Psychological correlates of body dissatisfaction in children under 12 years old

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I, Annie Aimé, disclose any involvement with industry that may be perceived as potentially influencing the presentation of the following material.

Body Dissatisfaction in children

I looked at a Barbie when I was 6 and said, ‘This is what I want to look like’. (Cindy Jackson)

- Children as young as 5 years old report being dissatisfied with their body.
- At age 6, more than 40% of girls are preoccupied with their weight and want to lose weight, no matter their objective weight.
- Body dissatisfaction increases with age and according to a child’s BMI.
- Pre-adolescents are particularly self-conscious, and therefore likely to be preoccupied with their appearance and weight.

Dittmar, Halliwell, & ive, 2005; Dohnt & Tiggemann, 2005; Friest & Holmquist, 2010; Smolak, 2011

Weight stigmatization

- Children aged between 4 and 6 years old prefer thin individuals.
- The school context represents the most common place for weight stigmatization.
- Boys and girls, aged 6 to 11 years old, tend to attribute negative adjectives to overweight children.

Jansen, Craig, Baye, & Pickett, 2004; Latner & Schwartz, 2005

Body dissatisfaction and problematic eating

- At 5 years-old, girls know how to lose weight.
- Between 7 and 9 years-old, they start to adopt problematic eating behaviours in order to lose weight or gain muscle such as:
  - Skipping meals
  - Dieting
  - Exercising frequently

Davison, Merkev, & Rich, 2000, 2003; Field et al., 2003; McCabe, Riccardelli, Stanford et al., 2007

Objective:

Compare body satisfied and body dissatisfied children on individual factors such as Body Mass Index, weight and appearance stigmatization, self-description, and problematic eating attitudes and behaviors.
Participants

- 678 children:
  - 8 to 12 years old
  - Distributed in two groups according to their body satisfaction.
    - 519 satisfied with their body (76.5%);
    - 159 dissatisfied (23.5%).

Characteristics of the participants

- 305 boys (45%) and 370 girls (54.6%)
- Grade:
  - Grade 3: 211 (31.1%)
  - Grade 4: 170 (25.1%)
  - Grade 5: 156 (23.0%)
  - Grade 6: 136 (20.1%)
- BMI:
  - Overweight: 106 (15.6%)
  - Obesity: 25 (3.7%)

Procedure

- Participation was volunteer
- French-speaking families were recruited in the Quebec City area (96.4%)
- Information about the study was provided in 19 schools (almost all classes from Grade 3 to Grade 6)
- 29% of the families initially contacted participated
- Each child was given written information for his parents as well as a questionnaire battery

Measure instruments

- Sociodemographic questions
- General Self-Concept subscale of the Self-Description Questionnaire (SDQ, Marsh 1989)
- Children’s Social Experiences Questionnaire – Self-Report (CSEQ, Crick & Grotpeter, 1996)
- Children’s Eating Attitudes Test (ChEAT, Maloney, McGuire, & Daniels, 1988)

Results: Body dissatisfaction and gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grade 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>76%</td>
<td>78%</td>
<td>70%</td>
<td>66%</td>
</tr>
<tr>
<td>Boys</td>
<td>24%</td>
<td>22%</td>
<td>30%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Body dissatisfaction and school level
**Body dissatisfaction and Body Mass Index**

<table>
<thead>
<tr>
<th></th>
<th>Body satisfied</th>
<th>Body dissatisfied</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>M: 17.3 ± 2.2</td>
<td>M: 20.1 ± 4.6</td>
<td>.000</td>
</tr>
</tbody>
</table>

**Psychological correlates of body dissatisfaction**

<table>
<thead>
<tr>
<th>Psychological correlates</th>
<th>Body satisfied</th>
<th>Body dissatisfied</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>General stigmatization</td>
<td>M: 29.6 ± 7.7</td>
<td>M: 31.3 ± 5.4</td>
<td>.02</td>
</tr>
<tr>
<td>General Self-Concept</td>
<td>M: 34.0 ± 5.4</td>
<td>M: 29.6 ± 6.6</td>
<td>.000</td>
</tr>
<tr>
<td>Problematic eating</td>
<td>M: 5.6 ± 5.1</td>
<td>M: 9.1 ± 7.1</td>
<td>.000</td>
</tr>
</tbody>
</table>

**Predictors of body dissatisfaction**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>Wald y²</th>
<th>p</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>.292</td>
<td>25.98</td>
<td>.000</td>
<td>18.55</td>
</tr>
<tr>
<td>General stigmatization</td>
<td>-.199</td>
<td>.031</td>
<td>.860</td>
<td>.819</td>
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<tr>
<td>General Self-Concept</td>
<td>-.609</td>
<td>25.72</td>
<td>.000</td>
<td>.544</td>
</tr>
</tbody>
</table>

**Weight stigmatization**

**Frequency of negative comments about weight**

**Appearance stigmatization**

**Frequency of negative comments about appearance**

**Discussion**

- In our sample, body dissatisfaction was not as prevalent as suggested in the literature (23.5% vs 40%).
- Boys were as likely as girls to report wanting to modify their body.
- Our results provide future evidence to the affirmation that body dissatisfaction in children increases with age and is strongly related to BMI.
Discussion

- Social context is important in the development of body dissatisfaction.
- Psychological burden is heavier for children who are dissatisfied with their body.
- While higher BMI acts as a risk factor for body dissatisfaction, positive self-perception might be a protective factor.
- Body dissatisfaction combined to higher BMI and negative perception probably increase the risk of subsequently adopting problematic eating behaviors.