ASSESSMENT OF EATING PRACTICES IN ADOLESCENCE

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In adults, preoccupation with body weight and physical appearance is associated with restrictive dietary practices and other potentially health-threatening methods of weight-regulation (Wertheim et al. 1992). Research suggests that, like for adults, the physical and psychological health status of youths may be affected by body weight and appearance-related concerns (Killen et al. 1993). Cognisant of the increasing societal pressure to meet the 'ideal' body shape, and with the reported onset of eating disorders during adolescence becoming more prevalent, the current study assessed the eating practices employed by adolescents.

The sample studied comprised 256 male and 261 female adolescents in grade eight, 10 and 12, recruited from co-educational and unisex public and private, male and female high schools in Brisbane. The subjects ranged from 12 to 18 years of age, with mean ages of 14.6 and 14.8 years for the males and females respectively. To assess dietary practices and tendencies towards eating disorders the Eating Habits Questionnaire (EHQ), Eating Attitudes Test (EAT-26), and subscales of the Eating Disorders Inventory (EDI) were employed.

Overall, the results of the current study indicate significant gender differences in the eating practices of adolescents. The EHQ revealed that females were significantly more likely than the males to diet (61.1% and 8.0% respectively) and fast (18.9% and 1.8% respectively) for weight control, to employ pathogenic weight control practices, and count the energy content of foods consumed. Although it was not the intention of this study to diagnose subjects suffering from eating disorders, it was possible to identify individuals who, by scoring above the cut-off on the EAT-26 and EDI subscales, could be considered 'at risk'. While 3.2% of the female sample were above the cut-off score on the EAT-26 used to identify 'maladaptive eating' behaviours, no males met the cut-off. Similarly, 5.3% of females, and no males, were considered to be 'weight preoccupied', as assessed by the EDI drive-for-thinness subscale. In contrast, 30.5% of females and 2.7% of males could be considered at risk for developing an eating disorder according to responses on a combination of EDI subscales. Thus, irrespective of the scale used, more females than males were classified as 'at risk' of developing an eating disorder. However, the extent to which the sexes differ, remains uncertain due to methodological inconsistencies.

As there is great diversity in the reported prevalence of eating practices of both adult and adolescent populations, it is difficult to assess the normalcy of these results for the male and female adolescents tested. However, the prevalence of dieting and fasting are within the range of results reported elsewhere, and support the supposition that dieting to address preoccupations with weight and physical appearance may be considered normative for females. The variance in the reported prevalence of weight-control practices between studies, may reflect the differences in populations being tested. Alternatively, as found in the current study, the variance may be due to inconsistencies in the measurement scales utilised. Thus, to enable comparision of results from different studies, more research is needed to validate and standardise the assessment protocols employed.

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