

Undergraduate Sorority Students' Perceptions of Current Body Size, Ideal Body Size,
Eating Habits, and the Relation to Body Image Dissatisfaction

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Abstract

Disordered eating patterns and body discontent are widespread in Western society, especially among young women. Many adopt the “thin ideal,” a belief that women should have very slender bodies with small waists and minimal body fat. This body image is shaped by television, social media, and magazines. Research has shown that women who internalize the thin ideal are more likely to have concerns with body image dissatisfaction and disordered eating habits. The goal of the current descriptive correlational study was to examine relationships between perceived current body size, imagined ideal body size, actual body weight, eating patterns, and body satisfaction in undergraduate women. Fifty-three undergraduate sorority members completed a self-report survey that included scales to evaluate disordered eating (Eating Attitudes Test, EAT-26), body image satisfaction (Body Shape Questionnaire, BSQ-16), and weight perception (Photographic Figure Rating Scale, PFRS). Their actual BMIs were then calculated and correlated with their self reports on the three scales. Results suggest that there was a high degree of body positivity in this sample as actual current body weight and perception of ideal weight were significantly correlated. Those with the greatest discordance between their current weights and imagined ideal weights were at the highest risk for disordered eating habits and body image dissatisfaction. It appears the thin ideal continues to affect young women as those in higher weight ranges were more likely to have feelings of shame and inadequacy when comparing themselves with slimmer women.

Introduction and Background

Ninety-five percent of people with disordered eating behaviors are between the ages of 12 and 25 (“Eating Disorder Statistics,” 2015) making college students one of the largest sectors of those at risk. Current culture standards as reflected in the media of the thin ideal for women, puts female students at an even greater risk than their male counterparts. In reality, only 5% of women in the United States meet the thin body ideal portrayed as normal in media and advertising (Wade, Keski-Rahkonen, & Hudson, 2011). MacNeil and Best (2015) found this feminine thin ideal to be a significant cause of negative body image and that even females who are normal or underweight identify themselves as overweight (MacNeill & Best, 2015).

Current society places great emphasis on appearance and the idealization of thinness, a trend that promotes dieting behaviors and unhealthy eating activities. A number of studies describe the disparity between perceived current weight and imagined ideal body weight as positively correlated with body image dissatisfaction (Glauert, Rhodes, Byrne, Fink, & Grammer, 2009; MacNeill & Best, 2015). Negative body feelings are known precursors to disordered eating behaviors and the progression to eating disorders (“Eating Disorder Statistics”, 2015). Inpatient treatment of eating disorders in the United States ranges from \$500 to \$2,000 per day while outpatient treatment costs vary but could exceed \$100,000 over the course of an individual’s life (“Eating Disorder Statistics”, 2015). Additionally, eating disorders have the highest rate of mortality for any mental illness. Recent statistics reveal that nearly 20% of anorexic patients will die from a cause directly related to the illness (“Eating Disorder Statistics”, 2015). Eating disorders can lead to medical complications including, infertility, osteoporosis, and cardiac arrhythmias, which further escalate healthcare costs (“Eating Disorder Statistics”, 2015).

Project Aim

The aim of this study was to examine correlates of body image satisfaction and the perception of the ideal female body with actual BMIs in college age women. This study collected data through self-reported behavioral rating scales completed by female college undergraduate sorority students at one private university located in a suburban community in southwestern Pennsylvania.

Literature Review

Young adult women face pressure to strive for the thin, ultra-slender body shape as those seen on celebrities and in advertising (Ahern, Bennett, & Hetherington, 2008; Fitzsimmons-Craft et al., 2012; Krones, Stice, Batres, & Orjada, 2005). Individuals who assume the Western society view of an ideal woman's body shape as very thin are at greater risk for body image issues and disordered eating patterns (Ahern et al., 2008; MacNeill & Best, 2015). The qualitative research of Ahern, Bennett, & Kelly (2011) described how young women in the focus groups felt overwhelmed by pervasive images of thin celebrities and supermodels they viewed daily in the media.

Images of women with ultra-slender body shapes are inconsistent with the rising obesity seen in the United States, a contrast that leads to increased body image concerns in many women (Ahern et al., 2011; MacNeill & Best, 2015). Fitzsimmons-Craft et al. (2012) suggest that body surveillance, the act of one learning to view one's self from the perspective of an observer, may be a primary factor in the relationship between the thin ideal and body image dissatisfaction in young women. The UCLA Body Project (2007) concluded that the high body surveillance was associated with low body satisfaction (Frederick, Forbes, Grigorian, & Jarcho, 2007). Increasing evidence supports a correlation between body image dissatisfaction and the internalization of the

thin ideal (Ahern et al., 2008; Fitzsimmons-Craft et al., 2012; Kronen et al., 2005). A recent study by MacNeill & Best (2015) found that the most common imagined body ideal for participants was underweight, which is consistent with previous research (Kronen et al., 2005; Wharton et al., 2008).

Several recent studies have found that many women, even those who are underweight or at a normal BMI, see themselves as overweight (Ahern et al., 2008; MacNeill & Best, 2015; Wardle, Haase, & Steptoe, 2006). Brener, Eaton, Lowry, & McManus (2004) and Streeter, Milhausen, & Buchholz (2012) found that high school girls were more likely to perceive themselves as overweight than were male students, irrespective of BMI. A study by Park (2011) concluded that female Caucasian students were much more likely to overestimate weight when compared to other races. Overestimation of body weight has been shown to correlate with greater body image dissatisfaction and a desire to lose weight (Kim & Lee, 2010; Naghshizadian et al., 2014).

Conversely, several cross-sectional research studies found that participants underestimated their current weights (Baban & Nanu, 2011; Kim & Lee, 2010; Naghshizadian et al., 2014; Ratanasiripong & Burkey, 2011). MacNeill & Best (2015) found that participants underestimated their presumed body size when compared to measured BMI, a finding which is consistent with several other studies done in Western countries (Naghshizadian et al., 2014; Ratanasiripong & Burkey, 2011). Other studies similarly concluded that imagined ideal body size and measured current body size are incongruent for women, with the discordance growing as BMI increases (Frederick et al., 2007; MacNeill & Best, 2015; Wardle et al., 2006).

Studies have found evidence that body dissatisfaction in women leads to dieting and the use of unhealthy weight loss practices among young adult women. Many college students

attempt weight loss through dieting and inappropriate weight loss methods, such as diuretics, laxatives, food restriction, bingeing and purging (Wharton, Adams, & Hampl, 2008). The study by Gonslaves, Hawk, & Goodenow (2014), observed adolescents with unhealthy eating practices and found that unhealthful weight control practices may be antecedents to clinical eating disorders. It is critical to identify those with unhealthy eating patterns and low body image satisfaction so practitioners may work with them and stop the progression from disordered eating to an eating disorder.

Methods

Project Design

The study used a quantitative cross-sectional correlational design to explore the association between body image ideal, perceived current body size, actual weight, and body image satisfaction in female undergraduate university students.

Setting

Robert Morris University (RMU) is a private university located in a suburban area of Pittsburgh, PA. In 2015 the university had 4,486 undergraduate students representing 45 states and 41 nations. The students completed the online survey at their convenience and were then asked to follow up in person at the RISE Center in the School of Nursing and Health Sciences.

Sample

For the study a nonprobability convenience sample was utilized. The population consisted of female undergraduate sorority members 18 years or older, who were members of five different social sororities on campus. The students were between the ages of 18-21 and reported grade point averages between 2.6-4.0 representing 23 undergraduate majors. One

hundred and one students completed the online survey but only 53 complied with the follow up appointment to have their heights and weights recorded for BMI measurement. Only the data from the students who had their BMI measured were used for statistical analysis ($n = 53$).

Recruitment

Study participants were recruited at a meeting of the Panhellenic council members. This researcher attended the meeting and explained the purpose of the project. Email links to the survey were sent to the sorority members via the Director of Special Programs and Student Community Standards.

Data Collection

The study participants were asked to complete the survey, at their convenience, during a two-week period in October. The questionnaires were accessible on the Survey Monkey website through a link sent to their RMU email. Basic demographic information including age, GPA, undergraduate grade level, extracurricular campus activities, and exercise habits were also collected. All participants in the study remained anonymous with each being identified only through a number system. The participants were offered five dates and times to follow up in person at the RISE Center to have their heights and weights measured. BMIs were matched with the survey using a 5-digit identifier for each subject.

Evaluation Instruments

The participants completed three rating scales and the results from these were used for both descriptive and correlational variables. The rating scales used for the study were: The Eating Attitudes Test-26 (EAT-26; Garner, Olmstead, Bohr & Garfinkel, 1982), Attention to Body Shape Scale (ABS; Beebe, 1995), and the Photographic Figure Rating Scale (PFRS; Swami, et al. 2008).

The Eating Attitudes Test-26 is a 26 item self-report scale that measures atypical attitudes and behaviors related to eating. The instrument is a 6 point Likert-style scale with options ranging from “never” to “always.” The scale maintains internal consistency reliability with a reliability coefficient of $r= 0.90$, and has been established as an adequate screening tool for non-clinical settings (Garner et al., 1982).

The Attention to Body Shape Scale (Beebe, 1995) is a 16 item self-report questionnaire with six answer options ranging from “never” to “always”. The Likert-style scale assesses the degree of body focus for each participant. The test has demonstrated convergent and discriminant validity as well as internal consistency, ranging from 0.70 to 0.82.

The Photographic Figure Rating Scale (Swami, 2008) contains ten photographic images of real women facing forward. The images range in body mass index (BMI) from emaciated to obese. The photos consist of two images from each of the established BMI categories: emaciated ($<15 \text{ kg/m}^2$), underweight ($15\text{-}18.5 \text{ kg/m}^2$), normal ($18.5\text{-}24.9 \text{ kg/m}^2$), overweight ($25.0\text{-}29.9 \text{ kg/m}^2$), and obese ($>30 \text{ kg/m}^2$). Of the three scales that was utilized for the study, the PFRS has the greatest ecological validity and re-test reliability, with reliability coefficients ranging from 0.80 to 0.90 (Swami, Salem, et al., 2008).

Methods of Data Analysis

All statistical analysis was completed using IBM SPSS software. Statistical analysis of the data collected was completed by a certified statistician with assistance from the student researcher and faculty advisor. The data was analyzed using descriptive statistics, independent T-tests, Chi Square tests of independence, Spearman rank correlations, ANOVAs, and simple linear regression methods.

Results

Demographic Data

For all participants, height in inches ($M = 64.12$, $SD = 2.58$) and weight in pounds ($M = 144.32$, $SD = 21.70$) were used to calculate Body Mass Index (BMI), resulting in an average BMI of 24.55 kg/m^2 ($SD = 3.78$). Based on BMI, the participants were categorized as underweight ($n = 3$, 5.7%), normal weight ($n = 25$, 47.2%), overweight ($n = 21$, 39.6%) and obese ($n = 4$, 7.5%).

The study respondents reported seven different areas of study: Health Science ($n = 17$, 32.1%), Communications/Information Systems ($n = 5$, 9.4%), Education ($n = 2$, 3.8%), Business ($n = 23$, 43.4%), Social Science ($n = 1$, 1.9%), Engineering ($n = 3$, 5.7%), and Mathematics ($n = 2$, 3.8%).

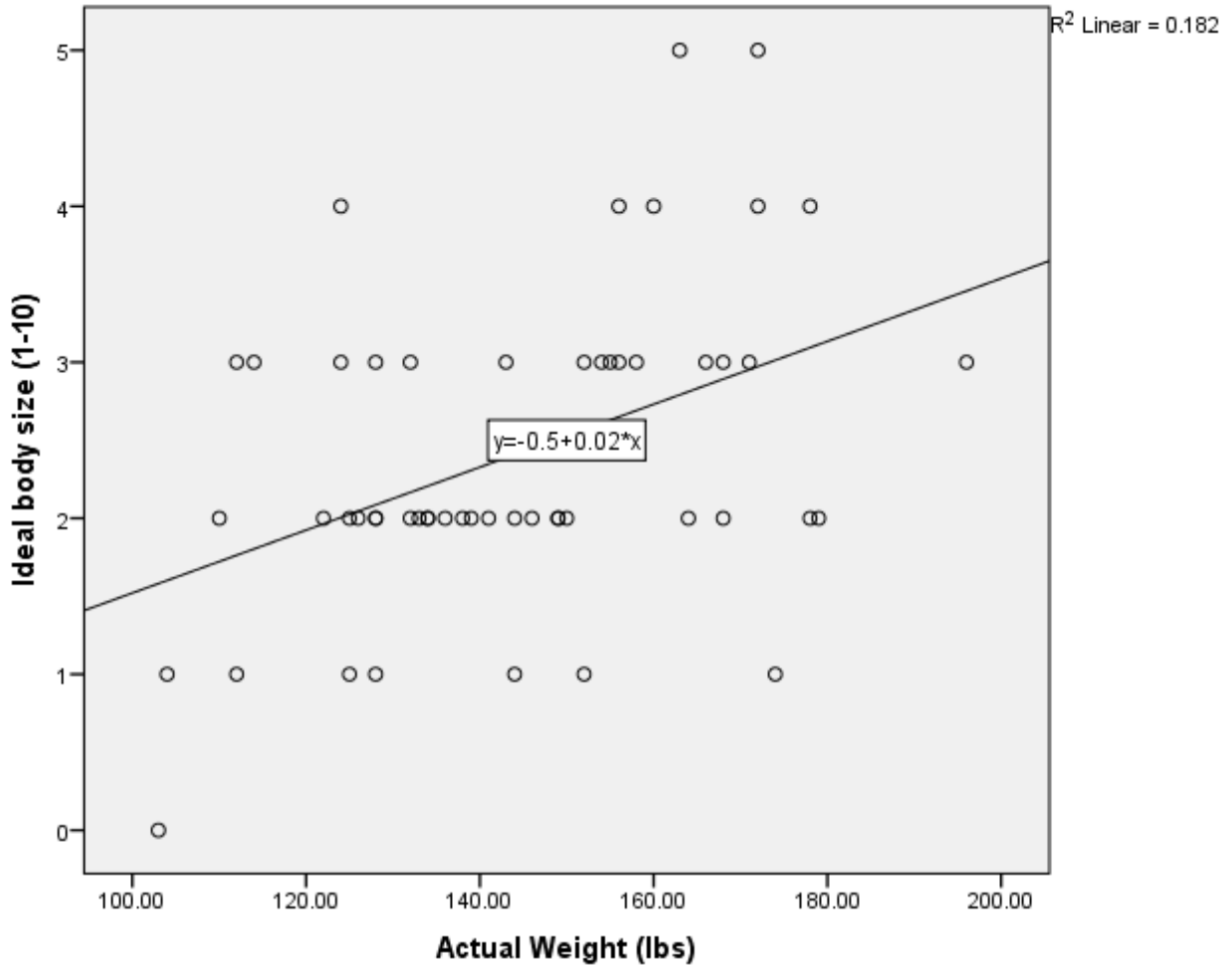
Respondents' grade point averages ranged from 2.6-4.0, with 51% of the sample reporting GPA above 3.5 ($n = 27$). Only 9.4% of participants had GPAs under 3.0. The sample was evenly distributed across undergraduate grade levels: Freshman ($n = 3$, 5.7%), Sophomore ($n = 17$, 32.1%), Junior ($n = 17$, 32.1%), and Senior ($n = 16$, 30.2%).

Results

A number of research questions were addressed in the data analysis:

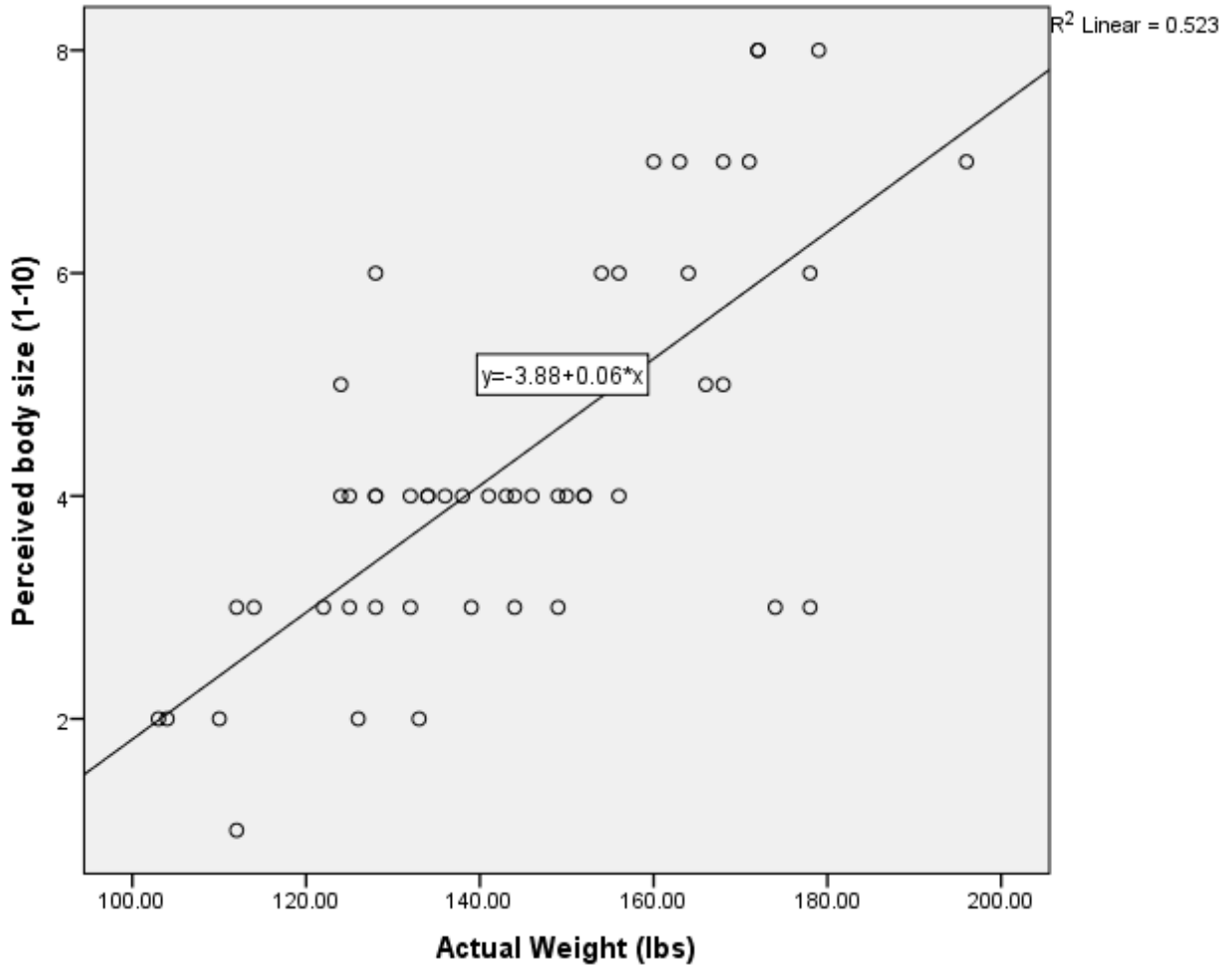
Is there a correlation between subjects' perceptions of ideal body size vs. actual body weight?

A bivariate Spearman-ranked correlation was conducted to evaluate the relationship between subjects' perceptions of ideal body size and their actual weight. The correlation is statistically significant, $r_s = 0.384$, $n = 48$, $p = 0.005$. Ideal body size is positively related to actual weight. A scatter graph with a linear fit line is provided.



Is there a difference between perceived current body size vs. actual body weight in the sample?

Similarly, a bivariate Spearman-ranked correlation was conducted to evaluate the relationship between subjects' perceived current body size and their actual weight. The correlation is highly significant, $r_s = 0.683$, $n = 48$, $p < 0.001$. Ideal body size is positively related to perceived weight. A scatter graph with a linear fit line is provided.



What is the relationship between BMI and risk for eating disorders?

An independent *t*-test was conducted with “at risk for eating disorder” (low risk vs. greater risk) and BMI. The results indicate no significant relationship, $t = 0.049$, $df = 50$, $p > 0.10$.

Is there a relationship between current body size, ideal weight, and actual weight (BMI)?

The relationship between two ordinal variables, perceived current body size (1-10) and ideal body size (1-10), was evaluated with a Chi-Square test of independence. The results are statistically significant, $\chi^2 = 55.95$, $df = 30$, $p = 0.003$. The heavier numbers in the diagonals and near-diagonals (vs. the off-diagonals) indicate that respondent's perceived body sizes were relatively similar their ideal body sizes.

Which image above do you feel best represents your current body size? * Which image above do you feel best represents your ideal body size? Cross tabulation

Count

		Which image above do you feel best represents your ideal body size?						Total
		1	2	3	4	5	6	
Which image above do you feel best represents your current body size?	2	0	1	0	0	0	0	1
	3	1	1	3	0	0	0	5
	4	0	4	5	2	0	0	11
	5	0	1	12	4	1	0	18
	6	0	0	0	5	0	0	5
	8	0	0	1	2	1	1	5
	9	0	0	1	0	1	1	3
Total		1	7	22	13	3	2	48

To further investigate the relationship between perceived current body size and ideal body size, a difference variable was created (perceived current body size – ideal body size). Difference scores greater than zero indicate that respondents' perceptions of their current body sizes are heavier than their ideal body sizes, and vice-versa. A frequency distribution of the difference scores shows that none of the respondents' ideal body sizes were smaller than their perceived actual body sizes. However, 83.3% of the respondents' difference scores were 2 or less (out of a possible 10), and 14.6% indicated that perceptions of their current body size exactly matched their ideal body size. Finally, no respondents' difference scores exceeded 6.

Perceived Current Body Size - Ideal Body Size

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	7	13.2	14.6	14.6
	1.00	10	18.9	20.8	35.4
	2.00	23	43.4	47.9	83.3
	3.00	3	5.7	6.3	89.6
	4.00	3	5.7	6.3	95.8
	5.00	1	1.9	2.1	97.9
	6.00	1	1.9	2.1	100.0
	Total	48	90.6	100.0	
Missing	System	5	9.4		
Total		53	100.0		

Are students with the greatest difference between actual weight and ideal weight more likely to have disordered eating (EAT-26 score) and higher levels of body image concern (BSQ-16)?

A simple linear regression model was conducted with EAT-26 as the predictor and difference score (current – ideal) as the outcome variable. The model emerged significant, $F(1, 40) = 6.68, p = 0.014$. Specifically, for every additional point on the total EAT-26 scale, respondents' difference scores increased by 0.027. Stated alternatively, for each 10 point increase in the total EAT-26 scale, respondents' difference scores increased by 0.27 (or roughly one third of a unit). Note that responses on the EAT-26 scale ranged from 11 to 84 (a range of 73). Thus, although the relationship is statistically significant, its practical significance is limited.

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.836	.448		1.866	.069
	EAT 26 Raw Score	.027	.010	.378	2.584	.014

a. Dependent Variable: Actual - Ideal Body

Similarly, a simple linear regression model was conducted with BSQ-16 as the predictor and difference score (current – ideal) as the outcome variable. The model is highly significant, $F(1, 45) = 31.44, p < 0.001$. Specifically, for every additional point on the total BSQ-16 scale, respondents' difference scores increased by 0.041. Stated alternatively, for each 20 point increase in the total BSQ-16 scale, respondents' difference scores increased by 0.82 (nearly a full scale point). Note that responses on the BSQ-16 scale ranged from 0 to 80 (a range of 80). Thus, a difference of 20 units on BSQ-16 represents about one-fourth of the range. Thus, this relationship is practically meaningful.

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.511	.277		1.845	.072
BSQ 16 Raw Score	.041	.007	.641	5.607	.000

a. Dependent Variable: Actual - Ideal Body

Is BMI a factor in feelings of shame over body image?

The following general, frequency distribution shows shame related to body image. Fewer than half of the respondents indicated that they often, usually or always feel shame.

Have you felt ashamed of your body?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	8	15.1	15.1	15.1
	Rarely	7	13.2	13.2	28.3
	Sometimes	15	28.3	28.3	56.6
	Often	9	17.0	17.0	73.6
	Usually	7	13.2	13.2	86.8
	Always	7	13.2	13.2	100.0
	Total	53	100.0	100.0	

A simple linear regression model with shame as the outcome and BMI as the predictor was conducted to further investigate this relationship. The model emerged significant, $F(1, 51) = 5.64, p = 0.02$. Specifically, for every one additional unit of BMI, responses on the shame scale (0-5, where 5 = always), increased by 0.132. Alternatively, for each 10 unit increase in BMI,

responses on the shame scale increase by more than one, full scale point (1.32). Note that respondents' BMI ranged from 17.70 to 32.70.

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-.848	1.382		-.614	.542
BMI	.132	.056	.315	2.374	.021

a. Dependent Variable: Have you felt ashamed of your body?

Do students with high BMI (overweight or obese) report that being with thin women made them feel self-conscious?

A simple linear regression model with "...being with thin women made you feel self-conscious..." (0-5 point interval scale) as the outcome and BMI as the predictor was conducted. The model emerged significant, $F(1, 51) = 7.42, p = 0.009$. Specifically, for every one additional unit of BMI, responses to the "...being with thin women..." scale increased by 0.169. Alternatively, for each 10 unit increase in BMI, responses on the shame scale increase by more than one and a half scale points (1.69).

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-1.556	1.538		-1.011	.317
BMI	.169	.062	.356	2.723	.009

a. Dependent Variable: Has being with thin women made you feel self-conscious about your shape?

Is there a correlation between disordered eating as quantified by the EAT-26 and BSQ-16 scores?

The relationship between two predictors of eating disorders (EAT-26 Score and BSQ-16 Score), was evaluated with a Chi-Square test of independence. The results are statistically

significant, $\chi^2 = 8.24$, $df = 1$, $p = 0.006$. The cross-tabulations shows that all respondents classified as “mild concern” by BSQ-16 were also classified as “disordered eating concern” by EAT-26. Conversely, 18 of the respondents classified as “no concern” by BSQ-16 were classified as “disordered eating concern” by EAT-26. Thus, the two measures do not demonstrate one-to-one correspondence.

EAT-26 Score * BSQ-16 Score Cross-tabulation

Count		BSQ 16 Score		Total
		No Concern	Mild Concern	
EAT 26 Score	No Concern	9	0	9
	Disordered Eating Concern	18	20	38
Total		27	20	47

Are there correlations between reported exercise levels and EAT-26 and BSQ-16 scores?

Two, separate one-way ANOVAs were conducted with EAT-26 and BSQ-16 as the dependent variables. EAT-26 emerged significant, $F(3, 43) = 2.86$, $p = 0.047$. Post-hoc comparisons using Bonferroni’s Method indicate that respondents who exercise “none” produced a significantly lower EAT-26 score ($M = 34.13$, $SD = 14.07$) than did those who exercise “2 to 4 days per week” ($M = 50.24$, $SD = 20.75$), $p = 0.037$.

Descriptives

		N	Mean	Std. Deviation	Std. Error	Minimum	Maximum
EAT 26 Raw Score	None	24	34.13	14.072	2.872	12	58
	Once a week	4	35.25	24.851	12.426	14	67
	2 to 4 days per week	17	50.24	20.747	5.032	11	84
	5 to 7 days per week	2	40.00	9.899	7.000	33	47
	Total	47	40.30	18.701	2.728	11	84
BSQ 16 Raw Score	None	26	30.04	19.572	3.838	0	73
	Once a week	4	35.25	32.098	16.049	6	80
	2 to 4 days per week	20	38.30	19.626	4.388	10	70
	5 to 7 days per week	2	26.00	18.385	13.000	13	39
	Total	52	33.46	20.398	2.829	0	80

Discussion

The data analyzed from the current study suggests that in this sample, the respondents have realistic perceptions of their weights as their perceived current sizes on the PFRS closely associated with their actual weights. It further appears that these women had positive body images as their current weights were significantly correlated with their perceptions of ideal body weight. This contrasts with several earlier studies where respondents overwhelmingly chose an ideal body shape in the underweight BMI category, regardless of the BMI category of their current weight. It is possible that while the thin ideal continues to have an impact on young women other factors such as body confidence and body empowerment campaigns have made a positive impact on young women, raising confidence on the way they feel about their bodies.

It was also found that those with the largest divergence between actual and ideal weight are at higher risk for disordered eating. This is consistent with previous studies reported in the literature. Multiple studies have shown that women who aspire to body sizes much different than their actual size are at risk for low body satisfaction and abnormal eating patterns. This study suggests that women who are striving for a smaller ideal size may practice unhealthy eating habits to attain an unrealistic goal weight. Women whose actual weight approximates their ideal weight may be more satisfied with their body size and hold a more positive body image, leading them to continue healthy eating and exercise patterns.

Consistent with the literature, the current study found that women with higher BMIs had significant feelings of shame and inferiority when in the presence of thinner women. It appears the thin ideal continues to affect young women's perceptions. While there are multiple campaigns addressing body confidence, a discordance continues to exist in mass media and social media.

It was found in the current study that the young women who exercised more frequently were at a higher risk for disordered eating habits. One explanation may be that the students who are exercising more frequently are those who are less satisfied with their body image, thus engaging in unhealthy practices to reach their ideal body size. It is also possible that as the women began to exercise with more regularity, they began to lose weight. The weight loss may have created a desire to lose a greater amount of weight, creating a catalyst for the disordered eating habits. However, data related to intensity, frequency and duration of specific activities was not addressed in the three measurement scales used in this study.

Limitations

Limitations in the study were largely methodological. The tools used in the survey were self-report. The survey asked the students for a GPA range and age range, therefore data analysis was limited by the ordinal data. An exact GPA or age of the students may have provided for additional information on the relationships among descriptive variables. This study was limited to undergraduate sorority members living on campus. The results of the survey may not be reflective of the eating habits and body satisfaction of the general female population of the campus. A limited number of survey respondents followed up for BMI measurements. It is possible that overweight respondents were reluctant to have their weights obtained, possibly skewing the findings.

Conflict of Interest

The student researcher, faculty advisor, and certified statistician have no conflict of interest.

Funding Sources

There were no funding sources for the current study. Respondents were given a \$5.00 gift card to Starbucks for their participation in both parts of the study. The gift cards were paid for by the student researcher.

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Appendix A: Informed Consent Form

Dear Student,

You are invited to participate in a research study to evaluate eating patterns, current body weight, ideal body weight, and body image dissatisfaction. This survey is being conducted by Julie Beiter, RN DNP student. This project has been approved by the RMU institutional review board (IRB): IRB Case #20150426174. Your participation in this survey is voluntary; you may choose not to participate. If you agree to participate in this research survey, you may withdraw at any time. There is no penalty for withdrawal from this survey.

Please complete the following questions, which should take approximately 20 minutes to complete. You will only complete the survey one time. Your responses will be anonymous. This survey will be distributed at one time point and your Robert Morris email address will serve as your identifier. Your email identifier will be kept in a confidential file accessible only by the study investigator. Participants who complete the survey will be given a \$5.00 gift card upon completion of their weight being recorded by the investigator.

To participate in this survey, you should be a female undergraduate member of a sorority at Robert Morris University.

We will keep your information confidential. All data will be stored in a locked file. To help protect your confidentiality, the surveys will not contain information to identify you. The results of this study will be used for scholarly purposes only and may be shared with Robert Morris University.

If you have questions about this survey, please contact Julie Beiter at _____ or _____ . This research has been reviewed per Robert Morris University IRB procedures for research involving human subjects.

Completion and submission of the survey will serve as informed consent.

Please answer the following questions as they pertain to your behaviors currently and within the last 4 weeks.

Thank you for your participation.

The purpose of this research study is to evaluate eating patterns, current body weight, ideal body weight, and body image dissatisfaction. For the study, students will be asked to complete a brief survey (approximately 20 minutes) through an online survey site and allow the investigator to obtain an actual body weight. This weight will be collected in a private area in the RISE Nursing Center. If you are willing to participate, the survey questionnaire will ask about your education and extracurricular activities, exercise habits, eating habits, body image and ideal body weight. There are no foreseeable risks associated with this project, nor are there any direct benefits to you. Each study participant will receive a \$5.00 gift card as a token of appreciation. This is an anonymous survey and your responses will not be identifiable. All responses are confidential and results will be kept in a locked file cabinet. Your participation is voluntary and you may withdraw from this project at any time. This study is being conducted by Julie Beiter, who can be reached at [REDACTED]