

Research Report

Vegetarianism and eating disorders: association between eating attitudes and other psychological factors among Turkish adolescents

Murat Baş*, Efsun Karabudak, Gül Kiziltan

Department of Nutrition and Dietetics, Health Sciences Faculty, Baskent University, Bağlica Kampusu, Eskişehir Yolu 20.km, 06530 Ankara, Turkey

Received 8 September 2004; revised 30 October 2004; accepted 18 February 2005

Abstract

The purpose of this study was to determine whether differences exist in eating attitudes, self-esteem, social trait anxiety and social physique anxiety of self-reported vegetarian and nonvegetarian Turkish adolescents. The sample for the Turkish University' students is designed to provide the estimates of vegetarian indicators and prevalence. The participants were 608 females and 597 males, in total 1205 adolescents aged between 17 and 21 years. Disturbed eating behaviors (EAT-26 ≥ 20) was found in 45.2% (14 of vegetarian) of the total vegetarian sample; which included two of the male vegetarians and 12 of the female vegetarians. The mean BMI was 19.78 ± 1.49 kg/m² for female vegetarians and 20.78 ± 2.46 kg/m² for female nonvegetarians ($p < 0.05$). Male vegetarians had significantly higher score than male nonvegetarians on EAT-26 (17.25 ± 11.18 for male vegetarians and 9.38 ± 6.60 for male nonvegetarians), dieting (6.50 ± 7.65 for male vegetarians and 2.55 ± 3.87 for male nonvegetarians) and oral control (6.13 ± 4.67 for male vegetarians and 3.20 ± 3.19 for male nonvegetarians) scores ($p < 0.05$). Besides, female vegetarians had significantly higher score than female nonvegetarians on EAT-26 (22.04 ± 13.62 for female vegetarians and 11.38 ± 8.28 for female nonvegetarians), dieting (10.35 ± 9.58 for female vegetarians and 4.41 ± 5.30 for female nonvegetarians), oral control (7.78 ± 5.13 for female vegetarians and 3.33 ± 3.51 for female nonvegetarians) and STAI (51.39 ± 7.28 for female vegetarians and 47.29 ± 5.13 for female nonvegetarians) scores ($p < 0.05$).

As a conclusion, the present study indicated abnormal eating attitudes, low self-esteem, high social physique anxiety, and high trait anxiety in Turkish vegetarian adolescents. The vegetarian adolescents may be more likely to display disordered eating attitudes and behaviors than nonvegetarians.

© 2005 Elsevier Ltd. All rights reserved.

Keywords: Vegetarian adolescents; Eating attitudes; Self-esteem; Social physique anxiety; Weight control

Introduction

The term 'vegetarian' is not very straightforward, but it generally describes a range of diets that avoids animal flesh (meat, fish and poultry), with varying degrees of restriction (British Nutrition Foundation, 1995; Silverstone, 1993). Vegetarian diets are not only associated with a decreased frequency of meat consumption, moreover with a particular belief or lifestyle. Moral and ethical beliefs, consisting of rejections of killing animals and concerns for animal welfare are reported as the main reason to avoid meat in the Western world (Beardsworth & Keil, 1992; Kalof, Dietz,

Stern, & Guagnano, 1999; Kenyon & Barker, 1998). Vegetarians obviously express a certain philosophy in their choice of foods (Allen, Wilson, Ng, & Dunne, 2000; Twigg, 1983). Beside moral and ethical beliefs, health reasons seem to play an increasing important role to hold a vegetarian lifestyle nowadays (Barr & Chapman, 2002). Therefore, the rise in vegetarianism among adolescents may reflect a conscious choice of a healthy diet, a means of accomplishing requisite developmental tasks, and/or a way to maintain or lose weight (Perry, McGuire, Neumark-Sztainer, & Story, 2001). Vegetarian diets consist of low-fat, high-fiber, vitamin-rich foods but can result in deficiencies in protein, calcium, and vitamins D and B-12 unless adequate precautions are taken (Barr & Broughton, 2000; Dwyer, 1991). Furthermore, several case studies in eating disorder literature note a link between eating disorders and vegetarian eating styles, in that eating disordered individuals are often found to be vegetarians

* Corresponding author.

E-mail address: mbas@baskent.edu.tr (M. Baş).

(Alloway, Reynolds, Spargo, & Russell, 1985; Bakan, Birmingham, Aeberhardt, & Goldner, 1993; Shur, Alloway, Obrecht, & Russell, 1988). Weight control was the second most frequently chosen reason for being a vegetarian. The desire for thinness among many vegetarians was recognized by Worsley and Skrzypiec (1998), who found that vegetarians were more concerned with being slim and with restricting calories than nonvegetarians. In addition, previous studies confirm vegetarianism as a mean for weight control in young women (Gilbody, Kirk, & Hill, 1999; Perry et al., 2001). Vegetarianism is a behavior that has been associated with disordered eating attitudes and behaviors according to some studies (Freeland-Graves, Greninger, Graves, & Young, 1986; Gilbody et al., 1999; Kadambari, Gowers, & Crisp, 1986; Neumark-Sztainer, Story, Resnick, & Blum, 1997; Worsley & Skrzypiec, 1998) but not other studies (Barr & Broughton, 2000; Janelle & Barr, 1995; Larsson, Klock, Astrom, Haugejorden, & Johansson, 2002). O'Connor et al. examined the medical records of 116 patients with anorexia nervosa and found that 54% were avoiding red meat. However, only four of the patients had followed a vegetarian diet before the onset of anorexia nervosa (O'Connor, Touyz, Dunn, & Beumont, 1987). Nevertheless, the strong associations between vegetarianism and disordered eating behaviors should be considered in the counseling situation, as vegetarianism may be serving as a marker for potentially harmful weight control behaviors. Motives for embarking on a vegetarian eating style should be evaluated carefully. It is possible that the adolescent is using vegetarianism as a socially acceptable way to avoid fat intake and to reduce energy intake. Thus, weight concerns and eating patterns should be examined carefully among adolescents following a vegetarian diet.

Although the evidence is patchy it does seem that eating-disordered groups have higher rates of vegetarianism, even compared to the young female population in general. If this is so then are vegetarians more likely to be dieting, or to show higher levels of restraint than nonvegetarians (Sullivan & Damani, 2000). Neumark-Sztainer et al. (1997) found that adolescent vegetarians were twice as likely to be frequent dieters, and four times as likely to have used vomiting for weight control. They were also eight times as likely to have used laxatives for weight control, although the numbers involved were small. Gilbody et al. (1999) also found their vegetarian group had higher dietary restraint, but interestingly, were no more likely to be dieting than nonvegetarians. Conversely, in a comparison of adult female vegetarians and nonvegetarians, Janelle and Barr (1995) found that vegetarians had lower restraint scores than nonvegetarians, although this was a small, notably health-conscious sample, and, therefore, may not be representative. The aim of this study was to investigate relationship between vegetarianism and eating attitudes, self-esteem, social trait anxiety and social physique anxiety among adolescents.

Methods

Participants and sampling design

The study population included 1205 adolescents from six public and four private universities in the capital city of Turkey, Ankara. Participants were equally divided by gender (49.6% males, 50.4% females). The mean age of the study population was 21.5 ± 1.9 years (range 17–21 years). The universities were chosen from a list of all public and private universities in Ankara using a multistage cluster sampling method. The adolescents in the sample were taken in proportion of 70.71% from public and 29.29% from private universities. Data collection were conducted by face to face interview in a 6-month period between February and July 2004.

The questionnaire

The questionnaire was examined in three sections. First section asked about the socio-demographic items, including sex, age, weight and height, body mass index (BMI) (weight in kg/height in m^2) was based on self-report. BMI was assessed in accordance with the National Center for Health Statistics guidelines (Gallagher et al., 1996). The second section was contained vegetarianism question. Items concerning the subjects' experiences of vegetarianism in past and present were included in a vegetarianism questionnaire. To identify vegetarians, all students were asked on the survey to respond yes or no the question, 'Are you a vegetarian?' Those who answered yes were asked to respond to additional questions. For example; 'How long they had been vegetarians?', 'What have your reasons to become vegetarian?', etc.

The eating attitudes test

The Eating Attitudes Test (EAT-26) is a widely used self-report measure for eating disorders. It was developed by Garner and Garfinkel (1979) to measure symptoms of anorexia nervosa. The EAT-26 is based on an original Eating Attitudes Test (EAT-40). Total scores on the EAT-26 are derived as a sum of the composite items, ranging from 0 to 53, with score of 20 on the EAT-26 was used as the cut off (Garner, Olmsted, Bohr, & Garfinkel, 1982). The EAT-26 consist of three factor scores: (F1) dieting-the degree of avoidance of fattening foods and preoccupation with being thinner; (F2) bulimia and preoccupation with food; and (F3) oral control-the degree of self-control around food and the perception of pressure from others to gain weight. The reliability of EAT-26 was also determined by a pilot study on 50 university students. The internal consistency (Cronbach's alpha) of EAT-26 was 0.70 and its interclass correlation coefficient was 0.98 in the pilot study. Participants who scored 20 or above were placed in the 'abnormal eating behavior' category and those scoring

Download English Version:

<https://daneshyari.com/en/article/10462746>

Download Persian Version:

<https://daneshyari.com/article/10462746>

[Daneshyari.com](https://daneshyari.com)