



Research report

Differentiating the effects of maternal and peer encouragement to diet on child weight control attitudes and behaviors

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ABSTRACT

Obese and overweight youth are more at risk for engaging in frequent dieting, unhealthy weight control behaviors and report more body dissatisfaction than their normal weight peers. Previous research has indicated that peer and maternal encouragement to diet is predictive of unhealthy weight related behaviors and attitudes. The current study aims to examine if maternal and peer encouragement to diet equally mediate the relationship between youth BMI z-score and (a) unhealthy weight control behaviors, (b) diet frequency and (c) body dissatisfaction in a sample of racially diverse boys and girls. Participants were 94 children/adolescents between the ages of 8–17. Results were stratified by gender. Three bootstrapped multiple mediation models were conducted to examine each outcome variable. Results indicated that maternal encouragement to diet mediated the relationships predicting unhealthy weight control and diet frequency for girls, but not for boys. Peer encouragement to diet significantly mediated the relationship predicting unhealthy weight control behaviors, with increased peer encouragement associated with fewer unhealthy weight control behaviors for girls. Peer encouragement to diet was not a significant mediator for any of the outcomes for boys. Results suggest that maternal encouragement to diet may play a larger role than peer encouragement to diet in predicting unhealthy weight attitudes and behaviors for girls.

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Introduction

Pediatric obesity is a critical public health issue. Current estimates suggest that approximately one in three children are overweight or obese (Ogden, Carroll, Kit, & Flegal, 2012). Given the substantial health and psychosocial risks associated with obesity (Goran, Ball, & Cruz, 2003; Gortmaker, Must, Perrin, Sobol, & Dietz, 1993) there is significant pressure on adolescents to lose weight, and on their parents to help them lose weight. Unfortunately many adolescents, in an effort to lose weight, engage in unhealthy weight control behaviors (Boutelle, Neumark-Sztainer, Story, & Resnick, 2002; Neumark-Sztainer, Story, Hannan, Perry, & Irving, 2002; Vander Wal, 2011) and more frequent dieting (Stice, Hayward, Cameron, Killen, & Taylor, 2000; Vander Wal, 2011). Moreover many adolescents who feel this pressure also experience greater body dissatisfaction than their average weight peers (Vander Wal, 2011). Excessive dieting, and unhealthy weight control behaviors put youth at risk for nutritional deficiencies, psychological and physical consequences and disordered eating behaviors (such as bingeing or purging) (Neumark-Sztainer, Wall, Story, & Perry, 2003). There is strong evidence that both interpersonal

factors (i.e. body dissatisfaction) and intrapersonal factors (i.e. family and social environment) have an impact influence on eating and dieting behaviors in youth (e.g. Neumark-Sztainer et al., 2003). The social ecological model posits that these interpersonal and intrapersonal systems do not occur in isolation and both influence behavior and adjustment (Bronfenbrenner, 1977). Therefore it is important to examine the role of socioenvironmental factors (i.e. parenting, and the family environment) as well as personal factors (e.g. BMI and body dissatisfaction) to further our understanding of the possible pathways in which they appear to operate and are linked to use of unhealthy weight control behaviors and dieting in adolescents.

Various factors seem to be associated with children's body change strategies and eating problems. Studies have shown that having a higher body mass index, and hence a body that deviates to a greater extent from what is considered ideal, is associated with more body image dissatisfaction in children and adolescents (Taylor & Altman, 1997). Further, there is considerable evidence for the role of body image dissatisfaction in the development of disordered eating which has been both cross sectional and longitudinally demonstrated (Byely, Archibald, Graber, & Brooks-Gunn, 2000; McVey & Davis, 2002).

Encouragement to diet has been shown to predict both disordered eating and body dissatisfaction (Meesters, Muris, Hoefnagels,

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& van Gemert, 2007). For example, peers have been found to convey dieting messages that influence body image perceptions and weight concerns in youth (Dunkley, Wertheim, & Paxton, 2001; McCabe & Ricciardelli, 2001, 2005; McCabe, Ricciardelli, & Finemore, 2002). Lieberman, Gauvin, Bukowski, and White (2001) found that girls who were more popular, who were teased about their weight, who were pressured to diet by peers, and whose friends engaged in dieting behavior engaged in more dieting behavior themselves (Lieberman et al., 2001). Additionally, Vincent and McCabe (2000) found that for girls, both peer discussion about weight loss and peer encouragement to lose weight were associated with disordered eating and body dissatisfaction, whereas for boys, peer encouragement to lose weight alone was associated with disordered eating (Vincent & McCabe, 2000).

The literature regarding the influence of parental encouragement to diet has been somewhat mixed (Littleton & Ollendick, 2003). On one hand, Fulkerson, Strauss, Neumark-Sztainer, Story, and Boutelle (2007) found that parental encouragement to diet was related to multiple negative psychosocial outcomes such as greater body dissatisfaction, more depressive symptoms, and lower self-esteem (Fulkerson et al., 2007). Young adults who reported that their parents encouraged them to diet, engaged in dieting activities more frequently than their peers who were not encouraged to diet (Paxton, Wertheim, Gibbons, et al., 1991). Further, parental encouragement to diet has been shown to be more predictive of unhealthy weight control behaviors than parental modeling of dieting (Dixon, Adair, & O'Connor, 1996). However, Grigg, Bowman, and Redman (1996) did not find that parental suggestions that their child was overweight affected disordered eating or body image dissatisfaction (Grigg et al., 1996). Similarly, Byely et al. (2000) found that maternal dieting behavior and maternal pressure to diet did *not* influence body image or dieting behavior in a 1-year longitudinal study of early adolescent girls (Byely et al., 2000).

Although both peer and parental encouragement to diet have been found to independently predict unhealthy eating behaviors (Meesters et al., 2007) few studies have examined the combined role of parents and peers on health risk behaviors (McCabe & Ricciardelli, 2005). Additionally, much of the research conducted on body dissatisfaction and encouragement to diet has focused on Caucasian girls (Deleel, Hughes, Miller, Hipwell, & Theodore, 2009). However disordered eating and body dissatisfaction is prevalent both in boys as well as across racial groups (Ferreiro, Seoane, & Senra, 2011). Although it is clear that child BMI, parental encouragement to diet, body dissatisfaction and dieting and unhealthy weight control behaviors are related, less attention has been paid to determining the actual mechanisms of these relationships (i.e. mediators and moderators). Understanding the mechanisms of these interactions is essential for successful prevention and intervention (Littleton & Ollendick, 2003). Therefore, the current study aims to examine if peer and maternal encouragement to diet mediate the relationship between youth BMI and three outcome variables, body dissatisfaction, dieting, and disordered eating in a sample of racially diverse boys and girls. We hypothesize that maternal and peer encouragement to diet will mediate the relationship between BMI z-score and (a) unhealthy weight control behaviors (b) frequency of dieting (c) body dissatisfaction in youth.

Methods

Participants

Participants were 94 children/adolescents between the ages of 8–17 and a parent/legal guardian attending a regularly scheduled acute care or annual check-up appointment at a pediatric primary care clinic. Children were primarily African American (43.6%) and

Caucasian (35.1%) with a smaller percentage identifying as Hispanic (4.3%) bi-racial (13.8%) or Asian (1.1%).

Procedure

Potential participants were approached by a member of the research team while waiting in a private patient room prior to being seen by their physician. Informed consent was obtained from the parent or legal guardian and assent was obtained from the child prior to data collection. Each family was compensated \$5 upon completion of the study. Of the families approached, six qualified subjects declined to participate and indicated lack of time or interest and/or feeling uncomfortable completing questionnaires as their primary reason for refusal. Study protocol was approved by the governing IRB. Data were collected between 2008 and 2011.

Measures

The questionnaires included in the current study were all youth or parent report measures and were part of a larger study examining physiological functioning and bullying in overweight and non-overweight youth.

Anthropometrics

Child height (cm) and weight (kg) were obtained by the medical team at the current primary care visit. Child weight status and degree of overweight were calculated using age and gender norms published by the Centers for Disease Control and Prevention (2000).

Demographics

Parents completed a brief questionnaire designed for this study to collect information on child age, race/ethnicity and child gender.

Body dissatisfaction

The Children's Body Image Scale (Truby & Paxton, 2002) consists of pictorial scales for boys and girls, containing seven pictures of varying body size. Children are asked to identify the body figure most like their own (perceived figures) and the body figure they would most like to have (ideal figure). The difference between the ideal and perceived figures is used as the measure of body dissatisfaction with negative values suggesting a desire for a smaller body size and positive values suggesting a desire for a larger body size. The children's Body Image Scale has demonstrated good construct validity and test-retest reliability in samples of youth aged 7 years and older (Truby & Paxton, 2008).

Diet frequency

Diet frequency was assessed using the question "How often have you gone on a diet in the last year? By 'diet,' we mean changing the way you eat so you can lose weight". Children were to respond by selecting one of the following responses: "Never", "1–4 times a year", "5–10 times a year" or "more than 10 times a year". Similar one item assessments have been used in previous studies assessing youth dieting behavior (Eisenberg & Neumark-Sztainer, 2010).

Maternal and peer encouragement to diet

Youth perception of *maternal* encouragement to diet was measured using the question "[Over the past year] My mother encouraged me to diet to control my weight". Youth perception of *peer*

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