

SOCIOCULTURAL IDEAL INTERNALIZATION, BODY DISSATISFACTION AND WEIGHT CONTROL BEHAVIOR AMONG ADOLESCENT ATHLETES AND NON-ATHLETE ADOLESCENTS. DOES THAT NEED EDUCATION?

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ABSTRACT

Research background and hypothesis. Many young people are concerned about their body size and shape because of the social pressures to conform to a thin body ideal. Athletes face additional pressures related to performance and, for some of them, aesthetic and weight category demands. Modification of body build is often attempted via diet and exercise, so the data were also gathered on attitudes toward eating and weight control – exercising behavior.

Research aim was to examine media influence, body dissatisfaction, unhealthy weight loss behavior (UWL) and unhealthy exercising behavior (UEB), risk of eating disorders (DE) in the sample of non-athletic and athletic adolescents. We proposed a hypothesis that adolescents aiming at matching social expectations of body image were more likely to be dissatisfied with their appearance as well as have worse weight control behavior and higher risk of eating disorders. We expected that these associations would not differ among athletic and non-athletic adolescents.

Research methods. 11th grade students (n = 805, mean age – 17.23 (0.6) years, 476 (58.9%) females, 233 (28.9%) athletes) filled in anonymous questionnaires, which consisted of *Sociocultural Attitudes Towards Appearance Scale* (SATAQ-3, Thompson et al., 2004), *Body Areas Satisfaction Scale* from MBSRQ-AS (Cash, 2004), *EAT-26* (Garner et al., 1982) and specially for this study created *Unhealthy Weight Loss Behavior Scale*.

Research results. Nearly half of adolescents reported using at least one UWL or/and UEB, 87 adolescents (more girls, $p < 0.05$) full into ED risk group with no differences between athletes and non-athletes ($p > 0.05$). Media influence did not differ between groups, but non-athletes were more dissatisfied with their body ($p < 0.05$), had more expressed UWL ($p < 0.05$), although adolescents who participated in sports demonstrated more UEB ($p < 0.05$).

Discussion and conclusions. Adolescents who more dramatically internalized the social body standards were more dissatisfied with their appearance, had worse weight control behavior and higher risk for eating disorder. These associations basically did not differ between athletes and non-athletes.

Keywords: body dissatisfaction, weight control, adolescence, athletic activities.

INTRODUCTION

The role of socio-cultural influences in determining young people's standards of beauty has been well-established. Many young people are concerned about their body size and shape because of the social pressures to conform to a thin body ideal (Vogt Yuan, 2010). Weight-related concerns of adolescents and weight pressures from their social environments predict the use of unhealthy weight control behavior

(Neumark-Sztainer et al., 2006 a). Mass media are saturated with multiple, overlapping, and unhealthy messages about ideal body sizes and shapes in relation to attractiveness, self-control, food, weight management, diets and quick fixes for weight loss. Ironically, these behaviors then lead to weight gain, instead of weight loss, over time (Neumark-Sztainer et al., 2006 b). Another source of body image pressures comes from significant

others, such as parents, coaches, teammates, who send messages about weight, body size and shape, and appearance. These messages sometimes may be positive, however, most comments are negative and can contribute to youth engaging in unhealthy eating and exercise behaviors in order to lose weight (Petrie, Greenleaf, 2011).

Athletes may practice weight-control methods during the sport season only or year-round. American -Academy of Pediatrics Committee on Sports Medicine and Fitness (2005) investigated the problem of weight loss in sport. They found that the practices which were used to reduce weight included food restriction, vomiting, over exercising, diet-pill use, use of stimulants, nicotine use, voluntary dehydration. These practices can impair athletic performance, increase injury risk, result in delayed physical maturation, amenorrhea (in female athletes), development of eating disorders and other medical dysfunctions. It has been reported that sports with an emphasis on aesthetics, a lean body build, and sports with weight classes have higher incidences of participants with eating disorder symptoms (Sundgot-Borgen et al., 2004) and worse weight control behavior (Turocy et al., 2011). Leaner athletes in some sports are often perceived by coaches and peers to perform better, they are viewed as more attractive and successful and perceived to demonstrate better body symmetry, position, and fluidity of motion (Turocy et al., 2011). Although safe weight gain is also a concern for athletic trainers and their athletes, that topic is outside the scope of this position statement.

The association of the use of products or weight loss behavior to improve appearance with media influences, body dissatisfaction, and participation in youth sports has not been well understood. To assess these associations, we conducted a cross-sectional analysis. Therefore, **the aim of our study** was to examine media influence, body dissatisfaction, unhealthy weight loss behavior and unhealthy exercising behavior, risk of eating disorders, in the sample of non-athletic and athletic adolescents. We proposed a hypothesis that adolescents aiming at matching social expectations of body image were more likely to be dissatisfied with their appearance as well as to have worse weight control behavior and higher risk of eating disorders. In the present study we expected that these associations would not differ among athletic and non-athletic adolescents.

RESEARCH METHODS

Participants and procedure. The permission to conduct the study was given by the Department of Education of Kaunas Municipality. Sixteen randomly selected schools ($n = 10$) and gymnasiums ($n = 6$) of Kaunas were contacted, informed about the study and asked for the permission to conduct the research. All of them agreed to participate in the study. Two-three 11th grade classes from each school were chosen randomly to participate in study. Participants were informed that participation was voluntary. All students ($n = 856$) who were asked to participate in study agreed to fill in questionnaires. The participants completed the anonymous questionnaires in the classrooms during a class period. Out of 856 questionnaires, 44 were damaged, therefore, the data of 805 adolescents (mean age – 17.23 (0.6) years, 476 (58.9%) of them were females) were used for the analysis.

Instruments. The study used the anonymous questionnaire which included general questions on exercise behavior, participation in sports, intentions and aspirations related to body image and weight control, and the risk of eating disorders.

Sociocultural Attitudes Towards Appearance Scale (SATAQ-3, Thompson et al., 2004) was initially developed to assess media influences on feminine body image. Original SATAQ – 3 forms four subscales: Internalization-General, Pressures, Information, and Internalization-Athlete. The internal consistency of the *Internalization-General* subscale (Cronbach's $\alpha = 0.88$) was good. This scale reflects the acceptance (internalization) of media influence on body image. *Internalization-Athlete* subscale (Cronbach's $\alpha = 0.78$) reflects the athletic body image idealization. *Pressures* subscale (Cronbach's $\alpha = 0.85$) reflects media pressure to have a perfect appearance and seek the behavior which contributes to achieving this look. *Information* subscale (Cronbach's $\alpha = 0.75$) describes the importance of media in shaping the standards of appearance. The scale is composed of the Likert-type scale of 5-points, where 1 means definite disagreement and 5 means definite agreement. The higher score, the greater acceptance or internalization of the prevailing socio-cultural standards for appearance is.

Body dissatisfaction (BD) was assessed using *The Multidimensional Body-Self Relations Questionnaire* (MBSRQ-AS, Cash, 2004) *Body Areas Satisfaction Subscale* (BASS). This scale

aims at assessing the level of body satisfaction. The scale consists of ten items listing body areas, muscular development, body mass and overall appearance. Participants rated each item using a 5-point scale that ranged from 1 to 5. Lower values of the scale indicated lower satisfaction with body areas (Cronbach's $\alpha = 0.87$).

Disordered Eating (DE) was realized by the *Eating Attitude Test (EAT-26)*, Garner et al., 1982). The EAT is a 26 – item scale, measuring cognitions, emotions, and behaviors associated with anorexia and bulimia nervosa. Participants rated each item using a 6-point scale that ranges from 0 (never, rarely, sometimes) to 3 (always). Higher scores reflect stronger disordered eating attitudes. Subjects who scored above a cut – off score of 20 may have been at risk of eating disorders (Cronbach's $\alpha = 0.89$).

Attitude Towards Unhealthy Weight Loss Behavior (UWLb) and *Attitude Towards Unhealthy Exercising Behavior (UEB)* was analyzed using specially designed for this study questionnaire. For assessing UWLb the adolescents were asked “If you are engaged in aiming to lose or maintain your body weight which of the following practices have you had?” There were 9 practices with unhealthy body mass control, such as “I skip my meals (breakfast, dinner or supper)”, “I eat a low calorie diet (< 800 kcal)”, “I use laxatives or diet-pills”. UEB scale comprised six practices reflecting the dominating fallacies related to physical activity in aiming to control body mass. The individual responses “strongly disagree” (1) through “strongly agree” (3) were provided in the Likert-type scale. The higher scores reflect more common unhealthy exercising behavior. The scale internal consistency was positive in this sample, respectively, Cronbach's $\alpha = 0.85$ and Cronbach's $\alpha = 0.79$.

Body Mass Index (BMI) (weight (kg)/height (m)²) was calculated using values of weight and height indicated by the studied. Mean BMI of sample – 20.77 (2.62) kg/m².

Data analysis. The Statistical Package for Social Sciences (SPSS, version 17.0) was used for the statistical analyses. Results were expressed as a mean value (*M*) and standard deviations (*SD*). Chi-square tests examined categorical frequencies. To examine differences in the pattern of relationships between variables we conducted Pearson correlations. The differences were valued as statistically significant, if $p < 0.5$ (CI 95%).

RESEARCH RESULTS

We distinguished two groups of adolescents: athletes who aim at achieving results (28.9%) and non-athletes or only exercising in their leisure time (71.1%). More boys than girls were engaged in competitive sports (36.2% and 23.9%, $\chi^2 = 14.09$, $df = 1$, respectively, $p = 0.001$). We divided all sports into four groups: appearance-related sports (gymnastics, bodybuilding, figure skating, dancing) – 10.7%, ball games (basketball, football, handball, volleyball) – 9.1%, endurance sports (skiing, cycling, swimming, athletics) – 6.3%, and weight category sports (boxing, judo, wrestling) – 6.3%. A comparison of the type of activities chosen by gender revealed that sports related to appearance and aesthetics were most popular among girls, whereas ball games – among boys ($\chi^2 = 59.35$, $df = 4$, $p = 0.001$).

One – way ANOVA showed that sedentary students and athletes did not differ in their mean BMI, but better physical self-assessment was characteristic of athletes compared to non-athletes (Table 1). Media influence, measured from 3 SATAQ subscales did not differ between sport groups, only Internalization-Athlete was more significantly expressed among athletes. Non-athletes had worse weight loss behavior, although adolescents participating in sports demonstrated worse exercising behavior.

Analysis of the data by gender showed that reliable differences were received almost with all variables. Girls more internalized sociocultural ideals towards appearance, exhibited poorer physical self-assessment and weight control behavior as well as higher risk for eating disorders (Table 1). The analysis of the groups of girls and boys by sport status did not reveal significant differences from the trends of total sample.

Out of 805 adolescents, 87 (10.8% of total sample) (respectively 6.7% of boys and 13.9% of girls; $\chi^2 = 10.33$, $df = 1$, $p = 0.001$) fell into ED risk group with no differences between athletes and non-athletes (8.2% and 12.1%; $\chi^2 = 2.47$, $df = 1$, $p = 0.116$).

Only 20.6% of adolescents were satisfied with their weight, 43.1% – wanted to lose weight, and 36.3% - wanted to gain weight. More girls than boys wanted to lose weight (83.6% and 16.4%, $\chi^2 = 177.299$; $df = 2$, respectively, $p < 0.00$). The highest number of adolescents who wanted to loose weight accounted for aesthetic sports (51.2%),

compared to endurance sports (46.9%), weight category sports (36.8%), ball games (27.8%) and non-athletes (43.6%); $\chi^2 = 23.39$; $df = 8$, $p = 0.003$.

The study revealed that aspiration of weight loss was associated with different variables (Table 2). Adolescents who were aiming to lose weight had higher scores in all scales, their physical self-assessment was the poorest ($p < 0.001$). Body ideal internalization was more expressed among those who wanted to lose weight in both athlete and non-athlete groups ($p < 0.001$), UWLB ($p < 0.001$) ir DE ($p < 0.001$). Athletes who aimed at losing weight significantly more internalized the sport ideal and felt pressure to attain an ideal body ($p < 0.001$), whereas non-athletes more relied on media for weight loss practices ($p < 0.001$). UEB was more

significant only in weight loss group of athletes ($p < 0.05$).

Even 38.2% of teenagers reported using at least one UWLB and 46% – UEB. The study evaluated the distribution of unhealthy weight loss behavior in different physical activities (Table 3). Poor understanding about the dosage of physical load and weight loss behavior was more prevalent among participants in combat sports. These adolescents were more likely to tolerate long lasting load ($\chi^2 = 21.51$, $df = 4$, $p = 0.000$) or participate in even more than one training session in series ($\chi^2 = 9.89$, $df = 4$, $p = 0.042$) and limit fluid intake ($\chi^2 = 38.86$, $df = 4$, $p < 0.001$) when trying to achieve high intensity in training of endurance sports ($\chi^2 = 15.18$, $df = 4$, $p = 0.004$), compared to

Table 1. Means and standard deviations for all variables for sport status and gender groups

Variables	Sport status		Level of significance		Gender		Level of significance	
	Non-athletes n = 572	Athletes n = 233	F	p	Male n = 329	Female n = 476	F	p
BMI	20.68 (2.61)	21.00 (2.60)	2.34	0.126	21.56(2.67)**	20.22 (2.45)	52.51	0.000
IG	2.65 (0.92)	2.72 (0.90)	0.79	0.372	2.55 (0.68)	2.93 (0.66)**	58.26	0.000
IA	2.73 (0.86)	2.99 (0.91)**	14.52	0.000	2.85 (0.79)	2.80 (0.71)	1.76	0.185
PP	2.31 (0.84)	2.25 (0.78)	0.94	0.331	2.22 (0.70)	2.53 (0.73)**	35.88	0.000
INFO	2.69 (0.69)	2.72 (0.69)	0.26	0.613	2.63 (0.61)	2.83 (0.54)**	23.35	0.000
BASS	3.40 (0.69)	3.62 (0.69)**	16.05	0.000	3.57 (0.71)	3.39 (0.68)**	12.81	0.000
UWLB	2.49 (4.08)	2.28 (4.52)	0.41	0.522	1.55 (3.72)	3.00 (4.36)**	23.70	0.000
UEB	2.03 (2.82)	3.19 (0.76)**	22.81	0.000	2.62 (3.60)	2.16 (2.82)*	3.98	0.046
DE	7.72 (9.97)	6.78 (8.68)	1.54	0.215	5.60 (9.29)	8.74 (9.61)**	21.33	0.000

Note. * – $p < 0.05$; ** – $p < 0.001$. BMI – body mass index (kg/m^2), GI – Internalization General, IA – Internalization-Athlete, PP – Pressure, INFO – Information subscales, BASS – Body Areas Satisfaction subscale, UWLB – Unhealthy Weight Loss Behavior, UEB – Unhealthy Exercising Behavior, DE – Disordered Eating.

Table 2. Means and standard deviations for all variables for desired weight groups in athletes and non-athletes

Variables	Non-athletes			Athletes		
	Weight gain group n = 188	Satisfied with weight group n = 132	Weight loss group n = 252	Weight gain group n = 99	Satisfied with weight group n = 36	Weight loss group n = 98
BMI	19.85 (2.22)	20.04 (2.24)	21.68 (2.69)**	20.54 (2.17)	20.51 (2.37)	21.61 (2.83)*
IG	2.43 (0.87)	2.39 (0.85)	2.97 (0.91)**	2.59 (0.85)	2.41 (0.91)	3.02 (0.87)**
IA	2.76 (0.88)	2.65 (0.80)	2.77 (0.87)	3.06 (0.86)	2.49 (0.81)	3.15 (0.89)**
PP	2.07 (0.73)	2.18 (0.77)	2.57 (0.88)	2.09 (0.68)	1.97 (0.64)	2.53 (0.84)**
INFO	2.59 (0.72)	2.65 (0.67)	2.79 (0.69)**	2.68 (0.66)	2.62 (0.60)	2.84 (0.71)
BASS	3.57 (0.60)	3.62 (0.66) **	3.14 (0.69)	3.67 (0.69)	3.97 (0.66) **	3.45 (0.65)
UWLB	1.11 (2.86)	1.73 (2.93)	3.80 (4.42)**	1.00 (3.19)	2.24 (5.18)	3.43 (4.55)**
UEB	1.84 (2.71)	1.82 (2.31)	2.09 (2.75)	2.47 (3.61)	3.18 (3.70)	3.63 (3.41)*
DE	5.22 (8.15)	6.19 (7.89)	10.52 (11.47)**	5.43 (7.78)	4.38 (6.44)	9.60 (9.85)**

Note. * – $p < 0.05$; ** – $p < 0.001$. IG – Internalization General, IA – Internalization-Athlete, PP – Pressure, INFO – Information subscales, BASS – Body Areas Satisfaction subscale, UWLB – Unhealthy Weight Loss Behavior, UEB – Unhealthy Exercising Behavior, DE – Disordered Eating.

participants of other activities and non-athletes. UWLB was more frequently expressed among sports related to appearance. These adolescents more significantly than participants engaged in other activities justified skipping meals ($\chi^2 = 9.89$, $df = 4$, $p = 0.042$), using diet pills ($\chi^2 = 11.1$, $df = 4$, $p = 0.025$) or bulimic behavior ($\chi^2 = 9.11$, $df = 4$, $p = 0.05$).

The correlation analysis revealed that all variables significantly intercorrelated among

non-athletes (Table 4). In this group sociocultural internalization towards appearance was related with poorer physical self-assessment, and higher UWLB, UEB and DE scores. Poorer self-assessment was also linked to more expressed scores of UWLB, UEB and DE. Less significant correlations were found among athletes; these relationships were weaker. Appearance internalization directly correlated only with UWLB and DE. The strongest correlation was determined between UWLB, UEB and DE variables in both groups.

Table 3. Expression of weight control behavior in sport groups (%)

Unhealthy behavior related with weight loss	Total n (%)	Non-athletes	Appearance-related sports	Sport games	Weight category sports	Endurance sports
Unhealthy weight loss behavior						
Skip meals	181 (22.5)	24.3	24.4*	10.8	9.5	17.6
Fast	101 (12.6)	13.6	10.6	9.6	4.8	9.8
Low calorie diet (< 800 kcal)	78 (9.7)	10.6	10.5	5.4	0	9.8
One product diet	58 (7.2)	7.4	10.5	5.4	0	5.9
Increase cigarettes smoked	68 (8.4)	8.7	9.3	8.1	4.8	5.9
Purge	39 (4.8)	4.4	10.5	4.1	0	3.9
Use diet pills	38 (4.7)	4.2	11.6*	2.7	0	3.9
Use diuretics	35 (4.3)	4.1	8.1	2.7	0	5.9
Vomit after meal	26 (3.2)	3	8.1*	2.7	0	0
Unhealthy exercising behavior						
Exercising longer than 2 hours	156 (19.5)	16.1	27.9	21.6	42.9**	33.3
Participating in more than one training session in series	97 (12.2)	10.2	19.8	9.5	23.8*	17.6
Exercising several times per day more than 2 hours	95 (11.9)	3.6	10.5*	6.8	10	5.9
Wearing impermeable warm clothes for bigger sweating	69 (8.6)	7.5	14	8.1	19	9.8
Trying to exercise in the highest intensity of HR	68 (8.5)	6.3	12.8	10.8	14.3	19.6*
Avoiding drinking fluids during workouts	39 (4.9)	8.2	25.6	12.2	38.1**	19.6

Note. * – $p < 0.05$; ** – $p < 0.001$.

Table 4. Intercorrelations (Pearson's correlation rate), means, and standard deviations of variables

Variables	SATAQ	BASS	UWLB	UEB	DE
1. SATAQ	1	-0.13	0.15*	0.11	0.27**
2. BASS	-0.27**	1	-0.86	-0.02	-0.20**
3. UWLB	0.36**	-0.32**	1	0.48**	0.47**
4. UEB	0.16**	-0.11*	0.54**	1	0.37**
5. DE	0.35**	-0.29**	0.61**	0.38**	1
Means	2.59	3.46	2.40	2.35	7.44
Standard deviations	0.69	0.70	4.19	3.16	9.60

Note. * – $p < 0.05$; ** – $p < 0.001$. Upper triangle of table = athletes; lower triangle of table = non-athletes. SATAQ – Sociocultural attitudes towards appearance scale, BASS – Body Areas Satisfaction subscale, UWLB – Unhealthy Weight Loss Behavior, UEB – Unhealthy Exercising Behavior, DE – Disordered Eating.

DISCUSSION

We aimed at finding out whether acceptance of body ideal, physical self-assessment, weight control behavior and risk of eating disorders differed among adolescent athletes and non-athletes. The study determined that the influence of socio-cultural environment on ideal internalization did not differ between groups. Athletes were more likely to internalize the sport ideal, moreover, they rated their physical appearance higher than their non-athlete peers. Given the body's centrality in sport, it is not surprising that athletes are highly aware of their body's functionality and appearance. It is also not surprising that research has found that athletes, particularly at the more competitive levels of sports, report a more positive body image than non-athletes (Petrie, Greenleaf, 2011).

Although studies show that body image concerns and DE have been frequently reported within the athletic (especially competing in leanness-dependent and weight-dependent sports) population (Sundgot-Borgen et al., 2004; Holm-Denoma et al., 2009; Jankauskienė et al., 2010; Petrie, Greenleaf, 2011), in our research athletes did not exhibit more unhealthy weight loss behavior and disordered eating symptoms than non-athletes, however, unhealthy exercising behavior was more expressed. Improper training behavior was characteristic of athletes of weight category sports. Representatives of aesthetic sports were more likely to skip meals, use diet pills or supplements and even demonstrate bulimia behavior to lose weight.

Although weight classification in sports was designed to ensure healthy, safe, and equitable participation, these sportsmen along with aesthetic sports used the most unhealthy weight control behavior (De Bruin et al., 2007; Rouveix et al., 2007; Jankauskienė et al., 2008).

Our study revealed that almost half of adolescents reported desire to lose weight. Weight loss as in other studies (Zaborskis et al., 2008; Pajaujienė et al., 2011) was significantly associated with unhealthy weight control behavior; unhealthy weight loss behavior was more common in non-athlete group in which diets, supplements and other unhealthy habits were used, whereas in athlete group – unhealthy exercising behavior, where weight loss related to exercising was revealed. It is important to stress that adolescents who wanted to lose weight were prone to higher risk of eating disorders. This fact was also found in many studies

(Neumark-Sztainer et al., 2006 a; Pajaujienė et al., 2011; Turocy et al., 2011) suggesting that aspiration of weight control is an important factor for disordered eating.

R. Jankauskiene et al. (2010) study revealed that the main idea of weight loss in athletes was not an improvement of shape but body image. Our study also found that adolescents desiring to loose weight significantly stronger internalized sociocultural body ideal and tried to attain this ideal. However, athletes additionally stronger internalized the sport body ideal, whereas non-athletes relied on body ideals from media.

In both groups we found correlation between all variables: higher media influence were related with higher body dissatisfaction, unhealthy weight control behavior and risk of eating disorders. Similar to non-athletes, body dissatisfaction was related directly to disordered eating and may be a primary risk factor. This coincides with the findings in other studies (Neuman-Szteiner et al., 2006 a; Jankauskienė et al., 2008; Petrie, Greenleaf, 2011). Since appearance internalization in athletes directly correlated only with unhealthy weight loss behavior and disordered eating, unhealthy exercising behavior seemed not to have depended on sociocultural environment and body dissatisfaction; it stemmed more from their sport specificity and coach's role. Studies show that athletes may adhere recommendations made by coaches without understanding the nutritional requirements of the sport (Bonci et al., 2008).

The analysis by gender confirmed that girls were more likely to internalize body ideals, they were dissatisfied with their body (Kerremans et al., 2010), had poorer weight control behavior and higher risk of eating disorders (Neumark-Sztainer et al., 2012).

Improper and unhealthy weight loss practices in our study and other studies had the strongest correlation with disordered eating (Neumark-Sztainer et al., 2006 a). Compulsive exercise or excessive exercise that were demonstrated by some participants of our study, in addition to the normal training regimen could be considered a form of purging (*American Academy of Pediatrics*, 2005). Extreme exercise in itself has previously been cited as a potential causal factor in anorexia nervosa (Sundgot-Borgen et al., 2004). P. S. Turocy et al. (2011) stressed that disordered eating to lose weight is a definite cause for alarm, even among seemingly healthy, athletic individuals. They explored that the most common unsafe methods for achieving

weight-loss goals include mixing dehydration with food restriction and improper dieting to reduce body fat. It is crucial to find ways to steer young people away from these ineffective and potentially harmful weight-loss behaviors, and provide support for the adoption of health eating and physical activity behaviors (Neumark-Sztainer et al., 2012). Coaches, peers, and family members should not provide information on diet, body composition, weight, or weight management practices and should refrain from making comments on or participating in the monitoring of body composition and weight (Bonci et al., 2008).

The strength of our study – representative sample. The weakness – the survey was done in spring, and seasonality may have resulted in physical self-assessment and related weight control. We were not able to find out the causes of adolescent weight loss, distinguish the elite level and provide the same conditions due to the different competitive calendar. It is recommended that more research be undertaken to examine the role of coaches, teachers and teammates in the development of body dissatisfaction, weight control behavior and disordered eating.

CONCLUSION AND PERSPECTIVES

1, The study confirmed the proposed hypothesis that adolescents who more dramatically internalized the social body standards were more dissatisfied with their appearance, had worse weight control behavior and higher risk for eating disorder. These associations basically did not differ between athletes and non-athletes.

2. Body ideal internalization, disordered eating did not differ between athletes and non-athletes. Although athletes were more satisfied with their physical appearance, weight control related with unhealthy exercising behavior was poorer.

3. Adolescents trust body weight control techniques from media and have poor understanding about the dosage of physical activity and exercising behavior related to weight loss program. They need education in this area. Parents, coaches and school health educators should emphasize skill and talent instead of weight and body image and educate adolescents about the negative health effects of extreme weight control.

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SIEKIMAS ATITIKTI SOCIALINIUS IŠVAIZDOS LŪKESČIUS, NEPASITENKINIMAS KŪNU BEI SVEIKATAI ŽALINGA SVORIO KONTROLĖ TARP SPORTUOJANČIŲ IR NESPORTUOJANČIŲ PAAUGLIŲ. AR REIKIA TAI UGDYTI?

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SANTRAUKA

Tyrimo pagrindimas ir hipotezė. Dėl sociokultūrinio spaudimo atitikti liekną kūno idealą dauguma jaunų žmonių yra susirūpinę savo kūno svoriu ir forma. Sportininkai jaučia papildomą spaudimą būti geros formos ir atitikti sporto šakos išvaizdos lūkesčius. Kadangi svorio kontrolė dažniausiai lydimą dietų ir mankštinimosi elgsenos, mūsų tyrimas siekė atskleisti šias elgsenas.

Tikslas – nustatyti paauglių išvaizdos idealų priėmimo, nepasitenkinimo savo kūnu, sveikatai žalingos svorio kontrolės ir mankštinimosi elgsenos bei valgymo sutrikimų rizikos sąsajas tarp sportuojančių ir nesportuojančių paauglių.

Metodai. Tyrimas buvo atliekamas 2009 m. Kauno miesto gimnazijų ($n = 6$) ir vidurinių mokyklų ($n = 10$) vienuoliktokų klasėse taikant apklausos raštu metodą. Tiriamąją imtį sudarė 805 paaugliai (iš jų 476 merginos, 233 sportininkai), kurių amžiaus vidurkis 17,23 (0,6) metų, KMI vidurkis 20,77 (2,61) kg/m². Anketą sudarė išvaizdos idealų priėmimo klausimynas *SATAQ-3* (Thompson et al., 2004), pasitenkinimo savo kūno dalimis subskalė iš *MBSRQ-AS* (Cash, 2004), požiūrio į sutrikusį valgymą skalė *EAT-26* (Garner et al., 1982). Sveikatai žalinga svorio kontrolės (SŽE) bei mankštinimosi elgsena (SŽME) nustatyta specialiai šiam tyrimui sudarytu klausimynu.

Rezultatai. Beveik pusė paauglių taikė bent vieną SŽE ir SŽME metodiką. 87 paaugliai priskirti valgymo sutrikimų rizikos grupei, ir tai nepriklausė nuo sportavimo statuso ($p > 0,05$). Siekimas atitikti išvaizdos idealus taip pat nesiskyrė tarp grupių, tik nesportuojantieji buvo labiau nepatenkinti savo kūnu ($p < 0,05$) ir turėjo labiau išreikštą SŽE ($p < 0,05$), o sportuojantieji turėjo stipresnę SŽME ($p < 0,05$).

Aptarimas ir išvados. Paaugliai, labiau priimančys socialinius išvaizdos standartus, yra daugiau nepatenkinti savo išvaizda, blogesnė jų svorio kontrolė ir mankštinimosi elgsena bei didesnė valgymo sutrikimų rizika. Šios sąsajos iš esmės nesiskiria tarp sportuojančių ir nesportuojančių paauglių.

Raktažodžiai: nepasitenkinimas kūnu, svorio kontrolė, paauglystė, sportinė veikla.

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