



# Weight-related teasing, emotional eating, and weight control behaviors in Hispanic and African American girls



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## ABSTRACT

**Purpose:** To assess the association among parent and peer weight-related teasing, emotional eating, and weight control behaviors in minority girls.

**Methods:** 141 Hispanic and African American preadolescent girls (mean age = 11.1 years, SD = 1.5 years) participated. Most of the participants were of Hispanic origin, had a bicultural orientation, and were obese. Participants completed surveys assessing weight-related teasing, emotional eating, weight control behaviors, demographic, and acculturation characteristics. Body weight and height were also assessed. Hierarchical regression analyses were run to determine the associations among study variables.

**Results:** Fifty-nine percent of participants reported being weight-related teased by peers and 42% participants reported weight-related teasing by parents. Weight-related teasing by parent was associated with emotional eating and binge eating, whereas peer weight-related teasing was only associated with emotional eating.

**Conclusions:** Findings demonstrated the differential association of weight-related teasing from peers and parents to emotional and binge eating in minority girls.

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## 1. Introduction

Weight-related teasing by peers is a serious form of bullying and peer victimization (Aalsma & Brown, 2008). Among adolescents, one in three females and one in four males have reported experiencing weight-related teasing by peers (Eisenberg, Neumark-Sztainer, & Story, 2003). Youth who are overweight are particularly at risk for weight-related teasing compared to their non-overweight counterparts (Faith, Leone, Ayers, Heo, & Pietrobelli, 2002; Hayden-Wade et al., 2005; Neumark-Sztainer, Falkner, Story, Perry, & Hannan, 2002).

Adverse psychological effects of weight-related teasing are well-documented. Weight-related teasing in children as young as fourth grade has been significantly associated with poor body image (Eisenberg, Neumark-Sztainer, Haines, & Wall, 2006; Haines, Neumark-Sztainer, & Thiel, 2007; Thompson, Covert, Richards, Johnson, & Cattarin, 1995). Peer bullying among overweight youth may also lead to unhealthy weight control practices that contribute to the development of obesity status (Aubie & Jarry, 2009; Gardner, Stark, Friedman, & Jackson, 2000; Wertheim, Koerner, & Paxton, 2001). In an adolescent study, weight-related teasing by peers was identified as a risk factor for binge eating in females and males and strong weight control in females (Neumark-Sztainer et al., 2007). Similarly, Donovan, Spence, and Sheffield (2006) observed a significant association with peer

weight-related teasing and eating disorders among adolescent females. A growing body of literature has begun examining the association between weight-related teasing and unhealthy weight control behaviors in younger populations. For instance, Suisman, Slane, Blurt, & Klump, 2008 found that peer weight-related teasing was significantly related to binge eating in 10–15 year-old females. They specifically found that girls with higher scores in peer weight-related teasing engaged in more weight restricting behaviors than those with lower scores. Eddy et al. (2007) reported that the experience of teasing was a predictor of eating disorder pathology in a sample of primarily overweight preadolescents.

A limitation of existing research is the paucity of studies examining the associations between weight-related teasing and unhealthy weight control behaviors among Hispanic and African American preadolescents (van den Berg, Neumark-Sztainer, Eisenberg, & Haines, 2008). To date, only one study has provided data on the sources of weight-teasing among minority youth (van den Berg et al., 2008). The van den Berg et al. (2008) study found that the prevalence of family and peer weight teasing was largely similar across female adolescents. However, Hispanic female adolescents who were overweight reported a higher prevalence of family weight-related teasing compared to their non-Hispanic White and African American counterparts. Among obese female adolescents, Hispanic youth reported a high prevalence of weight-related teasing by peers. Nonetheless, van den Berg et al. (2008) did not investigate the association between weight-related teasing and unhealthy weight control behaviors across ethnically diverse youth. To fill this gap in the literature, the present study examined the relationship among parental

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and peer weight-related teasing, emotional eating, and weight control behaviors in Hispanic and African American preadolescent girls. Emotional eating was also included in this study due to the fact that emotional eating has been found to predict unhealthy weight control behaviors over time (Stice, Presnell, & Spangler, 2002). Given the exploratory nature of this study, the following research questions were proposed: 1) Is peer weight-related teasing associated with engagement in emotional and binge eating in Hispanic and African American preadolescent girls? 2) Is parent weight-related teasing associated with emotional and binge eating in a sample of Hispanic and African American preadolescent girls?

## 2. Material and methods

### 2.1. Participants

The sample consisted of 141 Hispanic and African American girls (mean age = 11.1 years; SD + 1.5 years) who participated in a healthy lifestyle intervention known as BOUNCE (Behavior Opportunities Uniting in Nutrition, Counseling, and Exercise). The study used five inclusion criteria. Girls had to be: 1) between the ages 9 and 14 years; 2) of Hispanic or African-American origin; 3) overweight (body mass index (BMI)  $\geq$  85th < 95th percentile) or obese status (BMI  $\geq$  95th percentile); 4) free from physical activity restrictions that would limit active participation in the program as certified by a medical professional; and 5) willing to participate during the entire length of the intervention. Participants were recruited primarily through referrals by school and social agencies. Before measurements were taken, girls signed an assent form. Mothers were also asked to sign a consent form allowing their daughters to participate in this study because girls were under the age of 18. The University of Houston Committee for the Protection of Human Subjects approved the research protocols.

### 2.2. Procedures

Upon securing signed assent and consent forms, girls along with their mothers attended an orientation where they received more detailed information about the study requirements and involvement. After the orientation, girls who agreed to participate in the study were scheduled for a baseline measurement session. Data for this study were collected from different cohorts of girls participating in the BOUNCE baseline session during the summers of 2007 to 2010. At this baseline session girls in groups of 10 received a clasp envelope containing surveys that included among other measures, demographic, acculturation, weight-teasing, emotional eating, and weight-control instruments. Each girl was instructed to answer all questions to the best of her knowledge and to raise her hand if she had any questions. At least two research assistants were available in the room to assist participants. As girls completed their surveys, they were instructed to go to a separate room where stations were set up to take their height, weight, and other clinical measures not included in this manuscript. The baseline measurement session took place in a university classroom setting and gym and lasted approximately 90 min.

### 2.3. Measures

#### 2.3.1. Weight-related teasing, emotional eating, and weight control behaviors

In this study items used to measure weight-related teasing, emotional eating, and weight control behaviors (including binge eating) were derived from the McKnight Risk Factor Survey–IV for grades 6–12 (MRFS-IV; McKnight Investigators, 2003). The MRFS-IV is based on the McKnight Risk Factor Survey III (Shisslak et al., 1999). The full version is comprised of 103 questions that assess a variety of lifestyle factors/wellness factors. Responses on the MRFS-IV are provided in

Likert scale format ranging from never (1) to always (5). Psychometric properties are adequate and described in previous research (McKnight Investigators, 2003). The MRFS has been strongly correlated with the Eating Disorder Inventory–Body Dissatisfaction subscale ( $r = .85$ ,  $p < .01$ ; Peltzman, 2007). Most of the test–retest reliability coefficients of individual items on the MRFS were  $r > .50$  (Shisslak et al., 1999). Previous versions of the scale (with similar questions) have been used among populations of pre-adolescent/early-adolescent girls from diverse backgrounds (e.g., Tyler, Johnston, Dalton, & Foreyt, 2009) and have reported adequate reliability statistics.

In the current study, questions related to weight-related teasing, emotional eating, weight control behaviors, and binge eating were examined. Weight-related teasing was measured using 10 items from the subscales that included: Weight Teasing–Peers (eight items, e.g., “In the past year, how often have other children have made fun of you because of your weight?”) from both boys and girls and Weight Teasing–Parents (two items, e.g., “In the past year, how often has your mother/father made a comment to you about your weight or your eating that made you feel bad?”). In this study, reliability statistics for the Weight Teasing–Peers and Weight Teasing–Parents were adequate (Cronbach's  $\alpha = .87$  and  $.65$ , respectively).

Emotional eating was measured by asking questions regarding eating less (3 questions) or eating more (3 questions) than usual when being bored, trying to feel better about self, and being upset. For example, “In the past month, how often did you eat less than usual when you were bored?” Reliability statistics for the emotional eating items were adequate (Cronbach's  $\alpha = .70$ ) in the current study. Weight control behaviors were assessed by averaging responses to seven items related to being on a diet, cutting back on eating, skipping meals, exercising, and eating less sweets or fatty foods. Binge eating was assessed with two items (“kept eating and eating and felt like could not stop” and “ate a lot of food in a short amount of time when it was not a meal or a holiday”). In the current sample, reliability statistics for the weight control behavior items was adequate (Cronbach's  $\alpha = .74$ ); whereas, reliability statistics for binge eating items was moderate (Cronbach's  $\alpha = .60$ ).

#### 2.3.2. Demographic and acculturation forms

Demographic data consisted of questions about age, date and place of birth, income, and self-described ethnicity. The Short Acculturation Scale for Hispanic Youth (Barona & Miller, 1994) was used to measure acculturation in terms of the children's involvement in American culture. The scale is comprised of 12 items that assess extra-familial language use, familial language use, and ethnic and social relations in Hispanic youth. Items are rated on a five-point Likert scale and the acculturation score is obtained by summing the responses from each of the twelve items. A high score ( $>55$ ) was indicative of a more Americanized orientation; a medium score (40–55) was indicative of a bicultural orientation; and a low score ( $<40$ ) was indicative of a Hispanic orientation. Internal consistency of the scale was excellent (Cronbach's  $\alpha = 0.90$ ). The overall split-half reliability was  $.96$ ; it was  $.95$  for the Hispanic sample and  $.87$  for the non-Hispanic sample.

#### 2.3.3. Anthropometric

Body weight and height were measured to the nearest 0.1 kg and 0.1 cm, respectively, using a scale (Tanita TBF 310) and a stadiometer (Seca 213). A research assistant instructed each participant to remove her shoes and socks or any heavy garments before stepping onto the scale. Height was determined without shoes with the heels of both feet together and the toes pointed slightly outward at approximately a  $60^\circ$  angle. Arms were at sides, and shoulders were level. Heels, buttocks, and back of the head were touching the stadiometer and the headpiece was lowered until it firmly touched the crown of the head. BMI was calculated using Quetelet's index [body weight (kilograms) / height<sup>2</sup> (meters)]. BMI values were then used to identify the age- and gender-specific percentile for each child using Center for

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