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# The Relationship of Obesity and Weight Gain to Childhood Teasing

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#### Key words:

Weight-based teasing; Childhood obesity; Bullying; Child Adolescent Teasing Scale; Emotional health; Dynamic interactionism This article examines the relationship between weight gain and childhood teasing in children. Anthropometric data and self-reported teasing experiences were collected on a sample of second and third graders at a local elementary school in a disadvantaged suburban community. The study model uses bio-ecological development theory in which child development is understood in context: the child's physical characteristics influence the social environment, which interact and influence the behaviors that result in physical development and characteristics such as weight gain. Results suggest that teasing influences BMI change and that the relationship is more complex than simply stating that obese children are teased.

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WITH THE GROWING concern about the obesity epidemic and its related consequences, there is a growing interest in the interplay of multiple biological and psychosocial factors that are associated with overweight children's development. Although more is known about antecedents such as genetics, nutrition and exercise, less is known about the behavioral determinants of conditions that produce overweight or the consequential social effects on children who are overweight such as teasing or bullying. With the most recent Centers for Disease Control (CDC) report on obesity finding that more than two thirds of adults are overweight or obese (CDC, 2014), we need to focus on the origins in childhood.

Obesity is a major health problem today affecting one third of adults and 17% of U.S. children who are obese (Ogden, Carroll, Kit, & Flegal, 2012). Minorities disproportionately exhibit high rates of overweight and obesity with 37 and 36% for Hispanic and non-Hispanic Black females respectively, and

35% of all non-Hispanic Black children ages 2-19 years. 49 Specifically among school children 6–11 years, 18% are 50 obese (>95th percentile) with 26 and 22% non-Hispanic Black 51 males and females respectively; with 27 and 23% Hispanic 52 males and females respectively (Ogden, Carroll, Kit, & Flegal, 53 2014). Although there is recent evidence that the rates appear 54 to have leveled off (Ogden et al., 2012), these epidemic rates 55 place our youth in danger of developing a myriad of diseases as 56 well as a shortened life span. It is well understood that a diet 57 high in fat and calories and limited physical activity are 58 predecessors to gaining weight. However, little research to date 59 has focused primarily on negative outcomes related to weightbased teasing and its bi-directional relationship with BMI 61 change, particularly among racially diverse children. To 62 understand this in a social context, the child's develop- 63 mental change needs to be examined. This study examines 64 the possible interactive relationships between childhood 65 teasing and obesity starting in second grade students followed 66 to third grade.

The purpose of the study is to describe the characteristics 68 of overweight children and the influence of their BMI and 69 BMI change on their self-reported teasing. The study also 70 seeks to answer the extent to which children's reported peer 71 teasing bothers them and is associated with weight gain. The 72

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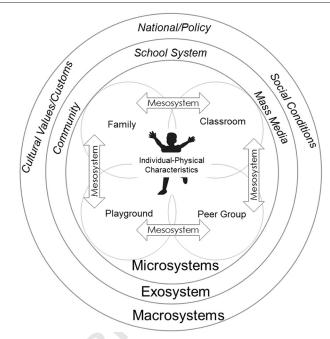
children in this study were part of a community-based project in a charter school. School students (grades K-4) were primarily from racially and ethnically diverse backgrounds and were culturally disadvantaged. The population of this community, including the children, is statistically more overweight than neighboring communities at 41% compared to 38% (Nassau County National Behavioral Risk Factor Surveillance Survey [BRFSS], 2007).

# Conceptual Model

Bronfenbrenner's human ecology model defines development occurring within complex "layers" of environment, each having an effect on a child's development bi-directionally (Bronfenbrenner, 1977, 2001, 2005). The model emphasizes that a child's own biology and physical systems interact with the environment, which fuels development (Bronfenbrenner, 2005). Thus the systems and environments interact bi-directionally "making humans human." This "bio-ecological systems theory" yields a developmental model that can be used to understand change over time such as weight gain.

The study is conceptualized on this developmental model that describes four systems of human development or human ecology. These are as follows: (1) the microsystem at the center including the biology and physical characteristics of the child within the family, school, peer group, neighborhood; (2) the mesosystem comprising connections between immediate environments such as the child's home, classroom; (3) the exosystem or external environmental settings which indirectly affect the systems within such as the school system or media, and (4) the macrosystem, or larger cultural context such as cultural values. Within the interactionism of these systems, there is recognition that causes for continuity and change in the person are dependent on the dynamic interaction between the persons, environment and situations (Reynolds et al., 2010). Understanding development or individual change in context is central to Bronfenbrenner's model and suggests a framework to study how a child's physical characteristics such as obesity influence the social environment which includes classmates, and how the response of the social environment such as teasing reciprocally influences the child's behavior that lead to physical changes such as weight gain. These interactions are all within the context of family and community that play a role in the child's development (Figure 1).

Obesity in childhood should be understood within this model. With development at the center, children's family and community values of what constitutes overweight are central to how children are nurtured and fed, both physically and psychologically. Parenting and obesity literature is extensive with parenting efficacy affected by various factors (Grossklaus & Marvicsin, 2014; Towns & D'Auria, 2009). Parents of some children may not see them being overweight as a problem. For example, Hackie and Bowles (2007) studied parents of



**Figure 1** Bio-ecological development theory.

overweight children who did not see their child as overweight. 188 Garrett-Wright (2010) found that parents reported little or no 147 concern even when their child was overweight or obese and 148 cautioned that low levels of concern about child weight were 149 frequently found in samples where high levels of overweight 150 and obesity exist in children. Misperception of obesity exists 151 because parents fail to accept the idea that their child is fat 152 (Myers & Vargas, 2000).

As important, the school environment also plays a 154 significant role in the child's cognitive, social and emotional 155 development. Schools are the communities in which young 156 children interact with peers throughout their day. Obese 157 children are reported to suffer from weight-based teasing at 158 schools (McCormack et al., 2011). Recognizing the context of 159 overweight children's social interactions is critical to any efforts 160 to prevent obesity. What precipitates teasing and bullying in 161 school, and what are the results of these negative social 162 interactions that are not congruent with home and family?

Such interaction between the teaser and individual being 164 teased can lead to the transformation and emergence of self- 165 categorization of identity that can produce a lifelong tainted 166 self-view. According to Reynolds et al. (2010), social norms, 167 shared values, influence and persuasion, shared emotions 168 and shared goals are collective products, which shape social 169 system and culture. Therefore, it can be said that group 170 culture and behavior can influence one's sense of self as an 171 individual. Obese youth are more likely to be found at the 172 periphery of social networks, suggesting that the obese youth 173 are more likely to be socially marginalized by peers (Strauss 174 & Pollack, 2003). In addition to be at greater risk for social 175 marginalization, children who are obese are also at an 176 increased risk for peer victimization (Gray, Kahhan, & 177

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Janicke, 2009). These social influences from the environment may affect the child's mental health. Psychological factors such as depression, self-esteem and body dissatisfaction are implicated in obesity and weight gain. For example, O'Dea (2005) identified a linear relationship between body dissatisfaction and increasing BMI for girls. Taken together, Russell-Mayhew, McVey, Bardick, and Ireland (2012) propose a psychological model that suggests physical consequences. Bronfenbrenner's human ecology model can be simplified to take into account these supported interactions to suggest that children's weight gain as a developmental issue must be understood in the context of other considerations besides nutrition and exercise.

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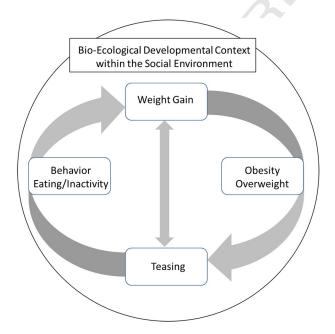
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The simplification of the model for this study (Figure 2) depicts a circular pathway that shows a cycle of overweight in a social environment that leads to increased eating which results in gaining weight. Thus the cycle left uninterrupted may be more detrimental in the health-related consequences that public health professionals are trying to prevent in obesity reduction programs. While the model suggests a singular feedback loop, the prediction characteristics and potential points of intervention are more complicated. We need to gain more insight on the interrelationships among the child's characteristics that are antecedent to a teasing response in the classroom, and the consequences of teasing on the child's weight gain.

Identifying individual as well as group risk factors in the school age population of youths in communities that are disadvantaged in particular can lead to a better understanding of behavioral and psychosocial outcomes in relation to weight-based teasing. Early identification of weight related teasing could allow for better planning of interventions that couple traditional activity and nutritional programs with affective



**Figure 2** Cycle of weight gain, obesity, teasing, and eating/inactivity behaviors.

objectives to boost self-esteem and a better understanding of the negative consequences of teasing.

#### Literature Review

As obesity rates among children continue to rise there is an 234 increasing need to refine our understanding of the consequences of weight-based teasing and its influence on BMI and 236 BMI change. There is ample evidence in the literature that the 237 epidemic of childhood obesity continues with children from 238 disadvantaged neighborhoods being over-represented (Jensen 239 & Steele, 2010; Taylor, 2011). The conclusions are drawn 240 from limited foci related to nutrition and exercise interventions 241 and do not consider alternative potential interventions that may 242 be influential in mediating the benefits—or at worst, counter-243 acting the benefits of otherwise useful interventions. This may 244 be due, in part, to a lack of understanding of the behavioral and 245 social impact of teasing.

The prevalence of overweight children that suffer emotional 247 consequences has been widely documented (Russell-Mayhew 248 et al., 2012). Studies show that overweight children who are 249 teased by peers are at a greater risk for developing low self- 250 esteem and negative body image, which are correlated with 251 depressive symptoms and suicidal ideation (Russell-Mayhew 252 et al., 2012; Taylor, 2011). According to Jensen and Steele 253 (2010), teasing is a specific type of peer victimization that is 254 characterized by a range of verbal taunts about personal or 255 social factors including appearance, performance, social 256 behavior, academic achievement, or family background. 257 Hayden-Wade et al. (2005) reported that 78% of a sample of 258 overweight youth experienced teasing compared to 37.2% of a 259 non-overweight sample. Teasing and bullying are closely 260 related: the differences often primarily lying in the recipients' 261 interpretation of behaviors directed towards them. Researchers 262 have also found that bullied children have significantly more 263 health problems, poorer school adjustment and poorer 264 emotional adjustment than children who have not been bullied 265 (Haraldstad, Christophersen, Eide, Nativg, & Helseth, 2011). 266 Approximately half of obese boys and girls report experienc- 267 ing significant problems with their peers (Warschburger, 268 2005). Estimates of victimization among obese youth are twice 269 as high as rates reported among non-obese populations 270 (Hayden-Wade et al., 2005).

The prevalence of weight-based teasing and its influence on 272 BMI have been examined with focus on the effectiveness of 273 the development of an integrative approach in school-based 274 programs aimed at decreasing obesity rates among children 275 (Puhl & Luedicke, 2012). Researchers in the field of obesity 276 have proposed using an integrative approach to the prevention 277 of the spectrum of problems related to eating and weight, 278 including eating disorders, obesity, and unhealthy weight 279 control behaviors. Many weight management programs in 280 schools center around physical activity and healthy eating 281 practices, but the social aspects of these focused activities may 282

consequently call attention to some children and precipitate their behavioral responses of self-isolation and withdrawal (Puhl, Luedicke, & Heuer, 2011). For example, a physical education program that separates high performers and low performers into groups by virtue of physicality may be detrimental to some children's self-esteem and willingness to engage in challenging physical activities. Children are well aware of their classmates' physical differences and the environment may be ripe for teasing. We know less about these unintended consequences of well-intended obesity prevention programs.

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In order to guide the development of such programs, it is essential to examine the underlying factors of the physical and emotional effects of teasing. There is growing concern that children who experience weight-based teasing may be driven into an emotional state prompting increased over-eating and continued weight gain. Womble et al. (2001) determined that the psychosocial model of binge eating was influenced by a history of weight-based teasing and has recommended that the construct of teasing be considered in the development of prevention programs. A 2002 study reported that shape and weight gain concerns increase risk for excessive weight gain, likely through associations with unhealthy eating patterns such as binge eating and emotional eating which may lead to reduced participation in physical activity due to appearance related discomfort (Neumark-Sztainer, Falkner, Story, Perry, & Hannan, 2002). A decrease in physical activity could also be considered an antecedent to future weight gain.

The concept of loneliness among teased adolescents leading to disordered eating behaviors, including becoming overweight, has also been documented. The experience of teasing may lead adolescents to experience a feeling of loneliness, which can also be examined in relation to BMI change. For example, Hayden-Wade et al. (2005) noted a correlation between weight based teasing and loneliness in adolescents and, more specifically between weight-based teasing and binge eating among overweight youth in their study sample. Loneliness may be a function of social isolation when physical performance is revered and children feel inadequate. Social isolation may be self-imposed by children who are teased.

Adolescents are particularly vulnerable developmentally to the effects of weight-based teasing and mistreatment. In adolescence, youths are particularly sensitive to peer interactions and the results may impact their emotional well-being (Eisenberg, Neumark-Sztainer, & Story, 2003). For example, in a study of 1071 public school students by Krukowski et al. (2009), school performance was significantly associated with weight-based teasing. With research findings that weight based teasing has a detrimental effect on school age populations, it is important to understand the social context of obesity attention while understanding the impact of teasing on the child. It can lead to a myriad of emotional and physical symptoms that need to be prevented if associated with the best obesity prevention programs.

This study was aimed at generating a greater understanding of the effects of weight related teasing on BMI, BMI change, and potential gender differences in pre-adolescent school aged 339 children from a disadvantaged population between ages 7 and 340 9 whose rapid growth spurts and body changes have not yet 341 been triggered. This age may be particularly susceptible to 342 internalizing social taunts and learning unhealthy coping 343 behaviors such as over eating (Womble et al., 2001), which 344 may reciprocally result in weight gain. A bio-ecological 345 developmental systems approach will aid to our understanding 346 of the complexity of weight reduction efforts in treating obesity 347 as an epidemic in the population.

Purpose 349

This project was initiated from an invitation by the 350 elementary school principal of a suburban charter school 351 located in a socioeconomically disadvantaged community 352 in metropolitan New York. According to the county health 353 statistics, this community has significant health problems 354 including obesity (28%), hypertension (24%) and diabetes 355 (9%) (Nassau County National Behavioral Risk Factor 356 Surveillance Survey [BRFSS], 2007). The principal 357 requested that researchers, faculty and nursing students 358 assist school personnel in identifying areas of support that 359 they could provide as they grew combining health-related 360 activities with research potential. The partnership was 361 established following two focus group sessions with 362 faculty, food service workers, social workers, physical 363 education instructor, and the principal, as well as two 364 meetings with parents. The problems to be addressed were 365 health-related issues in general and obesity specifically, but 366 included the community concern about the social and 367 aggressive behaviors of the children related to teasing and 368 bullying. The focus group transcripts were used to carve 369 out areas to address and brought back to the school 370 personnel and parents for discussion about potential plans. 371 The new charter school opened with kindergarten, first and 372 second grades (total = 150), with 2 classes at each grade 373 (n = 25 per class). The plan was to grow annually with a 374 new grade to open each year until the capacity (K-5th) was 375 reached. The study was initiated with the second grade 376 students. Data collection would follow them from Spring to 377 Fall over 6 months into the new third grade. The researchers 378 would measure heights and weights, calculate their BMI and 379 BMI change, and obtain the third graders' self-reported teasing 380 by other children. 381

On the basis of a bio-ecological systems model, the following 382 questions could be asked to assess developmental change: 383

- Is teasing associated with BMI (at third grade) or BMI change (from 384 second grade)?
- Are teasing scores affected by BMI change scores for children whose 386
   BMI changes indicated weight gained versus weight lost ("gained" 387
   BMI vs "lost" BMI) over 6 months?
- Does gender and BMI change predict teasing related to (a) personality 389 and behavior; (b) family and environment; (c) school; and (d) my body. 390

# Study Methods

## Sample

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The target population was drawn from the charter school students enrolled via parent applications from within the public school system. More than half of the students in the school are Spanish speaking. Fewer than 2% are White or Asian and 41% are Black Non-Hispanic. Ninety-two percent of the children in the school are eligible for free lunch. Over the study period, all 50 children from the second grade were measured (n = 28 boys; n = 22 girls); in the third grade, 41 of the same children were measured (n = 25 boys; n = 16 girls); and the final sample to complete the questionnaires during the third grade yielded 37 complete sets of data (n = 24 boys; n = 13 girls).

### Measures

The variables in the study of the target population included their second grade heights, weights and calculated BMIs (BMI2) using the CDC online calculator (CDC.gov); their third grade heights, weights, and calculated BMIs (BMI3); and computed BMI change (BMI3 minus BMI2). To capture change, BMIs were used to identify relative positive or negative values indicating whether the child "gained" weight (i.e. body mass) over normal growth from BMI2 to BMI3, "lost" weight (i.e. body mass) over the period, or maintained their BMIs (near zero). Since most of the children gained weight not associated with normal growth in the 5 month period, particularly boys, a mid-point of BMI change for the sample was computed (+.1) and used as the cut point to determine if children "gained" versus "lost" body mass.

The Child Assessment of Teasing Scale (CATS©) (Vessey, Horowitz, Carlson, & Duffy, 2008) was used to measure self-reported teasing. This paper-and-pencil questionnaire was translated and back translated into Spanish to provide language choices for the students, but only 1 child chose to use the Spanish version. It was dropped from the analysis. The scale is divided into two sets of questions around how the child reports being teased: "how much are you teased about ...?" "How much does the teasing bother you...?" The responses range from "not at all" to "very much." The items can be analyzed separately or used to compute "weighted" scores by multiplying the amount of teasing by how much it is bothersome. The items are then grouped into 4 factors that include (1) my body; (2) personal; (3) family; and (4) behaviors. The factors yielded two separate measures for analysis that are un-weighted and weighted: (a) weighted scores were calculated for each factor and analyzed separately; unweighted mean teasing scores for "how much you are teased" and "how much it bothers you" were calculated separately by gender. The CATS has been used in numerous studies with reported acceptable reliability

(Cronbach alpha = .94), validity and a Fleish–Kinkaid 442 reading level of grade 3.9 (Vessey, DiFazio, & Strout, 443 2012; Vessey et al., 2008). Total teasing score was calculated 444 as the average of all four weighted factors.

Procedures 446

The researchers obtained approval to conduct the study 447 from the Institutional Review Board and parental consent 448 was obtained for all children in the study. Baseline BMIs 449 were recorded on all second grade students in two classes just 450 prior to summer vacation. When they returned in the fall, the 451 same children, now in the new third grade of the school had 452 their heights and weights recorded and new BMIs calculated. 453

Over the next 6 months, the CATS (Child Assessment of 454 Teasing Scale) questionnaire was distributed by the teachers 455 and collected by the researchers. To capture the develop- 456 mental change over time, approximately 1 year separated the 457 first BMI calculations and self-reported questionnaires about 458 the children's teasing, which were completed approximately 459 6 months after the second BMI calculations.

Results 461

The heights, weights and BMIs for children in the second 462 grade who were re-measured in the third grade demonstrated 463 that the rates of obesity and overweight in this community 464 exceeds the generally reported population data in the U.S. 465 (Table 1). Almost 50% of third grade children in this 466 community (48% boys and 56% girls) are above the 85th 467 percentile of the population and almost one third are obese 468 (Figure 3). From second to third grade, the percentages of 469 children in both genders in the obese and overweight 470 categories increased suggesting that in the months between 471 measures, which included summer when children are at 472

 Table 1
 Summary of children's BMI-for-age.

	Grade	2		Grade 3			
	Boys	Girls	Total	Boys	Girls	Total	
Number of children assessed:	28	22	50	25	16	41	
Underweight (<5th percentile)	0%	5%	2%	4%	6%	5%	
Normal BMI (5th–85th percentile)	54%	45%	50%	48%	38%	44%	
Overweight or obese (>85th percentile) <sup>a</sup>	46%	50%	48%	48%	56%	51%	
Obese (>95th percentile)	25%	36%	30%	32%	38%	34%	

<sup>&</sup>lt;sup>a</sup> Terminology based on: Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics. 2007;120 (suppl4):s164-92.

t1.10

t1.1

#### Prevalence of Overweight and Obesity, by Sex

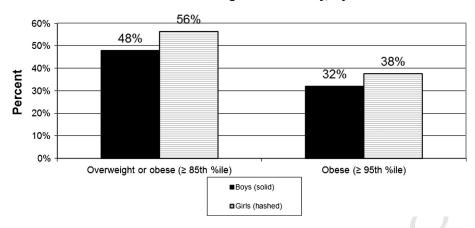


Figure 3 Overweight and obese summary statistics for third grade children

home and not school, many gained weight disproportionately to their heights moving from normal to overweight and from overweight to obese.

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A paired t-test on the small sample of children who had complete measures demonstrated that the BMI change from second to third grade was non-significant for girls but noteworthy (p = .08) for boys (Table 2), probably due to normal change in heights for some males beginning at this age (7–9) and continuing through adolescence. Although not significant at the .05 level possibly due to the small sample, the BMI change for boys should not be overlooked. It was therefore important to assess BMI change in this period of time sorted by gender to answer the research questions. It also validated the mid-point of BMI change that was not 0.

To address the question of BMI and teasing, the total teasing scores were computed and split at the median (total teasing [TT] high vs low) and used to assess total teasing by BMI (second grade, third grade) BMI change ("gained" versus "lost") and analyzed by gender. Using a non-parametric correlation (Kendel's tau), TT and BMI (second grade n = 40) r = .027, p = NS; BMI (third grade n = 37) r = .099, p = NS, were not significant. However, an independent t-test on TT by BMI change (lost vs gained) sorted by gender revealed that there was a significant difference in teasing

**Table 2** Paired samples test on BMIs for second and third grade children with complete data (6 months interval).

3	Gender			Paired differen		t	p
Į				Mean	SD		
Ó	Females $n = 16$	Paired	BMI2 to BMI3	-0.31	1.67	-0.74	NS
5	Males $n = 25$	Paired	BMI2 to BMI3	-0.60	1.64	-1.82	.08 *

<sup>\*</sup> Although not significant at p < .05, the paired difference value should be interpreted cautiously due to small sample size. More boys at third grade gained weight not commensurate with their heights.

(higher vs lower) for females (t = 2.55, p = .04) but not for 514 males (t = 0.581, p = NS). These findings suggest that 515 teasing was not related to second or third grade children's 516 BMIs if taken in total; sorted by gender, teasing was not 517 reported as a result of BMI, but rather, BMI change was 518 related to the child's report of teasing. Given the 6-month 519 time interval between BMI measurements, this finding 520 gives some support to the interactive nature of teasing and 521 weight gain. Because the sample was small for complete 522 data, subsequent analyses were bootstrapped to test the 523 more complex questions.

Following the completion of the preliminary analyses, 525 bootstrapping was used to assess the effects of teasing on the 526 children's change in BMI from second to third grade. 527 Bootstrapping allows for a more precise estimate of the 528 indirect effects particularly when a sample is limited 529 (Calmetes, Drummond, & Vowler, 2012). The concept is 530 that after a random sample has been taken, the values in this 531 sample are repeatedly, randomly "resampled" to generate a 532 large series of new sets of values that are called 533 "pseudosamples" that can be used to recalculate values that 534 characterize the source population. "The bootstrap samples 535 are to the original sample, as the original sample was to the 536 population...and is likely to give more accurate estimates of 537 population parameters than if these values had been 538 calculated on the basis of an initial incorrect assumption of 539 a specific distribution" (p. 235). With bootstrapping, multiple 540 linear regression was used to analyze the combination of 541 weighted teasing factors on BMI change. When separated by 542 gender, the four CATS factors (my body, family, personal/ 543 behavioral, and school) predicted BMI change for girls 544 (F = 6.94, p < .001) but not for boys (F = 1.12, p = NS). 545 For boys, only 9% of the variance can be explained by 546 teasing, but for girls, 57% of the variance can be explained 547 by teasing. 548

A closer look at the data separated by gender suggests 549 clear associations of teasing and BMI change. Analysis of 550 variance of the unweighted total teasing scores on the 551 children sorted by BMI gained and BMI lost yielded 552

# Relationship of Obesity and Weight Gain to Childhood Teasing

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t3.1											
t3:3	Gender	Teasing scores—unweighte	d total	Sum of squares	F	p					
t3.4	Male $n = 25$	"I am teased"	Between groups	0.69	0.07	NS					
t3.5			Within groups	220.299							
t3.6			Total	220.989							
t3.7		"Teasing bothers me"	Between groups	0.34	1.05	NS					
t3.8			Within groups	196.21							
t3.9			Total	196.56							
t3.10	Female $n = 13$	"I am teased"	Between groups	13.77	2.96	NS					
t3.11			Within groups	51.18							
t3.12			Total	64.95							
t3.13		"Teasing bothers me"	Between groups	26.18	7.48	.02					
t3.14			Within groups	38.53							
t3.15			Total	64.70							

significant differences (Table 3). For boys and girls, the unweighted "I am teased" score was not significant. However, for girls the unweighted "I am bothered by the teasing" score was statistically significant (F = 7.47, p < .05) but not for boys. When BMI-gained and BMI-lost were analyzed by each of the four factors, difference emerged with both genders for individual factor scores 590 (Table 4). The factor related to being teased about school was 602 significant (t = -2.09, p < .05) as was the factor teasing 603 about my personality or behavior bothers me was significant 604 (t = -2.67, p < .05). In both groups, those who had gained 605 body mass (BMI-gained) in the 6 month interval had 606

		n	Mean	SD	t	p
Factor 1 Personality/behavioral	BMI lost	13	1.539	0.64	-1.395	N
	BMI gained	25	1.890	0.78		
"I am teased about personality & behavi	or"					
Factor 2 Family and environment	BMI lost	13	1.571	0.79	0.011	N
	BMI gained	25	1.569	0.77		
"I am teased about my family and environment of the state	onment"					
Factor 3 School related	BMI lost	13	1.509	0.51	-2.086	
	BMI gained	25	1.996	0.75		
"I am teased about school related"						
Factor 4 My body	BMI lost	13	1.615	1.02	0.36	1
	BMI gained	25	1.500	0.89		
"I am teased about my body"						
Factor 1 Personality/behavioral	BMI lost	12	1.304	0.49	-2.672	
	BMI gained	25	1.871	0.79		
"Teasing about personality & behavior b	oothers me"					
Factor 2 Family and environment	BMI lost	12	1.333	0.69	-0.539	1
	BMI gained	25	1.474	0.77		
"Teasing about my family and environm	nent bothers me"					
FACTOR 3 School Related	BMI lost	12	1.583	0.78	-1.169	]
	BMI gained	25	1.893	0.74		
"Teasing about school concerns bothers	me"					
Factor 4 My body	BMI lost	12	1.229	0.67	-0.747	]
	BMI gained	25	1.440	0.86		

reported higher teasing scores than those who had lost or staved the same.

Finally, t-tests of the weighted teasing scores by factors were calculated, sorted by gender, to test differences between the groups of children with BMI lost and BMI gained. For all children, the weighted teasing factor related to personality/ behavior was statistically significant (t = -2.16, p < .05), but only girls with BMI gained versus those with BMI lost analyzed separately yielded a statistically significant weighted factor on personality/behavior (t = -3.00, p < .05) and the weighted factor on teasing related to school (t = -2.38, p < .05) (Table 5).

# Discussion

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This study explored the reciprocal relationship between self-reported teasing, BMI, and BMI change with a shortterm longitudinal measurement approach in a multi-cultural disadvantaged group of elementary school children. Data revealed a significant difference in weight related teasing when analyzed by gender. Girls who gained body mass in the study period reported more about "being teased" and boys who gained body mass reported more that "teasing bothered them." Knowing that some children are teased who are not overweight as reported by Hayden-Wade et al. (2005), there are other factors that may be in play such as low self-esteem,

Mean score comparisons of weighted factor teasing scores by gender and BMI change (lower = <.10 higher = > 10

	✓ .10).									
‡5.2 ‡5.3	Factors	ors BMI lost BMI gain		t	p					
t5.4		Mean/SD	Mean/SD							
t5.5	Weighted	factor 1								
t5.6	Personality and behavioral teasing									
t5.7	Girls	1.26/0.6	4.37/2.5	-3.000	.02					
t5.8	Boys	3.18/2.1	3.99/3.9	-0.482	NS					
t5.9	Both	2.22/1.8	4.09/3.5	-2.163	.04					
t5.10	Weighted	factor 2								
t5.11	Family and	d environmental	teasing							
t5.12	Girls	1.29/0.6	3.11/2.9	-1.486	NS					
t5.13	Boys	3.86/3.5	2.71/3.34	0.718	NS					
t5.14	Both	2.58/2.8	2.83/3.2	-0.233	NS					
t5.15	Weighted factor 3									
t5.16		ated teasing								
t5.17	Girls	1.33/0.5	5.50/4.2	-2.381	.04					
t5.18	Boys	4.01/2.2	3.81/2.9	0.152	NS					
t5.19	Both	2.67/3.1	4.29/3.3	-1.809	NS					
t5.20	Weighted	factor 4								
t5.21	My body t	easing								
t5.22	Girls	1.25/0.8	1.43/0.6	-0.436	NS					
t5.23	Boys	3.79/4.1	3.36/4.7	0.199	NS					
t5.24	Both	2.52/3.1	2.82/4.1	-0.224	NS					
	-									

school failure or chronic conditions. While there was no 680 evidence for any clear association between overweight, 655 obesity and teasing in general unless sorted by gender, there 656 were clear associations between self-reported teasing and 657 BMI change over time, although not with the "my body" 658 factor in the tool. This suggests a developmental influence of 659 teasing and weight gain, which can be described within the 660 bio-ecological systems models described by Bronfenbrenner 661 (2005). All four factors in the self-reports of teasing 662 accounted for the variance in BMI change for girls but not 663 for boys.

The individual characteristics of the child including the 665 physical system (height, weight) and psychosocial system 666 (how the child reports feelings) must be viewed in the 667 context of the social environments of family, playground, 668 and specifically peer groups. These microsystems exist 669 within the exosystems that include the child's community 670 and school, and are most likely influenced by the constant 671 media hyping the problem of obesity. The child's develop- 672 ment, which includes biological and physical changes over 673 time, is a function of the health and relationships between 674 and among these systems. When the system imposes a 675 psychosocial threat such as teasing, the child's behavior and 676 development can be affected.

The children in this multicultural charter school highlight 678 the significant prevalence of overweight and obesity 679 associated with disadvantaged groups. The finding that 680 approximately half of the children (48% boys and 56% girls) 681 were overweight is troubling; but the results which show that 682 32% of boys and 38% of girls fell into the obese category in 683 this sample are outside the national comparison for all 684 children (ages 10-17) who are non-Hispanic Black (23%) or 685 Hispanics (22%) (National Survey of Children's Health, 686 2014). These children live in a suburban poor community 687 where the principal and teachers were justifiably concerned 688 enough to seek help with regard to the health and well-being 689 of the children in their school. From the focus group 690 interviews, the researchers also learned that the neighbor- 691 hoods are particularly violent. Teaching about nutrition alone 692 or exercise to intervene in the children's health is an overly 693 simplistic approach.

The simpler model that predicts that weight gain and 695 subsequent overweight or obesity also exists within the social 696 context of interactions between the growing child and the 697 social group that interacts with him or her. Whether weight 698 change that indicates gaining body mass triggers the social 699 response of teasing or that teasing fosters the child's behavior 700 that leads to weight gain remains unclear. However what is 701 evident in this study is that BMI alone was not associated with 702 teasing unless sorted by gender, but BMI change was clearly 703 associated with a variety of reports of being teased and/or 704 being bothered by the teasing. The feedback loop leads us to 705 the prediction that the relationship between teasing and 706 weight gain is complex supporting the developmental 707 explanation that there is a bidirectional relationship between 708 the social environment and physical development. 709

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The study was limited geographically and the sample was small from a charter school, but the results give support for this as pilot work in developing a larger, more inclusive study over a longer period of time. The findings can also be interpreted in the context of the geography. New York State data suggest that gender, personality and behavior are slightly inconsistent with the BMI findings in this study: in New York, more grade school boys are obese (>95th percentile) (20.3%), than their female counterparts (13.8%) compared to the third grade children in this study (32 and 38% respectively). More Hispanic children in New York were classified as obese (22.5%) than non-Hispanic Black children (19.5%) or White, non-Hispanic children (15%). In addition, in New York, 22.7 and 28.5% of children with one or more identified emotional or behavioral issues have been classified in the overweight category of BMI greater than the 85th percentile (National Survey of Children's Health, 2007; 2010/11: Table for Indicator 1.4). Similar data exist for children residing in communities containing poorly kept housing and in households of total low income as identified by Federal Poverty Levels. Greater numbers of parents with children in New York State reported that their neighborhoods were "never safe" or "sometimes safe" (20%) than the national level (14%) (National Survey of Children's Health, 2007; 2010/11: Table for Indicator 7.2, 2010/2011). In this study, prior to data collection, the principal reported that the community environment of the school was unsafe and that precautions should be taken to maintain security at all times.

The findings related to weight related teasing are consistent with other studies. Weight-based victimization toward overweight youth and weight related teasing in racially diverse children have been widely reported (Gray et al., 2009; McCormack et al., 2011; Puhl & Luedicke, 2012; Puhl et al., 2011), as has mental health problems such as depression, body dissatisfaction, eating disorders, and emotional issues associated with childhood overweight and obesity. However the connections are not necessarily clear and the cycle ought to be further understood.

Gender accounts for how teasing affects the children who experience a weight change. Girls were more likely to report being bothered by teasing. They also reported more school related teasing with BMI change and both boys and girls reported more personality and behavioral teasing when they had gained body mass from second to third grade. Neither boys nor girls whose BMI changed reported "my body teasing" as a problem; however, both boys and girls reported more being bothered by "teasing about my personality and behavior." Some of these distinct gender differences suggest a need for more tailored interventions to be designed to address the weight gains that could be connected to summer time away from school in children from second to third grades.

These findings also suggest the potential for normal weight children to gain weight as a result of peer teasing as well as concerns for overweight children to continue to gain weight while being teased. With our rates of obesity among U.S. children at the center of attention, we as health

professionals need to better understand the antecedents and 766 consequences, and the feedback loop suggested by the model 767 to provide timely interventions that break the cycle. The 768 CATS© scale was created for use as a tool to help school 769 personnel with information about those students likely to be 770 at risk for difficulties related to harmful teasing. Prevention 771 of escalation to bullying is critical for the safety of children. 772 Specific interventions can be tailored to increase resilience 773 towards teasing and educate students and teachers on how to 774 cope with behavioral issues related to teasing before the 775 repetitive cycle with leasing leading to weight gain and vice 776 versa. According to Vessey et al. (2008), the CATS© scale 777 may be used to address the critical need for reliable and 778 valuable outcome measures to detect desired changes in 779 students participating in school based-bullying and violence 780 prevention programs. Further utilization of the scale could 781 prove successful to recognize students at risk and aid in the 782 creation of new programs.

Children within the social environment grow and develop 784 as a function of numerous influences. The interrelationship of 785 weight change with teasing should be viewed as a complex 786 bio-ecological model and the cycle of teasing, weight, and 787 weight gain should be understood together with any health 788 interventions developed in the schools, lest they do more 789 harm than good. Raising community and parent awareness to 790 engage them to be involved with their children's social peers 791 and healthy eating behaviors go hand in hand with public 792 health interventions. According to Reynolds et al. (2010), 793 "there are complex issues that emerge...and there is no 794 suggestion that change is simple. There is, however, an 795 acceptance that systems...are now being shown to be open to 796 the interdependences between the person and the situation... 797 shaping the person. Social psychology emphasizes the role 798 that the group and social processes play in shaping the mind 799 and focuses more on the impact of 'group-states' on the 800 person,...most importantly, discussion of...the genuine im- 801 pact of the environment and its interpretation, on the 'real' 802 person. This shift is radical in its implications for personality 803 psychology and psychology more generally." (p. 477).

Obesity in childhood has been associated with many 805 negative health outcomes including diabetes, hypertension, 806 and poor health that emerge in later life, making it a major 807 public health problem today (Gray et al., 2009). To test the 808 influence of teasing in future research, participants should 809 ideally be studied over a longer period of time. Considering 810 results from this small participant sample, future research 811 should be expanded to include other populations of school- 812 aged children in similar as well as diverse settings. Although 813 new reports suggest that the obesity rate for young children 814 has fallen 43% in the decade (Tavernise, 2014, February 815 25), there is still work to do. Ethnicity can be the strongest 816 predictor of being overweight or obese (Moreno, Johnson- 817 Shelton, & Boles, 2013). Children of color who often live in 818 disadvantaged communities remain disproportionately 819 overweight and obese, needing our concern and efforts. 820 However, this study suggests that teasing that affects all 821

children and its relationship to weight gain should be central to future research.

#### 04 Uncited references

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- W.H. Kellogg Health Scholars Program, 2012

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# ARTICLE IN PRESS

# Relationship of Obesity and Weight Gain to Childhood Teasing

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