

Original Article

Etiology of body dissatisfaction and weight concerns among 5-year-old girls

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(Received 8 March 2000, revision 8 June 2000, accepted in revised form 12 June 2000)

Among adolescent girls and women, higher weight status is associated with greater body dissatisfaction and weight concerns. This study investigated the etiology of body dissatisfaction and weight concerns among 5-year-old girls by assessing associations among girls' and parents' weight status, body dissatisfaction, and weight concerns. Weight status, body dissatisfaction, and weight concerns were assessed for 197 5-year-old girls and their parents, and relationships among these variables were investigated using multiple regression in the form of path analysis. For girls and parents, higher weight status was associated with greater body dissatisfaction, which in turn was associated with higher weight concerns. No direct relationship was found between girls' weight status and girls' weight concerns. Girls' body dissatisfaction and mothers' weight concerns, however, were independently and positively associated with higher weight concerns among girls. In conclusion, relationships among weight status, body dissatisfaction, and weight concerns for 5-year-old girls parallel those reported among adults. In addition, results suggest that the etiology of weight concerns in young girls may be linked to girls' subjective evaluations of their weight status (body dissatisfaction) in combination with weight concerns expressed by their mothers.

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Introduction

In an era of increased prevalence of obesity and overweight (Ogden *et al.*, 1997; Troiano & Flegal, 1998), children are dieting and expressing concerns about their weight at increasing rates and at younger ages (Feldman *et al.*, 1988; Hill *et al.*, 1994; Rolland *et al.*, 1996, 1997). By middle childhood, body dissatisfaction and weight concerns appear to be common place, particularly among girls (Hill *et al.*, 1994; Maloney *et al.*, 1989; Rolland *et al.*, 1996, 1997; Shapiro *et al.*, 1997). More recent research suggests that girls as young as 5 years old express concerns about their weight and are knowledgeable about dieting practices (Abramovitz & Birch, 2000). Body dissatisfaction and weight concerns have been linked to unhealthy weight

loss strategies (French *et al.*, 1995), which may place children at risk for growth stunting, delayed puberty, nutrient deficiencies, illness, and future eating disorders (Cameron, 1996; National Institute of Health, 1992). In addition, body dissatisfaction and weight concerns may have a negative impact on children's developing sense of self-worth (Harter, 1998). The negative implications of body dissatisfaction and weight concerns for young children's physical and mental health, in combination with the emergence of these behaviors and attitudes among children at increasingly younger ages, highlights the necessity of delineating factors involved in their etiology.

Several studies of children in the U.S. and England have revealed that, by middle childhood (7 to 9 years of age), the majority of girls agree that it is bad to be fat, half express a desire to be thinner, and about a third express a fear of becoming fat (Rolland *et al.*, 1996, 1997; Shapiro *et al.*, 1997). Fear of fat and concern about weight have been linked to the onset of unhealthy, and disordered, eating behaviors among females (Attie &

This research was supported by the National Institute of Health grant # NIH HD 32973.

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Brooks-Gunn, 1989; Killen, *et al.*, 1994; Stice & Agras, 1998). Furthermore, research shows that body dissatisfaction is associated with the onset of maladaptive eating patterns among girls as young as 7 years old (Attie & Brooks-Gunn, 1989; Graber *et al.*, 1994; Kostanski & Gullone, 1999). Fixation on weight and a desire for thinness among girls and women are undoubtedly fueled by a societal emphasis on thinness as an integral part of physical attractiveness (Feldman *et al.*, 1988; Gordon & Tobias, 1984), and may be exacerbated by the rising secular trends in overweight and obesity (Flegal *et al.*, 1998). Although societal ideals of beauty and body shape provide a basis from which body dissatisfaction and weight concerns are derived, the family is the most integral socialization agent of children's health-related behaviors (Tinsley, 1992). Therefore, belief systems operating within the family are likely to be highly influential in the emergence of body dissatisfaction and weight concerns among children.

Parents may influence the emergence of body dissatisfaction and weight concerns among young girls in a number of ways. First, parents may express dissatisfaction with their daughter's weight status either implicitly, by monitoring or restricting her access to food (Birch & Fisher, 1998), or explicitly by criticizing or comparing her unfavorably to other children (Brown *et al.*, 1995). Research has shown that mothers of heavier 3 to 5 year old girls are more likely to monitor and restrict their daughter's food intake and express concern about their daughter's weight status than mothers of girls who are less overweight (Birch & Fisher, 1998; Francis, Note 1). Second, parents may encourage their child to lose weight for various reasons. Research shows that parents who are on a diet are more likely to try and help their child lose weight (Striegel-Moore & Kearney-Cooke, 1994), and parental encouragement to lose weight is positively associated with dieting in young girls (Thelen & Cormier, 1995). Third, parents may express body dissatisfaction and concern about their own weight thereby providing opportunities for their children to emulate these values, attitudes, and behaviors. Findings consistent with this view come from research revealing links between mothers' and daughters' weight concerns (Pike & Rodin, 1991) and dietary restraint (Hill *et al.*, 1990).

The primary goal of this study is to assess factors implicated in the etiology of body dissatisfaction and weight concerns among 5-year-old girls. Five year old girls are the focus of the present study because research suggests that precursors of dieting and weight concerns may emerge as early as the preschool period (Abramovitz & Birch, 2000) and increases in the prevalence of childhood overweight have been especially pronounced among 4–5-year-old girls (Ogden *et al.*,

1994). In order to achieve this goal, three objectives will be addressed. The first objective is to determine whether 5-year-old girls report body dissatisfaction and weight concerns. The second objective is to assess links between weight status, body dissatisfaction, and weight concerns for girls and their parents. Although relationships among weight status, body dissatisfaction, and weight concerns have been clearly delineated among women and adolescent girls (with higher weight status being associated with higher body dissatisfaction and higher weight concerns; Collins, 1991; Rolland *et al.*, 1996, 1997), these relationships have not been assessed in girls as young as 5 years. The third objective is to assess whether parents' own body dissatisfaction and weight concerns are associated with girls' evaluations of their weight status, independent of girls' weight status.

Methods

Participants

Participants were 197 5-year-old girls (mean age = 5.4 ± 0.3 years, range 4.6–6.4 years) and their parents. Families were recruited for participation in a study of the "health and development of young girls" using flyers and newspaper advertisements. In addition, families with age-eligible female children within a five-county radius received letters inviting them to participate in the study and received follow-up phone calls. Eligibility criteria for girls' participation included living with both biological parents, the absence of severe food allergies or chronic medical problems affecting food intake, and the absence of dietary restrictions involving animal products. All families participating were non-Hispanic White and two thirds of parents reported a level of education higher than a high school diploma. All fathers and two-thirds of mothers were employed and approximately equal proportions of families reported incomes below \$35 000, between \$35 000 and \$50 000, and above \$50 000.

Procedures

Girls visited the laboratory for two 1-day "camp sessions" during the summer prior to school entry, with approximately six girls visiting the laboratory each day. Girls were individually interviewed by a trained interviewer to assess constructs including body satisfaction, knowledge and practice of dieting, weight concerns, and eating practices. Girls ate breakfast, a snack, and lunch while in the laboratory. In addition, anthropometric measurements were obtained from each girl during the second visit.

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