



The frequency of weigh-ins, weight intentionality and management, and eating among female collegiate athletes



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ABSTRACT

Female athletes often experience sport-environment pressures about weight, eating, and body composition from within the sport environment. One pressure that may be particularly debilitating is being weighed as a requirement of sport participation. Using 414 female collegiate athletes from weight-sensitive sports, we examined the frequency of weigh-ins, weight intentionality, weight-management practices, and eating and nutritional behaviors. Of the 41% of athletes who were weighed, most were done by athletic trainers in private (82%) and prepared by using at least one weight management strategy (75%). In the entire sample, 22.8% ate <1500 cal per day and 55% wanted to lose weight (approximately 5 lb). The majority (78%) received their nutritional advice from qualified sources (e.g., dietitian). Although being weighed was not required for the majority of the athletes, and when mandated was done in a relatively healthy manner, sizable numbers of the athletes wanted to lose weight, ate less than needed for their sport, and received guidance on how to eat healthfully from unqualified sources. Additional research is needed with other sports to establish baseline data for these behaviors.

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1. Introduction

In sport, there are pressures about body weight, shape, size, appearance, and composition that are communicated by teammates, coaches, judges, and fans (Petrie & Greenleaf, 2012; Thompson & Sherman, 2010), and are unique from the general societal messages that thinness and attractiveness are essential features of contemporary femininity (Reel, Petrie, SooHoo, & Anderson, 2013). Although many pressures exist within sport, such as wearing form-fitting (or body revealing) uniforms and appearance- and weight-focused comments by coaches, teammates and judges, mandatory weigh-ins have been identified as particularly distressing and pathogenic (Reel, 2012).

Although no study has examined, in a large, diverse sample of collegiate female athletes, the frequency of such required weigh-ins, how they are conducted, and how the athletes may cope behaviorally, McNulty's (1997, 2001) research on female military personnel's responses to annual weigh-ins, body measurements and fitness evaluations is relevant. Across two studies, she found that, in preparation for these required evaluations, the women increased their use of pathogenic weight control behaviors, such as ingesting diet pills and/or laxatives. She suggested that the weight/fitness requirements acted as a

sociocultural pressure that would substantially increase the women's risk of developing an eating disorder in the future.

Many coaches, and some athletes themselves, believe that a lower body weight translates directly and automatically into improved athletic performances, despite a lack of empirical evidence to support this connection (Reel, 2012; Thompson & Sherman, 2010). Thus, for coaches who mandate them, weigh-ins become a mechanism to monitor athletes' weight and serves as a constant pressure (and reminder) about whether or not athletes have met the expectations of their team (and coaches). Consistent with objectification theory (Moradi, 2011), athletes who are required to continually monitor their weight through mandatory team weigh-ins may have the unrealistic belief that they should be far lighter than they actually are and have an increased desire to lose weight that ultimately translates into the use of unhealthy weight control strategies (e.g., dieting, excessive exercising).

Ideally, athletes would be knowledgeable about nutrition and aware that a healthy diet is needed to perform well. Yet, in reality, athletes are generally uninformed about proper nutrition (e.g., Rash, Malinauskas, Duffrin, Barber-Heidal, & Overton, 2008; Torres-McGehee et al., 2012). Qualified sources for nutritional guidance exist (e.g., dietitians), yet athletes also may receive information from less qualified outlets, including coaches, friends and family, and magazines (Jacobson, Sobonya, & Ransone, 2001). Reliance on such unqualified sources for nutritional information may result in the use of pathogenic weight control behaviors (e.g., fasting; Panza, Coelho, Di Pietro, Assis, & Vasconcelos, 2007). The likelihood of working with unqualified resources and relying on less

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healthy eating behaviors may be increased for athletes who are weighed.

Thus, our purpose was to determine the frequency, and manner, of mandatory weigh-ins among female collegiate athletes. Further, we examined the relation of such weigh-ins to the athletes' use of weight management strategies (e.g., caloric restriction, increased exercise, vomiting), weight intentionality (e.g., desire to gain or lose weight), and receipt of nutritional guidance from qualified sources.

2. Materials and methods

2.1. Participants

Participants were 414 female collegiate gymnasts and swimmers/divers drawn from 26 different NCAA Division-I athletic programs across the U.S. Mean age was 19.14 years ($SD = 1.86$); 129 (31.2%) were freshman, 120 (29%) sophomores, 99 (23.9%) juniors, and 66 (15.9%) seniors. The majority were White/NonHispanic ($n = 341$; 82.4%) and received athletic scholarships ($n = 269$; 65%).

2.2. Measures and procedures

Following IRB approval, we contacted head coaches to seek permission to have their athletes participate in a study on the psychological health and well-being of female collegiate athletes that was funded by an NCAA grant. Upon receiving permission, we identified a contact at each institution (e.g., head athletic trainer) who would administer the questionnaire packets. Contacts were paid \$150.00 each for their assistance.

At team meetings at the beginning of their seasons, athletes signed consent forms and then anonymously completed the questionnaires. Though voluntary, none declined to participate. Questionnaires were completed in private; team contacts left the area after distributing the packets. When done, athletes sealed the completed questionnaire in an envelope and then drew an X across the flap to ensure privacy. Envelopes were returned by the team contacts; none were tampered with.

Athletes provided the following through the questionnaires. First, they answered "Does your team weigh you or conduct regular 'weigh-ins'?" (YES or NO). If weighed, they indicated how often they were weighed and checked the specific manner in which they were weighed (e.g., in private by the athletic trainer, in front of teammates by your coach). The athletes also checked all the different strategies they used to prepare for team weigh-ins (e.g., restrict food intake, exercise more, eat low fat food).

Next, all athletes reported their current and ideal weights (in lb), and indicated their intentions for their weight (e.g., trying to lose weight, gain weight). The athletes were asked to report their perception of their average caloric intake per day. To do so, athletes were given five response options from which to choose: < 1000 cal, 1000–1500 cal, 1500–2000 cal, 2000–2500 cal, >2500 cal. Finally, athletes indicated if they had received guidance about how to healthfully manage their weight (YES or NO); if YES, they described the type of guidance.

3. Results

3.1. Weigh-in environment

Fewer than half of the athletes (41%; $n = 171$) participated in mandatory team weigh-ins. Athletes were most likely to be weighed weekly or every four to six months and least likely to be weighed monthly, $\chi^2(5) = 29.52$, $p < 0.001$ (see Table 1). Of these 171 athletes, 141 (82%) reported being weighed by their athletic trainers in a private setting, followed by in front of teammates by athletic trainer ($n = 12$; 7.1%), in private by coach ($n = 8$; 4.8%), in front of teammates by coach ($n = 6$; 3.6%), and in private, but weight publicly posted ($n = 2$; 1.2%).

Table 1
Frequencies of mandatory sport participation weigh-ins ($N = 151$).

Frequency of team weigh-in	n (%)
Varies	8 (5.3%)
Weekly	37 (24.5%)
Every 2–3 weeks	24 (15.9%)
Monthly	18 (11.9%)
Every 2–3 months	23 (15.2%)
Every 4–6 months	41 (27.2%)

3.2. Weight management strategies

Of the 171 weighed athletes, 128 (75%) reported using at least one weight-management strategy to prepare for the weigh-ins; mean use was 1.51 ($SD = 0.96$). Athletes were most likely to restrict food intake ($n = 59$), increase exercise ($n = 42$), eat low fat foods ($n = 40$), take laxatives ($n = 3$), vomit ($n = 1$), and use diet pills ($n = 0$); 51 reported doing nothing or using other strategies (though they did not specify what). For all 414 athletes, 93 (22.8%) self-reported eating <1500 cal per day on average, 148 (36.3%) ate 1500–2000, 108 (26.5%) ate 2000–2500, and 59 (14.5%) ate >2500. Perceived caloric intakes between athletes who were, and were not, weighed did not differ significantly, $\chi^2(3, N = 408) = 6.39$, $p = 0.09$.

3.3. Weight intentionality

Among the 414 athletes, 225 (55%) wanted to lose weight, 5 (1%) to gain weight, 123 (30%) to stay the same weight, and 59 (14%) were not doing anything about their weight; 7 did not respond. There was no significant relation between the athletes' weight intentions and their weighing status, $\chi^2(1, N = 407) = 0.01$, $p = 0.98$. Regarding weight discrepancies (ideal – real weight), athletes wanted to weigh less ($M = -5.15$ lb, $SD = 5.38$), though weighed ($M = -4.92$ lb, $SD = 5.25$) vs. not weighed ($M = -5.31$ lb; $SD = 5.46$) athletes were similar, $t(405) = -0.71$, $p = 0.48$.

3.4. Guidance on weight management

For the 414 athletes, 273 (66%) reported receiving guidance about how to healthfully manage their weight. Of these athletes, 153 (56%) received guidance from nutritionists/dietitians, 41 (15%) from the media or reading food labels, 20 (7.3%) from class lectures, 17 (6.2%) from athletic trainers or strength coaches, 13 (4.8%) from coaches, and 6 (2.2%) from family/friends; 28 (8.4%) did not specify. To compare weighed vs. not weighed, we categorized the sources of nutritional information as either qualified (i.e., nutritionist, dietitian, athletic trainer, strength and conditioning coach, and class lectures) or unqualified (i.e., coaches, parents, family, friends, media, reading labels, and other). Most athletes received guidance from a qualified source (78%, $n = 193$), and there was no relation between the source and being weighed, $\chi^2(1, N = 250) = 0.01$, $p = 0.98$.

4. Discussion

Within our sample, 41% participated in mandatory weighing; past prevalence rates have ranged from 3% for female collegiate swimmers (Reel & Gill, 2001) to 15% for a mixed sport sample of female athletes (Peebles et al., 2009) to 39.7% for female collegiate cheerleaders (Reel & Gill, 1996). The majority of our athletes (82%) were weighed in private by an athletic trainer; 18% were weighed in a less desirable manner (e.g., in front of teammates). Although a large minority of athletes were weighed, weigh-ins occurred in a manner that is consistent with current recommendations (Bonci et al., 2008; Reel, 2012), specifically being conducted privately by sports medicine personnel (e.g., athletic trainer).

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