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Female beauticians may be a high risk group for developing eating disorders

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Abstract

Work environment, pressure to be fashionable, and the unattainable images of female perfection promoted in modern commercial culture and the mass media may influence how women evaluate their weight. Beauticians' profession places particular emphasis on beauty and it might put them at greater risk of dissatisfaction with their weight and body shape. However, there has been relatively little attention given to the issue of body perception and intentional weight loss among them. This study compared self-perceived and actual weight categories and the percentage of subjects with intentional weight loss among beauticians and non-beauticians in Taiwan. The results showed that a higher percentage of beauticians than non-beauticians overestimated their weight category. Beauticians were more dissatisfied with their body weight, more desirous to be in the underweight category, and more frequently endeavored to lose weight by dieting, taking weight-loss medicines, and self-induced vomiting when compared with non-beauticians. These practices and misconceptions are all strongly associated with the development of eating disorders © 2003 Elsevier Inc. All rights reserved.

Keywords: Beauticians; Eating disorders; Weight perception; Intentional weight loss

1. Introduction

Anorexia nervosa and bulimia are major clinical problems not only in Western countries [1,2], but also in the East [3,4]. In recent decades, as the gulf between the actual weight of women and the perceived ideal widens, women have increasingly expressed dissatisfaction about their bodies [5].

Gender and ethnicity are significant factors in determining body image, with different

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patterns emerging depending on the dimension considered [6]. Western women may succumb to eating disorders more often than other women, at least in part because of the value that their cultures place on extreme thinness [7–9]. The traditional African views regarding large body size as a source of admiration and attraction [10] and the old Chinese view fatness as associated with prosperity and longevity [11]. These could be possible reasons for less eating disorders in these cultures. However, a comparative study of Caucasian and Non-Caucasian college students challenged the notion that eating disorders are primarily a Western, Caucasian phenomenon and raised the possibility that the risk of eating disorders may be increasing in developing societies [12]. It has been suggested that the incidence of eating disorders is greater in women who are under pressure to maintain low body weight [13]. Work environment, pressure to be fashionable, and the unattainable images of female “perfection” promoted in modern commercial culture and the mass media may also influence how women evaluate their weight. For example, a significant proportion of female ballet dancers have been reported to have symptoms of anorexia nervosa [14] and to be “weight-preoccupied” [15]. Other reports indicate that women describe themselves as being less satisfied with their physical appearance [16] and weight [17] after viewing images of female fashion models. It seems logical that beauticians, because of their profession that places particular emphasis on beauty, might also be at greater risk of dissatisfaction with their weight and body shape. In terms of scientific data and studies, however, there has been relatively little attention given to the issue of body perception among beauticians.

Overestimation of one’s body fatness and inappropriate body image apparently increase the likelihood of developing eating disorders [18]. Both unrealistic weight goals [19] and misperception of body image [20] are significant risk factors responsible for the increasing incidence of eating disorders. The present study was designed to compare self-perceptions of weight, body satisfaction, weight loss experiences, and weight-loss methods between two groups: female beauticians and the general population of females.

2. Materials and methods

2.1. Sample selection

The study was conducted in Taichung, a major city in Taiwan. All subjects were female. Non-beauticians between 20 and 45 years old were recruited at random from six community nutrition-counseling events held in the city. Beauticians aged 20 to 45 years were randomly selected from the list of the city’s Beautician Association.

2.2. Instrument and data collection

Data was collected by administration of a written questionnaire. The questionnaire contained questions regarding body weight perception, body weight satisfaction, desired body weight, intentional weight loss experience and some eating behaviors. The sample questions were (1) “What do you think of your weight category?” Possible responses ranged

from “severely underweight” to “obese” on a five-point scale; (2) “Do you have intentional weight loss experiences?” The answer was “yes” or “no”.

For non-beautician subjects, questionnaires were distributed during nutrition-counseling sessions held by research assistants and the informed consents were obtained before the subjects started to answer the questions. For beauticians, telephone calls were made first to get the subject’s consent for participation in the study, and then the questionnaires were brought to their work place. Height and weight measurements were made after the subjects completed the questionnaire. In order to compare the body weight perception and weight loss method performed among subjects in different weight categories, subjects were classified according to five categories: severely underweight ($BMI < 17.6$), underweight ($17.6 \leq BMI < 19.8$), acceptable ($19.8 \leq BMI < 24.2$), overweight ($24.2 \leq BMI < 26.4$) and obese ($BMI \geq 26.4$) [21].

The Statistical Package for the Social Science (SPSS, Version 6.1, 1996) [22] was used for data compilation and statistical analysis.

3. Results and discussion

A total of 676 non-beauticians and 170 beauticians completed the questionnaire and height/weight measurements. The subjects were not significantly different in age.

In general, most subjects in the two groups perceived their body weight category to be higher than it actually was, except for the subjects in overweight and obese categories (Table 1). This result is not without precedent. It is similar to the result of a body-image study of female college students in Taiwan [23], and to a research finding that controlling body weight may be seen as a greater problem by female dancers, who exhibited behaviors similar to those documented in the present study [24].

The present study found that 85 beauticians (50%) were underweight or severely underweight, while only 150 non-beauticians (22.3%) were in these two categories. Among the underweight beauticians, more than 70% thought their weight was acceptable or even overweight while only about 50% of underweight non-beauticians had the same misperception of their weight. (Table 1). Only 15 beauticians (8.8%) were actually overweight or above, however, 61 beauticians (35.9%) perceived themselves to be overweight or obese (Table 1). This result is consistent with the general findings [25–27] that a much higher percentage of female subjects perceive themselves to be overweight or obese than are actually overweight or obese. However, in the present study the tendency is more pronounced among the beauticians than the non-beauticians. When asked about the desired weight, 134 (78.8%) of the beauticians and only 266 (39.3%) non-beauticians indicated their desired weight in underweight category or below. This result suggests that female beauticians are more likely to be dissatisfied with their body weight than the female population in general. Regardless of the weight categories, 50.1% of beauticians, compared with only 23.7% of non-beauticians, reported losing weight intentionally (Fig. 1). In addition, this percentage was higher for beauticians than for non-beauticians across all weight categories. These results indicate that beauticians are more weight-preoccupied than non-beauticians, similar to ballet dancers [9]. Dieting was the method most commonly used for intentional

Table 1

Comparison of the self-perceived weight categories and actual weight categories between female beauticians (B) and non-beauticians (NB)

| | Self-perceived body weight categories | | | | |
|------------------------|---------------------------------------|-------------|------------|------------|-----------|
| | S. Underweight | Underweight | Acceptable | Overweight | Obese |
| S. Underweight* | | | | | |
| NB (n = 15; 2.2%) | 3 (20.0) | 9 (60.0) | 3 (20.0) | 0 (0.0) | 0 (0.0) |
| B (n = 11; 6.5%) | 3 (27.3) | 6 (54.5) | 2 (18.2) | 0 (0.0) | 0 (0.0) |
| Underweight | | | | | |
| NB (n = 135; 20.1%) | 6 (4.4) | 55 (40.7) | 65 (48.1) | 8 (5.9) | 1 (0.7) |
| B (n = 74; 43.5%) | 3 (4.1) | 11 (14.9) | 52 (70.3) | 8 (10.8) | 0 (0.0) |
| Acceptable | | | | | |
| NB (n = 380; 56.5%) | 1 (0.3) | 12 (3.2) | 84 (22.1) | 255 (67.1) | 28 (7.4) |
| B (n = 70; 41.2%) | 2 (2.9) | 1 (1.4) | 27 (38.6) | 34 (47.6) | 6 (8.6) |
| Overweight | | | | | |
| NB (n = 86; 12.8%) | 0 (0.0) | 0 (0.0) | 6 (7.0) | 52 (60.5) | 28 (32.6) |
| B (n = 8; 4.7%) | 0 (0.0) | 0 (0.0) | 2 (25.0) | 3 (37.5) | 3 (37.5) |
| Obese | | | | | |
| NB (n = 57; 8.5%) | 1 (1.8) | 0 (0.0) | 2 (3.7) | 22 (38.6) | 32 (56.1) |
| B (n = 7; 4.1%) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 7 (100) |
| All | | | | | |
| NB (n = 673) | 11 (1.6) | 76 (11.3) | 160 (23.8) | 337 (50.1) | 89 (13.2) |
| B (n = 170) | 8 (4.7) | 18 (10.6) | 83 (48.8) | 45 (26.5) | 16 (9.4) |

* Severely underweight.

Note: The percentages are presented parenthetically next to the number of the subjects.

weight loss in both groups (51.3% of non-beauticians vs. 76.2% of beauticians). This is consistent with the findings of other studies [23–24] that indicated that dieting occurred in a high percentage among females, regardless of weight category. Dieting is often a precursor to an eating disorder [25], and the incidence of dieting has been found to be directly proportional to the prevalence of eating disorders [26]. The incidence of female beauticians using weight-loss medications for purposes of weight loss was nearly four times (50.0% vs. 13.3%) that of the general female population; and the incidence of self-induced vomiting was nearly twice as high (10.7% vs. 5.0%) among female beauticians than among female non-beauticians. The above findings all indicate that it may be useful to direct attention to the prevention and identification of eating disorders in female beauticians.

This study showed that a higher percentage of beauticians than non-beauticians overestimated their weight category. Beauticians were more dissatisfied with their body weight, more desirous to be in the underweight category, and more frequently endeavored to lose weight by dieting, to take weight-loss medicines, and undergo self-induced vomiting when compared with non-beauticians. These practices and misconceptions are all strongly associated with the development of eating disorders [13–15].

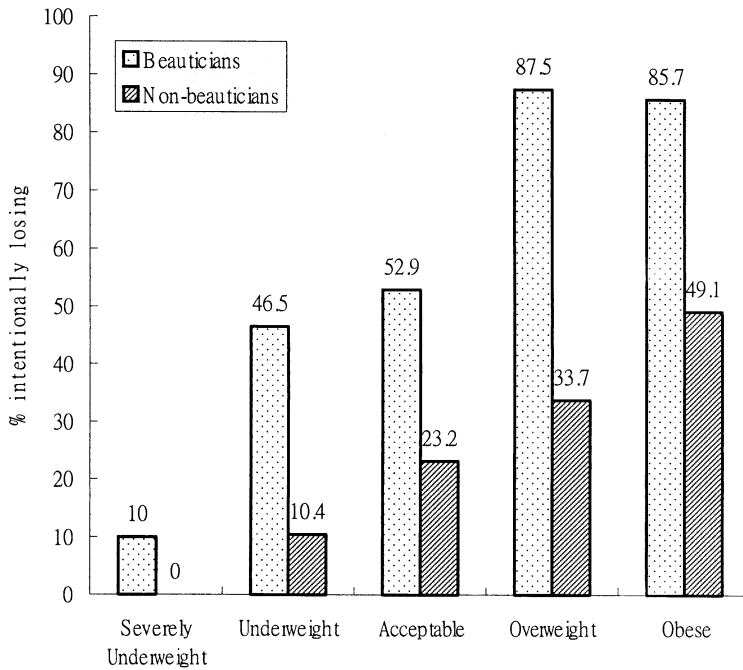


Fig. 1. Comparison of the percentage of subjects with intentional weight loss experiences among all weight categories among female beauticians and non-beauticians.

4. Conclusion

Female beauticians should be educated about eating disorders because they appear to be at a high risk of developing such disorders, and they should be informed about the potential adverse consequences of weight-loss medications and repeated self-induced vomiting. Health professionals, such as physicians, psychologists, dieticians, and other health educators, should be made aware of the comparatively high risk for developing eating disorders that exists among female beauticians. The prevalence rate of diagnosed eating disorders in this occupation should be studied.

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