

Reduction of Shape and Weight Concern in Young Adolescents: A 30-Month Controlled Evaluation of a Media Literacy Program

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ABSTRACT

Objective: Recent eating disorder prevention efforts have targeted high-risk females in late adolescence (>15 years). Methodologically rigorous evaluations of prevention programs directed to younger, mixed-sex, universal audiences are largely absent. The primary objective was to evaluate a theoretically informed media literacy program delivered to a mixed-sex, universal, young adolescent audience. **Method:** Five hundred forty Grade 8 students (mean age 13.62 years, SD 0.37 years) from 4 schools participated with a total of 11 classes receiving the 8-lesson media literacy program (126 girls and 107 boys) and 13 comparison classes receiving their normal school lessons (147 girls and 160 boys). Shape and weight concern (primary outcome variable) and seven additional eating disorder risk factors (e.g., dieting, media internalization) were measured with validated questionnaires at baseline, postprogram, and 6- and 30-month follow-up. **Results:** Linear mixed model analyses were conducted using a 2 (group: media literacy program, control) \times 3 (time: postprogram, 6-month follow-up, 30-month follow-up) \times 2 (sex: girls, boys) mixed within-between design, with baseline entered as a covariate. Main effects for group, favoring the media literacy program, were found for shape and weight concern (effect size [ES] = 0.29), dieting (ES = 0.26), body dissatisfaction (ES = 0.20), ineffectiveness (ES = 0.23), and depression (ES = 0.26). **Conclusion:** Media literacy can be an effective intervention for reducing shape and weight concern and other eating disorder risk factors long-term in a universal mixed-sex, young adolescent population. More evaluations of methodologically sound prevention programs are required with this demographic. *J. Am. Acad. Child Adolesc. Psychiatry*, 2009;48(6):652–661. **Key Words:** media literacy, eating disorders, prevention, universal, risk factors. Clinical trial registration information—Australian New Zealand Clinical Trials Registry. URL: <http://www.anzctr.org.au>. Unique identifier: ACTRN12608000545369.

Clinically significant eating disorders are characterized by high mortality,¹ destructive physical and psychological consequences,² low rates of presentation to treatment,² comparatively poor treatment outcomes³ and an estimated lifetime prevalence of 6% to 12%.^{4–7} Accordingly, numerous evaluations of eating disorder

prevention programs have been conducted for the past two decades. The first wave of these prevention efforts, frequently directed at universal audiences (inclusion of participants regardless of their level of risk for developing an eating disorder), were largely ineffective in reducing prospectively identified risk factors⁸ leading to the conclusion that it is time to reconsider investing research into a public health approach to eating disorders.⁹ Thus, research turned to selected prevention programs where only those at high-risk for developing an eating disorder (e.g., college-aged females), or in some cases, already expressing features of disordered eating, were included. Hardly surprisingly, controlled evaluations of these selected programs produced more encouraging results,^{10,11} given the greater scope for statistical improvement. However, given the potential for stigmatization¹² when high-risk participants (e.g.,

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high baseline level of dieting) are separated from their peers and that the peak onset of eating disorders typically occurs in mid-adolescence to late adolescence,⁶ universal school-based programs remain an important opportunity to prevent the development of eating disorders.

Evaluations of many prevention programs, particularly those directed at universal audiences, have frequently suffered from insufficient sample sizes, absence of control groups, inappropriate statistical analyses, use of nonvalidated outcome measures, and inadequate follow-up assessments, although prevention programs themselves have often been of insufficient intensity to exact significant postintervention effects. It is especially critical that programs target prospectively identified eating disorder risk factors, of which, the most robust and proximal is shape and weight concern,¹³ which has been found to increase from early adolescence and to be associated with disordered eating attitudes and behaviors by mid-adolescence.^{14,15}

Also of importance in improving effect sizes (ESs) are programs that are^{10,11} interactive rather than didactic, without psychoeducational content on eating disorders, evaluated with validated outcome measures, multiple session, and delivered by health professionals. In addition, delivering programs to high-risk females—only who are older than 15 years can improve ESs. However, there are important reasons for involving males and younger people. Adolescent males are increasingly experiencing eating disorder risk factors, with up to 50% now dissatisfied with their bodies,¹⁶ whereas boys are also an important part of their female peers' environment, thus having both sexes participate may add further value to prevention messages.⁸ Given that 15 to 16 years is the age when disordered eating behaviors are most likely to emerge,¹⁴ it is important that prevention programs be administered before this age.

Hence, the program evaluated in the present study adopted a universal approach with 13-year-old girls and boys, using an interactive teaching style for 8 sessions, delivered by the first author (S.W.). Specifically, we developed a media literacy program informed by inoculation theory, which suggests that building skills to resist social persuasion will prevent the development of health-risk behaviors. This program has been previously described¹⁷ and is designed to target media internalization (strong investment in societal ideals of

size and appearance to the point that they become rigid, guiding principles), identified as leading to bulimic symptoms and severe dietary restriction.¹⁸ This approach has produced encouraging results with college-aged women¹⁹ and preadolescent girls²⁰ but has not been adequately assessed with an early-adolescent, universal mixed-sex sample,²¹ where previous studies were limited by an absence of follow-up assessment,²² and the use of a single-session, posttest-only design.²³ Our previous evaluation with a female-only 15-year-old population revealed the program to not be beneficial compared with a program targeting perfectionism.¹⁷ However, results of similar media literacy pilot programs with a younger, universal mixed-sex adolescent were more encouraging,^{21,24} highlighting the importance of tailoring prevention programs to the demographic being targeted.

The key objective of the present study was to address the shortcomings of previous universal eating disorder prevention programs by evaluating in a methodologically rigorous manner if a theoretically informed prevention program (media literacy) can be effective in reducing eating disorder risk in a controlled trial with a universal, young-adolescent, mixed sex audience. The primary outcome variable was shape and weight concern, given its importance in previous risk factor research.¹³ Secondary outcome variables included media internalization, as well as other prospectively identified risk factors for eating disorders from the dual-pathway model of bulimic behavior¹⁸ and the transdiagnostic theory of eating disorders,²⁵ including dieting, body dissatisfaction, perceived pressure, feelings of ineffectiveness, depression, and low self-esteem.

METHOD

Participants

Twenty-four classes of 540 Grade 8 students (mean age 13.62 years, SD 0.37 years) from one public school, one Catholic school, and two private schools were randomly allocated to either the media literacy (126 girls and 107 boys) or control (normal school lessons; 147 girls and 160 boys) group. In each school, half of the classes were randomly allocated to each condition to ensure that idiosyncrasies peculiar to each school were evenly represented across conditions. Intact classes participated, and thus, no exclusion criteria were used, and class sizes ranged between 16 and 26 students. All classes were from Adelaide, South Australia, with recruitment, interventions, and outcome assessments between May 2005 and August 2008.

Baseline body mass index percentiles did not significantly differ between media literacy (mean 19.91, SD 2.79) and control classes (mean 19.42, SD 2.64), with both groups scoring at approximately

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