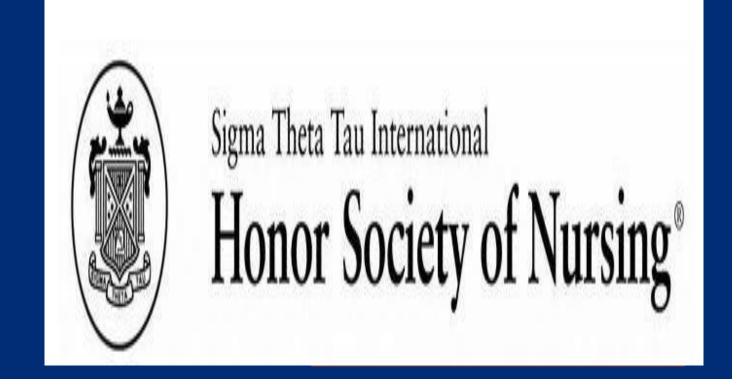


Personal Weight Beliefs Predictive of Eating Behavior Patterns and Actual Weight in Young African-American Women



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Introduction

- African American women bear a disproportionate burden of overweight and obesity in the U.S.¹
 - 82% overweight
 - 59% obese
- African American women are at increased risk for obesity related illnesses e. g. CVD, DM type 2, sleep apnea²
- Multiple factors contribute to excess weight ^{3,4,5,6,7}
 - 57% sedentary
 - 87% do not consume 5 servings of fruits & vegetables/day
 - Culturally influenced weight beliefs
- **Beliefs and Behavior**
- Beliefs are a certainty that a proposition is true
- Acquired through culture and inferred from one's speech or actions
- Beliefs are predispositions to action 8,9,10
- Health beliefs have been associated with engaging in health behaviors but this relationship has had limited examination with regard to weight beliefs and weight management behavior e.g. eating behavior patterns ¹¹

Objective

- The objective of the study was to determine whether beliefs about personal weight were predictive of eating behavior patterns and weight in young African American women.
- Defining: Beliefs about Personal Weight
- Beliefs about a belief object (e.g. weight) are made explicit or accessible through inquiry about:
 - Characteristics
 - Causal attributions
 - Consequences
- Definition:
- Beliefs about personal weight is a multidimensional concept regarding the descriptive characteristics, causal attributions, and consequences of one's personal weight.

Conceptual Framework - TSC*

Beliefs about personal weight are conceptualized as a foundational disposition within self-care agency in the theory of self-care* 12 Basic **Conditioning Self-Care Agency** Self-Care Factors | Beliefs about Weight Age Personal Gender Management Weight Weight a **Ethnicity Behavior** Control foundational SES disposition

Methods

- Design:
 - Observational, Cross-Sectional
- Sample and Setting:
- N = 150 African American women
- Not pregnant or breastfeeding
- Generally good heath
- Academic, medical and community sites

• Age 18-40 yrs, M = 28.39, (SD 7.69)• Education 9-22 yrs, M = 13.78, (SD 2.04)

• Annual Income 63.90% < \$ 25,000

• BMI 16-52 M = 31.50, (SD 7.82)

- Instruments/Measurements
 - Beliefs about Personal Weight Survey (BPW)¹³
 - 57 items 16 composite-scales developed from principal component items
 - Descriptor domain (α .68 .90)
 - Cause domain (α .38 -.80)
 - Consequence domain (α .68 .90)
- Eating Behavior Pattern Questionnaire ¹⁴ (α .46 .87)
- 51 items measuring six dimensions of eating behavior

[low fat eating, snacking on sweets, cultural/lifestyle, haphazard planning, meal skipping, emotional eating]

- BMI
- Calculated using measured weight and height
- Weight-pounds using portable scale
- Height-inches using portable stadiometer Seca 217

Results

Regression Models: Beliefs about Personal Weight Predictive of Eating

	Behavior Pattern	S		
	Weight Beliefs	Eating Behavior	<u>Beta</u>	<u>R²</u>
	Descriptors Beliefs Overweight	Emotional eating	35**	.12
	Causal Beliefs Healthy Eating Unhealthy Eating	Low Fat eating	.27** 24*	.16
	Causal Beliefs Healthy Eating Unhealthy Eating Stress Factors	Emotional eating	21** .31** .30**	.34
	Causal beliefs Healthy Eating Unhealthy Eating	Haphazard Meal Planning	21** .31**	.18
	Consequence Beliefs Emotional	Emotional Eating	.37**	.13
Regression Models: Beliefs about Personal Weight Predictive of				
	Weight Beliefs Descriptor beliefs	BMI Beta		
	Overweight	BMI .71**	.51	
	Causal Beliefs			

Conclusions

.39**

.15

*p= < .05, **p= < .01

- Causal and consequence beliefs about personal weight most predictive of eating behavior patterns (low fat eating, emotional eating, haphazard meal planning)
- Beliefs about weight descriptors (overweight) most predictive of BMI
- Beliefs about Personal Weight among young African American women
- Predictive of eating behavior patterns

BMI

Predictive of BMI

Unhealthy eating

Consequence Beliefs

Health Problems

- Implications for Clinical Practice
- Assisting young African American women with weight management should include:
- Assessing patient's beliefs about personal weight descriptors, causes and consequences