

Mirror Images

WEIGHT ISSUES AMONG BC YOUTH

Concern about body image, weight and appearance is a common feature of adolescence. During a time of rapid physical and emotional change, most teenagers are acutely aware of how they look. Unfortunately, dissatisfaction with body weight or shape can result in practices that are harmful to adolescent growth and development.

The most dangerous forms of disordered eating are rare, and there is no evidence that they have increased in recent years. But many youth are not satisfied with their weight, and there are specific groups of youth for whom problem weight practices may be a serious health concern.

Beyond Eating Disorders

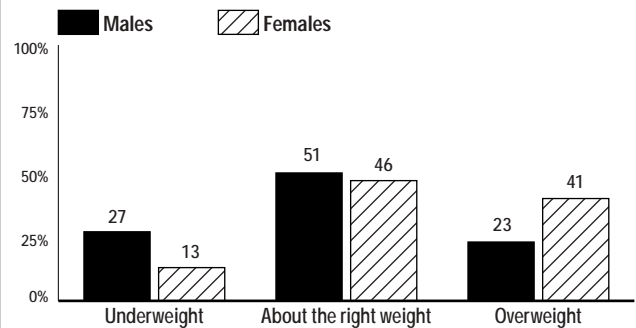
Specific clinical conditions such as anorexia and bulimia affect only a small percentage of youth. However, a much larger proportion of adolescents report other eating or weight control behaviours or attitudes that may have a negative impact on health. Health professionals, parents, educators and youth themselves should be aware of this broader spectrum of problem practices related to eating, weight and body image.

This Fact Sheet provides a summary of information about weight issues among BC youth. A 21 page report is available under the same title. Data in the report and Fact Sheet were collected in 1998 through the Adolescent Health Survey II (AHS II), a 127-item questionnaire administered to 25,838 students in Grades 7-12 in schools throughout BC. In 1992, 15,549 students participated in AHS I.

AHS I and II were conducted by the McCreary Centre Society, a non-profit organization committed to improving the health of BC youth through research, information and community-based participation projects.

Adolescent Health Survey reports and Fact Sheets can be ordered through The McCreary Centre Society web site or by calling (604) 291-1996.

Perceptions Of Body Weight



Perception And Reality

About three-quarters of youth weigh an amount considered to be healthy or average for their age, gender and height. Despite this fact, about half of both male and female students remain unsatisfied with their weight. Only about half of adolescents perceive themselves as being the right weight. Females are more likely than males to view themselves as overweight, while males are more likely to view themselves as underweight.

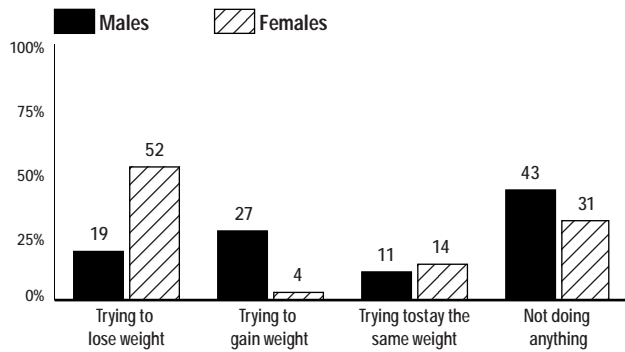
Many young people have a distorted view of their own weight; the weight they would like to be is different from that which would actually be healthy for their age and height. Among students whose actual weight and height is average and healthy, about 80% of females would like to weigh even less and 60% of boys would like to weigh more.

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Weight Control Behaviours



Concerns about weight are clearly divided among gender lines. About half of all female students are trying to lose weight, and about a quarter of males are trying to gain weight. Forty-two percent of girls aged 13 and under report that they are trying to lose weight, compared to 57% of females aged 17 years and older. The proportion of boys trying to gain weight also increases with age from 15% of males aged 13 and under versus 38% of males aged 17 years and older.

Weight Loss Practices

Female students are more likely than males to diet, but both males and females use exercise to control their weight. Only a small proportion of youth said they vomited on purpose, took diet pills or used laxatives to control their weight in the past week. Older females are more likely than younger girls to report dieting for weight loss; 30% of females aged 13 and younger dieted in the past week versus 49% of females aged 17 years and older.

Weight Loss Behaviours During Past 7 Days

	All Students	Females	Males
Exercised	44%	49%	39%
Dieted	28%	42%	12%
Vomited	3%	4%	1%
Took Diet Pills	1%	2%	1%
Used Laxatives	1%	1%	1%

Problem Weight Control Practices

Females are more likely than males to report a history of ever engaging in binge-eating, defined as “*eating so much food in a short period of time that you feel out of control and would be embarrassed if others saw you.*” About 15% of females and 9% of males report binge-eating 2 or more times a month.

Purging, defined as “*vomiting (throwing up) on purpose after eating,*” is fairly rare among both males and females. About 3% of females and 1% of males report vomiting on purpose after eating more than once a month.

Problem weight control practices were identified for this study as a range of behaviours including frequent binge eating or vomiting, frequent use of diet pills or efforts to lose weight despite already being underweight. About 22% of female students and 15% of males are categorized as demonstrating problem weight control practices.

Emotional Health

Female students with problem weight control practices are more likely than other female students to report low self-esteem, emotional distress, a history of physical and sexual abuse, and thinking about or attempting suicide.

Physical And Sexual Abuse And Problem Weight Control Practices†

	FEMALES		MALES	
	Problem	Non-Problem	Problem	Non-Problem
Physical Abuse	35%	21%	21%	14%
Sexual Abuse	28%	19%	6%	3%

Suicide Thoughts And Attempts In Past Year And Problem Weight Practices†

	FEMALE		MALE	
	Problem	Non-Problem	Problem	Non-Problem
Considered suicide	36%	17%	20%	10%
Planned suicide	31%	14%	16%	9%
Attempted suicide	19%	7%	9%	3%

Ever Had Sexual Intercourse†

	Females	Males
Problem weight control practices	35%	39%
Non-problem weight control practices	26%	32%

Similarly, male students with problem weight control practices are more likely than other male students to report low self-esteem, a history of physical and sexual abuse, and thinking about or attempting suicide.

Risky Behaviours

Female students with problem weight control practices are more likely than other female students to engage in risky behaviours such as tobacco and alcohol use. Almost one-third of females with problem weight control practices reported ever having smoked cigarettes on a regular basis. Females with problem weight control practices also were more likely to ever have tried alcohol or to report frequent alcohol use. Problem weight control practices among females also are associated with higher rates of sexual experience.

Male students with problem weight control practices are more likely than other male students to be regular cigarette smokers. Alcohol use is similar between males with and without problem weight control practices.

Weight Practices And Connectedness

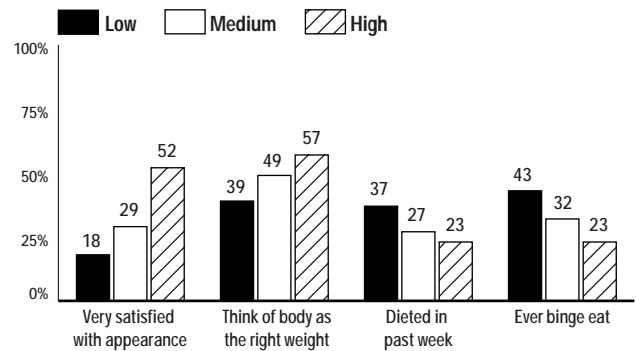
The 1998 AHS asked students to respond to a series of questions about “connectedness,” a term used to describe how youth feel about their social environment, including relationships with friends, family and school. Because family and school connectedness have been shown to contribute to the overall well-being of youth, the relationship of connectedness to body image and weight control practices was examined. Higher levels of family and school connectedness are found among females and males who:

- are more satisfied with their appearance
- perceive themselves as being about the right weight
- report that they had not dieted in the past week
- do not binge eat

Substance Use And Problem Weight Control Practices Among Females†

	Problem	Non-Problem
Ever smoked cigarettes regularly	31%	19%
Ever tried alcohol	72%	61%
Alcohol use in past month		
0 days	51%	63%
1-2 days	22%	21%
3-9 days	21%	14%
10 or more days	6%	2%

Family Connectedness And Weight Issues



School Connectedness And Weight Issues

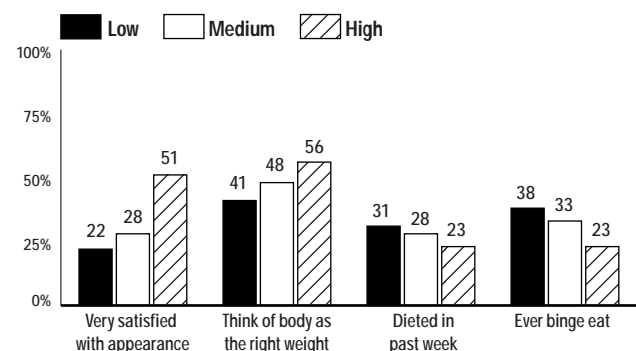


image and reality

“For some time, health specialists have warned about the unrealistic expectations for weight and appearance created by pervasive images of lean Hollywood stars and fashion models. Clearly, it is important for adolescents to understand that real people rarely look like the men and women featured in films and television shows and on the pages of popular magazines.”

(Mirror Images: Weight Issues Among BC Youth, The McCreary Centre Society).

Marginalized Youth

Eating disorders, particularly anorexia nervosa and bulimia, have been perceived to occur most often among youth from privileged social and economic backgrounds. However, results of the Adolescent Health Surveys suggest that problem weight practices may be common among some groups of marginalized youth, including street-involved and sexually-exploited youth. These results suggest that problem weight practices may be common among non-mainstream youth who have poor physical and emotional health and engage in high levels of risky behaviours.

Male street youth (16%) are more likely than males in school (9%) to report binge-eating 2 or more times per month. Reported rates of binge-eating 2 or more times per month among female street youth (24%) and sexually exploited females (38%) are higher than rates for females in school (15%). Reported rates of purging more than once a month are substantially higher for female street youth (18%) and sexually exploited females (20%) than they are for females in school (4%).

Note: † For some topics, results from the 1992 AHS are used because the 1992 questionnaire included questions on height and weight, which allowed computation of youths' *Body Mass Index (BMI)*. Items on height and weight were omitted from the 1998 questionnaire.

The McCreary Centre Society AHS Reports

Healthy Connections: Listening to BC Youth (1999)

Regional Reports for AHS II

Reports are available for 11 Ministry for Children and Families' regions and 16 Ministry of Health Regions.

Other Fact Sheets Available

Silk Road: Health of Chinese Youth in BC
Lighting Up: Tobacco Use Among BC Youth
Marijuana: Use Among BC Youth
Safe & Sound: Injury Issues Among BC Youth
Keeping Fit: Physical Activity Among BC Youth
Healthy Connections: Connectedness & BC Youth



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