



## Healthy me: A gender-specific program to address body image concerns and risk factors among preadolescents



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### ABSTRACT

This study evaluated a gender-specific, school-based program to promote positive body image and address risk factors for body dissatisfaction. In total, 652 children aged 8–10 years participated (335 intervention, 317 wait-list control). Children participated in four 60 min sessions and a recap session at three months post-intervention. The broad content areas were body image, peer relationships, media awareness, healthy diet, and exercise. The activities and examples for each session were gender specific. The recap session was an overview of the four sessions. Assessment measures were completed at pre-intervention, post-intervention, and after the recap. Boys and girls in the intervention demonstrated higher muscle esteem and vegetable intake at post-intervention, compared to children in the control condition. Boys and girls demonstrated higher body esteem, muscle esteem and fruit and vegetable intake at the recap. Boys in the intervention demonstrated less investment in masculine gender norms at post-intervention and at recap.

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### 1. Introduction

Significant proportions of preadolescent boys and girls experience body dissatisfaction. Research indicates that approximately 50% of preadolescent girls are dissatisfied with their bodies with the majority of these girls desiring a thinner body shape (Dion et al., 2016; Jongenelis, Byrne, & Pettigrew, 2014). The proportions of preadolescent boys who are dissatisfied with their body range from approximately 30% to 50% (Dion et al., 2016; Jongenelis et al., 2014). Preadolescent boys have been shown to desire a body shape that is thinner and/or larger (more muscular) than their current body (Dion et al., 2016; McCabe & Ricciardelli, 2005). Body image concerns in childhood have been associated with several psychological health concerns including negative affect and low self-esteem (McCabe & Ricciardelli, 2003, 2005; Neumark-Sztainer et al., 2007). Body dissatisfaction in children has also been associated with unhealthy behaviors including the use of body change strategies, reduced physical activity, and unhealthy eating patterns (Grogan, 2006; McCabe & Ricciardelli, 2005; Tremblay & Lariviere,

2009). Longitudinally, body image concerns in childhood have been shown to predict later development of obesity and eating disorders (Goldschmidt, Aspen, Sinton, Tanofsky-Kraff, & Wilfley, 2008). There is a clear need for early prevention of body image concerns among primary school-aged children. Furthermore, researchers have argued that programs aimed at promoting healthy body image are likely to be more effective when conducted with preadolescents, as attitudes and behaviors have often become entrenched and difficult to modify in adolescence (McCabe, Ricciardelli, & Salmon, 2006).

#### 1.1. Previous programs

There are several school-based body image interventions that have been evaluated among preadolescents; however, these have demonstrated limited success. Holt and Ricciardelli (2008) reviewed 13 empirically evaluated prevention programs with children aged 8–12 years. The programs addressed a range of topics including knowledge of body image, self-esteem, body image concerns, dieting/problem eating, peer teasing, media-related attitudes pertaining to body ideals, and/or negative affect. Overall, there was little evidence that body image programs reduced body image concerns or improved body esteem, eating, or dieting behaviors among children. The researchers noted that several of the

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programs reviewed had important limitations. For example, some of the programs failed to include a control group or they were conducted with inadequate sample sizes (Holt & Ricciardelli, 2008). Furthermore, none of the programs addressed factors that are specifically associated with boys' body image concerns (Holt & Ricciardelli, 2008).

More recently, Bird, Halliwell, Diedrichs, and Harcourt (2013) evaluated the prevention program for preadolescents aged 10–11 years old called 'Happy Being Me'. The program was originally designed for girls and then adapted to also include boys. Participation in the 3-week intervention resulted in significant improvements in body satisfaction for girls, but not for boys. The authors suggested that gender-specific risk factors were perhaps not adequately captured for boys in the study (Bird et al., 2013). Yager, Diedrichs, Ricciardelli, and Halliwell (2013) reviewed 16 body image programs that were conducted in schools with 12–18-year olds. The researchers found no programs that were effective in improving body image for both girls and boys within the one intervention. On the other hand, programs that were tailored for boys (Stanford & McCabe, 2005) or girls (Richardson & Paxton, 2010) were effective in improving body image. Yager et al. (2013) argued that different approaches are needed to address gendered appearance ideals and developmental differences among boys and girls and as such, programs should be conducted in same-gender groups.

## 1.2. Risk factors associated with body image concerns

Research has demonstrated that by the age of 8, boys and girls are already invested in specific body ideals, which are gendered and shaped by sociocultural factors including parents, peers, and the media (Ricciardelli, McCabe, Holt, & Finemore, 2003; Tatangelo & Ricciardelli, 2013). Among 8- to 11-year-old children, girls are primarily concerned with their weight and appearance, while boys are influenced by a concern for their strength and muscularity (Ricciardelli et al., 2003). For example, Birbeck and Drummond (2006) found that among 5- and 6-year-old preadolescent boys, the perceived functionality of the body in regard to sports and physical activity influenced how they evaluated themselves and their body. Similarly, Tatangelo and Ricciardelli (2013) found that 8 to 10-year-old preadolescent boys' body ideals were influenced by a desire for physical fitness, strength, and athleticism, which was promoted and reinforced by peer and media factors, whereas girls were influenced by their peers and the media to be slim. Moreover, research has shown that preadolescent boys aged 8–11, utilize body change strategies synonymous with achieving an athletic and muscular type of body, while girls primarily utilize strategies to lose weight (e.g., Ricciardelli et al., 2003). Thus, the body ideals and sociocultural pressures experienced by preadolescent boys are different from those experienced by girls.

In the prevention of body image concerns, it is important to address sociocultural factors such as pressure from the media, peers, and parents. Previous body dissatisfaction interventions for preadolescents have specifically addressed peer relationships (e.g., Bird et al., 2013), media literacy (e.g., Halliwell & Diedrichs, 2014), and parental influences (e.g., Hart, Cornell, Damiano, & Paxton, 2015). For example, Bird et al. (2013) conducted a body image intervention for girls and boys aged 10–11 years that addressed peer appearance conversations. The 3-week intervention resulted in improvements in body satisfaction and appearance-related conversations for girls, but not for boys. Media literacy approaches address the negative influence of the media by assisting children to understand the ways that the media create social norms, for example, by demonstrating how media images are 'perfected' with airbrushing and retouching. Wilksch and Wade (2009) conducted an eight-session media literacy program among Grade 8 boys and

girls. It was found that weight and shape concerns were improved for boys and girls as a result of the program. Halliwell and Diedrichs (2014) conducted a body image program that utilized a cognitive dissonance approach in a school-setting among girls aged 12 and 13 years. They found that the program was effective in reducing negative media effects. In addition to peer and media factors, parent involvement in body image programs has been shown to facilitate improvements in body dissatisfaction and disordered eating among children. A recent systematic review conducted by Hart et al. (2015) examined eating disorder interventions for children that involved parents. The researchers found a small number of studies with parents that have led to significant reductions in the risk of body image and eating problems among girls and boys.

Encouraging healthy behaviors such as healthy eating and exercise are also important aspects of promoting positive body image. Negative feelings about the body have been shown to be associated with problematic eating behaviors among preadolescents (Hayden-Wade et al., 2005). Therefore, healthy eating is also an important aspect of the prevention of body image concerns that has been addressed in previous programs for children. For example, Smolak, Levine, and Schermer (1998) conducted a program aimed at reducing problematic eating behaviors among preadolescent boys and girls. The 10-session program resulted in improvements to knowledge of nutrition. As physical activity plays a protective role in the prevention of body dissatisfaction (Gaspar, Amaral, Oliveira, & Borges, 2011), this is an important aspect in the design of body image programs for children. The inclusion of exercise in body image programs also provides an opportunity to promote acceptance for a variety of skills and abilities, and to improve children's overall satisfaction with their physical abilities.

A specific risk factor for boys is the cultural expectation associated with masculinity (e.g., Smolak & Stein, 2006, 2010). Ricciardelli, McCabe, Lillis, and Thomas (2006) noted that body image prevention programs aimed at boys need to address the cultural ideals associated with masculinity, such as the drive for muscularity and strength, and how these constrain male body ideals. Thus, prevention programs for young boys should address boys' understanding and conceptualization of their bodies in relation to the extent that they are invested in masculine stereotypes. This may include encouraging boys to critique and challenge masculine gender ideals including sporting and athletic stereotypes. On the other hand, cultural expectations associated with femininity such as physical beauty and having a slim figure are already a prominent focus within body image prevention programs for girls as these ideals are at the core of sociocultural body image pressures from media, peers, and parents.

## 1.3. Description of program and study aims

*Healthy Me* utilized a strengths-based approach to enhance the positive body image of primary school-aged children. According to the classifications of prevention approaches used by Levine and Smolak (2006), the program uses a social cognitive approach. In line with this approach, the focus of the program is on targeting specific risk factors related to sociocultural pressures that impact beliefs, attitudes, and behaviors. Therefore, the mechanisms of change within the program were focused on addressing well-known risk factors. These included; improving peers relationships, media awareness including literacy and appropriate role models, parent education, healthy diet and exercise behaviors, and challenging masculine stereotypes for boys.

*Healthy Me* involved four, weekly sessions and a recap session 3 months after the completion of the program. The four sessions involved discussion and activities regarding the acceptance of diversity (in appearance, abilities, and personal qualities), identification and critical appraisal of influences of body esteem (media,

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