies have been with adolescents and college students [45–49]. Few of these studies have specifically examined the issues of dietary restraint and disinhibition per se, and most of these have been with African Americans [50–52]. These studies have not examined the relationship between these constructs in relation to the eating patterns of mothers or their young children.

The primary purpose of the present study was to examine the relationships of the constructs of dietary restraint and of disinhibition in Latina women to the quality of their own food choices and that of their young children. The study also sought information on the relationships of the constructs of dietary restraint and of disinhibition with the weights of the mothers and their children, as well as information on frequency of dieting, dieting methods, and diet-related knowledge of mothers.

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