

Body dissatisfaction and the pressure of family and peers as risk factors for the development of eating disorders

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Abstract:

Body dissatisfaction (IC) and weight concerns can lead adolescents and children to adopt inappropriate eating behaviors, and trigger an eating disorder (ED). These attitudes may be influenced by family beliefs and peer group. The aim of this study was to explore the relationship between IC and the development of symptoms of ED in children and adolescents, mediated by the pressure exerted by family and friends. The study included 1479 children and adolescents. Data suggested that: a) the boys / girls who thought their weight was not right had more symptoms of ED, compared to boys / girls who thought nothing about it, especially girls, b) the boys / girls who thought they should lose weight -for themselves, for recommendation of family and / or friends-, had more symptoms of ED than boys/girls who did not think so. The IC is a risk factor for the development of ED in children and adolescents, and even more in girls, and may be influenced by the attitudes of parents and peers toward weight.

Keyword: Risk factors, eating disorders, children and adolescents, body dissatisfaction, weight.

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INTRODUCTION

Different studies have examined the possible relationship between family influence and the assimilation of the idea of thinness, concluding that parents and peers alike contribute to the search for impossible beauty ideals through body comments and criticism ("fat talk"). This is especially true in the case of girls (Quiles, Quiles, Pamies, Botella and Treasure, 2013; Ruiz, Vázquez, Mancilla and Trujillo, 2010).

OBJECTIVE

The objective of this study was to explore the relationship between body dissatisfaction, the development of general symptoms of EDs among children and adolescents and the pressure exerted by family and friends. Our hypothesis is that the assimilation of the idea of thinness imposed by family and society increases the possibility of developing ED symptoms, especially among girls.

METHOD

Participants: A total of 1,479 children and adolescents participated in the study (676 boys and 803 girls) ages 10 to 18 ($M=14.08$; $DT=2.22$) with a body mass index (BMI) between 13.20 and 40.40 ($M=21.33$; $DT=3.98$). Participants came from different schools and institutes in Eastern Andalusia (see Table 1).

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INSTRUMENTS

Body composition analyzer. The GS TANITA TBF 300 body composition analyzer was used to measure the weight, height and BMI of the participants.

Eating Attitude Test [EAT] (Garner and Garfinkel, 1979). This questionnaire consists of 40 items designed to evaluate a wide range of ED symptoms. Participants rate each item on a six-point scale that goes from "Never" to "Always." Cut-off scores of 30 and 50 characterize the population at risk and the clinical population, respectively. The EAT-40 has been validated and widely used in Spain (Castro, Toro, Salamero and Guimera, 1991).

Body Dissatisfaction Questionnaire [BDQ]. This questionnaire was created specifically for this study and includes the following adapted questions: "Do you believe that your weight is right for your age and height? If you answered No, indicate why: because I think that 1) I should lose weight, 2) I should gain weight, 3) My family says I should lose weight, 4) My family says I should gain weight, 5) My friends say I should lose weight, 6) My friends say I should gain weight."

PROCEDURE

The body mass index (BMI) of all participants was obtained and participants were then given 15 minutes to complete the following self-report measures: the *Eating Attitude Test [EAT]* and the *Body Dissatisfaction Questionnaire [BDQ]*. All statistical analyses were done using SPSS 15 for Windows. The possible violation of the homogeneity of error variance assumption was considered and in the case of within-subject factors, the Greenhouse-Geisser correction was applied. The results are presented with the original degrees of freedom and the corrected probability values. The significance level was set at 0.05.

Table 1. Median (and typical deviation) of age and BMI for the entire sample

	BOYS			GIRLS		
	Age M (DT)	BMI M (DT)	N Boys	Age M (DT)	BMI M (DT)	N Girls
Schools (N= 517)	11.54 (1.16)	20.15 (3.61)	N= 269	11.47 (1.15)	19.54 (3.64)	N= 248
Institutes (N= 962)	15.43 (1.20)	21.94 (3.92)	N= 407	15.49 (1.18)	22.30 (3.93)	N= 555
Total (N= 1479)	13.88 (2.24)	21.21 (3.90)	N= 676	14.25 (2.19)	21.42 (4.05)	N= 803

RESULTS

On the one hand, the boys/girls who thought their weight was not right reported more ED symptoms than the boys/girls who reported that their weight was ($F1, 654 = 13.61, p < .0001$), especially in the case of girls (see Figure 1). On the other hand, the boys/girls who thought they should lose weight—regardless of whether it was on their own or based on the recommendation of their family and/or friends (see Figure 2)—presented more ED symptoms ($F1, 654 = 4.05, p < .044$) than those who had no plans to lose weight (and had not received a recommendation to do so by anyone in their environment).

DISCUSSION AND CONCLUSIONS

Body dissatisfaction is a risk factor for ED among children and adolescents and can be influenced by family and social pressure, with more noticeable effects on girls. Thus the attitude of parents towards their children—like scolding them for a lack of appetite or encouraging them to do exercise “to burn calories” (“fat talk”)—can negatively influence children and foster problematic food behaviors and attitudes (Ballester and Guirado, 2003; Quiles et al. 2013). This study emphasizes the importance of prevention programs among male and female adolescents in order to foster self-esteem, self-evaluation and independence; put into perspective the pressure from family and friends; and thus keep a potential ED from developing.

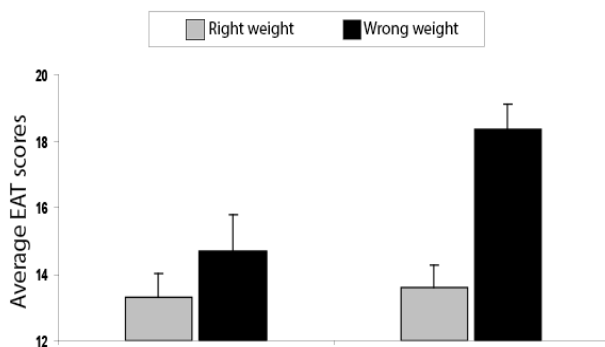


Figure 1. Average EAT scores based on whether or not boys/girls believed that their weight was right for their age and height

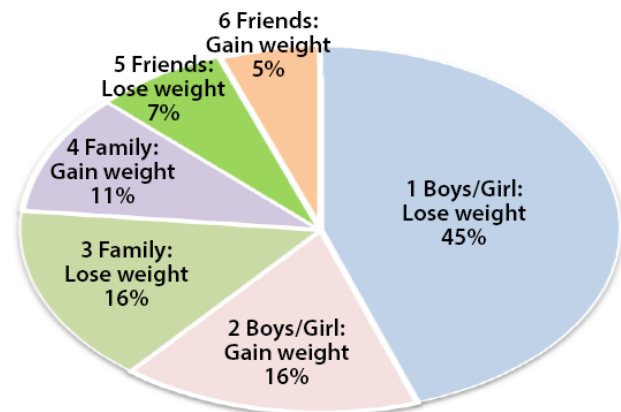


Figure 2. Percentage of boys/girls who believe that their weight is not right for their age and height because: 1) they should lose weight, 2) they should gain weight, 3) their family says they should lose weight, 4) their family says they should gain weight, 5) their friends say they should lose weight, 6) their friends say they should gain weight.

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