



An exploration of body dissatisfaction and perceptions of Black and White girls enrolled in an intervention for overweight children

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ABSTRACT

Silhouette measures are one approach to assessing body dissatisfaction in children, although little is known about their use among racially diverse, overweight girls seeking weight-loss treatment. This study assessed racial differences in body dissatisfaction and body size perceptions of 58 girls (ages 6–11, 66% Black, 34% White) participating in a randomized trial for pediatric overweight. Body dissatisfaction did not differ between races; 99% of girls reported an ideal figure smaller than their current one. Black girls selected a larger silhouette to represent their ideal body size, and most girls in both racial groups underestimated their actual size. Outcomes strengthen the argument that, despite an overall preference for a larger body size, obesity might mitigate cultural factors that protect Black girls from body dissatisfaction. Additional research is needed to enhance understanding of children's body size perceptions and dissatisfaction to inform assessment and treatment of pediatric obesity and associated disordered eating symptoms.

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Introduction

Over a third of children between the ages of 6 and 11 are overweight (Body Mass Index [BMI] for age \geq 85th percentile) or obese (BMI \geq 95th percentile; Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Pediatric overweight and obesity are not only associated with significant physical health problems (Kiess et al., 2001), but also are risk factors for body dissatisfaction and other eating disorder pathology (Fairburn, Doll, Welch, Hay, Davies, & O'Connor, 1998; Fairburn, Welch, Doll, Davies, & O'Connor, 1997; Shunk & Birch, 2004; Stice & Shaw, 2002). For example, girls who are overweight at age 5 are significantly more likely to report eating pathology at age 9, including weight concern, disinhibited eating, and dietary restraint (Shunk & Birch, 2004). Further, girls as young age 5 years report body dissatisfaction (Lowe & Tiggemann, 2003), which is an identified risk factor for eating disorders (Stice & Shaw, 2002). Thus, considering the pervasiveness of obesity and body dissatisfaction among children, a large percentage of girls in the United States (U.S.) might be at risk for developing disordered eating pathology.

Pediatric obesity is more common among Black children in the U.S. compared with their White peers (Ogden et al., 2010). Given the noted associations between BMI and body dissatisfaction (Stice & Shaw, 2002), one might expect overweight Black girls to report greater dissatisfaction with their body size. Yet, historically, this has not been the case. Rather, overweight Black girls typically endorse a larger ideal body size and greater body satisfaction than White girls (e.g., Davis, Sbrocco, & Williams, 2009), findings attributed to cultural variations in body ideals and greater tolerance of weight diversity (Skelton, Busey, & Havens, 2006). However, overweight Black girls seeking weight-loss treatment report levels of psychological distress (including low quality of life and self-esteem) similar to those of their White peers (Schwimmer, Burwinkle, & Varni, 2003; Stern, Mazzeo, Gerke, Porter, Bean, & Laver, 2007). These findings, although somewhat inconsistent across studies (e.g., Fallon et al., 2005), have led some to propose that a general cultural preference for a larger body size does not buffer Black girls at the extremes of overweight and obesity against negative psychological outcomes (Stern et al., 2007). However, less is known about body dissatisfaction among Black girls seeking weight-loss treatment.

Silhouette measures are one method used to assess body dissatisfaction and are appropriate for children as young age 5 years (Collins, 1991). Although commonly used in pediatric samples to assess body dissatisfaction (Davis et al., 2009; Rasmussen, Eriksson, & Nordquist, 2007; Rolland, Farnill, & Griffiths, 1997;

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Truby & Paxton, 2008; Wallander et al., 2009; Welch, Gross, Bronner, Dewberry-Moore, & Paige, 2004; Young-Hyman, Schlundt, Herman-Wenderoth, & Bozylinski, 2003; Young-Hyman et al., 2006), significantly less data are available regarding correlates of these measures in overweight children seeking weight-loss treatment. One of the few available studies suggested that overweight children reported high levels of body dissatisfaction (Zeller, Ingerski, Wilson, & Modi, 2010). However, the measure used in this study included a restricted range of three silhouettes (representing underweight, average weight and obese body sizes). A measure with greater range, such as that used in the current study, might be better able to identify possible links between body size perceptions and ideals.

Another limitation of previous research in this area is that few investigations have included substantial numbers of Black girls, despite the high prevalence of obesity in this group (Ogden et al., 2010). The study by Zeller et al. (2010) did include Black girls; however, it also included boys, and most analyses were conducted with both genders combined. The current study focuses on girls exclusively, as research has identified substantial gender differences in body dissatisfaction, perceptions, and ideals (Rasmussen et al., 2007; Rolland et al., 1997; Truby & Paxton, 2008; Welch et al., 2004; Young-Hyman et al., 2006). Moreover, the current study extends prior research, which has primarily been conducted with community-based adolescent populations (e.g., Rasmussen et al., 2007; Wallander et al., 2009), to a younger, clinical sample. A significant body of work has suggested that children and adolescents seeking weight-loss treatment differ in several important ways from overweight youth included in community samples (Eddy, Tanofsky-Kraff, Thompson-Brenner, Herzog, Brown, & Ludwig, 2007; Schwimmer et al., 2003). In particular, relative to their peers in the community, treatment-seeking children and adolescents report higher levels of disordered eating and general psychopathology (e.g., mood and anxiety disorders) and poorer quality of life (Eddy et al., 2007; Schwimmer et al., 2003). Thus, results from non-clinical samples are unlikely to generalize to treatment-seeking children, and additional research is needed with this particularly vulnerable group.

Another reason it is important to investigate overweight children's body size perceptions and ideals is that these variables could reduce the effectiveness of pediatric weight management interventions (Wang, Liang, & Chen, 2009). Overweight children and adolescents are more likely to under-report their weight relative to their normal weight peers (e.g., Elgar & Stewart, 2008; Jorga, Marinkovic, Kentric, & Hetherington, 2007; Maximova, McGrath, Barnett, O'Loughlin, Paradis, & Lambert, 2008; Wang et al., 2009; Zeller et al., 2010). Youth who are overweight, but perceive their body size as normal might have limited motivation to change their health behaviors. This hypothesis is supported by data suggesting that Black adolescents who perceived themselves as overweight were more likely to try and lose weight (Wang et al., 2009). On the other hand, unrealistic weight loss goals (i.e., large discrepancies between actual and preferred body sizes) and body dissatisfaction are associated with poorer weight loss outcomes and greater attrition among women enrolled in obesity treatment (Dalle Grave et al., 2005; Teixeira et al., 2004). Despite these potential clinical implications, very little research has explored these variables (e.g., body size perceptions and preferences) among overweight children seeking treatment. Exploration of the influence of children's race is also lacking.

Thus, the current study's aims were: (a) to examine differences in BMI percentile, body dissatisfaction, body size ideals, and body size perceptions between overweight White and Black girls enrolled in a pediatric obesity intervention, and (b) to explicate the associations among these variables. It was hypothesized that body dissatisfaction, assessed using a silhouette measure, would not dif-

fer between Black and White participants, but that Black girls would endorse a larger ideal body size. It was further hypothesized that BMI percentile and body dissatisfaction would be significantly and positively correlated. All other analyses were exploratory considering the relative dearth of research including treatment-seeking, racially diverse pediatric samples.

Method

Participants

This study assessed racial differences in BMI percentile, body size perceptions and ideals, and body dissatisfaction among girls participating in an intervention for overweight children (NOURISH—Nourishing Our Understanding of Role modeling to Improve Support and Health). The methods used in this clinical trial are described in detail elsewhere (Mazzeo et al., 2011). To qualify for participation, parents/caregivers had to be at least 18 years of age and have a child between the ages of 6 and 11 with a BMI \geq the 85th percentile for their age and sex according to the CDC Growth Charts (Kuczamarski, Ogden, Guo, Grummer-Strawn, & Flegal, 2002). This child also had to reside primarily in the participating caregiver's home. Multiple children from the same family were permitted to participate if they met all eligibility requirements. Briefly, families were recruited for NOURISH from within a 30-mile radius of Richmond, Virginia. Unpaid advertisements (i.e., fliers) were used to recruit participants from local elementary schools, community recreation centers, and pediatric health care professionals. A brief phone screen was used to determine eligibility. Families who completed baseline measures were compensated with a \$25.00 gift card to a major retailer.

A total of 84 families enrolled in NOURISH and completed baseline assessments, including 91 children (M age = 8.59, SD = 1.50; 63% female). The majority of participating families identified as Black (61.5%), followed by White (36.5%), and Hispanic/Latino/a (less than 1%). Only Black (n = 36) and White (n = 22) girls were included in the current analyses. Their mean BMI percentile was 97.58 (SD = 3.13).

Measures

Body image. Body dissatisfaction, body size perceptions, and body size preferences were assessed using silhouettes (Pulvers et al., 2004; see Fig. 1). This measure includes nine rank ordered figures which incrementally increase in size from underweight to overweight. Respondents were instructed to select their current (i.e., body size perception) and ideal silhouettes (i.e., body size preference). Body dissatisfaction was calculated by ascertaining the absolute difference between participants' ideal and current silhouettes. Larger discrepancies were indicative of greater body dissatisfaction. This instrument was designed to appear ethnically neutral, thereby maximizing its suitability for participants from varied ethnic backgrounds. It has been used with Black and White women in community and clinical settings, and demonstrated excellent estimated inter-rater reliability, as well as good content, convergent, and concurrent validity (Pulvers et al., 2008, 2004). This measure has also been used with Black and White adolescents enrolled in a weight management intervention, and demonstrated good convergent and content validity. Specifically, it was significantly correlated with both a well-validated self-report measure of body image (the Multidimensional Body-Self Relations Questionnaire, Cash, 2000), and with participants' BMI (Porter, 2008).

Anthropometric measures. Height was measured by trained staff to the nearest 1/4 in. using a stadiometer. Weight was measured to the nearest 1/4 lb. using a medical balance beam scale. Participants were asked to remove heavy clothing and their shoes

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