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Sex Differences in Quality of Life Impairment Associated With Body Dissatisfaction in Adolescents

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 A B S T R A C T

Purpose: Body dissatisfaction is strongly associated with quality of life impairment among both male and female adults, and the strength of this relationship is comparable between the sexes. Whether this is the case among adolescents, however, is unclear.

Methods: Adolescent girls ($n = 1,135$) and boys ($n = 531$) aged 12–18 years were recruited from secondary schools located in the Australian Capital Territory, Australia. Students completed a survey that included measures of body dissatisfaction, eating disorder symptoms, and psychosocial health— and physical health—related quality of life.

Results: Girls reported higher levels of dissatisfaction than boys for each of the 12 body features assessed. The strength of the adverse associations between body dissatisfaction and quality of life impairment did not, however, differ by sex, and this was the case for both physical health—related and psychosocial quality of life domains. For both girls and boys, associations between body dissatisfaction and both quality of life impairment persisted after controlling for eating disorder symptoms, body mass index, and other covariates.

Conclusions: While levels of body dissatisfaction remain higher in girls than in boys, the adverse impact of body dissatisfaction on adolescents' quality of life does not appear to differ by sex. This impact entails impairment in both physical health and psychosocial quality of life domains and does not appear to be accounted for by an association between body dissatisfaction and eating disorder pathology. The findings support the need to conceive of body dissatisfaction as a public health concern in its own right.

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 IMPLICATIONS AND
 CONTRIBUTION

The adverse relationship of body dissatisfaction with adolescents' quality of life does not appear to differ by sex. This relationship persists even after controlling for eating disorder pathology and body mass index—supporting the need to conceive of body dissatisfaction as a public health concern in its own right.

The adverse effects of body dissatisfaction on the emotional well-being of adolescent and young adult women are well established. For example, body dissatisfaction has been

prospectively linked with low self-esteem [1,2], unhealthy weight control behaviors and reduced physical activity [3], depression symptoms [1], and eating disorder symptoms [4]. More recently, research addressing the adverse impact of body dissatisfaction has been broadened in two ways. First, through examination of the impact of body dissatisfaction on quality of life, and second, through the inclusion of males in body dissatisfaction research [5].

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The assessment of impairment in quality of life (QoL) associated with body dissatisfaction is consistent with a public health approach that views body dissatisfaction as a distinct public health problem [6–10]. The explicit assessment of QoL is important because findings relating to impairment in QoL, when taken with findings relating to prevalence, indicate the individual and community health burden of body dissatisfaction [6]. In contrast, findings related to emotional well-being, including, for example, self-esteem and depression symptoms, have tended not to be used in this way. Thus, Mond et al. [6] found, in a large, general population sample of young adult women, that moderate to high levels of body dissatisfaction were not only common in this population, but also associated with marked impairment in mental health and, to a lesser extent, physical health, QoL domains.

The inclusion of males in addition to females in research on body dissatisfaction is a move that recognizes both the historical under-representation of the former in studies of body dissatisfaction [9] and the recent increase—among males—in the prevalence of pathology related to body dissatisfaction, including eating disorder behaviors [11] and anabolic steroid use [12]. Thus, Griffiths et al. [9] examined sex differences in QoL impairment associated with body dissatisfaction in a general population sample of women and men and found that higher levels of body dissatisfaction were associated with poorer mental health—and physical health—related QoL for both sexes. Further, the association between body dissatisfaction and mental health—related QoL impairment was stronger, albeit only slightly, for men than for women—a finding theorized to reflect the adverse health correlates of the stigma attached to men who suffer from body image and eating problems [13,14].

Importantly, the associations between body dissatisfaction and QoL impairment appear to be largely unchanged when the occurrence of eating disorder symptoms is statistically controlled [6,9]. Hence, the adverse impact of body dissatisfaction on QoL does not merely reflect an association between body dissatisfaction and eating disorder pathology. This is important because there is also increasing evidence demonstrating the adverse effects of eating-disordered behavior on QoL in both males and females [11,15]. There is also good evidence that body dissatisfaction is a potent mediator of the association between obesity and impairment in QoL and related outcomes among both males and females [16].

To our knowledge, no study has explicitly examined sex differences in QoL impairment associated with body dissatisfaction among adolescents. Given that body dissatisfaction is consistently rated as being among the greatest, if not the greatest, concern for young people [17], and that body dissatisfaction typically has its onset during adolescence [18], research of this kind would clearly be of interest. If the adverse impacts of body dissatisfaction on QoL previously observed in adults were observed among adolescents, then this would lend further support to the contention that body dissatisfaction warrants greater attention as a public health problem in its own right, as opposed to being viewed as merely a risk factor for clinical psychopathology in the form of anxiety, affective, and eating disorders. In addition, if the relationship of body dissatisfaction with QoL for boys is similar in strength to that for girls, then this would add credence to the notion that body dissatisfaction is not benign among boys, and help to dismantle the stigma that body dissatisfaction among adolescents is a “girl’s problem” [19].

With these considerations in mind, the goal of the current research was to examine sex differences in QoL impairment associated with body dissatisfaction in adolescents. We were interested to know, first, whether and to what extent body dissatisfaction would be found to be associated with impairment in different aspects of QoL; second, whether and to what extent associations between body dissatisfaction and QoL impairment would be independent of the adverse effects on QoL of eating disorder symptoms; and third, whether and to what extent sex differences in these associations would be apparent.

It was hypothesized, based on previous findings, that body dissatisfaction would be associated more strongly with psychosocial than physical QoL and that these associations would be independent of eating disorder symptoms. Firm hypotheses regarding sex differences in these relationships were more difficult to justify: Impairment in QoL associated with body dissatisfaction has been shown to be comparable, and even slightly stronger, for adult males compared with females [9], whereas body dissatisfaction appears to be a more potent prospective predictor of emotional well-being (namely, self-esteem and depression) for girls compared with boys [1]. Thus, a priori hypotheses regarding sex differences were not formulated.

Method

Recruitment and procedure

Participants were recruited from secondary schools located in the Australian Capital Territory (ACT). Forty of the 45 schools located in the ACT were invited to participate and 12 agreed (response rate = 30.0%). Schools that declined to participate cited various reasons, including ongoing commitment to other research projects and excessive student workload. Students were enrolled in coeducational (74.2%) and single-sex schools (25.8%). Of note, no single-sex boys-only schools participated in the study—a potential confounder that was addressed and tested (see [Statistical analyses](#)).

Recruitment methods varied according to logistical considerations and school requirements and are described in detail elsewhere [20,21]. In some schools, principals gave permission for the entire body of students to participate. In other schools, principals gave permission to contact the heads of departments and staff made the decision as to which of their classes would participate. The study was presented to schools as an opportunity to promote students’ “eating disorders mental health literacy” [22]. Informed consent was obtained from both parents and students. The study protocol was approved by the Australian National University Human Research Ethics Committee (2011/573), the ACT Department of Education and Training (2011/00,468-8), and the Catholic Education Office (R106903).

Students who were selected for participation and who attended class on the day(s) that data collection was set to take place were invited to complete a self-report, pen-and-paper questionnaire. Students completed the questionnaires in their classrooms during class time under the supervision of their teacher and members of the research team. The questionnaire included measures of body dissatisfaction, eating disorder symptoms, QoL, and demographic information, namely, age, sex, country of birth, and school type. Body mass index (BMI, kg/m²) was derived from self-reported height and weight. Participants were assigned to body weight categories using the age- and

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