

Nutrition Education Presentation: Body Image

Introduction

Maintaining a positive body image does not come easy especially for first year college students. Living in the dorms and constantly being around people who individuals consider to be “competition” can discourage anyone from having a positive body image. According to a study that analyzed first year college student women and their body image, it was concluded that someone with family support is less likely to experience pressure for having the ideal body type (Snapp, 2012). With socio-cultural pressure from friends and family college freshman students need to boost their confidence within themselves.

Freshman students who are female are also of special interest. Even though both male and female experience issues with body image it appears to be more prevalent in the females. The 2006 National College Health Assessment conducted a survey to determine if body weight would predict unhealthy weight management.

The study randomly selected male and female college students as their participants. The researchers found that females were more likely to have a poor body image which made them more likely to participate in unhealthy weight management. This study greatly reflects that female college student have a greater chance of having a poor body image. (Harring, 2010).

Analyze Needs and Behaviors & Identify relevant Mediators

A needs assessment was conducted to assess students’ barriers to maintaining a positive

body image. The recruitment methods used to gather survey responses consisted of visiting a dorm and randomly selecting male and female freshman to fill out our survey. An online survey, which was created through survey monkey, was also constructed to collect more results from our target audience. In total we received 35 participants from the online survey whose gender remain anonymous and 10 from the in-person survey including five males and five females. The majority of the questions were multiple-choice except for a rating scale of ten questions.

Our questions included “I feel uncomfortable about my appearance when... I try on new clothes, when I exercise at the gym, when I think about what I wished I looked like, and when I see myself in a mirror, a photo, or on a video”. They were asked to check boxes labeled as never, occasionally, often, or always. From our survey findings we concluded that on average most freshman college students have a negative body image.

One limitation to our survey was the layout of our rating scale because the main headline part of the question was not bolded which made it unclear to the participants. Often participants had to ask if the header was a question by itself.

Based on the responses from the survey most of the subjects agreed that they compare their body to other peoples’ bodies, want to change their looks, and call themselves names. According to the results most of the participants agreed that they only “occasionally” feel uncomfortable about their appearances due to various factors such as: trying on new clothes, getting on the scale, and seeing themselves in the mirror, a photo or on video.

However the biggest concern found from the survey was that they worry about their body not being small, thin, or good enough. Furthermore, when asked what barriers are present to prevent them from having a positive body image at their current size the majority of the participants answered “comments from friends and family” and “the way clothes fit me.”

Select Theory, philosophy and components

For our nutrition education performance we chose the health belief model. The health belief model was one of the first theories that relates to a health behavior and can be used as a behavior change theory or an explanatory one. For our purposes we will be using it as a behavior change theory.

There are several constructs to this theory. The first construct is perceived susceptibility. If people believe that they are susceptible to a condition then they are more willing to change their behavior. Secondly, there is perceived severity. How serious is this particular condition? People also need to believe that there are serious consequences to their behavior before they will be willing to change it. After presenting the risk factors and consequences of a behavior the benefits are then explained. Individuals must believe that by taking action they will be reducing their susceptibility and not suffering from the condition (a benefit).

Often, people are presented with obstacles they must overcome in order to make the behavior change. This construct is known as perceived barriers. For a change to occur a person must believe that the benefits are far more powerful than the barriers. The next construct is self-efficacy. People need to feel confident enough to perform the actions necessary in order to successfully make the change.

Sometimes the only obstacle preventing a behavior change is that some people just don't know how to do it. This construct explains that the necessary tools must be provided to individuals to aid them on their behavior change journeys. The final construct is cues to action. This construct involves reminders to individuals to keep them motivated and prompts their actions toward a positive change.

We chose this theory to guide our program development because it simply maps out the crucial steps toward a health related behavior change. By using this theory, we can get a better understanding of health concerns that might be produced by a poor body image. This theory works best for our topic because understanding the consequences of a bad behavior is an important component in the behavior change process.

Educational objectives

Our main goal is that by completing this intervention participants will gain confidence in loving their bodies by participating in positive body behavior. The main objectives of our presentation are: (1) participants will have increased self efficacy by having a positive body image; (2) participants will become aware of the negative consequences of having a negative body image; and (3) participants will have increased understanding of strategies to overcome barriers to having a positive body image.

One specific learning objective is that program participants will be able to list three strategies to stop the “body check game” and love their bodies. Another specific goal is program participants will be able to list three negative consequences of having a negative body image. Finally, program participants will be able to identify two possible coping methods to overcome their barriers that may prevent them from having a positive body image.

Theory-based educational strategies

After collecting responses from the needs assessment survey, it was evident that many CSU Chico freshman lacked the confidence to have a positive body image. Their ability to have a positive body image was low due to many barriers and a lack of strategies to overcome

them. To begin the intervention they must first be educated on their level of susceptibility as well as the severity of the health risks associated with long-lasting negative thoughts about their appearance and body.

The first two components to the health belief model are perceived susceptibility and perceived severity. We decided to talk about these two components first because we wanted to present our material in the order they appear on the health belief model. According to the assessment many of the participants have a negative body image. Before our intervention group will be able to make any changes they first need to understand the danger of long-term negative body image. As part of our nutrition education intervention we will begin by describing the differences between having either a positive or negative body image.

We will also be discussing the effects each can have on a person's mental and physical health. Furthermore, we will inform our audience that having a negative body image may cause them to be more susceptible to developing serious mental conditions. These mental conditions, such as anorexia nervosa and bulimia nervosa, may expose them to health risks such as heart failure, kidney failure, dehydration, bone density loss, and irregular menstrual cycles in girls.

After discussing the risks that come with anorexia nervosa and bulimia nervosa we will be presenting the barriers one would have to having a good body image. According to the assessment, the participants had several barriers that prevented them from having a positive body image. Some barriers include: media, friends/family, exercise, and the way clothing fits them.

During our presentation we will educate the participants on how to recognize how we are influenced by media and friends/family along with strategies to stop them from affecting their perception. We are beginning this section with an activity that will show how we tend to judge people based on their weight or size. Then we will discuss that our ideas of what is beautiful or

acceptable come from the media and often from friends and family. We will also be discussing how wearing clothing that fits well can increase self-confidence.

Next we transition into a discussion about self-efficacy. This component of the health belief model involves teaching participants how to participate in positive body talk and gain a positive body image. When surveyed it was determined that the participants did not feel confident enough to have a positive body image. To increase their confidence we discuss strategies such as participating in a healthy lifestyle to boost confidence. We also show a video called “Don’t you know you’re beautiful” that shows that it is possible to wash away all the negative feelings we have and realize that we are all beautiful.

After the video we will have an activity where the participants will write down one negative thing they have felt about themselves and then write a contradicting positive statement. This activity will teach the participants how to say something positive about themselves.

The next construct we will be addressing is cue to action. One of our handouts include bracelets that say “Don’t you know you’re beautiful.” When participants wear their bracelets it will be hard for them to forget about positive self talk. Also, our nutrition education material handout includes a journal that participants can use as a tool to turn their negative feelings about their bodies into positive ones.

The construct known as perceived benefits will be discussed all throughout the presentation. These benefits include lower risk of developing anorexia/bulimia, increased self-confidence, and acceptance of their bodies.

Health Belief Model: Intervention

Concept	Definition	Potential Change	Implementation
Perceived Susceptibility	What are my chances?	Define what populations are at risk Help individual develop an accurate perception of his or her own risk	Educators will inform students that having a long-lasting negative body image can lead to potential risk factors for low self-esteem, depression, anxiety, shame and eating disorders such as anorexia nervosa and bulimia nervosa.
Perceived Severity	How serious is it?	Specify the consequences of a condition	Participants will learn that disordered eating can lead to serious health consequences such as dehydration, heart failure, kidney failure, fatigue and even death.
Perceived Benefits	Will these changes help?	Explain potential positive results	Participants will be educated on benefits of having a positive body image to prevent mental and physical health risk. Participants will learn and understand that acceptance is the key to self-confidence and happiness.
Perceived Barriers	What are the obstacles?	Offer reassurance & support Correct misinformation	Participants will learn strategies for overcoming the barriers that prevent them from having a positive body image such as influence from external sources such as media, friends, family, exercise, comparing our bodies, and the way their clothes fit them.
Self-efficacy	I can do this!	Provide training/guidance in performing the action	Instructors will provide participants with strategies to put an end to negative external stimuli and negative internal stimuli. Participants will complete an activity that requires them to re-route their thoughts on perceived beauty by turning negative statements into positive ones.
Cues to Action	Reminders to take action	Provide “how to” info Promote awareness Employ reminder systems	Instructor will provide a “Don’t You Know You’re Beautiful” wrist bracelet to remind them that they are beautiful. Participants will also be receiving a second wrist band to pass it to a friend or a stranger. In addition, instructors will provide a self-help journal with information on positive and negative body image. Participants will sign and date the agreement form available inside the journal and declare freedom to a healthy and positive body.

Pre/Post Evaluation Survey

1. Body image is
 - The reflection you see in the mirror
 - A perception of how you see yourself
 - Weighing yourself often

2. I can overcome the barriers to having a positive body image by
 - Ignoring what people say about my body
 - Turning what people say about my body into something positive
 - Comparing yourself to someone else
 - Losing weight by dieting

3. Real beauty is measured by the shape and size of models and celebrities we see in the media.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree

- Rate on a scale of 0-10 how good you feel about your body; 0 meaning that you feel very negative about your body, 5 is neutral, and 10 is you feel very confident about your body.

0 1 2 3 4 5 6 7 8 9 10

5. What are the consequences of having a negative body image?
 - Looking in the mirror and seeing true beauty
 - Low self-esteem
 - Higher risk of developing an eating disorder or depression

6. True or False: Anorexia has the highest mortality rate of any mental condition.
 - True
 - False

7. What are strategies that will help promote a positive body image?
 - Looking in the mirror and saying something positive about yourself
 - Exercising and eating healthy
 - Writing “you are beautiful” on your bathroom mirror

8. Body image is influence by the following factors:
 - School instructors
 - Health professionals
 - Friends
 - Family
 - Media
 - None of the above

9. True/False: Body Image is about how you look on the outside.
- True
 - False
10. How confident are you that you can use positive self-talk and avoid criticizing your body?
- Not Confident
 - Fairly Confident
 - Completely Confident
11. What are your barriers to having a positive body image at your current size?
- Comments from friends and family
 - How often I compare myself with others
 - The way my clothes fit me
 - Messages from the media about weight loss

References

(MLA) Snapp, Shannon, Laura Hensley-Choate, and Ehri Ryu. "A Body Image Resilience Model For First-Year College Women." *Sex Roles* 67.3/4 (2012): 211-221. Academic Search Premier. Web. 30 Sept. 2012.

(APA) Snapp, S., Hensley-Choate, L., & Ryu, E. (2012). A Body Image Resilience Model for First-Year College Women. *Sex Roles*, 67(3/4), 211-221. doi:10.1007/s11199-012-0163-1

(MLA) Harring, Holly Anne, Kara Montgomery, and James Hardin. "Perceptions Of Body Weight, Weight Management Strategies, And Depressive Symptoms Among US College Students." *Journal Of American College Health* 59.1 (2010): 43-50. Academic Search Premier. Web. 30 Sept. 2012.

(APA) Harring, H., Montgomery, K., & Hardin, J. (2010). Perceptions of Body Weight, Weight Management Strategies, and Depressive Symptoms Among US College Students. *Journal Of American College Health*, 59(1), 43-50.