

***“Body Image and Meal
Skipping in First Nations
Children”***

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The Premise

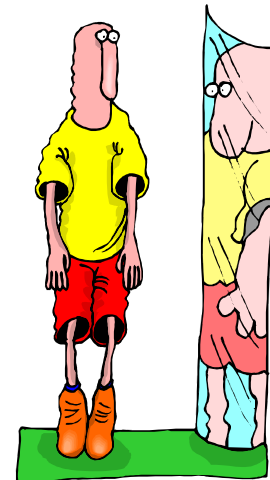
- Overweight and obesity are highly prevalent in First Nations children (Shields 2005, Willows 2005)
- In Western cultures emphasis is placed on valuing thinner body types, the stigmatization of obesity, and dieting (Irving and Neumark-Sztainer, 2002).



The Premise

- Children of all body sizes can have concerns about their body weight (Van den Berg and Neumark-Sztainer 2007).
- Obese children may have lower self-esteem, poorer body image and greater body size dissatisfaction than children who are not obese (Strauss, 2000).

Body Image: “The internal representation of your own outer appearance – your own unique perception of your body” (Thompson et al., 1999)



The Premise

- Children with poor body image and body size dissatisfaction are at risk for disordered eating (e.g., meal skipping, dieting, bulimia, anorexia)
- Children who feel good about their bodies are more likely to adopt health promoting behaviours such as healthy eating and active living than children who feel poorly about their bodies.
- Obesity prevention programs for First Nations children should potentially focus on building body satisfaction and a healthy body image not solely focus on improvements in nutrition and activity levels.
 - (Neumark-Sztainer et al., 2006; Van den Berg and Neumark-Sztainer 2007).

The Emiyuu Ayayaachiit Awaash Project (The Active Kids Project)

- **Purpose & Rationale:** To develop culturally-appropriate obesity interventions for Cree children, we investigated body image, body size satisfaction and dietary intake in 203 children in grades 4-6 in northern Quebec, taking into consideration body weight class.

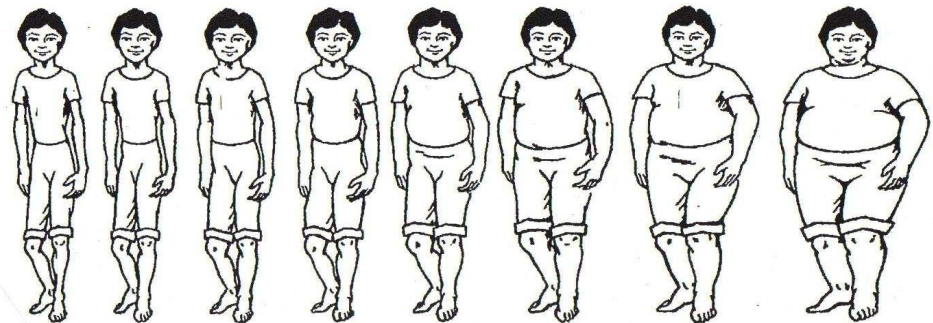


Process and Approach – Weight

- Children's weight classes were derived from body mass index using measured height and weight.
- The International Obesity Task Force (IOTF) age- and gender-specific cut-offs were used to categorize a child's BMI as normal, overweight, or obese.

Process and Approach – Body Size Satisfaction

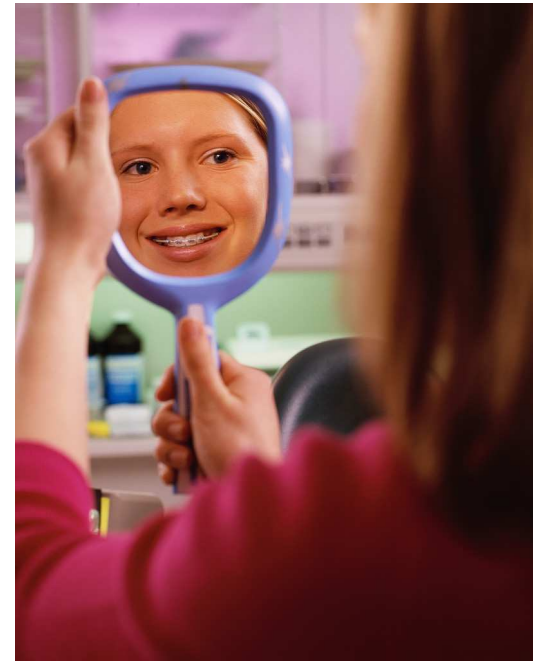
- Children were asked: "What do you think of your body size?" where responses were "too big", "too small", "just right"
- Body size satisfaction was evaluated using drawings of Aboriginal children.
 - Dissatisfaction existed if the drawings that a child chose to represent their perceived and desired body sizes differed.



Stevens J et al. 1999

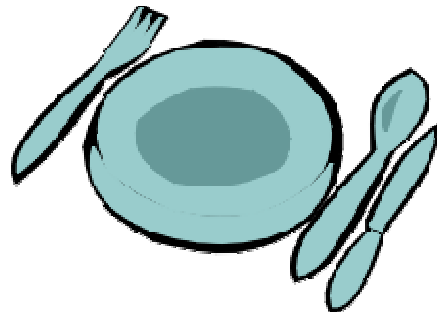
Process and Approach – Body Image

- Children were asked: "I like the way I look now" where responses were "yes" or "no"



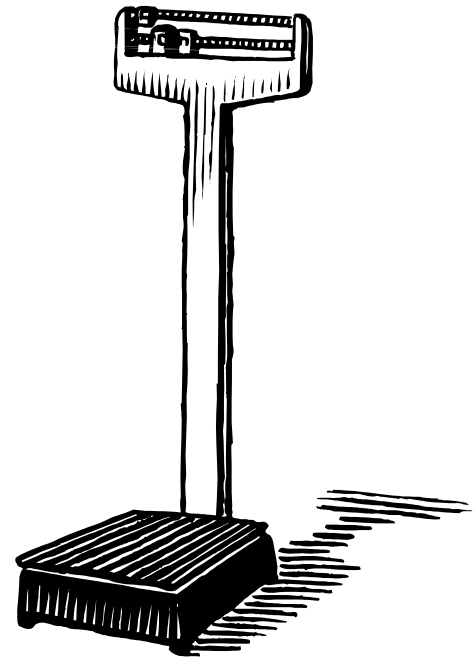
Process and Approach – Meal Skipping

- Dietary intake was evaluated using three 24-hour diet recalls (2 week days, 1 weekend day).
- Meal skipping was defined as not eating any food at mealtime (breakfast, lunch, supper).



Findings – Children's weight

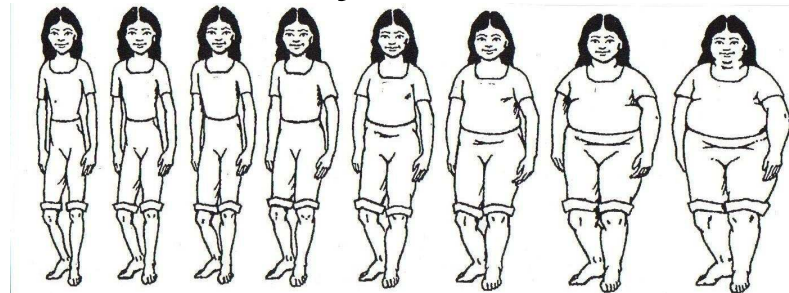
- Many Cree children (65%) were overweight (30.9%) or obese (33.8%).



Findings – Body Satisfaction

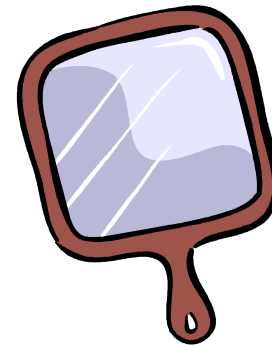
- **"What do you think of your body size?"** More normal weight than obese children felt that their body size was “just right.”
- **Body size dissatisfaction based on drawings** More obese than normal weight children chose different drawings to represent their perceived and desired body size.

Stevens J et al. 1999



Findings – Body Image

- "I like the way I look now"
Half as many obese as normal weight children responded that they liked the way they looked.
- Girls were more likely than boys to not like the way they looked.



Findings – Meal skipping

- One out of five children skipped at least one meal in the three days of diet recall.
- Meal skipping was twice as common among children who did not like the way they looked as compared to children who did like the way they looked.
- Meal skipping was more common among obese children and non-obese children (normal and overweight combined) who did not like the way they looked.

Discussion points

- Meal skipping is a form of disordered eating that may precede other more severe weight control strategies such as restrictive dieting, binge eating, bulimia and anorexia.
- Paradoxically, some forms of disordered eating may cause obesity.
- Children with low body satisfaction may have poorer self-care in terms of health behaviours and be more prone to disordered eating.
- Children who feel good about their bodies may gain less weight than children who are unhappy with their bodies.

Implications for obesity prevention in First Nations children

- DO NOT FOCUS ON WEIGHT!!
- Obese children do not need to be reminded of their undesirable weight status.
- Normal weight children may incorrectly perceive themselves to be fat and try to lose weight using unhealthy weight control practices.

Implications for obesity prevention in First Nations children

- Obesity prevention programs in First Nations communities should aim to reduce the prevalence of risk factors for obesity (unhealthy eating, physical inactivity) yet also build protective factors against pressures to conform to any unrealistic ideals of appearance.
- The focus should be on health for children of all body shapes and sizes, not on weight.
- Psychosocial considerations must be an aspect of interventions to promote healthy body weights in First Nations children.

The integration of obesity and disordered eating interventions

- Preventing obesity and disordered eating in youth: Is an integrated approach needed? 2008 Dietitians of Canada.
- Prevention of obesity and eating disorders: a consideration of shared risk factors. 2006 Health Education Research.
- Obesity and Eating Disorders: Seeking a Common Ground to Promote Health
 - A national meeting of researchers, practitioners, and policymakers. Calgary Nov. 5, 2007

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