

Eating Behaviors, Weight Bias, and Psychological Functioning in Multi-Ethnic Low-Income Adolescents

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Eating disorder research suffers from a lack of ethnic, cultural, and socioeconomic diversity. Caucasian women from middle and upper socioeconomic strata are overrepresented in most studies. The few research studies that do capture ethnically and culturally diverse populations report mixed findings; some find an increased risk of binge eating disorder and weight bias in African-American populations, while others find reduced risk. There are virtually no studies examining low-income adolescents.

In this month's research summary, we'll be highlighting a study by Najjar et al (2018), which is one of the few studies examining eating disorders, disordered eating, and weight bias in low-income adolescents. The purpose of their study was to describe the incidence of disordered eating, weight bias, body dissatisfaction, and psychological distress in a low-income population of adolescents. They also examined the relationship between sociodemographic variables and disordered eating, weight bias, body dissatisfaction, and psychological distress.

Researchers assessed 105 adolescents (66% female) from low-income neighborhoods in a major metropolitan city in the US. Participants were primarily Hispanic (47%) and African-American (46%). Mean annual family income was \$17,018. The researchers used a cross-sectional study design, meaning that participants were divided into groups and assessed at one point in time and then differences between groups were compared. Participants completed self-report questionnaires assessing eating behaviors (Questionnaire on Eating and Weight Patterns, Adolescent Version [QEWPA]), weight bias (Stigmatizing Situations Inventory-Adolescents [SSI-A]), body dissatisfaction (Body Shape Questionnaire [BSQ]), and psychological functioning and distress (Symptom Checklist 90-R [SCL-90-R]). Research staff weighed and height was measured for participants.

Results indicated that 28% of the sample self-reported as having some form of disordered eating and 15% reported an eating disorder (based on QEWPA results). 58% of the sample reported having at least 1 weight stigmatizing experience, 31.5% reported severe concern with body shape, and 21% reported high levels of psychological distress. The eating disorder group and the group of participants who met Body Mass Index (BMI) criteria for "obesity" had the highest levels of weight bias. Consistent with previous studies, females had higher body dissatisfaction and more psychological distress than males. There were no gender differences in weight bias. Participants with higher BMI experienced more weight bias and reported higher levels of body dissatisfaction and psychological distress than participants at lower BMI. The eating disorder group had higher levels of body dissatisfaction and weight bias.

This study found higher than average rates of eating disorders in their sample; 15% of the study sample versus 3% national average. It is unclear if this represents increased risk of a low-income environment due factors such as food insecurity or trauma or if it may be due to methodological issues such as small sample size or reliance on self-report methodology. Not surprisingly, the authors conclude that more research is needed. Some prior research has suggested higher prevalence of eating disorders and binge eating among low-income adolescents and low-income college students.

The authors note that over half of their sample reported having at least one stigmatizing experience based on weight in their lifetime and these experiences occurred in participants across the weight spectrum, although they were more common in those with higher BMI. These high levels of weight bias are concerning since weight bias was strongly associated with body image disturbance and psychological distress in this study. Prior research has linked weight bias with a number of adverse outcomes including unhealthy weight control behaviors and body image dissatisfaction at any weight and depressive symptoms and suicidal ideation in youth with higher BMI. It is imperative that we continue to research the effects of weight bias in low-income youth, especially because low-income youth tend to be disproportionately targeted for obesity prevention efforts that may increase weight bias in this potentially already vulnerable population.

Reference: Najjar RH, Jacob E, & Evangelista L. (2017). Eating Behaviors, Weight Bias, and Psychological Functioning in Multi-Ethnic Low-Income Adolescents. *Journal of Pediatric Nursing, 38*, 81-87.