Understanding Weight Talk in Racially/Ethnically Diverse Homes: A Qualitative Analysis With Parents
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ABSTRACT
Objective: To explore weight talk in the homes of racially/ethnically diverse immigrant/refugee children and their families.
Design: Qualitative interviews were conducted with parents of young children.
Setting: Twin Cities, Minnesota.
Participants: Parents from 150 families (25 families each from White, Black, Latino, Hmong, Native American, and Somali households) were recruited from primary care clinics. Eligibility criteria included: participating parent lived with a child aged 5−7 years, shared a meal with this child at least daily, and had another child living in the home.
Main Outcome Measures: Weight talk (ie, weight-related conversations, teasing), intergenerational transmission of weight talk.
Analysis: Qualitative content analysis using Nvivo software.
Results: Themes were found for each of our 4 research questions. Themes included: (1) parents experienced weight talk in their own homes growing up; (2) parents believed their community or culture influenced weight talk in their home; (3) parents described different ways of approaching weight talk, including not discussing weight, being direct about weight, and playful teasing; and (4) parents described various strategies for addressing concerns about their children’s weight.
Conclusions and Implications: Results suggested weight and health were salient issues for racially/ethnically diverse parents. Further research is needed to investigate why some parents engage in weight teasing, what prompts weight teasing, and the differences between weight- and health-focused conversations to identify potential targets for intervention. Recommendations for health providers working with families with young children, such as training using nonstigmatizing language, are discussed.
Key Words: qualitative, weight talk, weight teasing, health-focused conversations, intergenerational transmission, racially/ethnically diverse (J Nutr Educ Behav. 2023;000:1−13.)
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INTRODUCTION
Weight talk in the home (ie, weight-related conversations, comments, and teasing) is prevalent and associated with numerous negative mental and physical health outcomes in children and adolescents.1−3 Some outcomes include lower body satisfaction,6 higher overweight and obesity,7−9 engagement in more disordered eating behaviors, and poorer mental health outcomes (eg, higher depressive symptoms).1−5 Most research regarding weight talk in the home and associated outcomes has focused on adolescents,6 although some research has been conducted with children.8,10,11 As both childhood and adolescence are important times in physical development and body image development,12−14 learning about weight talk in the home during both stages is important, particularly as parents may approach weight talk with children differently than with adolescents.14
Research has shown that family members are a common source of exposure to weight talk for children10 and adolescents.7,15 However, more research needs to be conducted to understand intergenerational transmission of weight talk and the nature of weight talk in families with young children from a broad spectrum of racial and ethnic backgrounds.10,16 Although a growing body of literature focuses on the intergenerational transmission of food- and weight-related attitudes and behaviors between parents and children (eg, diETING, body satisfaction, family...
It is particularly important to understand the content of weight talk with children in racially/ethnically diverse families because of potential cultural differences in weight talk and because these children may be at higher risk for obesity. This may be especially true in homes of immigrant/refugee families, in which parents and children—even if children are born in the US—may approach weight talk differently than US-born families. Most past research examining weight talk in the home with children was done with a predominantly Black/African American sample. There is limited research on weight talk in the home of Latino, Hmong, Native American, and Somali families with children or adolescents. A study using focus groups with Somali, Latino, and Hmong parents of children aged 3–12 years found that Latino parents engaged in weight talk in the home by warning children about not overeating. Another study examining weight talk and biopsychosocial outcomes (eg, conduct problems, peer problems) in Black, Latino, Hmong, Native American, and Somali homes with young children found that Latino, Hmong, and Somali children reported the highest frequency of weight talk with their children. Weight talk was associated with poorer biopsychosocial outcomes among Black and Somali children, better biopsychosocial outcomes among Native American children, and was not associated with biopsychosocial outcomes among Hmong and Latino children. Understanding how weight talk in the home is approached similarly or differently by families with diverse children in terms of their racial/ethnic backgrounds will be useful in creating tailored interventions and guidance for families with young children.

Family Systems Theory (FST) guides our study. FST posits the family is a dynamic system in which the behaviors of individual family members impact the family unit as a whole. With regard to weight talk in the home, FST suggests that parents/caregivers engaging in weight talk will influence the family system as a whole—interpersonally and behaviorally—and may also influence the intergenerational transmission of weight talk. Specifically, engaging in weight talk with children would harm not only the child’s health and well-being but also the health of the family unit. Family Systems Theory is also relevant in considering possible home weight talk interventions, as it suggests that interventions should focus on family dynamics and engage the full family unit rather than just the parent/caregiver. This exploratory qualitative study investigates weight talk in the homes of racially/ethnically diverse families, namely Black, Hmong, Latino, Native American, Somali, and White parents of children aged 5–7 years. As the relationship between FST and weight talk in the home is largely unexplored and limited research exists regarding weight talk in the family system of racially/ethnically diverse households, a qualitative design was chosen for this study to explore this new perspective.

Our research questions were: (1) How did parents experience weight talk growing up?; (2) How do parents feel their community or culture influences weight talk?; (3) How do parents approach weight talk in their homes?; and (4) How do parents address their children if they are concerned about their child’s weight?

**METHODS**

Data for this study come from the Family Matters study. The main aim of Family Matters is to examine risk and protective factors for childhood obesity in the home environment of diverse families. The Family Matters study has 2 phases; data for this study come from Phase I, which used a mixed-methods and cross-sectional design. Data were collected from racially/ethnically diverse families (n = 150; 25 each from Black, Hmong, Latino, Native American, Somali, and White households) living in the Twin Cities, Minnesota, between 2015 and 2016. Families with a child aged 5–7 years were recruited from primary care clinics; families were eligible to participate in the study if the participating parent/primary guardian shared at least 1 meal a day with a child aged 5–7 years and if another sibling was living in the same home.
In addition, parents needed to both read and speak in English, Spanish, Somali, and/or Hmong. In Phase I, families participated in 2 home visits within an 8–10 day observation period. For completing all study components, families were provided with an iPad mini they used in the study and the opportunity to earn up to $100. This study used data from qualitative interviews conducted with parents during the second home visit, which focused on the home food environment, family-level physical activity, and weight talk. All family members who engaged in study activities consented or assented to participate in the Family Matters study. The protocol underwent a full board review, and the University of Minnesota, Institutional Review Board, approved all study protocols.

In addition to recruiting participants equally across race/ethnicity, recruitment was purposely stratified by weight status so that one-half of children aged 5–7 years had healthy weight (>5th body mass index (BMI) percentile and <85th BMI percentile) and one-half had overweight/obesity (≥ 85th BMI percentile). Stratification by race/ethnicity and child weight status allowed for the identification of racial/ethnic or weight-specific factors that may be associated with child weight status or child weight-related behaviors. The majority of Hmong (60%), Latino (75%), and Somali (100%) parents completing the interview were immigrants/refugees, and nearly all (91%) parents completing the interview were female, most of whom identified as the mother of a child aged 5–7 years (87%). Nearly one-fourth (23%) of parents had a healthy weight, and three-fourths had either overweight (25%) or obesity (51%). Most families (80%) participating in Phase I reported annual household incomes of less than $50,000, with one-third (33%) reporting annual incomes of < $20,000. See the Supplementary Data for additional demographic information.

Data Collection

Interview questions regarding weight talk in the home were developed by: (1) conducting a literature review identifying research gaps; and (2) gathering feedback on proposed interview questions from the bilingual and bicultural Family Matters team members to ensure the questions would be understood similarly across racial/ethnic groups. Family Matters home visitors were trained by the principal investigator and project director of the study in conducting semistructured interviews using standardized procedures. After training, home visitors practiced conducting interviews with 5 mock participants. When conducting interviews, families were paired with a home visitor that matched their race/ethnicity and preferred language (English, Spanish, Hmong, or Somali). See Table 1 for all interview questions focused on home weight talk. Interviews (n = 150) were audio-recorded and later transcribed and translated (if not completed in English).

Data Analysis

As the study aimed to identify cultural factors associated with child weight status/weight-related behaviors, the qualitative interviews needed to be coded through a culturally sensitive lens. Care was taken to ensure the Family Matters team mirrored the diversity of study participants and that the team was involved in the coding process. Three racially/ethnically diverse coding teams were formed around the following areas: (1) the home food environment; (2) physical activity; or (3) weight talk in the home. All interviews were translated verbatim by staff who were native speakers and from the same backgrounds as participants. Then, a second staff, a native speaker from the same background as the participants, checked the translation for cultural sensitivity. Coding teams with native speakers coded 12 transcripts (2 per race/ethnicity [ie, White, Black, Latino, Hmong, Native American, Somali]) using a qualitative content analysis approach. Transcripts were coded by the coding teams line-by-line to develop a coding framework. After each of the 12 interviews, the coding team reviewed the interview and added new codes as appropriate. After this initial coding of 12 interviews, 3 new study teams were established for the 3 interview focus areas: home food environment, physical activity, and weight talk. These coding pairs used the same process for the next 20 interviews (coding interviews line-by-line and adding new codes as appropriate). After coding the 20 interviews and reaching a consensus, the remaining interviews were split between the 2 main coders and every fifth interview was double-coded by the main coders to ensure ongoing consensus. Without consensus on themes during these double-coded interviews, the 2 main coders would discuss until 100% consensus was reached. After all, interviews were read and coded, the 2 coders reviewed the coding framework and collapsed similar codes into higher-level themes. Qualitative coding was conducted using Nvivo (version 12, QSR International Pty Ltd, 2018).

As little is known about weight talk in the homes of racially/ethnically diverse participants, Table 2 illustrates differences in how racial/ethnic groups endorsed a subtheme. Specifically, results are presented when > 15% of a certain racial/ethnic group (approximately ~ 4/25) endorsed a subtheme. See Table 2 as well for additional representative quotes. Quotes are labeled by parent sex, race/ethnicity, and age for context, and any names mentioned have been changed to protect participant confidentiality.

**RESULTS**

**How Did Parents Experience Weight Talk Growing Up?**

Many parents reported that weight was never or was rarely discussed in their homes growing up. One parent said, “Well, my home with my parents, it was never anything that we talked about. Weight wasn’t an issue at all” [Female, Hmong, aged 24 years]. For some parents, weight was not discussed because it was seen as disrespectful. One parent recalled,

*My mom always says it’s [weight talk’s] not okay. Like everybody’s their own person. You don’t tease a person because they’re bigger or smaller or something like that* [Female, Black, aged 35 years].
Similarly, one mother said, 

My mom was always very overweight so she didn’t talk about her body, complain about it... it taught me to be careful what you say to certain people. You can have your opinion, but you have to be careful with who you say it to, and about people’s feelings. [Female, White, aged 42 years]

Other parents reported that their family was very direct about discussing weight as a child. For example, one parent said,

Growing up, it was definitely a negative reinforcement. Like, if you were overweight, our parents would tell us bluntly, like, ‘You’re overweight, you need to do something about it’ [Male, Hmong, aged 48 years].

Some Black parents spoke about weight teasing in their community. One parent suggested it has become better, “Back in our day, they used to tease a lot. But now, you don’t know. They don’t tease the kid as much. It’s more of a spectacle” [Female, Black, aged 34 years], and another parent felt that teasing had become worse than when she was a child,

Back then, my mom and dad tried to change the situation [help child lose weight]. Nowadays, they’ll be like, ‘Man, you’re so fat...’ They’re popping a joke and being a bully, and it’s not the way to go because there’s been too many suicides about kids being overweight or being too small. [Female, White, aged 25 years]

A few parents who spoke about weight teasing said it influenced their behavior. For example,

I used to see kids get teased and stuff like that and I never thought it was okay. I would always say something. So that’s why I’m teaching my daughter not to talk about other’s weight, because that’s not okay. [Female, Black, aged 24 years]

Hmong parents felt the community influenced weight talk in a variety of ways. One parent discussed that people from his community would be teased if they were larger, but others discussed that elders taught them to be respectful. One parent said,

Growing up during the war, there are people who are blind, shot, and have dislocated noses...Growing up...I encountered the very skinny or those who have humpbacks...you don’t tease and would just befriend. [Male, Hmong, aged 48 years]

Two parents described the need in Hmong culture to be small; for example, “I think from a culture, they just assume that every woman should be tiny” [Female, Hmong, aged 24 years]. Two parents also spoke of the change when Hmong people came to the US, including gaining weight and being less active. One father said,

When we first came here, we were dark and thin, but now we’re bigger and round” [Male, Hmong, aged 49 years].

Most Latino parents who discussed the role the community played in influencing weight talk spoke about how weight was not discussed in the country they grew up in. One mother said, “In Mexico, we do not talk about weight...here we talk a lot about weight. When I was growing up, we never did...”

How Do Parents Feel Their Community or Culture Influences Weight Talk?

Black, Hmong, Latino, Native American, and Somali parents differed in their perspectives about how their community/culture influenced how weight was and is talked about, described by race/ethnicity below.

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Table 1. Parent Interview Questions Regarding Weight Talk in the Home for the Family Matters Study (n = 150)

<table>
<thead>
<tr>
<th>Question no.</th>
<th>Questions</th>
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<tbody>
<tr>
<td>1</td>
<td>I’d like to ask you some questions about how weight is talked about in your home. How does the topic of weight or talking about someone’s body size or shape come up in your family? Can you give me an example?</td>
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<tr>
<td>2</td>
<td>In your opinion, what is the best way to talk about a person’s weight, shape, or size? How should you talk about a family member’s body shape, size, or weight vs. a friend or stranger?</td>
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<td>3</td>
<td>How do you, as a parent respond when someone in the family talks about another family member’s weight, body shape, or size? How do you respond if a family member talks about a friend’s or a stranger’s weight, body shape, or size?</td>
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<td>4</td>
<td>How do you think your family or the community you grew up in influences how you talk about weight (or weight teasing) now?</td>
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<td>5</td>
<td>If you were concerned about your child’s weight (e.g., becoming a health problem), how would you talk to your child about it?</td>
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*a*The Family Matters study was conducted in Minneapolis/St. Paul, MN, between 2015–2016. Data were collected from racially/ethnically diverse households with a child aged 5–7 years (n = 150; 25 each from Black, Hmong, Latino, Native American, Somali, and White households).
Table 2. Additional Parent Quotes by Weight Talk Themes in the Family Matters Study (n = 150)

<table>
<thead>
<tr>
<th>Subthemes</th>
<th>Results by Race/Ethnicityb</th>
<th>Supplemental Quotes</th>
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<tbody>
<tr>
<td>How did parents experience weight talk growing up?</td>
<td>Black, Native American, and White parents endorsed this subtheme most frequently (n = 11, 44%), and Somali parents least frequently (n = 6, 24%)</td>
<td>“I don’t really know. I think that my family certainly had some people in it who were very overweight, and I know there was some, I think I knew from a young age that people felt sensitive, and it wasn’t respectful to talk about it with them.” [Female, White, aged 43 years]</td>
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<td>Weight was never/rarely discussed</td>
<td>Black, Hmong, Native American, and White parents endorsed this subtheme (n = 4/group, 16%/group)</td>
<td>“Well when I grew up, I didn’t really hear them [my parents] talk about obesity or weight like that.” [Female, Hmong, aged 28 years]</td>
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<td>Weight talk was openly addressed</td>
<td>Black, Hmong, Native American, and White parents endorsed this subtheme (n = 4/group, 16%/group)</td>
<td>“I think that there were a lot of negative messages when I was growing up, but I think it was common. I don’t think it was like worse in my house than any other house. I grew up in like the 70s, 80s, and so people they were more careless with how they talked about other people, and their bodies and stuff. And I think, in like some generations, like my mother’s generation, it was very shameful to be overweight, it’s a very shameful thing... and it sounds terrible, my mother, like if there was ever an overweight person around, she would have to make a comment about it.” [Female, White, aged 47 years]</td>
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<td>How do parents feel their culture or community influences weight talk?</td>
<td>Some Black and Somali mothers (n = 7, 28%) and a few Native American and Hmong mothers discussed how weight teasing is pervasive in their culture</td>
<td>“My dad was always on a diet. He was on diet pills all the time, and the man never slept because he was on diet pills all the time. You know he was always talking about it, he was real open about it...” [Female, White, aged 43 years]</td>
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<td>The community impacted how weight was/is addressed</td>
<td>Some Latino (n = 7, 28%) and Somali (n = 8, 32%) mothers spoke about how weight was not discussed or considered an issue in their home countries</td>
<td>“I think that in my family we were always very honest about it, growing up. And I think in the community we grew up in, people tend to be, we were kids, people tend to be cruel. So when I was young, I didn’t have an issue with my weight. But I remember people who did, you know, people weren’t very nice about it.” [Female, Black, aged 34 years]</td>
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<td>Some Black and Somali mothers (n = 7, 28%) and a few Native American and Hmong mothers discussed how weight teasing is pervasive in their culture</td>
<td>“Well, that I can remember [growing up], we did not talk about that, it did not have too much importance. Now, because we are in another country, it is important to talk about overweight, to be active, to eat healthy food. For all of us and not just for the children.” [Female, Latino, aged 34 years]</td>
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<td>Some Latino (n = 7, 28%) and Somali (n = 8, 32%) mothers spoke about how weight was not discussed or considered an issue in their home countries</td>
<td>“They try and tell us that we shouldn’t be overweight because we’re [Native Americans] at high risk for diabetes, heart disease. So you know they try and tell us we need to exercise and be a good influence on your children because you know, you don’t want them to have juvenile diabetes. Yeah, that’s it. [Interviewer: Who’s telling you that, is that doctors, other people in your community?] Doctors, a lot of people in the community, native people, Indian Health Board...have a problem that I used to go to there for diabetes prevention. Yeah, it’s all they talk about. You need to lose weight. It’s all over. You get stuff in the mail. I get newspapers, you know, from my reservation. You know, they always have stuff about diabetes and...” [Female, White, aged 47 years]</td>
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<td>Subthemes</td>
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<td>Weight talk is rarely or never talked about in the home</td>
<td>Black parents endorsed this subtheme most frequently (n = 11, 44%), and Somali parents endorsed it least frequently (n = 4, 16%)</td>
<td>“Their father is from a family whose super judgmental about weight, and he knows that, and his parents are really sometimes just offensive about how they talk about fat, what it means to be fat. So we’re more conscientious than that about it. So I tend to not even use it as a descriptor of people, because I think it’s a really sensitive issue.” [Female, White, aged 43 years]</td>
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<td>Playful teasing or directness</td>
<td>All racial/ethnic groups other than Latino endorsed this subtheme at a rate greater than 15%: Hmong, Native American, Somali, and White parents spoke about play teasing</td>
<td>“Well, in my family, I don’t think we ever really talked about weight, because a lot of us aren’t overweight or underweight. We’ve always been kind of, you know, steady, and so, you know, if one of us get a little chunkier, we’ll tease each other or whatever, you know. Like when my sister were pregnant, we were like super-chunky, right? So being petite, we’ll make fun of each other, like, Oh, you’re getting too chunky, or you know, Your thighs are getting so big. You know we’ll make fun of each other that way, but yeah, we’ve never really been like rude to point out our weight issues, if we had any.” [Female, Hmong, aged 30 years]</td>
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<td>Talk about other’s weight</td>
<td>This subtheme was endorsed mostly by White parents (n = 4/25, 16%)</td>
<td>“I know I’ve had the boys out and they’ll make a comment, like ‘that person’s fat’ and I’m just, I just kind of try to say, ‘well, you know, I don’t know. People have different bodies. We all have different bodies.’” [Female, White, aged 39 years]</td>
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How do parents approach weight talk in their current homes?

**Table 2.** (Continued)
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<thead>
<tr>
<th>Subthemes</th>
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| Parents talk about their weight | This subtheme was endorsed mostly by White parents (n = 5/25, 20%) | “Yeah, sometimes I go like ‘I’m fat’ you know, sitting like ‘Oh, look at this big stomach.’ Or things like that, and she would be like, ‘Oh, mommy, I need to exercise.’ And she’s very skinny.” [Female, Latino, aged 43 years]  
“Sometimes my husband has to remind me of how I talk about my own body. And you know I have a daughter, and so that’s been good, you know, just to like keep me on my toes to make sure I’m not accidently teaching her things I don’t want her to feel.” [Female, White, aged 47 years] |
| How do parents address their children if they are concerned about their child’s weight? | Focus on healthy foods | All racial/ethnic groups other than Black/African American endorsed this subtheme, with Somali parents having the highest rate of endorsement (n = 12, 48%) | “I will talk to my child, you know, to eat healthy food, not fast food all the time and then do exercise.” [Female, Somali, aged 37 years]  
“So if it was becoming a problem, then we’d maybe talk more about food choices or exercise, but we kind of already do that anyway, so I don’t know that it would be that different, where we say, this is a healthier option for us to pick right now, versus some other food. I don’t want them to all of a sudden view food as the enemy instead of view food as something good for your body.” [Female, White, aged 34 years]  
“I tell my children to eat healthy foods because of their health. I tell them that I will always love them...as they are...I try to eat healthy foods and give an example to my children. I think that is important...to give an example of eating healthy food so my children can eat healthy as well.” [Female, Latino, aged 35 years]  
“I would see if they wanted to maybe work out...I’d try to get them to eat healthier, prepare healthier meals.” [Female, Native American, aged 37 years] |
| Focus on exercise | This subtheme was endorsed by all racial/ethnic groups, with White families endorsing it at the highest rate (n = 13, 52%) | “I would see if they wanted to maybe work out, maybe if their school has some workout options or your know I’d try to get them eat healthier, prepare healthier meals and you know.” [Female, Native American, aged 37 years]  
“I told him, and I always do right now too, ‘In order for you to stay healthy, you have to be active, do some activity and reduce that sweet stuff mostly. That brings the weight up.’” [Female, Somali, aged 27 years]  
“Sometimes, he’s like why do I make him outside? ‘You need exercise.’ He’s like, ‘Why? Do you think I’m fat?’ (laughs) I tell him, ‘You’re not fat, but you’re getting there’ (laughs).” [Female, Hmong, aged 28 years] |
| Restricting foods | All racial/ethnic groups other than Latino endorsed this subtheme at a rate of > 15% | “If they are too fat or they are chubby, I will say to them to try to eat the things that healthy and to eat food less.” [Female, Hmong, aged 28 years]  
“I would say, ‘Baby, we’ll have to watch your portions.’ I used to do this to my son. ‘You have to watch your portion, okay? I know you’re very hungry, but you don’t have to eat it, you know. You don’t have to make yourself eat until you can’t eat no more. Just eat until you feel like you know can—don’t eat to the point where you feel like I’m entirely full, I can’t eat no more. Just, you know, eat so you have the energy and you really have enough and you stop.’” [Female, Hmong, aged 32 years] |
Female, Latino, aged 34 years. Another said,

Where I grew up...there was no people that were overweight...there was not too much food...people did practice and exercises...I did not have friends or neighbors that were overweight when I was growing up

(Male, Latino, aged 39 years)

A few Native American parents discussed that, in their experience, weight teasing is pervasive in their culture. One mother said, “That’s just how natives are, we tease each other” [Female, Native American, aged 37 years], and another said, “We joked around about weight because we have some really big people in our community, and you just joke about it...it’s not funny, but you make it funny” [Female, Native American, aged 52 years].

Table 2. (Continued)

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<tr>
<td>Discuss the health consequences of being overweight</td>
<td>This subtheme was endorsed primarily by Latino (n = 7, 28%), Native American (n = 7, 28%) and Hmong (n = 4, 16%) parents</td>
<td>“Well, children don’t have much idea so you have to give the good and bad for them to see. So you explain, ‘Yes the consequence for the bad is like what.’ For example, they don’t understand cholesterol but you, ‘Okay if you have cholesterol you have high blood pressure and you have heart attack and then you die.’ So they understand the die and they are like, ‘Okay I don’t want to go down that road. I want to go the other road.’” [Male, Hmong, aged 49 years]</td>
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<tr>
<td>Seek advice from others</td>
<td>All racial/ethnic groups other than White endorsed this subtheme at a rate of &gt; 15%</td>
<td>“I would go to the doctor with my child, and start the conversation there. And then I would probably do a ton of research about how to have that conversation, because, to be honest, I would not know where to start. You want to do it without being hurtful, and mean, and making them so self-conscious about themselves. So I would seek outside help. That would not be something I would want to take on myself.” [Female, Black, aged 33 years]</td>
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<sup>a</sup>The Family Matters study was conducted in Minneapolis/St. Paul, MN, between 2015 and 2016. Data were collected from racially/ethnically diverse households with a child aged 5−7 years (n = 150; 25 each from Black, Hmong, Latino, Native American, Somali, and White households);<sup>b</sup>As little is known about weight talk in the homes of racially/ethnically diverse participants, results are presented here when > 15% of a certain racial/ethnic group (approximately 4/25) endorsed a subtheme.35

[Female, Latino, aged 34 years].

Another said,

Where I grew up...there was no people that were overweight...there was not too much food...people did practice and exercises...I did not have friends or neighbors that were overweight when I was growing up

(Male, Latino, aged 39 years)
aged 46 years]. Some Native American parents spoke about the prevalence of weight-reduction programs in the Native American community. One mother said, “We talk about weight a lot more than we did 15 years ago. There’s a new grant in my home community for healthy eating...they focus a lot on diabetes in our community” [Female, Native American, aged 28 years].

There was variability in how Somali parents felt their culture influenced weight talk. Some Somali parents discussed weight not being an issue in Somalia or that having a larger body was considered healthy. One mother said, “Back home, if you are big and fat, that means this person is healthy. Here [in the US], it’s the opposite” [Female, Somali, aged 31 years]. A few parents described being taught by their culture not to discuss weight because it was disrespectful; for example, “We learned culturally that it isn’t good to offend someone or hurt their feelings” (Female, Somali, aged 36 years). However, other Somali parents described teasing and bluntness about weight as part of Somali culture, whether a person is underweight or overweight. One parent said, “In the Somali community, there is teasing when it comes to overweight and underweight individuals” [Female, Somali, aged 42 years]. Another said, “Somalis don’t like overweight people. Also, the really skinny ones are made fun of. In the Somali community, they tease a lot” [Female, Somali, aged 35 years].

How Do Parents Approach Weight Talk in Their Current Homes?

Some parents reported that weight talk is rarely or never discussed in their homes.
One mother said, Well, my kids are not big kids anyway...I’m not going to tell my 10-year old, “I think you’re too big. You need to lose weight.” I think that’s disrespectful...that’s telling you how you have to look, how society wants you to look. [Female, Black, aged 33 years]

Other parents discussed engaging in playful teasing or direct conversations about weight (eg, telling a family member they are too big) in their homes. One father provided this example of playful teasing: “I joke around with them sometimes. I’ll call this guy fat (laughs), but I don’t think he’s fat. You know, he’s kind of normal!” [Male, Hmong, aged 32 years]. With regard to being direct about weight (eg, telling a family member they needed to lose weight), one mother said, “Somebody might call somebody fat...they are always calling me fat. I just tell them, some people’s not fat or overweight. They’re just healthy” [Female, Black, aged 28 years]. Another mother said, “We do discuss [weight]. If someone is gaining a lot of weight, someone else will tell them and let them know what might be causing the weight gain” [Female, Somali, aged 29 years].

A few parents reported that weight talk centered on people outside of their families can lead to discussions about weight within their families. One mother said, She [daughter] will point out people’s body a lot, like “Oh, she’s got a big butt” or “Oh, she’s got a big fat stomach.” I would say, “Well, this could be the pattern you’re setting for yourself if you’re eating all this candy.” [Female, White, aged 42 years]

In addition, a few parents said that weight comes up in their homes when they [the parent] talk about their weight. One mother said, “It comes up a lot, because I’m always trying to lose weight, and I share that with my kids, and I watch them see me counting my portions” [Female, White, aged 43 years].

How Do Parents Address Their Children If They Are Concerned About Their Child’s Weight?

There were multiple ways parents indicated that they respond/would respond if they were concerned about their child’s weight. Some parents discussed focusing on healthy eating if they were concerned about the child’s weight. Many parents simultaneously discussed focusing on both diet and exercise. Some of the responses were more general, “We emphasize that...the best thing that you can do to be healthy is to eat healthy and exercise” [Female, White, aged 43 years], and some parents described changing their feeding or home food availability approach to include healthier foods. A few parents focused on healthy eating to keep from gaining weight or losing weight. For example, one mother said, “Oh, you guys need to slim down, you guys need to work out more and eat more healthy” [Female, Hmong, aged 24 years].

Parents also discussed focusing on exercise with their children if they were concerned about their child’s weight. One father said, My son is overweight, and I talk to him and encourage him to exercise or have some type of physical activity. I tell him that his weight is not optimal and that it is not good for his health. I talk to him nicely. [Male, Latino, aged 39 years]

A few parents suggested a family-level approach to physical activity. One mother said, “I think more than talk to them about it, I would try to change our habits. You know, I would try to get physically active with them...” (Female, White, Aged 39 years).

Many parents reported that if they were concerned about their child’s weight, they would focus on changes to the child’s intake, encouraging the child not to overeat and reduce intake of certain foods (eg, salty snacks). One mother said, When we have sweet stuff in the house and I see my kids keep going to eat that, I tell them, “If you keep eating that sweet, you will gain more weight and it will be hard for you to lose it. Stop eating that much.” [Female, Somali, aged 27 years]

Some parents discussed framing concern about the child’s weight as a health concern. For example, one mother said, It’s more about like diabetes, like when I talk to them about eating a
DISCUSSION

This study aimed to gain insights into weight-related conversations within families from diverse racial and ethnic backgrounds to advance research and inform the practice of professionals who provide weight-related education and care to parents and families with young children. Our results supported and extended prior findings regarding weight talk with children. First, findings from our study indicated that parents had mixed experiences with regard to whether they experienced weight talk in their homes growing up. This is consistent with some prior research showing intergenerational transmission of weight talk occurs.\(^2\) Family Systems Theory also supports this finding as it suggests that family patterns during childhood track into the next generation of families. Our findings extend prior studies by suggesting that weight talk can also begin in a new generation of families. This is an important finding because it may be important for professionals working with families and children to know that weight talk can either be passed on through modeling in one generation to the next, but it can also begin without prior exposure to the behavior.

Second, this study went beyond prior studies that have examined racial/ethnic influences on engaging in weight talk and explored how parents perceived that their culture and community approached weight talk and the intergenerational transmission of weight talk. For some parents, culture/community may have played a role in their experiences with weight talk during childhood or adolescence, which may inform their approach to their current family. For example, a larger proportion of Black parents reported that weight was not discussed in their homes growing up and that they do not currently discuss weight in their homes. In addition, there was heterogeneity across racial/ethnic groups in the endorsement of subthemes. For example, Black parents reported not talking about weight like it’s a bad thing. \[\text{Male, White, aged 40 years}\]

Parents may not self-identify as engaging in weight talk if it is done playfully, but there are still harmful consequences.

Third, across racial/ethnic groups, there was consistency in how parents described how they would approach their children if they were concerned about their child’s weight. Many parents centered their responses on encouraging healthy foods and exercise. In addition, many parents in this study focused their conversations on restricting foods (eg, verbal instructions to the child to restrict food intake), although Latino parents infrequently endorsed this. Overt restriction (eg, verbal instructions to limit food intake) has been associated with negative outcomes in children (eg, overeating).\(^3\) This finding corroborates a quantitative study done with the same sample that found that parents concerned about their
Parents concerned about a child’s weight may need guidance in moving from weight-focused to health-focused conversations.

One interesting angle that may be useful in helping parents understand the differences between weight- and health-focused conversations was described by Hmong, Latino, and Native American parents. They suggested that addressing the health consequences (e.g., diabetes) that may result from eating unhealthy foods is one way that may help to differentiate weight- and health-focused conversations. Another limitation was the difficulty to assess complete saturation due to the study design. Native American parents also noted many community programs targeting disease (e.g., diabetes) reduction. These programs may provide opportunities to educate parents about weight talk and how to have health-focused conversations with their children instead.

Fourth, parents in this study discussed their intent to turn to health professionals if they were concerned about their child’s weight, which is consistent with prior findings from adolescent samples and FST. Health care clinicians can be most effective in promoting children’s well-being by acknowledging the role that families have in shaping children’s health. They also play a critical role in addressing parents’ concerns about their children’s weight. The American Academy of Pediatrics recommends pediatricians counsel families on reducing weight-focused conversations and increasing health-focused conversations in the home. Health care clinicians can provide parents specific strategies for discussing weight and healthy behaviors with their children and preventing unhealthy weight control behaviors.

This study has many strengths. We used a large qualitative sample (n = 150) and addressed a gap in the literature regarding what weight talk sounds like in families with young children from racially/ethnically diverse households. We also enabled participants to complete interviews in their preferred language. There are also limitations to consider. Most parents were female and identified as mothers; results may be different if other caregivers were interviewed. In addition, as families were recruited from primary care clinics, they may have received guidance regarding weight talk from primary care clinicians; study results may vary if conducted in a sample without a dedicated primary care clinician. Data for this study are from 2015–2016; although this study reveals important similarities and differences across racially/ethnically diverse populations, patterns of weight talk within families may shift across developmental and historical times. Only one-quarter of the parents interviewed had children who were nonoverweight, which limits insight into weight talk for these families. In addition, interview questions did not allow for distinguishing between weight talk occurring in families’ homes and hypothetical weight talk that might occur, for example, if parents were concerned about their child’s weight. Furthermore, although we chose to translate interviews using a 2-person translation team who were native speakers and from the same backgrounds as our participants, back-translation is another option that could have been used.

**IMPLICATIONS FOR RESEARCH AND PRACTICE**

Findings support the need for further research to investigate reasons for weight teasing within larger samples of diverse racial/ethnic groups to identify potential targets for intervention. It may be worthwhile to investigate differences in weight talk by immigrant/refugee status and country of origin and how weight talk may differ between families with children of different weight statuses and parental concern for their weight.

Nutrition and medical professionals need to use nonstigmatizing language when addressing parents about child weight concerns.

Research is also needed to further clarify key differences between weight- and health-focused conversations and whether the potential benefits of health-focused conversations are negated when paired with weight-focused conversations. Another important direction for research, given the strong association between weight talk in the home and negative outcomes in children and adolescents, is to investigate what prompts weight teasing. For example, do parents tease their children about their weight because they are uncomfortable with the topic? Do parents weight tease because they perceive it as culturally normative and/or as a way of connecting with family members? Finally, as most caregivers in this study were...
mothers, future research is needed to examine whether the content of weight talk in the home differs by caregiver sex.

Our findings suggest that parents from different racial/ethnic backgrounds would consider seeking guidance from nutrition or medical professionals if concerned about their child’s weight. However, health care workers have been cited as a source of stigmatizing language and weight bias; thus, further work is necessary to ensure that health care workers have the resources/training to engage in these conversations with parents of young children.

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SUPPLEMENTARY DATA

Supplementary demographic data related to this article can be found at https://doi.org/10.1016/j.jneb.2023.07.010.

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