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Abstract

The messages that parents communicate to their children about body weight, commonly referred to as 'weight talk', have important implications for children's body concerns and eating behaviors. However, little is known about the role of parental self-stigma and social position variables (i.e., race/ethnicity, gender, and SES) on weight talk practices. Guided by García Coll's integrative developmental model, this dissertation consists of two separate, but related studies to better understand the nature of parental weight communication in diverse samples of parents. Study 1 was a cross-sectional online survey of parents (N=408) that examined how parents' level of self-stigmatization for their own body weight (i.e., weight bias internalization; WBI) and their level of self-stigmatization for their child's body weight (SSCW) relates to parental weight talk behaviors with their children, as well as how these relationships function across parents of different racial/ethnic and socioeconomic backgrounds, and between mothers and fathers. Findings suggest that parents who endorse higher levels of WBI about their own body weight tend to feel greater SSCW, regardless of demographic and anthropometric characteristics. Additionally, both WBI and SSCW were strongly associated with parental engagement in weight talk. Study 2 was an online randomized experiment with parents (N=452) that assessed the influence of exposure to parent-targeted health advice that emphasized either weight-framed versus non-weight-framed messages on parental intentions to 1) engage in weight talk with their children, and 2) make the recommended health behavior changes described in the message for their child. Study 2 also examined how these message frames predicted health behavior intentions of parents as a function of SSCW, WBI, race/ethnicity, SES, and parental gender. Findings showed that parents are more likely to report intentions to engage in weight-focused conversations when they are exposed to health advice that is framed within the context of controlling body weight than when they are exposed to health advice that does not mention weight. Further, SSCW and WBI moderated the influence of these different message frames on parental intentions to make recommended behavior changes. Findings from these studies can inform public health interventions aimed at parenting practices related to child health.