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Understanding Body Image in African American and Caucasian First-Graders: A Partnership with the YMCA

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Abstract

Background—Research suggests that body dissatisfaction can develop by first grade or 6 years of age. Few studies have examined the relationship between parental body image factors on child body image among this population using a CBPR approach.

Objective—We sought to examine parental influence on body image in African American and Caucasian first-graders through a community-based participatory research (CBPR) partnership with the YMCA of Metropolitan Washington, DC.

Methods—Quantitative data were collected by after-school teachers and academic researchers. Children were administered a silhouette measure to assess body image. Body image and eating behavior measures were given to parents. Correlational and descriptive analyses were employed to examine the association and characteristics of child body image factors.

Results—Participants were 58 child–parent dyads attending YMCA after-school programs in the Washington, DC, area. Descriptive analyses found significant body dissatisfaction among first graders. Only 12.1% of first graders were satisfied with their bodies, and among the 38 children of normal weight, 89.5% were dissatisfied with their current body size. No significant correlations emerged between child body image and parental eating factors. However, correlations did emerge between child and parent body image indices.

Conclusion—Findings from this study were used to develop programming focused on promoting positive body image and self-esteem for young children in YMCA sites in the DC metro area. Additionally, future studies should further delineate body image among young children and the clinical and educational implications of early onset of body dissatisfaction in this population using a CBPR approach.

Keywords

Community health research; health; community health partnerships; family health; minors; eating disorders; psychiatry and psychology

Although being overweight and obese disproportionately affects African American children, ¹ the relationship between weight and body image among African American children is not fully understood. In general, the adult and adolescent literature provides evidence that African American women tend to have a larger ideal body size and less body dissatisfaction relative to Caucasian women. Although body image has been studied extensively among Caucasian and African American adults and adolescents, less is known about body image in young children. It is possible that African American children are at a greater risk for increased weight, given the cultural views surrounding body ideals and body dissatisfaction

within the African American community. Improved knowledge about diverse groups of young children may prove valuable to the development of culturally appropriate prevention strategies to reduce overweight and obesity among pediatric populations. Moreover, it is important to determine the role of parental factors (i.e., body image and eating behavior) in the development and maintenance of body image among young children. Partnerships among academicians and youth-focused organizations such as the YMCA may prove fruitful in gaining a more thorough understanding about body image among young children, and informing future community-based body image interventions in this population.

CHILDHOOD BODY IMAGE

Body image is defined as the evaluation of one's body relative to an internalized ideal that is influenced and shaped by life experience.² The existing research suggests racial differences in body image among older children (i.e., children older than 7). African American children tend to have a larger ideal body size³ and less body dissatisfaction compared with their Caucasian counterparts.⁴

Children as early as 6 years old (i.e., first grade) report dissatisfaction with their bodies,⁵ and girls tend to be more dissatisfied with their bodies than boys.⁶ To date, there are few studies that examine racial differences in body image in 6-year-old (first-grade) African American and Caucasian children.

ADULT BODY IMAGE

Despite increased prevalence of overweight and obesity among African American adults, particularly among women, this population has less body dissatisfaction and eating pathology relative to their Caucasian counterparts.⁷ Overall, African American women seem to reject the ultra-thin body ideal generally adopted by the Caucasian-American culture, with similar racial differences also evidenced among adolescent girls.⁸ African American and Caucasian adults and adolescents tend to differ significantly on body ideals, with Caucasians adopting a thinner ideal body size relative to African Americans. Furthermore, excess weight has not been linked to increased body dissatisfaction in African American adults and adolescents.⁹

These findings evoke several plausible explanations. Characteristics unique to African American culture may partly explain racial differences in body dissatisfaction and eating pathology. First, thinness is not traditionally a prerequisite for beauty or attractiveness for African American women in the same way it is for Caucasian women.¹⁰ Second, the perceived health impact of overweight and obesity may be differentially realized between African Americans compared with other racial groups. In fact, certain subgroups of African American women consider overweight and obesity a sign of good health.¹¹ In this respect, cultural views and belief systems may in part explain body image.

PARENTAL ATTITUDES AND CHILD BODY IMAGE

The cultural norms and beliefs one internalizes and adopts can predict views regarding body type preference. Given that parents transmit cultural views across generations,¹² parental attitudes and beliefs regarding body size may impact the body image formulated by the child.¹³ Racial differences in body ideals among parents may influence their perceptions regarding their child's body as well as their child's own body image.

STUDY THEORETICAL FRAMEWORK

Social learning theory posits that learning occurs within one's social context through cognitive and behavioral processes such as observation, imitation, and modeling.¹⁴ Multiple influences of body image such as parental body image through observation and modeling, peers through imitation, and media through observation can shape children's body image. In addition, social comparison theory provides further theoretical basis for the current work. This theory states that individuals have a drive to look to outside images (e.g., parents, racially and/or gender concordant peers, and media) to evaluate their own opinions and ideals.¹⁵ Through these processes, a child may begin to make comparisons between their own body and their idealized body type formed and internalized from the body image of other salient persons such as parents, individual factors such as race and gender, and socio-cultural factors such as norms and beliefs regarding body type preference.

To date, few studies have explored body image in African American and Caucasian young children and attempted to link body image to parental factors using a CBPR approach. To this end, the purpose of the current pilot investigation was to partner with the YMCA to (1) examine child body image among African American and Caucasian first graders and (2) determine the relationship of parental body image and eating behavior to child body image within a CBPR framework.

METHODS

CBPR Approach

At the core of CBPR lies equality in all aspects of the research process between community and academic partners. Its goal is to improve the health of communities through the combination of knowledge and action to produce social change.¹⁶ CBPR combines scientific inquiry and community knowledge and experience in a manner that aims to address the health issues negatively impacting individuals and communities. Given the epidemic of childhood obesity among African Americans children,¹ using a CBPR approach to collaborate with a youth-centered, community-based organization such as the YMCA of Metropolitan (Metro) Washington, DC, provided a unique opportunity to form a partnership aimed to address body image issues among young children across YMCA sites in the DC metro area. Furthermore, this partnership provided the necessary context to develop evidence-based body image and self-esteem programming in YMCAs in the DC metro area, and to obtain direct feedback from YMCA directors, staff, and teachers to inform study aims and subsequent YMCA programs. To this end, the "Our Bodies, Our Weight" (OBOW) pilot project was formed through a 2-year relationship between the Uniformed Services University of the Health Sciences (USUHS) and the YMCA of Metro Washington, DC.

Process of Engagement with the YMCA

At the cornerstone of the YMCA's mission and work of the YMCA of Metro Washington DC is building healthy children and families. Given this goal and previous participation by the USUHS in YMCA events and programs, leaders of the Metro Washington YMCA approached the USUHS research team articulating interest in examining body image among their youth. The YMCA leaders initiated such conversations, given their increased knowledge and concern about low self-esteem and poor body image experienced among children participating in their programs. Consequently, the USUHS research team was invited to attend and participate in several YMCA meetings and events over the course of a 12-month period. The meetings provided an opportunity to learn about existing YMCA health-related efforts in the DC metro area, meet key individuals with the Metro Washington DC YMCA community, and increase the visibility of the research team by YMCA partners.

The subsequent partnership with the Metro Washington DC YMCA and the use of a CBPR approach were critical in developing the OBOW study and implementing the study across the four participating DC Metro YMCA sites.

Forming and Convening of the OBOW Community Advisory Board (CAB)

The CAB was a 9-member board composed of YMCA leaders, administrators, teachers, and researchers. The CAB met quarterly for 2 years to work in partnership with USUHS researchers to develop the OBOW study. This group worked collectively on the development of the OBOW study aims, methods, and strategies as well as study dissemination efforts. As a result of the employment of a CBPR approach, the CAB aimed to examine body image among first-grade children attending YMCA after-school programs across four YMCA sites in the DC metro area. The CAB and its representation from the four participating YMCA sites along with the USUHS research team worked collaboratively to develop and implement all aspects of the OBOW study.

Participants

Thirty-two African American and 26 Caucasian first-graders and their parents attending after-school programs at four YMCA sites in the DC metro area participated in the pilot study. Children and parents of all ethnicities were invited to participate, but only data obtained from African American and Caucasian families were included in the pilot study. Children with developmental disabilities and non-English-speaking children were excluded. Once families were determined to be eligible and agreed to participate, a 45-minute interview was scheduled with the parent and child at their YMCA location. Upon arrival to the interview, informed consent was obtained from the parent. Parents and children were compensated for participation.

General Measures

Demographic Information—Parent and child self-reported race, age, gender, and county of residence information were obtained.

Anthropomorphic Measures—Parent and child participants' height, to the nearest half inch and weight in pounds were measured on a balance beam scale. Body mass index (BMI) in kg/m² was calculated from weight and height measures for both parent and child.

Investigator-Administered Body Image Measures

Child Silhouette Scale—Each child was orally administered a Child Silhouette Scale to assess perceived current body size, ideal body size, and body dissatisfaction.¹⁷ This gender-specific scale consists of seven preadolescent body figures ranging from very thin (scored 1) to obese (scored 7). Children were asked to select which body figure best represented their current body size, and which figure best represented the way he or she would prefer to look (i.e., ideal body size). A discrepancy score was obtained by subtracting the child's ideal body size score from their current body size score, signifying the degree of body dissatisfaction. This measure has demonstrated test-retest reliability in children.¹⁷ In the current paper, body image was operationalized as the children's self-evaluation of their perceived current body size, ideal body size, and subsequent degree of body dissatisfaction.

Parent Silhouette Scale—Each parent was orally administered the Silhouette Scale Parent Form to assess parental perception of child's current and ideal body size. Parents were asked to identify which body figure looked most like their child (perceived current body size) and which figure they would like their child to look like (ideal body size). A

discrepancy score was calculated to determine parents' degree of body dissatisfaction for their child.

Figure Rating Scale—The Figure Rating Scale (FRS)¹⁸ was orally administered to parents to assess parents' perceived current and ideal body size. This measure has demonstrated adequate test–retest reliability.¹⁹ The FRS consists of nine schematic body drawings ranging in size from very thin (scored 1) to obese (scored 9). Adult participants were asked to select which figure looked most like them (perceived current body size), and which figure looked like they would prefer to look (ideal body size). Discrepancy scores indicated degree of body dissatisfaction.

Self-Administered Measures

Eating Disorder Inventory (EDI)—Parents were asked to complete the EDI to assess eating pathology and body image disturbance. The EDI is a widely used instrument with good psychometric properties.²⁰ The EDI is a 64-item, self-report survey designed to assess psychological and behavioral traits commonly observed in eating disorders. The EDI consists of eight subscales. In the current investigation, only data from the drive for thinness, bulimia, and body dissatisfaction subscales were used. Higher scores indicate increased pathology.

Three Factor Eating Questionnaire-Restraint Scale (TFEQ-R)—Parents completed the TFEQ-R²¹ to assess dietary restraint behavior. The TFEQ-R is a 20-item, self-report survey composed of 11 true/false questions, and nine questions on a 4-point scale (1–4), with a higher total score indicating more dietary restraint. The TFEQ-R has demonstrated reliability.²¹

Dutch Eating Behavior Questionnaire (DEBQ)—The DEBQ²² was given to adult participants to assess eating patterns and habits. The DEBQ is a 33-item survey with three subscales to measure restrained, emotional, and external eating behaviors. Responses are on a 5-point scale (1–5) with a higher subscale score indicating greater eating disturbance within that domain. All three scales have high internal consistency and high factorial validity.²²

Procedure

Approval for this study was obtained by the USUHS Institutional Review Board. In addition, approval from the YMCA Metro Washington corporate office was obtained to conduct the study within the YMCA organization and across YMCA sites. An in-service seminar was held by CAB members with center directors to introduce the study and discuss the recruitment efforts, and to obtain feedback from site leaders and teachers about effective recruitment strategies. Numerous phone correspondences were conducted with directors of the YMCA sites to address any further questions or concerns regarding their center's participation. Once sites agreed to take part in the study, parents of all first-graders were identified by the site director through enrollment records. Families meeting study criteria were given permission slips, which described the study, notified parents of the center's involvement, and requested parent contact information and signature. The research team contacted interested parents by phone and YMCA staff to schedule the 45-minute interview at their YMCA location.

Upon arrival to interview, each parent–child dyad received an identification number from 01 to 61. The informed consent form was reviewed with each family and signed by the parent. Weight and height measurements were taken for both parent and child. Parents were then asked to complete a demographic sheet, and the self-administered DEBQ, EDI, and TFEQ-R

scales. After completing the self-administered questionnaires, each parent was orally administered the Figure Rating Scale and the Collins' Silhouette Scale Parent Form by the research team. Additionally, the Collins' Silhouette Scale was orally administered to each child. Interviews took approximately 45 minutes to complete.

Upon completion of the study, a synopsis of group study results, written by the CAB, was mailed to parent participants. All families at the four participating sites were invited to attend a free health education seminar entitled "Fun and Healthy Eating" co-led by the USUHS research team and YMCA partners.

RESULTS

Data from one Asian family and two biracial families were excluded from all analyses. More mothers ($n = 51$) than fathers ($n = 7$) participated in the study, $\chi^2(1, n = 58)$, 33.38, $P < .01$. Because fathers were underrepresented in the sample, they were excluded from analyses. Therefore, 58 children and 51 child–mother dyads were included in subsequent data analyses.

Child Information

Demographics—Thirty-two African American (55.2%) and 26 Caucasian (44.8%) children with a mean age of 6.17 ($SD = .38$) participated in the study. An equal proportion of boys (48.3%, $n = 28$), and girls (51.7%, $n = 30$) participated, $\chi^2(1, n = 58)$, .069, $P = .79$.

Anthropomorphic Measures—Based on the international cutoffs for overweight and obesity in children,²¹ 42.9% ($n = 12$) of the boys and 23.3% ($n = 7$) of the girls were overweight; one boy (3.6%) was obese. Nearly 27% ($n = 7$) and 3.8% ($n = 1$) of Caucasian children were overweight or obese, respectively. Although none of the African American children were obese, 37.5% ($n = 12$) were overweight.

Parent Information

Demographics—Fifty-seven percent of mothers were African American ($n = 29$) and 43.1% ($n = 22$) were Caucasian. Mothers' mean age was 34.08 ($SD = 6.67$) years, and did not differ by race, $F(1, 49)$, 1.56, $P = .22$. Caucasian mothers (mean, 15.64, $SD = 1.92$) had significantly more years of education than African American mothers, mean, 13.45, $SD = 1.99$, $F(1, 49)$, 15.59, $P < .01$. County of residence also differed by race, $\chi^2(3, n = 51)$, 40.45, $P < .01$.

Anthropomorphic Measures—Nearly half of African American mothers 48.3% ($n = 14$) were obese and 28% ($n = 8$) were overweight. In contrast, only 9.1% ($n = 2$) of Caucasian mothers were obese and 27.3% ($n = 6$) overweight. Caucasian mothers weighed significantly less, $F(1, 49)$, 16.36, $P < .01$; and had a lower BMI than African American mothers, $F(1, 49)$, 14.03, $P < .01$.

Race, BMI, and Body Image

Although Caucasian and African American children had similar mean BMIs (Caucasian = 16.64, $SD = 1.95$; African American = 16.65, $SD = 1.42$), Caucasian children wanted to be thinner (mean ideal silhouette scores for Caucasian = 2.81, $SD = 1.27$; African American = 3.06, $SD = 1.19$) and were more dissatisfied with their bodies (mean discrepancy scores for Caucasian = $-.92$, $SD = 1.64$; African American = $-.38$, $SD = 1.64$) compared with African American children. However, these differences were not significant.

Body dissatisfaction was defined as a discrepancy between children's ideal body size and their perceived current body size. Table 1 summarizes body dissatisfaction data. The number of children who wanted to be smaller, larger, or stay the same are crossed by child's BMI and race. Only 12.1% ($n = 7$) of the first-graders were satisfied with their bodies. Among the 38 children of normal weight, 89.5% ($n = 34$) were dissatisfied with their current body size. Additionally, Table 1 provides evidence of larger body ideals held by the African American children in this sample. That is, 34% of the African American children ($n = 11$), 4 of whom had an elevated BMI, wanted a larger body size. However, only 22.2% ($n = 4$) of normal weight Caucasian children wanted to be larger, and none with elevated BMI wanted to be larger.

There was no difference in body dissatisfaction between children with normal BMIs and those with elevated BMIs, $\chi^2(2, n = 58)$, .67, $P = .72$. Similarly, body dissatisfaction did not differ between African American and Caucasian children, $\chi^2(2, n = 51)$, 2.82, $P = .24$, (Table 1). Among Caucasian children, however, increased BMI was related to a larger perceived current body size ($r = .47$, $P < .05$) and a thinner ideal ($r = -.59$, $P < .01$). In contrast, BMI was not related to current perceived body size ($r = .17$, $P = .18$) or a thinner ideal body size ($r = .11$, $P = .12$) for African American children. There was no difference in body dissatisfaction between normal weight and overweight African American children, $\chi^2(2, n = 58)$, 1.23, $P = .54$; or Caucasian children, $\chi^2(2, n = 58)$, 2.40, $P = .30$.

Mothers' Body Image

Mothers' Body Satisfaction for Self—Overall, most mothers wanted to have a smaller body size. Even though African American mothers were significantly heavier than Caucasian mothers, there were no racial differences in the proportion of mothers wanting to be smaller, larger, or stay the same body size, $\chi^2(2, n = 51)$, 2.09, $P = .35$, Table 2.

Body dissatisfaction for self among African American and Caucasian mothers was examined within the context of their BMI (normal or elevated). Similarly, descriptive analyses found that despite having normal BMIs, a greater percentage of Caucasian mothers compared with African American mothers wanted to be smaller—40.9% ($n = 9$) versus 6.9% ($n = 2$), respectively. One overweight African American mother wanted to be larger, whereas all the overweight Caucasian mothers wanted to be smaller ($n = 8$; Table 2).

Mothers' Body Satisfaction for Child—A majority of mothers were satisfied with their child's body size, with 70.6% ($n = 36$) reporting that they wanted their child to stay the same. By race, 58.6% ($n = 17$) of African American and 86.4% ($n = 19$) of Caucasian mothers wanted their child to stay the same body size.

Nearly 21% ($n = 6$) of African American mothers wanted their normal weight child to be larger, whereas only 13.6% ($n = 3$) of Caucasian mothers wanted their normal weight child to be larger. Only one African American mother wanted their normal weight child to be smaller. In addition, more than twice as many African American mothers—34.5% ($n = 10$)—as Caucasian mothers—13.6% ($n = 3$)—wanted their child to have a larger body size. Among overweight children, none of the Caucasian mothers and 24.1% ($n = 7$) of African American mothers wanted their child to stay the same. Furthermore, 11 out of 12 (91.7%) of African American mothers wanted their children, with elevated BMIs, to stay the same or have a larger body size, whereas 100.0% ($n = 8$) of Caucasian women wanted their child with an elevated BMI to be smaller (Table 3). These findings provide preliminary support for racial differences in mothers' body ideals and preferences for their children.

The Relationship Between Child and Parent Body Image—There was a positive relationship between child perceived current body size and mothers' perceived body size for

their child, such that as child's perceived body size increased, mothers' perceived current body size for their child increased ($r = .31$; $P < .01$). Also, there was a relationship between child's body satisfaction for self and mothers' body satisfaction for their child such that as mothers' body satisfaction for their child increased, their child's body satisfaction increased as well ($r = .33$; $P < .05$).

Mothers' Eating Behavior and Child Body Image—Mothers' eating pathology, as measured by the EDI, TFEQ-R, and DEBQ, was not correlated with child's body image factors by race. The predictions that parental eating pathology would be inversely related to child's ideal body size and to child's body satisfaction were not supported.

Mothers' Eating Behavior and Mothers' Body Image for Their Child—Mothers' eating pathology, as measured by the EDI, TFEQ-R, and DEBQ, was not correlated with mothers' body image perceptions for their child.

YMCA Programs and Outreach

Findings from this study were used to inform YMCA programming and education efforts across YMCA sites in the DC metro area. YMCA of Metro Washington DC leaders and directors used this pilot study as critical formative work to join up with YMCA site leadership to develop and implement the workshops and seminar series for young children and their parents to promote self-esteem, self-worth, and positive body image. In addition, given the rate of obesity found among child and parent study participants, the research team worked with YMCA site directors and the CAB to develop and hold healthy eating seminars across the sites. Furthermore, an essential function of the CAB was its creation of a centralized body that served to inform the OBOW study as well as other YMCA health-related efforts over the 2-year partnership.

DISCUSSION

Employing a CBPR Approach

A CBPR approach in the OBOW study proved invaluable in creating a project central to the health-related goals of the community partner, and developing a collective body (i.e., the CAB) that worked to inform YMCA site programming during the 2-year partnership and beyond. Findings from this pilot study served as a critical first step in the providing initial evidence for the utility of employing a CBPR approach to foster academic–community partnerships to examine body image in children, and an important next step in examining body dissatisfaction in this population. Future larger scale studies should continue to use a CBPR approach to examine similarities and differences in body image across various child populations, because employing a CBPR approach proved essential in cultivating relationships between the UHHS and YMCA within the research and educational health outreach contexts. Moreover, the OBOW study served as the impetus for current partnerships with other YMCAs nationwide as part of ongoing body image and obesity-related research, and YMCA programming efforts.

Body Image in Children

Study findings provided further information regarding body image in this population. Overall, regardless of weight status, children tended to want a smaller body size, and a majority of the children (88%) experienced some level of body dissatisfaction. Given these findings, it is important to determine the contributing factors of body dissatisfaction among young children, and the immediate and long-term effects of such dissatisfaction in this population. Factors such as parents, peer groups, mass media, and cultural norms, through social learning and comparison processes, may provide some explanation for the emergence

of body dissatisfaction among young children in the current study. To this point, a study conducted by Boyington and colleagues²³ found peer groups and cultural attitudes regarding weight to be salient contributors to body size preference for African American adolescent girls. It is possible that young children exhibit some degree of normative discontent echoing the adult literature.¹⁰ Given that body image pathology is the cornerstone of eating pathology and eating disorder diagnosis, it is plausible that certain subgroups of children may be at a greater risk for the development of eating disorders traditionally seen in adolescence and adulthood.

One third of African American children wanted a larger body size, and 20% of African American mothers wanted their overweight children to be larger, providing further evidence for the impact of cultural views regarding body type preferences within racial groups.¹³ It is possible that this population may be at a greater risk for obesity and overweight, given the acceptability and desirability of increased weight among certain African American subgroups as evidenced in adolescent and adult body image studies.^{7–9}

Parental Influences and Child Body Image

Parent and Child Body Image—Overall, both African American and Caucasian mothers ascribed to thinner body ideals. In addition, mothers tended to be dissatisfied with their own bodies but satisfied with their child's body size. It is important to note, however, that a majority (76.3%) of the African American mothers (vs 36.4% of the Caucasian mothers) were overweight or obese. Therefore, some degree of body dissatisfaction might have been expected among African American mothers and may not necessarily reflect the internalization of body ideals generally held by Caucasian culture. However, body dissatisfaction among the majority of Caucasian mothers, who were normal weight, provides some evidence that there is increased cultural pressure to be thin.

Descriptive data suggest racial differences may indeed exist for mothers' body preferences for their children, with nearly 92% of African American mothers wanting their overweight child to stay the same or be larger, supporting findings from recent studies pointing to parental underestimation and mis-perception of degree of overweight in their children.^{24–26} Such differences may represent the cultural phenomenon of larger body ideals generally found within the African American community, echoing findings from other recent studies, which found differences in perceived body image between by parent and child race.²⁴ Children reported similar body ideals to their mothers, providing some evidence for modeling of body image, even at this young age. Mothers' adoption of body ideals and associated body dissatisfaction seems to be learned and internalized by their children.

In summary, this pilot study suggests that parental factors such as mothers' body image have some influence on children's body image. Children's body ideals and dissatisfaction tended to mirror that of their mothers, suggesting that young children are modeling parental attitudes and beliefs about their bodies, supporting other research findings.²⁷ In addition, African American mothers tended to view larger body ideals as more acceptable for their children compared to Caucasian mothers. It is possible that some pediatric subgroups may be more susceptible to traditional eating disorders or obesity, depending on cultural views regarding body ideals.

STRENGTHS AND LIMITATIONS

This study sought to extend our understanding regarding the associations between parental body image and eating behavior on child body image in young African American and Caucasian children. In addition, the OBOW pilot study demonstrated the success of employing a CBPR approach to gather critical formative data of importance to community

partners to inform organizational program development and implementation. However, the study had some limitations. First, because of the small sample size, this study did not have significant power to examine the effect of salient factors such as race, gender, and paternal influence on child body image indices. However, despite the inability to conduct parametric analyses, racial differences were observed through nonparametric tests and descriptive analyses, and were similar to differences reported between African American and Caucasian women in the adult body image literature.^{8,28,29} In addition, other factors found to impact body image in adolescents and children such as mass media and peer influence through social learning and comparison processes were not examined. Secondly, the study utilized a convenience sample from YMCA after school programs from one metropolitan area. It is possible that the YMCA and its focus on health, fitness, and physical activity may have influenced participants' responses, making participants acutely aware of their bodies. In addition, the geographic location of the study and its associated multiculturalism may have differentially impacted study outcomes. A larger, heterogeneous sample of first-graders and their mothers across multiple geographic areas may have yielded different results and improved study generalizability. Lastly, this study failed to employ qualitative methods to examine body image among children and parents, providing a more comprehensive examination of this construct. Follow-up studies should involve both qualitative and quantitative approaches to further delineate the role of specific parental (i.e., mothers and fathers) factors on child body image, given empirical support from previous studies that suggest the saliency of parental behavior in the development and maintenance of a child's thoughts, beliefs, and behaviors at this age,¹² and current study findings that point to significant relationships between child and parent body image indices. Such information may further extend our conceptualization of body image in young children.

Despite these shortcomings, the primary goals of the OBOW pilot study were achieved. This pilot sought to employ a CBPR approach to (1) gather preliminary information to assist the YMCA of Metro Washington DC and the USUHS research team in the first step toward a better understanding of body image among young children and (2) utilize the current work to inform the formation of evidence-based programming and educational outreach efforts that fit within existing health promotion and education goals of the YMCA of Metropolitan Washington DC, and larger mission of the YMCA. Future CBPR studies should continue to delineate the contributors to body dissatisfaction among this age group, and use such information to develop community-based interventions that examine this phenomenon within the family system. Traditionally, clinical and research efforts in the area of body image pathology have largely focused on adolescent and adult populations. However, this pilot study provides preliminary evidence for the importance of a broader view of the populations potentially affected by body image disturbance; the need for community-level education and outreach efforts to address this issue; and the development of academic–community partnerships to further examine this construct through a CBPR framework.

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Table 1

Racial Differences in Child Body Dissatisfaction by BMI and Race

Child Body Mass Index (kg/m ²)	Body Desirability			Total
	Same	Smaller	Larger	
African American children (<i>n</i> = 32)				
Normal (<i>n</i> = 20)	1	12	7	20
Elevated (<i>n</i> = 12)	2	6	4	12
Caucasian children (<i>n</i> = 26)				
Normal (<i>n</i> = 18)	3	11	4	18
Elevated (<i>n</i> = 8)	1	7	0	8
Total	7	36	15	58

Note. Data are presented as frequencies.

Table 2

Racial Differences on Mothers' Body Dissatisfaction for Self by BMI and Race

Mother's Body Mass Index (kg/m ²)	Body Desirability			Total
	Same	Smaller	Larger	
African American mothers (<i>n</i> = 29)				
Normal (<i>n</i> = 17)	4	2	1	7
Elevated (<i>n</i> = 22)	0	21	1	22
Caucasian mothers (<i>n</i> = 22)				
Normal (<i>n</i> = 14)	5	9	0	14
Elevated (<i>n</i> = 8)	0	8	0	8
Total	9	40	2	51

Note. Data are presented as frequencies.

Table 3

Racial Differences on Mothers' Body Dissatisfaction for Their Children by Child BMI and Mother Race

Mother's Body Mass Index (kg/m ²)	Body Desirability			Total
	Same	Smaller	Larger	
African American mothers (<i>n</i> = 29)				
Normal (<i>n</i> = 17)	10	1	6	17
Elevated (<i>n</i> = 12)	7	1	4	12
Caucasian mothers (<i>n</i> = 22)				
Normal (<i>n</i> = 14)	11	0	3	14
Elevated (<i>n</i> = 8)	0	8	0	8
Total	28	10	13	51

Note. Data are presented as frequencies.