

Open camera or QR reader and scan code to access this article and other resources online.



# Parental Reasons for Engaging in or Avoiding Weight Talk with Children

Ellen V. Pudney, PhD, RDN,<sup>1</sup> Rebecca M. Puhl, PhD,<sup>2,3</sup>  
Linda C. Halgunseth, PhD,<sup>4</sup> and Marlene B. Schwartz, PhD<sup>2,3</sup>

## Abstract

Parental weight talk with children can have negative consequences; yet, it is not well understood why parents engage in it and if demographic differences exist. Utilizing the extant qualitative literature, we developed two scales to quantitatively examine parental reasons for engaging in and avoiding weight talk. An Internet sample of 408 US parents (64% mothers; 34% White, 33% Black, and 32% Hispanic/Latinx) completed the scales. Parents cited concern for their child's health as a primary reason for weight talk, whereas avoidance stemmed from not wanting their child to be weight-obsessed. White and Hispanic vs. Black parents, and parents with experienced weight stigma, were more likely to cite personal struggles with body weight as reasons to both engage in and avoid weight talk. Fathers vs. mothers were more likely to cite protecting their child from weight-based bullying as a reason for weight talk. Understanding these parental motivations can inform health interventions.

**Keywords:** childhood obesity; parental motivation; quantitative scale; weight communication; weight talk

## Introduction

The conversations parents have with their children about weight can have implications for children's psychological and physical health.<sup>1</sup> These conversations or comments (known as "weight talk") are prevalent across racial/ethnic groups and among mothers and fathers<sup>2,3</sup>; yet, it is not well understood why parents engage in this behavior. Identifying motivations for weight talk, as well as why parents avoid it, could inform interventions aimed at supporting parents in navigating concerns about their child's weight.

Evidence suggests that parents engage in and avoid weight talk for a variety of reasons, and there is some indication that differences in motivations may be related to racial/ethnic characteristics. For example, interviews revealed that some Black parents reported engaging in weight talk/teasing to "strengthen the skin" of their children so that they would be more resilient to being teased by others.<sup>4(pp.12)</sup> Interviews with predominantly White caregivers identified concern for

damaging their children's self-esteem as a reason to avoid weight talk,<sup>5</sup> whereas observations of Latina mother-daughter discussions indicated that some mothers may use teasing to help their daughters not take weight so seriously.<sup>6</sup>

Evidence also indicates that parental experiences of weight stigma is related to weight talk,<sup>7</sup> so prior stigma may play a role in explaining reasons to engage in and avoid weight talk. As much of the literature has been limited to qualitative data, the current study aimed at quantitatively examining parental motivations for weight talk and comparing how these reasons differ across race/ethnicity, between mothers and fathers, and depending on parents' experienced stigma.

## Method

### *Participants and Procedures*

Participants were US adults (64% mothers) with a child age 6–17. The racial/ethnic composition was 34% White,

<sup>1</sup>Division of Community Health and Research, Department of Pediatrics, Eastern Virginia Medical School, Norfolk, VA, USA.

<sup>2</sup>Department of Human Development and Family Sciences, University of Connecticut, Storrs, CT, USA.

<sup>3</sup>Rudd Center for Food Policy and Health, University of Connecticut, Hartford, CT, USA.

<sup>4</sup>Department of Human Development and Family Studies, Michigan State University, East Lansing, MI, USA.

33% Black, and 32% Hispanic/Latinx. Quotas were set to obtain racial/ethnic and gender diversity in the sample. Data were collected in summer 2020 via an online survey that was advertised through Qualtrics; a company that aggregates online sample providers comprising several million people across the United States. Qualtrics excluded 1392 participants for not meeting quality standards or for exceeding quotas and provided standard incentives<sup>8</sup> to the final analytic sample of 408 participants. All procedures were approved by the University of Connecticut's Institutional Review Board. Additional details describing participants and procedures are reported elsewhere.<sup>9</sup>

## Measures

*Demographics and Anthropometrics.* Participants provided their age, gender, race/ethnicity, education, household income, as well as height and weight to calculate BMI. Parents also reported their child's sex, age, height, and weight to calculate child BMI percentiles.

*Weight talk.* We developed two scales to examine parental motivations for engaging in or avoiding weight talk with their child. An 8-item scale examined parental endorsement of reasons for engaging in weight talk, and a 7-item scale featured reasons why parents avoided engaging in weight talk (Tables 1 and 2). The development of both scales was informed by six qualitative studies that addressed weight-related communication among diverse samples of mothers and fathers.<sup>4-6,10-12</sup>

Participants were asked to indicate their level of agreement with statements about why they talk to their child about his/her weight (Reasons for Weight Talk scale;  $\alpha = 0.85$ ), or avoid talking to their child about his/her weight (Reasons for Avoiding Weight Talk scale;  $\alpha = 0.67$ ). Response options ranged from 1 (*strongly disagree*) to 7 (*strongly agree*), and mean item responses were calculated to identify the reasons yielding highest agreement. To allow all participants to respond to both scales, parents were first asked whether they ever talk to their child about his/her weight, and then depending on whether they responded "yes" or "no" they received one of the original scales followed by the opposing scale with modified instructions asking why they would *potentially* engage in or avoid such conversations.

*Parental experience of weight stigma.* Participants were asked (*yes/no*) whether they had ever been teased, treated unfairly, or discriminated against because of their weight.<sup>13</sup> Participants were coded as having experienced weight stigma if they answered "yes" to any of the questions.

## Statistical Analysis

We used descriptive statistics to identify the most common reasons why parents engaged in or avoided weight talk. We also conducted linear regression to identify the predic-

tive strength of racial/ethnic group, parent gender, and experienced stigma for each reason. We adjusted our models for parental BMI, child BMI percentile, parent and child gender, parent and child age, household income, education, and race/ethnicity.

## Results

### *Engaging in Weight Talk*

Health concern was the highest rated reason parents gave for engaging in weight talk (Table 1). The least endorsed reason was to show affection. The following reasons were stronger motivations among White vs. Black parents: health concerns; a doctor's recommendation; to not take weight so seriously; empathize with the child's feelings; and prevent the child from experiencing the same struggles. There were no significant differences between Hispanic/Latinx and White parents, but Hispanic/Latinx parents were more likely than Black parents to agree with the motivation of preventing the same struggles.

Fathers endorsed the following reasons as stronger motivations compared with mothers: a doctor's recommendation; show affection; help the child develop thick skin; help the child lose weight to avoid bullying; and to not take weight so seriously. The following reasons were stronger motivations for weight talk among parents who had experienced weight stigma vs. those who had not: health concerns; develop thick skin; avoid bullying; empathize; and prevent the same struggles.

### *Avoiding Weight Talk*

The highest rated reason that parents avoided weight talk was that they did not want their child to obsess over body weight (Table 2). The least endorsed reason was lacking relevant experience and therefore not feeling comfortable talking about it. Being made to feel bad about their own weight and not wanting their child to have the same experience was a stronger motivation for avoiding weight talk among both White and Hispanic/Latinx vs. Black parents, and among parents who experienced weight stigma. In contrast, not feeling comfortable talking about weight due to a lack of personal struggles was a stronger motivation to avoid weight talk among White vs. Hispanic/Latinx parents and fathers compared with mothers. Not considering weight a big deal was also rated higher among fathers vs. mothers and parents who did not experience weight stigma.

## Discussion

This study offers insights about why parents may engage in and avoid weight talk and identifies several differences among parents based on race/ethnicity, gender, and experienced weight stigma. The reason yielding the most agreement for engaging in weight talk was concern for child's health, and this was true for parents across

**Table 1. Parental Reasons for Weight Talk**

	Overall, N = 408		White, n = 138		Black, n = 136		Hispanic, n = 131		Fathers, n = 148		Mothers, n = 259		No stigma, n = 223		Experienced stigma, n = 185		Black (ref. White) <sup>a</sup>		Hispanic (ref. White) <sup>a</sup>		Black (ref. Hispanic) <sup>a</sup>		Mothers (ref. fathers) <sup>b</sup>		Experienced Stigma (ref. no stigma) <sup>c</sup>				
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE	
<i>I talk to my child about his/her body weight because...</i>	4.86	2.02	5.22	2.02	4.57	2.02	4.82	2.02	5.14	2.02	4.71	2.02	4.61	2.02	5.16	2.02	-0.53*	0.12	-0.22	0.12	-0.32	0.12	-0.35	0.12	-0.35	0.12	0.68**	0.12	
1. I'm concerned about his/her health.	3.40	2.29	3.91	2.29	2.83	2.29	3.45	2.29	3.95	2.29	3.07	2.29	3.35	2.29	3.45	2.29	-0.96**	0.12	-0.44	0.12	-0.52	0.12	-0.71*	0.12	0.05	0.12	0.05	0.12	
2. A doctor or other professional told me to do something about my child's weight.	3.23	1.99	3.36	1.99	3.13	1.99	3.23	1.99	3.91	1.99	2.85	1.99	3.09	1.99	3.40	1.99	-0.08	0.12	-0.12	0.12	0.04	0.12	-0.84**	0.12	0.36	0.12	0.36	0.12	
3. That's one way I show my child affection.	3.34	2.07	3.40	2.07	3.36	2.07	3.24	2.07	4.05	2.07	2.93	2.07	3.10	2.07	3.63	2.07	0.12	0.12	-0.14	0.12	0.26	0.12	-1.06**	0.12	0.52*	0.12	0.52*	0.12	
4. Help him/her develop a thick skin so that they won't be upset if others tease or bully them because of their weight.	3.38	2.03	3.52	2.03	3.11	2.03	3.50	2.03	3.97	2.03	3.02	2.03	3.09	2.03	3.71	2.03	-0.31	0.12	0.07	0.12	-0.38	0.12	-0.97**	0.12	0.59*	0.12	0.59*	0.12	
5. Help him/her lose weight so that they won't get teased or bullied by others for their weight.	4.09	1.85	4.38	1.85	3.72	1.85	4.15	1.85	4.43	1.85	3.89	1.85	4.00	1.85	4.20	1.85	-0.57*	0.12	-0.16	0.12	-0.42	0.12	-0.46*	0.12	0.34	0.12	0.34	0.12	
6. To get him/her to not take weight so seriously.	4.12	2.02	4.38	2.02	3.88	2.02	4.08	2.02	4.29	2.02	4.01	2.02	3.48	2.02	4.89	2.02	-0.64*	0.12	-0.21	0.12	-0.43	0.12	-0.41	0.12	1.34**	0.12	1.34**	0.12	
7. I know what it feels like to struggle with body weight, and I want my child to know that I understand what they are experiencing.	4.32	2.10	4.56	2.10	4.00	2.10	4.34	2.10	4.45	2.10	4.23	2.10	3.57	2.10	5.22	2.10	-0.70*	0.12	-0.13	0.12	-0.57*	0.12	-0.30	0.12	1.63**	0.12	1.63**	0.12	
8. I know what it feels like to struggle with body weight, and I don't want my child to have to experience the same struggles.																													

Response options ranged from 1 (strongly disagree) to 7 (strongly agree).

\* $p < 0.05$  \*\* $p \leq 0.001$ .<sup>a</sup>Model adjusted for parental BMI, child BMI percentile, parent gender, child gender, parent age, child age, household income, and education.<sup>b</sup>Model adjusted for parental BMI, child BMI percentile, child gender, parent age, child age, race/ethnicity, household income, and education.<sup>c</sup>Model adjusted for parental BMI, child BMI percentile, parent gender, child gender, parent age, child age, race/ethnicity, household income, and education.

B, unstandardized coefficients.

**Table 2. Parental Reasons for Avoiding Weight Talk**

<i>I avoid talking to my child about his/her body weight because...</i>	Overall, N = 408		White, n = 138		Black, n = 136		Hispanic, n = 131		Fathers, n = 148		Mothers, n = 259		No stigma, n = 223		Experienced stigma, n = 185		Black (ref. White) <sup>a</sup>		Hispanic (ref. White) <sup>a</sup>		Black (ref. Hispanic) <sup>a</sup>		Mothers (ref. fathers) <sup>b</sup>		Experienced stigma (ref. no stigma) <sup>c</sup>	
	M	SD	M	M	M	M	M	M	M	M	M	M	M	M	B	B	B	B	B	B	B	B	B	B	B	B
1. My child's weight is not an issue.	5.24	1.85	5.16	5.21	5.39	5.25	5.25	5.25	5.25	5.25	5.25	5.39	5.06	0.20	0.11	0.09	-0.01	0.11	0.09	-0.01	0.11	0.09	-0.01	-0.24		
2. I don't want to damage my child's self-esteem.	5.19	1.85	5.43	5.12	5.03	4.94	5.12	4.94	5.33	5.02	5.40	5.02	-0.41	-0.30	-0.11	0.34	0.38	-0.30	-0.11	0.34	-0.11	0.34	0.38			
3. I don't want my child to obsess over body weight.	5.50	1.68	5.73	5.36	5.41	5.20	5.36	5.20	5.66	5.38	5.64	5.38	-0.31	-0.27	-0.04	0.36	0.30	-0.27	-0.04	0.36	-0.04	0.36	0.30			
4. I don't know what it feels like to struggle with body weight, so I don't feel comfortable talking to my child about their weight.	3.17	1.95	3.44	3.00	3.06	3.67	3.00	3.67	2.88	3.30	3.02	3.30	-0.14	-0.47*	0.33	-0.42*	-0.20	-0.47*	0.33	-0.42*	0.33	-0.42*	-0.20			
5. Others have made me feel bad about my weight, so I do not want my child to go through the same experience.	3.80	2.11	4.12	3.89	3.38	3.90	3.89	3.90	3.74	2.79	5.01	2.79	-0.89**	-0.24	-0.64*	-0.19	2.25**	-0.24	-0.64*	-0.19	-0.64*	-0.19	2.25**			
6. In my family, we don't consider body weight to be a big deal.	4.20	1.81	4.18	4.30	4.15	4.56	4.30	4.56	4.01	4.41	3.96	4.41	0.04	0.11	-0.07	-0.54*	-0.39*	0.11	-0.07	-0.54*	-0.07	-0.54*	-0.39*			
7. In my family, we consider it rude or unkind to talk about someone's body weight.	4.48	1.86	4.71	4.47	4.24	4.52	4.47	4.52	4.46	4.55	4.39	4.55	-0.42	-0.19	-0.22	0.07	-0.15	-0.19	-0.22	0.07	-0.22	0.07	-0.15			

Response options ranged from 1 (strongly disagree) to 7 (strongly agree).

\* $p < 0.05$  \*\* $p \leq 0.001$ .<sup>a</sup>Model adjusted for parental BMI, child BMI percentile, parent gender, child gender, parent age, child age, household income, and education.<sup>b</sup>Model adjusted for parental BMI, child BMI percentile, child gender, parent age, child age, race/ethnicity, household income, and education.<sup>c</sup>Model adjusted for parental BMI, child BMI percentile, parent gender, child gender, parent age, child age, race/ethnicity, household income, and education.

racial-ethnic and gender groups. Conversely, parents avoided weight talk out of the desire to not have their child obsess over weight or damage their self-esteem, suggesting parental awareness of the potential risks of weight talk, similar to recent qualitative evidence.<sup>14</sup> Interventions aimed at helping parents navigate weight-related topics should consider developing approaches that address their concerns for their child's health while being sensitive to self-esteem, which may resonate with parents.

We observed notable differences on the items that referenced parental experiences with body weight. White and Hispanic/Latinx parents were significantly more likely than Black parents to agree that preventing their child from experiencing their same struggle with weight was a reason to *engage* in weight talk. White and Hispanic/Latinx parents were also more likely than Black parents to *avoid* weight talk as to not repeat the same negative experience for their child.

This somewhat contradictory pattern in which prior negative experiences with body weight prompts some parents to engage in weight talk, whereas inhibits others, was also observed among parents who experienced weight stigma (vs. those who had not). Given that reactions to weight stigma can vary greatly,<sup>15</sup> it will be important for future research to examine the relationship between weight talk and parental feelings about their own weight, particularly among ethnically/racially diverse samples. Future research should also examine the content of these weight talk conversations and how children interpret these messages, as some evidence suggests that parents with personal weight concerns may be using weight talk to express empathy,<sup>11</sup> whereas others found that parents with weight struggles are more critical of their children's bodies.<sup>6</sup>

In addition, we found that fathers were more likely than mothers to engage in weight talk to help protect their child from weight-based bullying either by helping them develop a thick skin or by losing weight. The limited qualitative findings examining weight talk practices between mothers and fathers suggest that they engage in weight talk differently.<sup>16</sup> Our findings provide initial evidence that mothers and fathers may also have different motivations for engaging in weight talk. Future research should further investigate parental gender differences in weight talk motivations, as this could inform family-based interventions.

This study addresses a key gap by quantitatively assessing parental motivations for engaging in and avoiding weight talk. Limitations of this study include the lack of validation of the parent weight talk scales and the reliance on self-report measures. Results indicate differences in agreement with many reasons for weight talk across race/ethnicity, gender, and history of experienced weight stigma, suggesting variability in parental motivations. Interventions aimed at reducing parental weight talk may be more effective when tailored to address different parental weight-related attitudes.

## Acknowledgments

The authors wish to thank all the parents who participated in this study.

## Authors' Contributions

Conceptualization, E.V.P.; methodology, E.V.P., R.M.P., L.C.H., and M.B.S.; formal analysis, E.V.P.; investigation, E.V.P.; resources, R.M.P.; data curation, E.V.P.; writing—original draft preparation, E.V.P.; writing—review and editing, R.M.P., L.C.H., M.B.S., and E.V.P.; supervision, E.V.P., R.M.P., L.C.H., and M.B.S.; project administration, E.V.P.; funding acquisition, R.M.P., E.V.P. All authors have read and agreed to the published version of the manuscript.

## Funding Information

This study was funded by the Rudd Foundation and by the Christine N. Witzel Award from the University of Connecticut (received by E.V.P.).

## Author Disclosure Statement

No competing financial interests exist.

## References

1. Yourell JL, Doty JL, Beauplan Y, et al. Weight-talk between parents and adolescents: A systematic review of relationships with health-related and psychosocial outcomes. *Adolesc Res Rev* 2021; 6(4):409–424; doi: 10.1007/s40894-021-00149-2
2. Berge JM, MacLehose RF, Loth KA, et al. Parent-adolescent conversations about eating, physical activity and weight: Prevalence across sociodemographic characteristics and associations with adolescent weight and weight-related behaviors. *J Behav Med* 2015;38(1):122–135; doi: 10.1007/s10865-014-9584-3
3. Lydecker JA, Riley KE, Grilo CM. Associations of parents' self, child, and other "Fat Talk" with child eating behaviors and weight. *Int J Eat Disord* 2018;51:527–534; doi: 10.1002/eat.22858
4. Berge JM, Trofholz A, Fong S, et al. A qualitative analysis of parents' perceptions of weight talk and weight teasing in the home environments of diverse low-income children. *Body Image* 2015; 15:8–15; doi: 10.1016/j.bodyim.2015.04.006
5. Eli K, Howell K, Fisher PA, et al. "A Little on the Heavy Side": A qualitative analysis of parents' and grandparents' perceptions of preschoolers' body weights. *BMJ Open* 2014;4:e006609; doi: 10.1136/bmjopen-2014
6. Romo LF, Mireles-Rios R. Latina immigrant mother–daughter communication about their body self-esteem and weight dissatisfaction: An exploratory video-observational study. *J Lat Psychol* 2016;4(1):18–31; doi: 10.1037/lat0000044
7. Pudney EV, Himmelstein MS, Puhl RM. The role of weight stigma in parental weight talk. *Pediatr Obes* 2019;14(10):e12534; doi: 10.1111/ijpo.12534
8. Qualtrics. 28 Questions to Help Buyers of Online Samples. 2019;1–7. <https://www.iup.edu/arl/files/qualtrics/esomar.pdf>
9. Pudney EV, Puhl RM, Halgunseth L, et al. An examination of parental weight stigma and weight talk among socioeconomically and racially/ethnically diverse parents. (Manuscript under review.)

10. Jain A, Sherman SN, Chamberlin LA, et al. Why don't low-income mothers worry about their preschoolers being overweight? *Pediatrics* 2001;107:1138–1146.
11. Davis JL, Goar C, Manago B, et al. Distribution and disavowal: Managing the parental stigma of children's weight and weight loss. *Soc Sci Med* 2018;219:61–69; doi: 10.1016/j.socscimed.2018.10.015
12. Wright J, Maher J, Tanner C. Social class, anxieties and mothers' foodwork. *Sociol Health Illn* 2015;37(3):422–436; doi: 10.1111/1467-9566.12202
13. Puhl RM, Heuer CA, Sarda V. Framing messages about weight discrimination: Impact on public support for legislation. *Int J Obes* 2011;35(6):863–872; doi: 10.1038/ijo.2010.194
14. Bauer KW, Branch JM, Appugliese DP, et al. Emerging ideas. How do low-income mothers talk to children about weight and body shape? *Fam Relat* 2021;70(5):1477–1484; doi: 10.1111/fare.12550
15. Pudney EV, Himmelstein MS, Puhl RM, et al. Distressed or not distressed? A mixed methods examination of reactions to weight stigma and implications for emotional wellbeing and internalized weight bias. *Soc Sci Med* 2020;249:112854; doi: 10.1016/j.socscimed.2020.112854
16. Berge JM, Hanson-Bradley C, Tate A, et al. Do parents or siblings engage in more negative weight-based talk with children and what does it sound like? A mixed-methods study. *Body Image* 2016;18:27–33; doi: 10.1016/j.bodyim.2016.04.008

Address correspondence to:  
*Ellen V. Pudney, PhD, RDN*  
*Division of Community Health and Research*  
*Department of Pediatrics*  
*Eastern Virginia Medical School*  
*PO Box 1980*  
*Norfolk, VA 23501*  
*USA*

*E-mail: pudneyev@evms.edu*