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ORIGINAL ARTICLE

Risk eating behaviors, perception of parental practices and assertive behaviors in high school students

Conductas alimentarias de riesgo, percepción de prácticas parentales y conducta asertiva en estudiantes de preparatoria

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ABSTRACT

Background: Late adolescence is considered a risk stage for psychological health. The objective of this research was evaluating the association among risk eating behaviors (REB), parental practices and assertive behavior in high school students according to sex. **Method:** With a non-experimental design and transversal study participated 200 students (104 men and 96 women) from a public high school with age mean of 16.52 (*SD* = 1.05 years), who after signing informed consent fulfilled the Eating Attitudes Test-26 (EAT), the Scale of Parental Practices for Adolescents (PP-A) which has nine subscales, four towards the father (PPf) and five towards the mother (PPm) and the Assertive Behavior Scale (CABS), all of them validated for Mexican population. **Results:** Differential associations were found according to sex: in women, EAT-26-Total was associated with CABS-Total, parental Communication, maternal Imposition and maternal Psychological Control (r_s = -.36, .25, -.28, -.36, respectively); but in men, was only associated with parental Imposition (r_s = -.30). The CABS-Total was associated with all PPm subscales in women (range r_s = .22 to .36) and in men only with Communication, Psychological and Behavioral Control (r_s = .30 .35, -.23). **Conclusion:** The high school students –women to a greater degree– higher REB greater aggressive style (no assertiveness), greater maternal psychological control and less maternal behavioral control.

Keywords: Eating disorders; assertiveness; parenting; adolescence; mental health.

RESUMEN

Introducción: Se considera que la adolescencia tardía es una etapa de vulnerabilidad para la salud psicológica. El objetivo de esta investigación fue evaluar la asociación entre conductas alimentarias de riesgo (CAR), prácticas parentales

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conducta asertiva en estudiantes de preparatoria de acuerdo con el sexo. **Método:** Con un diseño no-experimental de tipo transversal, participaron 200 estudiantes mexicanos (104 hombres y 96 mujeres) de una preparatoria pública, con edad promedio de 16.52 (*DE* = 1.05 años), quienes después de un consentimiento informado contestaron el Test de Actitudes Alimentarias-26 (EAT, por sus siglas en inglés), la Escala de Prácticas Parentales para Adolescentes (PP-A) la cual posee nueve subescalas, cuatro hacia el padre (PPp) y cinco hacia la madre (PPm) y la Escala de Conducta Asertiva (CABS, por sus siglas en inglés), todos validados para población mexicana. **Resultados:** Se encontraron asociaciones diferenciales de acuerdo con el sexo: en las mujeres el EAT-26-Total se asoció con: CABS-Total, Comunicación paterna, Imposición y Control Psicológico materno (r_s = -.36, .25, -.28, -.36, respectivamente); mientras que, en los hombres sólo se asoció con Imposición paterna (r_s = -.30). El CABS-Total se asoció con todas las subescalas de las PPm en las mujeres (rango r_s = .22 a .36) y en los hombres solo con Comunicación, Control Psicológico y Conductual (r_s = .30 .35, -.23). **Conclusión:** En los estudiantes mexicanos de preparatoria –en las mujeres en mayor grado– a mayor CAR mayor estilo agresivo (no asertividad), mayor control psicológico materno y menor control conductual materno.
Palabras clave: Trastornos de la conducta alimentaria; asertividad; parentalidad; adolescentes; salud mental.

BACKGROUND

In the biological dimension of any living being, food is one of the most important basic needs of human beings, since survival depends on it (González, Plasencia, Jiménez, Martín, & González, 2008; Martínez, & Pedrón, 2016). Regarding the psychosocial dimension of food in human beings, affective, cognitive and behavioral aspects are involved, it also represents a central point of socialization (Fleta & Sarría 2012; Marmo, 2014; Musitu, Buelga, Lila, & Cava 2001; Ngo de la Cruz, 2012; Peña & Reidl, 2015). In this regard, when eating has significant alterations based on cognitions or behavior, either with decreased or increased food intake to control body weight, risky eating behaviors (REB) arise and in extreme cases of frequency, intensity and morphology of REB can lead to eating disorders (ED; American Association of Psychology [APA], 2013; Bermúdez, Machado, & García, 2016; Contreras et al., 20015; Cortez et al., 2016).

REB are a complex entity because biological and psychosocial factors intervene in their development or maintenance with devastating consequences that can lead to significant damage such as medical or psychiatric comorbidity and sometimes serious, even suicide, for this reason it is a field of study from health psychology as it is not only an individual problem but represents a national and international public health issue that has gained importance mainly in women, but increasingly, cases of men with these psychopathologies are reported (Gonçalves, Machado, & Machado, 2011; López & Treasure, 2011; Martínez, Vianchá, Pérez, & Avendaño, 2017; Skemp, Elwood, & Reineke, 2019).

At least five REB linked to remedying body weight are recognized: 1) excessive food intake (binge eating), 2) inappropriate use of diuretics and / or laxatives (purging), 3) regular practice of restrictive diets, 4) prolonged fasting or frequent and 5) self-induced vomiting (Ortega-Luyando et al., 2015; Unikel, Díaz de León, & Rivera, 2016). Some studies show that REB can appear primarily at an early age, however, it is in adolescence where this health problem prevails to a greater extent (Gutiérrez et al., 2012; López & Treasure, 2011; Miranda, 2012; Ortega et al, 2015; Radilla et al., 2015). This can be explained, because it is known that adolescence is characterized by various physical, cognitive and psychosocial changes, which usually determine the actions of individuals in different social contexts (Berger, 2016; Papalia, Feldman, & Matorrel, 2017); Therefore, early, middle or late adolescence is considered to be a stage of vulnerability to carry out behaviors that affect the physical and psychological health of this population, such is the specific case of REB, or other psychological disorders (Campell & Peebles, 2014; Radilla et al., 2015; Organización Mundial de la Salud, [OMS], 2019).

Despite the large body of research regarding REB, data on its etiology or maintenance are still inconclusive. For example, it has been suggested that the perception of parental practices, understood as those beliefs, attitudes and behaviors that parents exercise over their children, with the purpose of influencing, educating and guiding their children for their social and emotional development, can have a negative effect on various spheres of their patrons (Matalinares-Calvet et al., 2019; Ruvalcaba-Romero, Gallegos-Guajardo, Caballo, & Villegas-Guinea, 2016). That is whyEU, when the interaction dynamics are not adequate, they could lead to the development of REB, (Espinoza, Ochoa de Alda Martínez, & Ortego, 2007; Guttman & Laporte, 2002; Marmo, 2014; Sánchez, Villarreal, & Musitu, 2010). On the contrary, it has been shown that the family role around food is a protective factor against binge-purging behavior (Valero, Granero, & Sánchez-Carracedo, 2019). However, it has also been reported that there is no significant association between parenting practices and REB (Espina et al., 2007).

Some studies have shown that children's eating habits are the mirror of their parents, since they adopt certain eating practices that can be negative, such as those related to weight control, specifically, restrictive diets or prolonged fasts, among Others, which if they occur with certain regularity and intensity, can trigger patterns that escape the control or will of the children and eventually develop REB or ED (Castrillón & Giraldo, 2014; Ventura & Birch, 2008; Losada, 2018).

On the other hand, regarding the study of social skills in adolescence, it is relevant due to the search for identity that characterizes this population, these - despite the lack of consensus in their conceptualization - are have defined as a set of social skills emitted by the individual, which arise from feelings, attitudes and emotions in certain situations and in certain contexts (Caballo, 2005; Caballo, Salazar, Irurtia, Olivares, & Olivares, 2014); such social skills are essential for appropriate interpersonal relationships, not only between peers, but with people of legal age or younger. In addition, helping adolescents internalize social norms, so social skills can be a protective factor for their psychological health or, on the contrary, when they are

inadequate can be a risk factor for their well-being (Betina & Contini de González, 2011; Horse, Salazar, & Research Team, CISO-A Spain, 2018).

Because adolescents face various environmental demands, they often make use of the psychological resources found in their behavioral repertoire, putting into practice a fundamental component of the social skills on a daily basis, such is the case of the assertive behavioral social style or not assertive. The first is the most appropriate style of social behavior, because their actions show good social competence, so that an adolescent with an assertive style respects the rights of others and defends their own, thinks before he acts, values the pros and cons of situations and his own behavior (Caballo et al., 2014; De la Peña, Hernández, & Rodríguez, 2003; León & Vargas, 2009).

While, the second (not assertive), involves two subtypes; 1) passive, which is characterized by not possessing social competence, therefore, it is an obstruction in the development or maintenance of interpersonal relationships, as well as in their own feelings since they tend to repress their way of thinking and feel, this type of social ability, some researchers have called inhibited style (Corrales, Quijano, & Góngora, 2017; De la Peña et al., 2003; Naranjo, 2008); and 2) aggressive style, which is also regarded as inadequate social prowess, because people with this kind of social behavior do not take into account the rights of others, putting their own desires above others, regardless of the harm it may cause.

In summary, REB, parenting practices and assertive-non-assertive behavior can play an important role in the present and future psychological health of high school students because they are in a vulnerable stage, however, it is of knowledge of the authors that these variables as a whole have received little attention, therefore, the objective of this research was to evaluate the association between risky eating behaviors, parenting practices and assertive behavior according to sex in students of upper secondary education.

Research hypothesis: There is a statistically significant association between Risky eating behaviors, parenting practices, and assertive behavior in high school students according to gender.

METHODS

Design

In the present research, only the variables were evaluated at a given moment and there was no deliberate manipulation of the variables, so the design is non-experimental and cross-sectional. In terms of its scope, it is correlational (Coolican, 2005; García et al., 2014; Ríos, 2017).

Participants

Through a non-probabilistic sampling by availability (Universe), 200 students participated (104 men [52%] and 96 women [48%]) from a public high school in the State of Hidalgo, Mexico, with an average age of 16.52 (SD = 1.05, years) and a range between 15 and 19 years.

Instruments

Eating Attitudes Test (EAT-26, Garner, Olmsted, Bohr, & Garfinkel, 1982). Developed to assess risk eating attitudes and behaviors, through 26 items with a Likert-type response option, which has three subscales: 1) Diet; 2) Bulimia and preoccupation with food; 3) Oral control and has a cut-off point ≥ 20 which indicates a high risk of developing ED. The EAT-26 was validated for the Mexican population by Franco, Solorzano, Díaz and Hidalgo-Rasmussen (2016), a confirmatory factor analysis replicated the original subscales and indicated high reliability (Alpha = .83). For this research, an Alpha = .82 was obtained.

Parental Practices Scale for Adolescents (PPS-A) created and validated for the Mexican population by Andrade and Betancourt (2010). It is made up of 80 items with four Likert-type response options. It has two dimensions, one of these assesses the perception of adolescents about the father's parental practices (40 items) and consists of four subscales: 1) Communication and behavioral control; 2) Paternal autonomy; 3) Paternal imposition and 4) Paternal psychological control; while, the second dimension assesses the perception of adolescents about the mother's parental practices (40 items) and consists of five subscales; 1) Maternal communication; 2) Maternal autonomy 3) Maternal imposition; 4) Maternal psychological control; 5) Maternal behavioral control. What the scales assess is briefly described below: Communication and behavioral control, assesses the communication between the parent and the adolescent; Autonomy, respect for the decisions of the children; Imposition, degree to which parent / father impose beliefs and behaviors on the children; Psychological control, the induction of guilt and excessive criticism towards the children; Behavioral control assesses the knowledge about the daily activities of the children. The two dimensions have good reliability, specifically the one related to the father's parental practices has an Alpha of .88 with an Alpha range between the subscales of .74 to .94; and that of the mother's parental practices is .82, with an Alpha rank among its subscales from .66 to .87. For the present investigation, adequate reliability was obtained for both dimensions (PPm α = .82 and PPf α = .94), as well as for PPm subscales with an Alpha coefficient range between .80 and .92) and PPf coefficients (*Alpha* between .94 and .96).

Assertive Behavior Scale for Children (CABS,), developed by Michelson and Wood (1982) with the objective of evaluating and classifying the behavior of children and adolescents as assertive, passive or aggressive. It consists of 27 questions with a Likert-type response option. This scale was validated for the Mexican population by Lara and Silva (2002) demonstrating adequate reliability (*Alpha* = .80) and for the classification of social ability it derived the following cut-off points: 0-42 assertive: 43-50 passive; 51-135 aggressive. For the present investigation, a total reliability of *Alpha* = .81 was obtained.

Process

Once the investigation protocol was approved by the authorities of the institution of assignment, the educational institution of upper secondary education was contacted to present the protocol and request the necessary permits to carry out the evaluation. Subsequently, in a group session the objective of the research was explained, and they were invited to participate in the study, all the parents present signed an informed consent and the students gave their consent to be part of the

study. In another 20-minute session, the participants answered the battery of instruments inside the facilities of the educational institution. At all times, trained personnel were present to resolve doubts and avoid bias in the responses.

Analysis of data

Descriptive analyzes were carried out, calculating the measures of central tendency and dispersion. Because the data are not normally distributed: EAT-total (Kolmogorov-Smirnov = 3.02, p = .001), CABS total (Kolmogorov-Smirnov = 1.40, p = .04), and for the PP subscales (range of *p* = .01-.04) non-parametric tests were calculated; Thus, to assess the differences between sex, the *Mann Whitney U* test was calculated. While, for the correlation analyzes between variables, the *Spearman Rho* test was calculated. For both comparison and correlation, a value of *p* <.05 was considered. Finally, to evaluate the effect size, the G * Power program version 3.1 was used.

Ethical aspects

The present observational research is considered without risk, because no intervention or manipulation of variables was carried out, which was endorsed by the research committee of the Universidad Autónoma del Estado de Hidalgo, for adhering to the Code of Ethics of the Psychologist (Sociedad Mexicana de Psicología, 2010).

RESULTS

Sociodemographic descriptions

It was found that 56.3% of the sample lives with both parents daily and 43.7% of the participants live with their parents on the weekend since they move from their home to have access to an upper secondary education, renting a room or living with a relative near the educational institution; therefore, all participants have contact with both parents. Thus, at the time of the evaluation it was found that, of the total sample (n = 200), 112 (56.3%) participants lived with both parents, 66 (33.2%) lived only with their mother, 14 (7.0%) with their mother. Dad and the remaining percentage (3.5%) lived with another relative. Regarding occupation, it was found that the majority of the sample, 164 (82.4%) only studied and 35 (17.6%) studied and carried out a paid activity.

Descriptive analysis of the risk of developing eating disorders

It was found that 11 (5.5%) students exceeded the cut-off point of the EAT-26, with a range of scores from 21 to 55, while the other 189 (94.5%) participants did not represent a risk to develop eating disorders. Regarding the sex of those who passed the cut-off point of the EAT-26, seven (63.6%) are women and four (36.4%) are men. When making the comparison between sex, regarding eating behavior, it was found that there were no statistically significant differences between men and women both in the EAT-26-Total, and in its subscales (Mann Whitney *U; Z* = 1.3, 1.1, 1.0, 1.4 respectively, *p*> .05).

Descriptive analysis of the perception of parenting practices

Regarding the perception of parental practices, in Table 1, it can be observed that there are statistically significant differences between men and women in the perception of: Parental imposition with a higher average range in men (*z*=-.2.4, p < .05), with a recommended minimum effect size for practical significance; Maternal communication (z=-.2.8, *p* <.05), with a medium effect size; Maternal Psychological Control (*z* = -.2.0, *p* <.05), with a minimum recommended effect size for practical significance; and in Maternal Behavioral Control (*z* = -.3.5, *p* <.05), with a large effect size, in these last three comparisons.

Descriptive analysis of assertive behavior

Concerning to assertive and non-assertive behavior evaluat-

Table 1. Average range, contrast test, and effect size for scores on the Adolescent Parental Practices Scale according to gender.

Adolescent Parental Practices Scale		Shows			
		Women	Men		
		(n = 96)	(n = 104)		
Dimension	Subscale / Total	Average range	Average range	U of Mann Whitney	D
Perception of Father's Practices	Communication and behavioral control	99.7	88.8	Z = -1.4	-
	Autonomy	101.7	87	Z = -1.8	-
	Imposition	84	103.1	Z = -2.4 *	0.41
	Psychological control	91.3	95.8	Z = -.52	-
Perception of the mother's practices	Communication	111.8	89	Z = -2.8 *	0.55
	Autonomy	102.2	98	Z = -.52	-
	Imposition	102.2	98	Z = -.53	-
	Psychological control	108.6	92	Z = -2.0 *	0.28
	Behavioral control	86.1	114.9	Z = -3.5 *	0.87
Assertive behavior	CABS-Total	88.7	111.4	Z = -2.8 *	0.56

* p <.05

ed with the CABS, a median = 53 and a range width between (32 and 99) were found. According to the type of social ability: 41 (20.5%) have an assertive style; 44 (22%) reported having a passive style; and 115 (57.5%) participants are located in the aggressive type social ability. Specifically, the participants who passed the cut-off point of the EAT-26, obtained in the CABS a mean of 67.3 (SD = 14.9), a median of 71, with a range of scores between 51 and 99, therefore, they are located in the style aggressive. While, in the comparison by sex, statistically significant differences were found (Mann Whitney *U; Z* = -2.8, *p* <.05; *d* = .56), with a higher average range in men compared to women (111.4 *vs.* 88.7, respectively) and with a medium-effect size (see Table 1).

Correlations between the study variables of the total sample

Table 2 shows the associations between the study variables: EAT-26-Total and its three subscales (Diet, Bulimia / Preoccupation with Food and Oral Control), with the CABS-Total, as well as with the nine subscales of PPS-A (four towards the father and five towards the mother) in the total sample. Regarding the association between the EAT-26-Total and its subscales (total sample), it was only significant and moderate with the CABS-Total ((r_s =.21). About the three subscales of the EAT-26: Diet was weakly and negatively associated with Imposition (paternal and maternal; (r_s = -.15, -.19, respectively) and with Psychological Control (paternal and maternal; (r_s =- .14, -.18, respectively); whereas, the Bulimia subscale was weakly and positively associated with the CABS-total (r_s =.19), as well as with Parental Communication-Behavioral Control (r_s=. 23) and with paternal and maternal autonomy (r_s =.23, .21, respectively). The effect sizes for the significant associations ranged from weak to moderate. It should be noted that Oral Control was not significantly associated with any of the study variables.

In respect of the CABS-Total, it was associated weakly and positively with paternal and maternal Autonomy (r_s=.16, .23, respectively), but negatively with paternal and maternal Imposition (r_s =-.15, -.26, respectively), with paternal and maternal Psychological Control (r_s =-.16, -.20, respectively) and positively with Father's Behavioral Control (r_s =.29). The effect sizes for the significant associations ranged from weak to moderate.

Correlations between the study variables according to sex

In order to evaluate the association between the study variables according to sex, the correlations were calculated independently for men and women. Table 3 shows the associations for men and Table 4 for women. As can be seen, in the sample of men, a lower number of significant associations was found compared to women (7 *vs.* 19, respectively). In the sample of men, the EAT-26-Total was only weakly and negatively associated with paternal imposition (r_s = -.21); the Diet subscale was not significantly associated with any of the study variables; while, the Bulimia subscale was weakly and positively associated with parental Communication and Autonomy (r_s = .22, .25, respectively); Oral control was only weakly and positively associated with paternal Imposition *(*r_s = .22; see Table 3). With reference to the CABS-Total, this presented associations only with some of the variables of perception of the mother's practices, associating positively with Communication and with Psychological Control, but negatively with Behavioral Control (r_s = .30, .35, and -.23, respectively). The effect sizes for the significant associations ranged from weak to moderate.

However, the associations in the sample of women, the EAT-26-Total was moderately and positively associated with the CABS-Total (r_s = .36); with Paternal Communication (r_s = .25) and with Maternal Imposition and Psychological Control (r_s = -.28, -.36, respectively). The Diet subscale was weakly and positively associated with CABS-Total (r_s = .26) and with Autonomy, Imposition, but negatively with Maternal Imposition and with Maternal Psychological Control (r_s = .24, -.38, -.35, respectively). While the Bulimia subscale was positively associated with CABS-Total (r_s = .31) and with Parental Communication-Behavioral Control (r_s = .22), as well as with Maternal Autonomy (r_s = .23). Meanwhile, Oral Control was positively associated with CABS-Total (r_s = .27), but negatively with maternal Psychological Control (r_s = -.25).

Finally, the CABS-Total was positively associated –with the same

Table 2. Correlations (Spearman's Rho) of the study variables and effect size in the total sample (N = 200).

		Risky eating behaviors				CABS-Total
		EAT-26 Total	Diet	Bulimia	Oral control	
CABS-Total Assertiveness		**.21 * (.45)**	0.11	.19 * (.43)	0.13	1
Perception of Father's Practices	Communication-Behavioral Control	0.1	0.11	.23** (.47)	0.03	0.12
	Autonomy	0.07	0.03	.23* (.47)	-0.05	**.16*(.40)**
	Imposition	-0.09	**-0.057**	-0.08	-0.13	**.15 * (0.38)**
	Psychological Control	-0.1	**-0.052**	-0.12	-0.07	**.16*(0.4)**
Perception of the Mother's Practices	Communication	-0.06	0.05	0.13	0.01	**.30** (.54)**
	Autonomy	0.11	0.06	.21** (.45)	0.05	**.23 *(.47)**
	Imposition	-0.09	**-.19 ** (.43)**	-0.09	-0.04	**-.26 ** (.50)**
	Psychological Control	-0.06	**-0.076**	-0.12	-0.11	**-0.088**
	Behavioral control	0.06	0.03	0.06	-0.03	**.29 ** (.53)**

*Note:*What appears in parentheses below the significant association is Cohen's d value; CABS Total = Total of the Children Assertive Behavior Scale; EAT-Total = Total of the Eating Attitudes Test. Source: own research data. p * <.05; ** <.01

magnitude– with paternal and maternal communication (r_s = .22, respectively); Likewise, it was associated with all the subscales of perception of maternal parental practice: weakly and positively with Autonomy and Psychological Control (r_s =, 24 and .23, respectively), but negatively with Imposition and with Psychological Control (r_s = -. 35, -.34, respectively). Regarding the size of the effect of the significant correlations, this was from weak to moderate, all recommended of practical significance.

DISCUSSION

Even though it was not objective to determine the presence of REB due to the limited sample size and specific type of population. It is important to highlight the low but important percentage (5.5%) of male and female high school students who are at risk for developing ED, due to the presence of REB, specifically, for women it is 3.5% and for men it is 2.0%. When these percentages are compared at the national level, they are higher, since in female adolescents (10 and 19 years old) it is 1.9% and for men of that age it is 0.8% (Gutiérrez et al., 2012). On the contrary, they are lower compared to those of a study in which 22 states of the Mexican Republic were included, since they reported an average prevalence of REB of 10.5% (Unikel-Santoncini et al., 2010). Specifically, studies on REB in high school students belonging to the State of Hidalgo, different prevalence have been reported: 9.0% (Saucedo-Molina & Unikel-Santocini, 2010), 6.7% (Unikel-Santoncini et al., 2010), 12.1% (Miranda, 2012), 12.0% (Bernal, Toxqui, Alvarez, & Vega, 2018).

When analyzing the trends in the presence of REB, it can be observed that at the national level the percentages of REB are increasing. However, specifically, in the State of Hidalgo the trend is variable. One possible explanation is that the evaluation has been carried out with different evaluation instruments (Ortega et al., 2015). But in any case, the current percentage of REB, represents an alert, so it is imperative to develop intervention programs in this population to contribute to their mental health. Regarding gender, it has been proposed that the percentage of men who practice REB is increasing (Radilla et al., 2015); In the present study, it was found that males represent 57% (4 of 7 participants) of the students who passed the cut-off point of the EAT, therefore, they are at risk of developing an eating disorder, in this way it is evidenced that the REB are not a women's issue, but also men are affected.

On the other hand, the type of social ability found in this research draws attention because most adolescents tend to exercise aggressive behavioral styles, a fact that coincides with what was recently reported in a study carried out with high school students (González, Guevara, Jiménez, & Alcázar, 2018). This data indicates the presence of social incompetence among early or middle adolescents, this situation is especially important, because this type of non-assertive behavior can be a risk factor for the physical, mental and social health of this population, being able to lead to more complex alterations to your care. It has been proposed that aggressive social behaviors are often accompanied by physical and psychological violence, as well as intentionally causing conflicts that can lead to physical aggression, therefore, adolescents with this type of non-assertive (aggressive) behavior are not only at risk themselves, but also those around them for being victims of aggression, due to that they spend a good part of their life in the educational institution living with their peers (Carrasco & González, 2006). In this regard, the United Nations Children's Fund (UNICEF; 2017), has suggested that the violence figures are alarming and that they are becoming more common, so that society in general must play a central role for its eradication, therefore, these data are a call to develop preventive programs at the primary and secondary level. Adolescents with this type of non-assertive (aggressive) behavior are not only at risk themselves, but also those around them for being victims of aggression, because they spend a good part of their lives in the educational institution living with their peers (Carrasco & González, 2006).

However, passive-style social ability also deserves attention, since students with this type of behavior are potentially susceptible to being attacked (Vargas, 2018); The data from this study indicate that just under a quarter of high school students do not

Tabla 3. Correlations (Spearman's Rho) of the study variables and effect size in the sample of men (n = 104)

		Risky eating behaviors				CABS-Total
		EAT-26 Total	Diet	Bulimia	Oral control	
CABS-Total Assertiveness		0.02	0.02	0.06	0.05	1
Perception of Father's Practices	Communication-Behavioral Control	0.02	0.02	**.22* (.46)**	-0.06	0.01
	Autonomy	-0.05	-0.01	**.25* (.50)**	**-0.01**	0.12
	Imposition	**-.21* (0.45)**	-0.12	-0.08	**.22* (.46)**	-0.1
	Psychological Control	-0.17	-0.19	-0.09	-0.11	-0.18
Perception of the Mother's Practices	Communication	-0.01	-0.05	0.18	-0.01	**.30** (.54)**
	Autonomy	0.03	-0.11	0.18	0.02	0.19
	Imposition	-0.04	0.01	-0.02	0.06	-0.16
	Psychological Control	0.02	0.01	-0.1	0.03	**-.35** (.69)**
	Behavioral control	-0.07	-0.01	0.08	0.08	**-.23** (.47)**

*Note: What appears in parentheses below the significant association is the value of d by Cohen; Total CABS =Children Assertive Behavior Scale Total; EAT-Total = Total of the Eating Attitudes Test. Source: own research data. p * <.05; ** <.01*

express their opinions or needs, generating interpersonal conflicts, therefore, they are at risk for their physical and psychological health; In this regard, there is evidence that inadequate social ability can be improved with an intervention program (Corrales et al., 2017). On the other hand, it is important to note that one fifth of adolescents possess the social ability of assertive type, this represents a protective factor for the psychological well-being of this population because this style generates well-being, sense of control and greater likelihood of solving personal problems (Prieto, 2011; Van der Hofstandt, 2005).

Clinically interesting findings derived from this study is the fact that all students who passed the cut-off point of EAT-26 (presence of REB) have an aggressive social ability, even with extreme scores (99), in this regard, it has been It has been reported that patients with ED have greater aggressiveness compared to people without the disorder (Zalar, Weber, & Senec, 2011). Therefore, a timely approach is required among adolescents, both from REB and to develop or maintain healthier social skills.

In reparenting practices, male high school adolescents perceive greater parental imposition (imposition of beliefs and behaviors) and less maternal communication, while women perceive greater psychological control (induction of guilt and excessive criticism). It was recently reported that the greater the psychological and behavioral control of the father or the mother, the greater the behavioral problems with male or female partners (Méndez, Peñaloza, García, Jaenes, & Velázquez, 2019). The psychological control perceived by adolescents allows us to understand that the mother has a greater influence on a cognitive and behavioral level, culturally it can be explained because the mother spends more time with her children even when she also works outside the home (Hernández & Lara, 2015).

About sex, the results of the present study are in line with that reported by Ruvalcava-Romero et al. (2016) and Méndez et al. (2019) because they documented that male adolescents perceive worse communication. In general, it has been stated that parental practice based on adequate two-way communication, as well as adequate autonomy and control, contributes to the health of adolescents and prevents criminal behavior (Keijsers, 2015).

Now, regarding the association between the study variables. Specifically, the positive association between REB (diet, binge-purge, and oral control) and social ability in women (that is, the higher REB, the higher the CABS [aggressiveness] scores). Biology has explained that people who who practice REB or those who have ED, have high levels of Cortisol so they tend to aggressiveness (Warren, 20011) and recently, a positive relationship between this hormone and aggressiveness has been found (Azurmendi et al., 2016; Pacheco, 2017). Considering the psychological aspect, it has been found that people who carry out REB tend to have greater difficulty in emotional management and socialization, which is why aggressiveness can be reflected with themselves and with other people (Cruz-Sáez, Pascual, Extebarría, & Echeburúa, 2013; Romero et al., 2015). Other researchers reported that 90% of patients with ED and for obvious reasons with REB present high scores in the passive or aggressive dimensions of a personality instrument (Guillament & Canals, 2007). In this study, an association of greater magnitude was observed between aggressive style and bulimia and to a lesser degree with diet, so these data add to the postulate that aggressive behavior has a differential behavior for restriction or for disinhibition (binge eating), these data coincide with what was found by (Mioto, Pollini, Restaneo, Favaretto, & Preti, 2008). Furthermore, it is known that in patients with ED, aggressiveness potentiates or perpetuates eating psychopathology, while, assertive social behavior is a significant predictor of short and long-term recovery from these disorders (Behar, 2010). However, this is an open field to delve into populations with REB, ED and their controls.

With regard to the association between REB and the perception of parental practices, the results are consistent with some studies where it is reported that those parents with little affection can lead to the adolescent having certain mismatches that direct them to unhealthy behaviors, for example, REB or the development of a TCA (Marmo, 2014). This study yielded

Tabla 4. Correlations (Spearman's Rho) of the study variables and effect size in the sample of women (n = 96)

		Risky eating behaviors				CABS-Total
		EAT-26 Total	Diet	Bulimia	Oral control	
CABS-Total Assertiveness		**.36**** (.60**)**	**.26*** (.50)	**.31*** (.55)	**.27**** (.51)	1
Perception of Father's Practices	Communication-Behavioral Control	**.25*** (.50)	0.2	**.22*** (.46)	0.12	**.22*** (.46)
	Autonomy	0.12	0.09	0.19	0.04	0.15
	Imposition	-0.11	-,19	-0.06	-0.06	-0.14
	Psychological Control	-0.09	-0.09	-0.15	-0.03	-0.5
Perception of the Mother's Practices	Communication	0.15	0.18	0.04	0.06	**.22*** (.46)
	Autonomy	0.19	**.24*** (.48)	**.23*** (.47)	0.11	**.24*** (.48)
	Imposition	**-.28**** (.52)	**-.38**** (.61)	-0.16	-0.16	**-.35**** (.59)
	Psychological Control	**-.36**** (.60)	**-.35**** (.69)	-0.14	**-0.125**	**.36**** (.60)
	Behavioral control	0.08	0.1	0.01	0.08	**-0.162**

Note: What appears in parentheses below the significant association is the value of d by Cohen; Total CABS =Children Assertive Behavior Scale Total; EAT-Total = Total of the Eating Attitudes Test. Source: own research data. p * <.05; ** <.01

interesting findings regarding psychological aspects of non-clinical adolescents, for example, recently Losada and Charro (2018) reported that in a clinical sample of patients with ACT, the restrictive diet in anorexia nervosa is linked to a permissive parental style, while disinhibition (binge) in bulimia nervosa is associated with an authoritarian parental style, the data found in this study, partially support this stance, because it was shown that greater maternal imposition, increased dietary restriction, increased presence of bulimic behaviors (binge-purging) and oral control (calorie count). In either case (diet or binge), the family must provide its members with the resources necessary for their personal, social and well-being development in general, so that this social institution is a protective factor in adolescence, so it is necessary to develop timely interventions from the psychology of health directed towards parents. With regard to non-assertive (aggressive) behavior in women, it is associated with maternal communication, autonomy, imposition, psychological and behavioral control, in this way, it is observed that there are differential perceptions according to sex, but emphasizes that in men the association between aggressive behavior and maternal psychological control is less compared to women.

Conclusions

REB are altered eating patterns and empirical evidence reveals that almost a tenth of high school students practice them frequently, thus, the importance of their evaluation and timely detection lies in the fact that they are precursors to the development of ED and although, to a greater extent, they are observed in women, just over half of men also perform them. Likewise, non-assertive aggressive behavior occurs in more than half of late adolescents, however, 100% of male and female students who present REB present such behavior, in addition, it is associated to a greater extent with the perception of inappropriate parenting practices of the mother. Therefore, it is suggested to continue investigating these variables to have a much broader foundation and generate action plans, firstly, to help reduce the presence of REB and secondly, to promote assertive social behavior, the above not only in adolescents, it will also be pertinent to include younger students and their parents to promote and develop the behavior also assertive, promoting healthier eating behaviors, based on the correct execution of parenting practices (communication and autonomy). The aforementioned is socially relevant, because the next step that late adolescents will take is to enter the professional level and they will find themselves in constant situations to make decisions. Timely comprehensive intervention will help make some of your social skills more effective. In this way, the development of interventions for the promotion of health and prevention of the disease would allow adolescents to respond among their peers and with their parents more positively, turning their social competences into protective factors that improve favorable consequences and minimize unfavorable ones, which will contribute to the physical and psychological well-being of this population.

Limitations and suggestions for future studies

It should be noted that the sample of this study was non-probabilistic, which limits the generalization of the findings. Future studies should include the assessment of parents in terms of REB, behavioral styles and their own parental practices in order to have a completer and more comprehensive overview.

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The authors declare that there is no conflict of interest.

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This study has been peer-reviewed in a double-blind manner.

DECLARATION OF DATA AVAILABILITY

The authors of this manuscript are in favor of open science, however, based on Article 61 of the Code of Ethics of the Psychologist, we store the database to preserve the identity of the participants and the confidentiality of the data, but it may be requested to the authors' emails.

DISCLAIMER

The authors are responsible for all statements made in this article. Neither Interactions nor the Peruvian Institute of Psychological Orientation are responsible for the statements made in this document.

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