USING SELF-ESTEEM AS A CONCEPT FOR GUIDING EARLY ADOLESCENT FEMALES TOWARD HEALTHY EATING BEHAVIORS: A LEARNING MODULE

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SUE E. HAGER

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By

Sue E. Hager

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ABSTRACT

USING SELF-ESTEEM AS A CONCEPT FOR GUIDING EARLY ADOLESCENT FEMALES TOWARD HEALTHY EATING BEHAVIORS: A LEARNING MODULE

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Healthy People 2000: National Health Promotion and Disease Prevention Objectives recommend that by the year 2000 seventy-five percent of primary health care providers should be providing nutrition assessment and counseling. This learning module is designed to help the Advanced Practice Nurse (APN) meet this goal as it applies to early adolescent females.

The APN needs to be aware of behaviors specific to early adolescent females and focus on primary prevention with an emphasis on self-esteem, self-efficacy, and healthy eating rather than the potential harm of dieting. Many factors, particularly physical growth, emotional development, self-esteem, peer pressure and the media influence the adolescent diet. The concept of self-esteem as it relates to healthy food choices for the early adolescent female is emphasized in the module.

The Revised Health Promotion Theory guided the development of the module. It is an approach-orientated theory which allows the APN to include characteristics and experiences unique to young adolescent females. The module provides an educational tool which offers measurable outcomes within the APN role and the economic constraints of managed care.

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INTRODUCTION

Background of the Problem

In the United States, increased consumption of refined carbohydrates and fats is a major health problem. The over-consumption of excess amounts of fats, cholesterol, sugar, and salt has been linked to a number of chronic diseases that contribute to disability and mortality (Bendich & Deckelbaum, 1997; National Research Council, 1989). The National Research Council Committee on Diet and Health found that there was a strong link between diet and atherosclerotic cardiovascular diseases and hypertension. They also concluded that there was a highly suggestive link with certain forms of cancer, especially those of the gastrointestinal tract, breast, lung and prostate.

Healthy People 2000: National Health Promotion and Disease Prevention Objectives recommend that by the year 2000 seventy-five percent of primary health care providers should be providing nutrition assessment and counseling or referral to qualified nutritionists or dietitians (US Public Health Service, 1991). As primary health care providers, advanced practice nurses need to be aware of this recommendation and implement nutrition counseling and teaching to all age groups, including adolescents.

Adolescents and Nutrition

Adolescents are at a time in their life when they require a healthy diet more than ever. It is a time of high nutritional demands because of the onset of menses, puberty, and

increased growth rates (Bendich & Deckelbaum 1997; Orvin, 1995; Peterson & Lefert, 1996; Weiner & Elkind, 1972). Attaining and maintaining the health of adolescents is a responsibility that requires attention to the multifaceted components of mind, body and spirit. This is a responsibility that requires the advanced practice nurse (APN) to have knowledge of adolescent developmental levels, to view teens as they see themselves, and to understand the health beliefs and barriers that young people encounter.

Self-Esteem and the Early Adolescent

Teaching teens about healthy diet, however, is not enough. Several studies have shown that many factors influence a teen diet, particularly growth and development, self-esteem, peer pressure and the media.(Fallon, Katzman & Wooley, 1994; Fraser, 1997; Garner & Garfinkel, 1997; Wiseman, Grey, Mosimann, & Ahrens, 1992). Adolescence is a transitional time between childhood and adulthood in which many teens struggle with questions of identity and experience self-doubt. Any attempt to modify behavior or educate a teen who is in this stage of development must address self-esteem. According to Pipher (1994), women today have come of age in a time when the media is sexualized and limiting to the development of a woman as a whole person. As a result, a proponent of healthy eating must contradict the intense focus of the media on "shapism" and redirect the focus of diet efforts towards health and nutrition (Button, Loan, Davies, & Sonuga-Barke, 1997; Emmons, 1994; French, Perry, Leon, & Fulkerson, 1995; Ogden & Evans, 1995;). Self-esteem is a major factor of adolescent development and behavior and should be addressed by the APN with every health issue, including healthy eating (Megel, et al., 1994; Orvin, 1995; Pender, 1996).

Barriers to Adolescents Healthy Diets

According to Gracey, Stanley, Burk, Corti and Beilin (1996) important barriers to healthy eating in adolescents are: lack of suitable foods at home and school, inability to influence food choices at home, and ignorance about nutrients. Many of the students evaluated in this study were correctly able to answer general questions about nutrition but were unable to discern foods which were high in fat. Gracey et al., recommends that nutrition education for adolescents include self-efficacy, relevant health values and barriers-to-change, education about nutrients, and improved access to healthy foods.

With the change in family structure evidenced by single-parent homes and two- income families, quickly prepared meals have become more a necessity than a choice, resulting in reliance on less nutritional but more convenient items. Even in two-parent homes community involvement, after school activities, and friendships increase the demands on shared family time and limit formal meals.

Choosing a diet lower in fat may be difficult for the teen to achieve at school. The School Nutrition Dietary Assessment Study shows that school meals provide adequate minerals and vitamins, but are high in fat ie., 38% of energy from fat and 15% from saturated fat (Pannell, 1995). "Fast" foods, which are popular with adolescents, are frequently high in fats, sugars and refined carbohydrates (Bendich & Deckelbaum, 1997).

Statement of the Problem

Adolescents who are at risk of unhealthy dietary intake require nutrition curricula that includes information and teaching methods which are tailored to their specific needs. Interventions of the APN should include skill development around early dietary behaviors. Presently there are no written curricula available for the APN which teaches a healthy diet

to adolescents while including self-esteem as a major component of the plan.

Goal of the Module

The goal of this module is to enable the APN to teach healthy eating habits to young female adolescents while emphasizing self-esteem as a major component. According to Prochaska's Model of Change (Prochaska, DiClemente & Norcross, 1992), in order to change behavior the APN must first give the knowledge and create an awareness of the problem in the target audience. This module is designed to be used by the APN as one part of an approach to health promotion. The learning module is designed to promote intervention prior to adulthood in order to prevent chronic diseases and their resultant morbidity and mortality through modification of diet behavior. The first section of the module consists of exercises designed to examine and promote self-esteem. The second section explores the food pyramid and how teens can apply it to their daily lives. The expected outcome of the nutrition education module is to increase awareness in young adolescent females of the impact that western culture has on their self-esteem and how they can use this information to make better diet choices.

The module is designed to be an overview or an introduction rather than an in-depth coverage of nutrition. It is meant to "get their attention" and help adolescents begin to consider developing healthy "achievable" dietary goals rather than unrealistic and potentially dangerous ones. The goal for the students in this module is to develop a foundation of knowledge, the beginnings of awareness, and new thinking so as to increase the potential for a change to healthier eating.

Theoretical Framework for the Module

The Revised Health Promotion framework is an approach-oriented model which does

not include "threats" therefore it is easily adapted to teaching nutrition to all ages including adolescents (Pender, 1996). Since self-esteem is an integral part of this teaching module, inclusion of a positive view of health behavior, and personal factors such as growth and development, current diet behaviors, and perceived benefits and barriers is optimal. The Revised Health Promotion Model (RHPM) addresses the requisite that the APN be aware of barriers that the teen may face when changing diet. The RHPM also includes self-efficacy, an essential ingredient to making healthy/wise choices about diets. This is particularly important to the adolescent who is faced with peer pressure to eat "junk" food or engage in unsafe weight loss methods. A more extensive review of how the RHPM relates to teaching a healthy diet to early adolescent females is discussed in chapter 3.

Chapter 2

LITERATURE REVIEW

Historical Perspective

Throughout western history, women's identity and worth have been closely linked with appearance. In the past, as food was less accessible, being larger-sized was a sign of secure economic status (Fraser, 1997). Later, as food became more accessible to people of modest means, another body type was needed to distinguish the rich from the poor. Slenderness became the new symbol of class distinction and of high morality (Fallon, Katzman, & Wolley, 1994; Fraser, 1997). Fashion dictated distortions of the female body requiring rigid corsets and bustles. The Gibson girl was one of the first of the media blitzes idealizing a perfect-shaped woman. She was based on a drawing, however, rather than a real person; underscoring the fact that this ideal shape was unattainable for the average woman. The Gibson girl was followed by the "Flapper" who was even more slender, and later by models Twiggy and Kate Moss (Frazer, 1997).

Wiseman, Grey, Mosimann, and Ahrens (1992) have found that role models such as Miss America and the Playboy centerfolds have become thinner and thinner over the years while the average woman's size has gradually increased. These authors note that only five percent of women are genetically prepared to achieve the type of body style now prevalent in television and magazines.

The Effect of the Media/American Culture on Adolescent Diets

In spite of the evidence that very few can achieve the media's ideal body style, restrictive eating has been a national trend among teenagers. Harrison and Cantor (1997) surveyed 232 female undergraduate students in a large Midwestern university. They

found that about 15% of the women met criteria for disordered eating. The women in this study who frequently read fitness magazines for reasons other than fitness and dieting (beauty and fashion), displayed greater signs of disordered eating than women who rarely read them at all. A significant relationship was found between reading fashion magazines and the woman's drive for thinness and her dissatisfaction with her body. Magazine reading in general had little effect on body dissatisfaction.

The American media has for many years suggested to the public what changes the average female should make to correct physical flaws and what product is needed and available to correct these imperfections. Shisslak and Crago (1994) found that while men have been valued for traits such as character, strength or economic potential, women have traditionally been judged by their looks. These authors also report that thinness is often equated with beauty, health and most importantly personal value.

According to Kilbourne (1994) the ultimate failure of the average woman to achieve the fashion industry's representation of the ideal female repeatedly exposes them to an unachievable goal and a negative self-image. Brumberg (1997) compared the self-improvement plans of adolescent girls in an assortment of teenage diaries from the late 19th century to the late 20th century. This historical perspective describes how centuries ago the emphasis was on "good works" rather than "good looks," as compared with young girls today who refer to their bodies as "projects." According to Brumberg, "More that any other group in the population, girls and their bodies have borne the brunt of twentieth-century social change, and we ignore that fact at our peril" (p. 214).

Although the idea that you can never be too rich or to thin has been evolving for a long time, during the last fifty years concern about weight has accelerated among

Americans, especially young women (Garner & Garfinkle, 1997). American media has inundated the population with messages that equate thinness and personal appearance to happiness. At the same time the media portrays how the "ideal" teenager should look, the media is a source for advertisement of high-fat fast foods. Television portrays healthy and happy people having fun while they are eating fast food. However, contrary to the impression left by television advertisement, a disproportionately decreased metabolic rate has been noted among overweight children while watching television (Nader, 1993).

The fashion industry, television, movies and particularly magazines are filled with young women who are very thin. Shape and looks, which are unattainable for the average female, are portrayed as the "ideal" healthy, happy person (Wiseman, Grey, Mosimann, & Ahrens, 1992). American media/culture presents an unachievable goal to American youth which can result in a cycle of lower self-esteem and dieting (Fallon, Katzman., Wolley, 1994). "Given the profound cultural pressures on women to diet, it is perhaps pertinent to ask why all women do not develop some level of disordered eating," (Garner & Garfinkel, 1997, p. 148).

Self-Esteem Perspective

Self-esteem has been defined as the value attributed to self and is based on a person's concept of his or her desirable and undesirable attributes, strengths, weaknesses, achievements and success in interpersonal relationships (Pender, 1996). Self-esteem is changeable, developed over time, and is ongoing throughout adolescence (Orvin, 1995).

Megel, et al (1994) evaluated the relationship between self-esteem, health promotion, nutrition and weight in a group of 57 older adolescent females. These authors demonstrated that self-esteem in these women was positively associated with the practice

of healthy behaviors and satisfaction with their present weight. However, in this study group the students' satisfaction was only elevated when they were restricting their diets. These authors found that there was a positive relationship between satisfaction with weight and caloric intake when the caloric intake was 21.6% below RDA recommendations. This implies that the young women were positively reinforced by restrictive eating rather than healthy eating.

Young impressionable females who are targeted by the "lookism" aspect of American culture may try to achieve a body weight other than what their genetic make-up will allow. This may result in a disparity which leads to dissatisfaction, guilt, self-consciousness about their bodies, and a drive to become thinner (Levine & Hill, 1991).

French, Perry, Leon, and Fulkerson (1995) looked at 1030 females ages 12 to 15 over a three year period and found connections between self-concept and dieting. This group found that scales evaluating psychologic variables such as ineffectiveness, maturity fears, perfectionism, friendship and self-concept uncovered negative feelings in frequently dieting adolescent females In this group the strongest behavioral traits observed in frequent dieters included unhealthy weight control practices such as vomiting, diet pill, laxative, and alcohol use. Psychological measures related to appearance also revealed greater adverse changes over time among the frequent dieting group. This group also found that although dieting is more prevalent in individuals of higher body mass index (BMI), dieters of normal weight actually outnumbered overweight dieters. A conclusion of this study was that poor self-image may predispose young females to diet and that interventions should include skill development around early dieting behaviors.

Emmons (1994) evaluated 1269 high school seniors to determine predisposing factors

which differentiated dieting from non-dieting adolescents. Although dieting did not have much effect on males, self-esteem scores were lower in female dieters, particularly white females. It was unclear whether those with less self-esteem dieted more often or that struggles related to dieting lower a person's self-esteem. This author recommended that adolescent dieters, most of whom were not overweight, were less in need of weight reduction programs than of diet counseling which would help them accept more realistic weights.

Ogden and Evans (1995) studied 74 adults to compare the effect of measuring weight to the social norms on self-esteem, mood and body dissatisfaction. Subjects were dispersed into under-weight, overweight or average weight groups according to fictional weight and height charts. Subjects allocated to the overweight group evidenced a lowered self-esteem. The authors concluded that when the individual arrives at an unfavorable comparison of self with the social norms, a detrimental and worsening effect on an individual's self-concept can occur.

In addition to glorifying thinness American culture also sends messages that fat is dangerous, unhealthy and caused by lack of personal control (Katrina, King, & Hayes, 1996) . Prejudice against larger sized people is one of the last socially acceptable forms of bigotry in America today (Katrina, King, & Hayes, 1996). Overweight people may be reminded either verbally, or more frequently non-verbally, that they are faulty. This pervasive and accepted discrimination can lead to an unrealistic fear of even the smallest weight gain in still-developing adolescents (Garner & Garfinkel, 1997).

Obesity in Adolescence

The health implications of obesity related to a poor diet are clear. Diets high in fat have been linked to diabetes, hypertension, cardiovascular disease, and certain cancers (Harlan, 1993; National Research Council, 1989). It is estimated that 27% of children and 15% of adolescents are overweight in the United States (Pender, 1996). In Michigan, it was estimated that in 1996, nearly one-third of adults were overweight (MDPH, 1996). Blue Cross and Blue Shield of Michigan has sponsored a study which evaluated a non-random sample of 36,281 males and females, ages 5-18 in 45 Michigan schools during the 94-95 school year. This group found that of 11 to 18 year olds, 20.6% met the criteria for obesity (Kuntzleman, et al., 1996). These researchers also found that the average Michigan 11 to 18 year old female is 3.9 to 8.1 pounds heavier than her U.S. counterparts.

Long term follow-up studies of children and adolescents indicate that the risk of adult obesity is about twofold greater for those who were overweight when younger, compared with individuals who were not overweight (Must, 1996). According to Must, although there are long term health risks to increased weight for teens, the most prevalent immediate consequences of being overweight as an adolescent are psychosocial. Social isolation and peer problems can also occur for children who are overweight. According to L. Spence Ph.D. (personal communication, April 2, 1998), psychological studies have indicated that discrimination against overweight children is very prevalent.

Current Nutritional Trends of Adolescent Females

Dieting and fear of fat may begin at a very early age. In a study of 494 middle-class girls between the ages of 9 and 10, thirty percent of the nine-year-olds reported worrying that they were currently too fat or feared becoming fat in the future. Eighty percent of the

10-year-olds reported restrained eating and higher self-esteem while dieting. Several of these young girls reported purging in order to control their weight (Mellin, Irwin, & Scully 1992).

An additional study by French, Perry, Leon., and Fulkerson (1995) looked at 1,015 female 9th-12th graders to examine weight loss behaviors and restrained eating practices. These authors found that 41% of the group had been dieting within the past year. Ten percent reported a modest weight loss, most frequently achieved by skipping meals and increasing activity. Eighty-one percent of the study group were considered normal weight. Although these findings suggest that many adolescent females are adopting healthy behavioral changes, they still validate the need for greater awareness of weight-related behaviors which can develop into unrealistic weight concerns or excessively lean body weight standards. The authors did not address self-esteem or self-concept issues.

Peters, Amos, Hoerr, Koszewski, Huang and Betts (1996) found that although young females have a higher prevalence of dieting, young adults of both genders had questionable eating behaviors. In this study, methods to control weight were diet pills, powders, and restrictive eating. Many of these young people reported repeated periods of weight loss and regain (yo-yo dieting). These authors recommend early intervention which minimizes weight concerns and emphasizes self-acceptance and healthful eating.

Yo-yo dieting practiced by many adolescents results in weight gain over time and increased health risks. According to Gaesser (1996), higher rates of heart disease have been found in those who reported yo-yo type dieting. Gaesser further reports that weight cycling by dietary means plays a primary role in the development of chronic diseases such as diabetes, hypertension and cardiac disease.

Growth and Development

The major tasks of developing girls in their early adolescent years, (ages twelve to fifteen), include focusing on the self and the task of becoming comfortable with body changes and appearance. The adolescent may begin trying to separate from parents through less involvement in family activities and increased criticism of parents. Conformity and acceptance of peer group standards gain increased importance. The female peer group consists mostly of same sex friends, however there is an increased interest in males (Barkausas, Stoltenberg-Allen, Baumann & Darling-Fisher,1994; Orvin, 1995; Weiner & Elkind, 1972). The individual is working to overcome feelings of insecurity and inadequacy and to move toward self-assurance and independence (Barkausas, Stoltenberg-Allen, Baumann, & Darling-Fisher, 1994; Weiner & Elkind, 1972).

According to Elkind (1970), adolescents are continually constructing or relating to an imaginary audience which plays a role in the teen's self-consciousness. This "imaginary audience" is continuously observing not only the teens' actions but that of her family and friends. The feeling that everything the adolescent does is under constant scrutiny supports the need to conform to the norm of the peer group. Adolescents also maintain a belief in a personal fable, which is a belief in the personal uniqueness of the teen's own feelings and a belief of their own immortality. In addition to these teenage attributes, adolescents are developing the ability to introspect (using formal operations) and evaluating themselves from the perspective of others (Elkind, 1970). These developmental tasks may make young females susceptible to the culture and any of its messages that devalue their self-esteem.

Eccles et al. (1996) reported that the early adolescent years mark the beginning of a downward spiral for some individuals. This trend may be evidenced by negative motivation, learned helpless responses to failure and a focus on self-evaluation rather than task mastery. Teenagers struggle with an evolving self-concept and a strong need for autonomy and independence (Elkind, 1970; Loghmani & Rickard, 1994; Weiner & Elkind, 1972). This dichotomy between the need for independence and the need for conformity with peers is a hallmark of adolescence (Pipher, 1994). It is not just a period of rapid physical growth and major changes in physical appearance, but a time of increasing liberation from family ties and a continuing shift from home to peers (Weiner & Elkind, 1972). Because teenage social activities often revolve around food, the adolescent needs a flexible plan that allows for choice and spontaneity; one that allows them to eat as their peers do, yet maintain a healthy diet.

Teaching Adolescents About Nutrition

Cognitive and reasoning capacity emerges gradually over the adolescent decade, making younger adolescents less capable than older adolescents of effective reasoning (Petersen & Leffert, 1995). Material must be adjusted not only so that it is understandable to the younger adolescent, but also because their inexperience can increase their anxiety about an issue that would not effect someone older. Making clear the right of the adolescent to refuse to discuss particular issues should increase their comfort with the material and may permit more honest response to discussion (Petersen & Leffert, 1995).

Killian et al. (1993) evaluated the effectiveness of a prevention curriculum designed to modify eating attitudes and unhealthy weight practices in 967 sixth and seventh grade girls. These girls were instructed in harmful effects of unhealthy weight reduction, healthy

weight regulation through sound nutrition and regular exercise, and developing coping skills to resist socio-cultural influences that appear linked to obsessive thinness and dieting. The goal of these authors was to decrease unhealthy eating practices in young adolescent girls. After the teaching interventions there was no change between the study and control groups. These authors suggested that prevention curriculum should be targeted to "at risk" girls only. The "at risk" subgroup was defined as 11-12 year old girls with higher prevalence of substance abuse, unhealthy weight regulation strategies, and depressive symptoms.

Questionable dieting practices of adolescents can have long term negative effects on health and can lead to eating disorders and obesity, particularly in females. Behaviors associated with eating disorders serve powerful emotional functions and create strong barriers to their reduction (Murray, Touyz & Beumont, 1990). Eating disorder prevention should comprise some part of every adolescent's education, however there is some evidence that teaching directly about eating disorders may actually precipitate the disorders in susceptible teens (Grodner, 1991; Fallon, Katzman& Wolley, 1994). Murray, Touyz and Beaumont (1990) interviewed 149 people under the age of 30 and found that the media was the major source of the subjects' information about eating disorders. Over one-third of the females reported that their knowledge of eating disorders had affected their own eating attitudes in some way. These authors suggest that health professionals need to be aware of these behaviors and focus on primary prevention and early intervention with an emphasis on self-esteem, self-efficacy, and healthy eating rather than the potential harm of restrictive eating.

Fries and Croyle (1993) reported that the individual's diet-based stereotypes can

predict their reactions to a nutrition education message. Individuals who held negative stereotypes of people who eat low-fat diets responded more skeptically to information promoting the benefits of a low-fat diet. These authors recommend that the nutrition educator dispel, or at least acknowledge, current stereotypes before giving dietary advice. Discussion on existing stereotypes may increase receptivity to diet information.

Murphy, Youatt, Hoerr, Sawyer, and Andrews, (1994) found in a survey of 270 fifth, eighth, and eleventh grade students that the most popular strategies for learning about healthy diets actively involve students: these included games, food experiments, and computer games. Passive methods of learning, individual projects, and information presented by the teacher were the least preferred methods of instruction.

Food Guide Pyramid

The Food Guide Pyramid was developed to assist healthy Americans to make food choices for total diets which maintain good health (US Dept. Agriculture, 1992). The pyramid has replaced the Basic Four Food Groups and is useful for simple dietary screening and as a foundation for general nutrition education (Pender, 1996). Both nutritional adequacy and overnutrition are addressed in relation to three major messages: dietary variety; moderation of fats; oils and sugars; and dietary proportions (Achterberg, McDonnell, & Bagby, 1994). A diet guided by the Food Guide Pyramid is expected to meet the Recommended Dietary Allowances (RDAs) for all nutrients, contain moderate amounts of fat and sugar, and provide an adequate energy to maintain a healthy weight (Bendich & Deckelbaum, 1997; Schuette, Song, & Hoerr, 1996).

Summary

It is important that that the APN acknowledge , and if possible, dispel current stereotypes before giving dietary advice to increase receptivity of teens to diet teaching. Peers have a major impact on adolescent attitudes and actions. Among adolescents popular methods of teaching include interactive games and activities. Actually teaching about restrictive dieting or eating disorders may precipitated the disease in some susceptible adolescents.

These concepts have been used to tailor the RHPM for young teenage girls. The literature review for this learning module is a base for developing concepts which affect young female adolescent diets within the Revised Health Promotion Model.

Chapter 3

THEORY

Revised Health Promotion Theory

The Revised Health Promotion Model (RHPM) is a competence or approach-orientated theory that can be used by the APN to teach a variety of health issues to individuals across the life span. The RHPM is an attempt to depict the multi-dimensional nature of persons interacting with their environment as they pursue health (Pender, 1996). The RHPM is composed of three major areas. The first area, Individual Characteristics and Experiences, permits each person to be perceived as a unique individual. Behavior-Specific Cognition and Affect is considered to be of major motivational significance. The variables in this category are individual specific and constitute an important source for tailored interventions. The third major category, Behavioral Outcomes, evaluates how the committing to a plan of action and coping with immediate competing demands effects health promoting behavior. The perspective of the RHPM coordinates well with a holistic nursing position. According to Pender (1996) perceived self-efficacy, and identification of benefits and barriers are strong predictors of health behaviors and are important factors when using the RHPM.

According to Pipher (1994) and Elkind (1970), adolescents are still "magical thinkers." They may believe that the potential for future health events such as chronic disease does not exist for them. Since the RHPM does not include fear or threats as sources of motivation for health behavior, the RHPM is particularly useful for adolescents and young adults who may perceive themselves as invulnerable to disease, particularly chronic disease.

Guiding Early Adolescent Females Toward Healthy Eating Behaviors Using the Revised Health Promotion Model

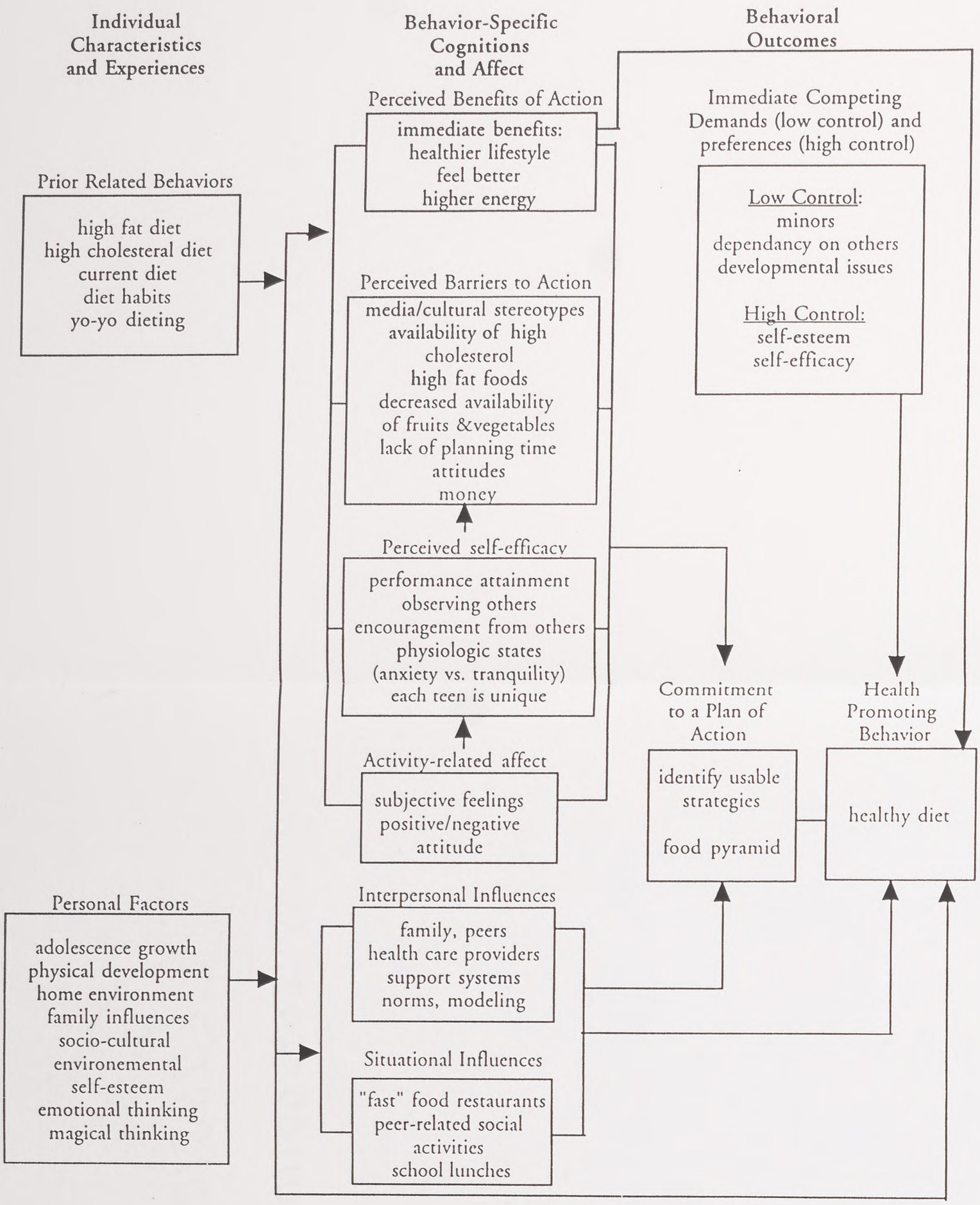

Figure 1

Adapted from RHPM
(Pender, 1996)

Adolescent girls also engage in emotional reasoning, with a limited ability to sort facts from feelings (Pipher, 1994). When emotional reasoning is used, the adolescents' current emotional state has an impact on the decisions they make. In order to impact adolescents who use this type of reasoning, the APN can utilize the RHPM, which accommodates factors unique to adolescents when teaching health promoting behaviors. Figure 1 is representative of how teaching a healthy diet to teenage females works within the RHPM.

Definitions of Terms

For the purposes of this project self-esteem is defined as a person's view of self which is changeable over time. This self-concept includes both positive and negative attributes which are affected by external influences such as social norms and internal ones such as growth.

Early adolescent females refers to girls, twelve to fifteen, who are becoming aware of the changes in their bodies as they reach puberty and are starting to make decisions which can affect these changes.

Healthy eating behaviors are based on the National Dairy Council's Food Guide Pyramid recommendations for daily nutrition intake.

Individual Characteristics and Experiences

The RHPM allows for each person to be treated according to their unique characteristics as well as their experiences, which affect their perspective on health. This model is therefore particularly useful for adolescents. Prior related behaviors, such as the teen's current diet practices and habits, along with personal factors, such as growth and development, home environment, family influences, socio-cultural environment factors, self-esteem, emotional and magical thinking, are evaluated in the beginning. Evaluation of

these characteristics allows the APN to tailor a teaching plan and include variables which are specific to the adolescent and the planned outcome: a healthier diet.

Behavior-Specific Cognition and Affect

Anticipated benefits of a healthy diet provides a motivation to learn the diet. For an adolescent, having more energy for sports and other recreations may provide the motivation, or just feeling better may be enough. Belief in an immediate positive outcome is an important motivating factor and will increase the chance that the teen will invest her time and resources in the plan.

Perceived barriers to action refers to any variable, either real or imagined, that may impair or delay the adolescent from attaining her goal. When readiness to act is low and barriers are high, action is unlikely to occur. Barriers may arouse motives of avoidance in relation to the goal. Barriers may include limited access or lack of time to prepare healthy foods, or intense media or social pressure to consume high fat, high cholesterol snacks.

Perceived self-efficacy is the judgement of personal capability to accomplish a certain level of performance or task (Pender, 1996). Perceptions of competence in a particular area such as diet may provide motivation to achieve the goal. Encouragement from others that the teen does have the skills needed to achieve the goal, along with observing others who are influential to the teen (such as peers, family and even health providers) who are comfortable and confident with a healthy diet will also promote self-efficacy. Physiologic states such as anxiety as opposed to tranquility provide the environment from which the adolescent views her self-efficacy. Self-efficacy will encourage achievement of a healthy diet directly through efficacy expectations and indirectly by affecting perceived barriers and how readily the teen may pursue the goal.

Activity related affect describes any subjective feelings the teen may have ascribed to achieving the goal of a healthy diet. How the adolescent feels about changing her diet, the lesson plan itself, or even the APN, either before, during, or after the lesson influences the effect of the teaching plan on the adolescent. According to Pender (1996), any clues to the learner's emotional state, feelings, or attitude may give the teaching APN valuable information as to the learner's self-efficacy, commitment to the plan and ultimately, goal achievement.

Both interpersonal and situational influences can facilitate or impede behavior (Pender, 1996). Feelings of skill and accomplishment in choosing a healthy diet are likely to encourage the teen to engage in healthy eating behaviors more frequently. An adolescent's self-efficacy may be influenced by the feedback they get from others such as peers and family; their level of development and their cognitive abilities; all of which effect how they view the world.

Situational influences include the teen's perceptions of her available options and the features of the environment in which the healthy diet is to occur. High fat school lunches, "fast" food restaurants and other social occasions frequented by their peers may provide situations which seem incompatible with the goal of a healthy diet. Finding ways to help the adolescent recognize and deal with these influences will have an important effect on goal achievement, the healthy diet.

Behavioral Outcomes

"Immediate competing demands or preferences" refers to thoughts or behaviors that arise immediately before the goal behavior and may compete with the goal behavior. An adolescent who is about to eat an apple when a friend arrives and offers a candy bar is

exposed to an immediate competing preference. If she is in a high control situation (perhaps high self-esteem and self-efficacy) she can pass on the candy bar and continue with the apple. Another example of a high control situation is if the adolescent is eating the apple and no competing situation (such as a candy bar) occurs. She has high control over the situation because there is not a competing preference.

Competing demands for a teenager are situations which arise in which she perceives that she has little or no control. Because teens are still dependent on others to care and provide for them, some may feel decreased control over what choices they have over meals at home and school. Additionally, adolescents may be predisposed developmentally to be more easily influenced to make choices other than their planned one. One method of combating this problem is by implementing a plan of action. Commitment to a plan of action requires that the plan of action is clear and understood by all participants. The plan should be well thought out and include strategies for assessing, performing the task and reinforcing the behavior.

The Revised Health Promotion Model is a theory which includes interpersonal, situational and behavioral influences which effect how an individual may approach learning a healthy behavior. It applies across the life span so it can easily be tailored by the APN when teaching healthy behaviors to adolescent females.

Chapter 4

THE LEARNING MODULE

Goals

The goal of this module is twofold. The first goal is to increase the awareness of early adolescent females ages 12 to 15 as to the impact that the American culture has on their self-esteem and body image. The second goal is to show adolescents how they can use information in this module to make better diet choices. This module is designed to be an overview or an introduction rather than an in-depth coverage of nutrition. It is meant to "get the adolescents' attention" and help adolescents begin to consider developing healthy "achievable" dietary goals rather than unrealistic and potentially dangerous ones.

Expected Outcome

The expected outcome of the module is that the adolescent female will have a foundation of knowledge and a beginning awareness of how to incorporate healthy eating in daily life, so as to increase the potential for a change to healthier eating.

The Instructor

This learning module is designed for use by an APN however other health care providers may find it easy to incorporate this tool in their practice. Other professionals who have contact with adolescents such as teachers, counselors and social workers may also find this tool useful. Co-teaching this module with an adolescent girl who can be viewed as a peer by the students may increase participation and learning of the group.

Setting/Cost

The setting for this program should be in a comfortable well-lit room. A schoolroom, an office lobby after hours, or a living room would be suitable. Since discussion and

group work is the core of the module the seats should be in a circle and at distances apart which are conducive to listening. Materials required for this module are minimal and easily accessible. This module can provide effective health guidance at a negligible cost. Costs may include room rental and salary of the APN during the time of instruction.

Time Frame

This module is designed to be offered in two one-hour sessions. Modifications may be made according to the judgement of the APN to accommodate any limitations which may arise such as room availability and learner needs.

The Group

Participants for the module may come from several sources. The APN in a family practice may draw from his or her practice, for example, adolescents who come in to the office for camp or sports physicals. Local schools, churches and youth groups may also express a need for nutrition education focused on young adolescent females.

The module is designed to promote group interaction and exchange of ideas. Groups larger than eight would make these interactions more difficult and less personal, so are not recommended. Young adolescents in particular who are sensitive to peer pressure and an "imaginary audience" may find large groups inhibiting.

Part I

Objectives: Encouraging Self-Esteem

Through group activities and discussion the participants will be able to:

1) Describe at least two positive attributes of female friends that are not related to physical characteristics.

2) Discuss at least two ways in which self-esteem, particularly of young women, has been impacted by the media and affects lifestyle.
3) Discuss what personal characteristics are an accurate gauge of a person's value or talents.

Background for the APN

Health Promotion: In the United States increased consumption of refined carbohydrates and fats is a major health problem. The over-consumption of excess amounts of fats, cholesterol, sugar, and salt has been linked to a number of chronic diseases that contribute to disability and mortality (1). The National Research Council Committee on Diet and Health found that there is a highly suggestive link between diet and certain forms of cancer, especially those of the gastrointestinal tract, breast, lung and prostate.

In addition to the long term health risks of increased weight for teens, the most prevalent immediate consequences of overweight during adolescence are psychosocial. Social isolation and peer problems frequently occur in overweight children (2).

Healthy People 2000: National Health Promotion and Disease Prevention Objectives recommend that by the year 2000 seventy-five percent of primary health care providers should be providing clients with nutrition assessment and counseling or referral to a qualified nutritionist (3). APN's need to be aware of this recommendation and implement nutrition counseling and teaching to all age groups including adolescents.

The Effect of Western Media: Magazines and advertisements geared toward females tend to focus on changing the female body. Thinness is often equated with beauty, health, and, most importantly, personal value. The American media for many years has suggested to the public what changes the average female should make to correct her physical flaws, and

what product is needed and available to correct these imperfections. The fashion industry, television, movies and particularly magazines are filled with young women who are very thin. Shape and looks which are unattainable for the average female are portrayed as the "ideal" healthy happy person (4). Only five per-cent of the population is genetically prepared to achieve the type of body style now prevalent in television and magazines (5). The American media/culture, with its focus on "lookism," presents an unachievable goal to American youth which can result in a cycle of lower self-esteem, self-consciousness about one's body and a drive to become thinner rather than healthier (6).

In addition to promoting thinness, the media is also a source that promotes high fat fast foods. Television portrays healthy, energetic, and happy people having fun because they are eating fast food. Ironically, a disproportionate decreased metabolic rate has been noted among overweight children while watching television (7).

Western culture also send messages that fat is dangerous, unhealthy and caused by lack of personal control. Prejudice against larger size people is one of the last socially acceptable forms of bigotry in America today (8). This pervasive and accepted discrimination can lead to an unrealistic fear of even the smallest weight gain in still-developing adolescent girls (9).

Self-Esteem and Teaching a Healthy Diet: The basic premise of this module is that higher self-esteem enables self-efficacy of girls and as a result the adolescent is able to make good food choices and avoid negative behaviors such as high fat consumption, restrictive eating or yo-yo dieting. It is unclear whether adolescents with less self-esteem diet more often or that struggles related to dieting lower a person's self-esteem (10). Interventions to promote healthy adolescents need to include skill development around

early dieting behaviors. Specifically teaching about the risks of dieting or eating disorders have actually precipitated the disorder in susceptible adolescents therefore this module does not address restrictive eating or eating disorders (11,12). Health professionals need to be aware of high risk behaviors and focus on prevention and early intervention with an emphasis on self-esteem and self-efficacy (13).

Growth and Development: Adolescent females from ages 12 to 15 are at an age when they are focusing on the self and the task of becoming comfortable with body changes and appearance (14). The adolescent begins to separate from parents through less involvement in family activities and increased criticism of parents. Conformity and acceptance of peer group standards gain increased importance (14). The female peer group consists mostly of same-sex friends, however there is an increased interest in males (14). Adolescents are continually constructing or relating to an "imaginary audience" which plays a role in their self-consciousness (15). The feeling that everything the adolescent does is under constant scrutiny supports the teen's need to conform to the norm of the peer group. Adolescents struggle with an evolving self-concept and a strong need for autonomy and independence. This dichotomy between a need for independence and need for conformity with peers is a hallmark of adolescence (16). Because their social activities often revolve around food, teenagers need a flexible plan that allows for choice and spontaneity so they can eat as their peers do, yet maintain a healthy diet.

Teaching the Adolescent: Cognitive and reasoning capacity emerges gradually over the adolescent decade, making younger, less experienced adolescents less capable than older adolescents of effective reasoning(17). Making clear the right of the adolescent to refuse to discuss the particular issues should increase her comfort with the material and may

permit more honest response to discussion (17). The most popular strategies for learning about healthy diets actively involve students: games, food experiments, and computer games. Passive methods of learning, individual projects, and information presented by the teacher were the least preferred method of instruction (18).

Outline for Part I

I. Introductions

A. APN

B. The students

1. Self-introductions

a. Optional game: Sitting in a small circle everyone states their name once. Pass a ball from person to person anywhere in the circle. As the ball is passed to each person they must state their name and the name of each person who had the ball before them in order. The APN may be included.

2. Nametags-optional

II. The media and self-esteem

A. What should we look like?

B. Pass out magazines

1. Activities and group discussion

Activities/Group Discussion

Group discussion can increase critical thinking and promote new paradigms of thought. This section of the model provides time for discussion and exchange of ideas. One or all of the questions can be used.

Exercise 1. Pass out magazines such as "Seventeen", "People" and "YM", ask the group

to discuss how the advertisements may promote increased size anxiety and decreased self-esteem.

1) Do they encourage the need to conform to a set standard? Whose standard?

2) How would you change the ads? What words would you use?

3) How many different sizes and shapes are pictured in the models?

Exercise 2. Think about someone important to you, or that you admire or care about.

1) What are some of the qualities of that person that you like or love?

2) When you first meet someone what makes up your first impression?

3) What is really important?

Exercise 3. Tape a piece of paper on the back of each adolescent. Have each person write something they like about the person wearing the paper that is not related to appearance. Each girl should write on the back of every other girl. When the girls are done allow them to read their own paper.

1) How does it make them feel?

2) What are some ways that we can feel good about who we are every day?

2) What about a "bad day"?

Evaluation of Objectives

At the end of this discussion the group leader should summarize some of the ideas and use the objectives to evaluate the discussion. Have each adolescent spend a few minutes answering each objective. The adolescents may prefer to answer each question together as a group or write a strategy to meet each objective.

Transition to Part II

If the module is to be separated into two sessions, ask the group to increase their diet by adding one fruit a day. They are to come back to the next group meeting and tell what fruit they picked and how they were able to able to do it.

Part II

Objectives: The Food Pyramid and Eating Healthy

Through group activities and discussion the participants will be able to:

1) List three foods found at "fast food" restaurants that can be considered healthy.
2) Identify which two groups in the food pyramid which should comprise most of our daily diet and which two food groups we may need less of.
3) Identify two healthy foods that each participant likes and will increase in his/her daily diet.

Background for the APN

Immediate Competing Demands or Preferences: "Immediate competing demands or preferences" refers to thoughts or behaviors that arise immediately before the goal behavior and may compete with the goal behavior (19). An adolescent who is about to eat an apple when a friend arrives and offers a candy bar is exposed to an immediate competing preference. If she is in a high control situation (perhaps high self-esteem and self-efficacy) she can pass on the candy bar and continue with the apple. Another example of a high control situation occurs if the adolescent is eating the apple and no competing situation (such as a candy bar) arises. She has high control over the situation because there is not a competing preference.

Competing demands are situations which arise in which an adolescent perceives that

he/she has little or no control (19). Because teens are still dependent on others to care and provide for them, some may feel decreased control over choices they have in meals at home and school. Additionally, adolescents may be predisposed developmentally to be easily influenced to make choices other than their planned one. One method of combating this problem is by implementing a plan of action. Commitment to a plan of action requires that the plan of action is clear and understood by all participants. The plan should be well thought-out and should include strategies for assessing, performing the task, and reinforcing the behavior.

The Food Pyramid

A. Materials: Michigan Dairy Council (800) 241-Milk

    1. Catalog with posters, teen magazines, and charts. Most materials are free.

B. Each adolescent should have a copy of the food pyramid if possible. If not, one food pyramid chart should be placed where everyone can view it easily

Activities and Group Discussion

Activity 1. By early adolescence most students are familiar with the food pyramid. Ask the group a few questions to asses their familiarity.

1) Have they used the pyramid at home at or at school?

2) What food groups are important to eat most often?

3) Which group should be used least?

Activity 2. After each person has viewed the food pyramid ask the following:

1) Relate some benefits of eating a healthy diet that would encourage them to eat healthier. (Sports, feel better, increased energy).

2) What are the things that make it hard to eat "good" foods instead of high fat

foods? (Barriers: media/culture, availability and attraction of high fat, high cholesterol foods, decreased availability of fruits and vegetables, taste preferences, school lunches, planning time).

Group discussion

Pass out copies of the Food Pyramid and Combination/Fast Food information sheet that accompany this module. If extra copies are not available for all, have one copy in a central place that each girl can easily see. Have each girl choose a different fast food that she likes and describe where its contents fit within the food pyramid.

Questions: 1) Of the foods that you chose, which ones seem healthier? Why?

2) What parts of the food pyramid should you make more choices from?

3) Did any of the food that you chose come from the top of the food pyramid?

Activity 3. Divide the group into two or three groups and give each group one of the following scenarios. Allow approximately 10 minutes for the girls to prepare their skit/role play. Have each group present their skit to the other groups. Discuss role play scenarios depicting situational influences including high control and low control situations.

Skit 1: Role play a trip to Wendy's or McDonald's. Have someone take the orders as an employee while the others act as a group of girls who are friends and ordering food. What situations would encourage you to pick healthy foods? Less healthy foods?

Skit 2: While ordering orange juice or milk and a baked potato at Wendys; a friend says "Have you tried the fries here? Everybody always eats fries here." Do you change your order? What do the other girls in the group say?

Skit 3: You have a friend over after school and are deciding on a snack. You have been

anxious to have this friend over for a long time and she is finally here. What are you going to do?

Questions for the whole group: What strategies have they identified? What are the factors that may have prevented good food choices? What factors helped to make good food choices? What makes you want to choose healthier foods?

Evaluation

At the end of this discussion the group leader should summarize the ideas and use the objectives to evaluate the discussion. Have each adolescent spend a few minutes writing an answer for each objective. The adolescents may prefer to answer each question together as a group or write a strategy to meet each objective.

Resources

Michigan Dairy Council (800) 241-Milk
2163 Jolly Rd.
Okemos MI, 48864
Catalog with posters, teen magazines, and charts.
Most materials are free.

Books

Reviving Ophelia: Saving the Selves of Adolescent Girls by M. Pipher, 1994
Ballantine Books
Case studies of adolescent girls who exhibit negative self-esteem related to growth and development issues. Cultural issues are addressed

The Body Project: An Intimate History of American Girls by J. Brumberg, 1997
Random House
Explores the historical roots of the societal and psychological pressures on adolescent girls through the use of diaries dating from 1830 to present.

Self Esteem Comes in All Sizes by C. Johnson, 1995
Doubleday
Explores the relationship between body size and self-esteem in women.

Feminist Perspectives on Eating Disorders, by P. Fallon, M. Katzman, and S. Wolley, 1994 Guilford Press
Includes chapters which describe how western media and culture have affected womens view of themselves.

National Eating Issues Organizations:
Eating Disorders Awareness and Prevention (EDAP)
603 Stewart Street #803
Seattle, WA 98101
(206) 382-3587 FAX: (206) 292-9890
Web site: http://members.aol.com/edapinc/home.html.

National Eating Disorders Organization (NEDO)
6655 South Yale
Tulsa, OK 74136
(918) 481-4044
Web site: http://www.laureate.com/nedo-con.html

Council on Size and Weight Discrimination, Inc.
P.O. Box 305
Mt. Marion, NY 12456
(914) 679-1209

Internet Resources
Healthy People 2000
http://odphp.oash.dhhs.gov/pubs/hp2000/

1995Dietary Guidelines for Americans
http://odphp.sosph.dhhs.gov/pubs/dietguid/default.htm

Health Prevention Issues
http://os.dhhs.gov
choose healthfinder, then search for any topic

HUGS International
http://ww.hugs.com/

Food Pyramid Guide
http://www.ganesa.com/food/index.html

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Chapter 5

IMPLICATIONS FOR THE ADVANCED PRACTICE NURSE

Healthy people 2000: National Health Promotion and Disease Prevention Objectives recommends that by the year 2000 seventy-five percent of primary health care providers should be providing nutrition assessment and counseling or referral to qualified nutritionists or dietitians (US Public Health Service, 1991). As a primary health care provider, the advanced practice nurse needs to be aware of this recommendation and implement nutrition counseling and teaching to all age groups including young adolescent females.

The family APN is in an excellent position to guide early adolescent females toward healthy eating behaviors, since the primary role of the APN is to interact with clients and facilitate a holistic approach to health. Education is a key aspect of preventative health care. The APN may have many opportunities to influence young adolescent females because adolescent social groups may look to him/her for guidance in teaching healthy lifestyle practices. The APN as a change agent can give young adolescent females new information or strategies related to diet that are geared to improve their lifestyles and health through a systematic learning tool. As an assessor and leader, the APN can evaluate each teaching group separately to tailor the sessions to achieve optimum impact.

Today's primary health care system serves as a point of entry, screening area, and education arena with the ultimate goal to preserve health and prevent disease in a cost conscious climate. This learning module can provide a low cost tool for use by the APN in the role of educator. The salary of the instructor and any room charges are the primary

costs of this tool. To reduce the cost, other health providers or lay persons could also be trained to utilize this learning module. This tool provides for measurable outcomes and attainable objectives within the APN role and the economic constraints of managed care and capitation. Measurements such as the number of fruits and vegetables that have been added to the teen's diet, or the amount that intake of candy and high fat foods has been decreased could be used to evaluate the effectiveness of the module.

In addition to promoting a basic awareness of healthy eating, this module emphasizes self-esteem. Nursing and nutrition literature have indicated that higher self-esteem can empower young adolescent females and improve their self-efficacy. Conversely, focusing on eating disorders and the dangers of restrictive dietary intake can actually precipitate restrictive eating in susceptible young girls. Through self-efficacy, by incorporating the benefits and the barriers that impact healthy eating, this module can provide a foundation for young adolescent girls to continue to choose healthier foods for a lifetime; enabling the adolescent to assume increased responsibility for her own health.

There are potentially many adolescent groups which may look to the APN for nutrition guidance. Members of the community such as schools, scout groups and church groups and members of her/his own practice may invite the APN to participate in an education group as part of a pro-active approach to health. Such organizations dealing with adolescent females may develop or already have in place policies which require healthy diet education as a part of their services or curricula. The APN in his/her role as educator may influence the educational policy of these organizations to include self-esteem in their health curricula.

Research Opportunities

Pender (1996) recommends that the Revised Health Promotion Model (RHPM) be tested empirically after measures of specific health behavior variables are developed. Because this learning module incorporates constructs such as perceived benefits of actions, perceived self-efficacy, interpersonal influences and perceived barriers to action, this tool could be tailored for use in a health promotion intervention study to evaluate the RHPM. Reliable tools specific for measurement of self-esteem or self-efficacy given before and after the teaching intervention may contribute more information about these variables and how they effect young female adolescent diets within the RHPM.

Quantitative data related to specific diet variables may also be useful. Comparisons between numbers of fruits and vegetables per day, quantity of "junk" food per week or soft drinks per day could be measured before and after intervention with this learning module to evaluate the module's effectiveness. Previously validated questionnaires designed to measure satisfaction or quality of life related to lifestyle changes may also be useful for comparison before and after the learning module to test its impact. Longitudinal studies that evaluate the impact of dietary instruction over time would also be useful.

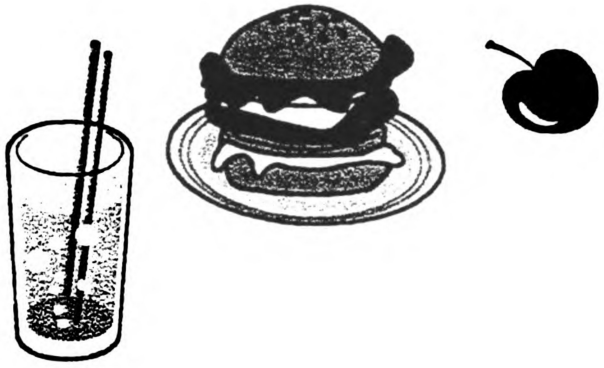
Summary

Teaching healthy eating to young adolescent females is a task which requires the APN to use sound research and theory-based strategies in order to maximize success. Advanced practice nurses need to be aware of high risk behaviors in adolescent females and focus on prevention and early intervention with an emphasis on self-esteem and self-efficacy. Interventions to promote health in adolescents need to include skill development around early dieting behaviors. There are barriers specific to this population which must

be addressed. By using the RHPM to help identify pertinent barriers and develop tailored strategies, the APN can impact one part of the female adolescent lifestyle and set the stage for future healthier living.

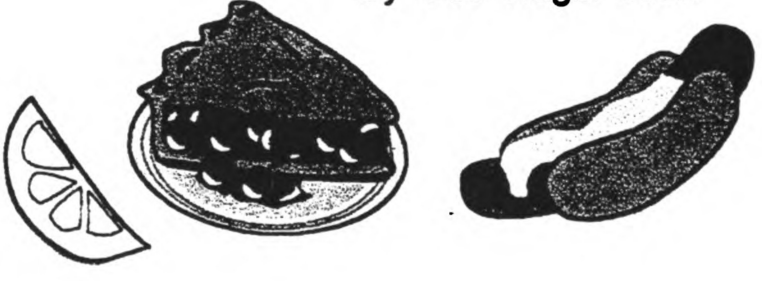
This learning module has been evaluated by a Pediatric Nurse Practitioner, a Family Nurse Practitioner, four adolescent girls ages 11, 12, 13, and 14, and two secondary school teachers. One of these teachers teaches eighth grade English and the second substitutes in a variety of junior and senior high classrooms. Each of the adult evaluators were asked to review the learning module as to its relevance and achievability. The nurse practitioners felt that the module could be easily utilized, was very pertintant and did not have further recommendations. The teachers also liked the idea that the module could be easily utilized and that it was tailored for a difficult audience. The teachers had suggestions related to making the objectives clearer for the educator/nurse. The young adolescents evaluations centered on improving the activities and role play scenarios. All of their suggestions have been taken into account and the module has been adjusted accordingly.

APPENDIX



USING SELF-ESTEEM AS A CONCEPT FOR GUIDING EARLY ADOLESCENT FEMALES TOWARD HEALTHY EATING BEHAVIORS: A LEARNING MODULE

By Sue Hager R.N.



INTRODUCTION

Healthy People 2000: National Health Promotion and Disease Prevention Objectives recommend that by the year 2000 seventy-five percent of primary health care providers should be providing nutrition assessment and counseling. This learning module is designed to help the Advanced Practice Nurse (APN) meet this goal as it applies to early adolescent females.

The APN needs to be aware of behaviors specific to early adolescent females and focus on primary prevention with an emphasis on self-esteem, self-efficacy, and healthy eating rather than the potential harm of dieting. Many factors, particularly physical growth, emotional development, self-esteem, peer pressure and the media influence the adolescent diet. The concept of self-esteem as it relates to healthy food choices for the early adolescent female is emphasized in the module.

The Revised Health Promotion Theory guided the development of the module. It is an approach-orientated theory which allows the APN to include characteristics and experiences unique to young adolescent females. The module provides an educational tool which offers measurable outcomes within the APN role and the economic constraints of managed care.

THE LEARNING MODULE

Goals

The goal of this module is twofold. The first goal is to increase the awareness of early adolescent females ages 12 to 15 as to the impact that the American culture has on their self-esteem and body image. The second goal is to show adolescents how they can use information in this module to make better diet choices. This module is designed to be an overview or an introduction rather than an in-depth coverage of nutrition. It is meant to "get the adolescents' attention" and help adolescents begin to consider developing healthy "achievable" dietary goals rather than unrealistic and potentially dangerous ones.

Expected Outcome

The expected outcome of the module is that the adolescent female will have a foundation of knowledge and a beginning awareness of how to incorporate healthy eating in daily life, so as to increase the potential for a change to healthier eating.

The Instructor

This learning module is designed for use by an APN however other health care providers may find it easy to incorporate this tool in their practice. Other professionals who have contact with adolescents such as teachers, counselors and social workers may also find this tool useful. Co-teaching this module with an adolescent girl who can be viewed as a peer by the students may increase participation and learning of the group.

Setting/Cost

The setting for this program should be in a comfortable well-lit room. A schoolroom, an office lobby after hours, or a living room would be suitable. Since discussion and group work is the core of the module the seats should be in a circle and at distances apart

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Self-Esteem and Teaching a Healthy Diet: The basic premise of this module is that higher self-esteem enables self-efficacy of girls and as a result the adolescent is able to make good food choices and avoid negative behaviors such as high fat consumption, restrictive eating or yo-yo dieting. It is unclear whether adolescents with less self-esteem diet more often or that struggles related to dieting lower a person's self-esteem (10). Interventions to promote healthy adolescents need to include skill development around

early dieting behaviors. Specifically teaching about the risks of dieting or eating disorders have actually precipitated the disorder in susceptible adolescents therefore this module does not address restrictive eating or eating disorders (11,12). Health professionals need to be aware of high risk behaviors and focus on prevention and early intervention with an emphasis on self-esteem and self-efficacy (13).

Growth and Development: Adolescent females from ages 12 to 15 are at an age when they are focusing on the self and the task of becoming comfortable with body changes and appearance (14). The adolescent begins to separate from parents through less involvement in family activities and increased criticism of parents. Conformity and acceptance of peer group standards gain increased importance (14). The female peer group consists mostly of same-sex friends, however there is an increased interest in males (14). Adolescents are continually constructing or relating to an "imaginary audience" which plays a role in their self-consciousness (15). The feeling that everything the adolescent does is under constant scrutiny supports the teen's need to conform to the norm of the peer group. Adolescents struggle with an evolving self-concept and a strong need for autonomy and independence. This dichotomy between a need for independence and need for conformity with peers is a hallmark of adolescence (16). Because their social activities often revolve around food, teenagers need a flexible plan that allows for choice and spontaneity so they can eat as their peers do, yet maintain a healthy diet.

Teaching the Adolescent: Cognitive and reasoning capacity emerges gradually over the adolescent decade, making younger, less experienced adolescents less capable than older adolescents of effective reasoning(17). Making clear the right of the adolescent to refuse to discuss the particular issues should increase her comfort with the material and may

permit more honest response to discussion (17). The most popular strategies for learning about healthy diets actively involve students: games, food experiments, and computer games. Passive methods of learning, individual projects, and information presented by the teacher were the least preferred method of instruction (18).

Outline for Part I

I. Introductions

   A. APN

   B. The students

      1. Self-introductions

         a. Optional game: Sitting in a small circle everyone states their name once. Pass a ball from person to person anywhere in the circle. As the ball is passed to each person they must state their name and the name of each person who had the ball before them in order. The APN may be included.

      2. Nametags-optional

II. The media and self-esteem

   A. What should we look like?

   B. Pass out magazines

      1. Activities and group discussion

Activities/Group Discussion

Group discussion can increase critical thinking and promote new paradigms of thought. This section of the model provides time for discussion and exchange of ideas. One or all of the questions can be used.

Exercise 1. Pass out magazines such as "Seventeen", "People" and "YM", ask the group

to discuss how the advertisements may promote increased size anxiety and decreased self-esteem.

1) Do they encourage the need to conform to a set standard? Whose standard?

2) How would you change the ads? What words would you use?

3) How many different sizes and shapes are pictured in the models?

Exercise 2. Think about someone important to you, or that you admire or care about.

1) What are some of the qualities of that person that you like or love?

2) When you first meet someone what makes up your first impression?

3) What is really important?

Exercise 3. Tape a piece of paper on the back of each adolescent. Have each person write something they like about the person wearing the paper that is not related to appearance. Each girl should write on the back of every other girl. When the girls are done allow them to read their own paper.

1) How does it make them feel?

2) What are some ways that we can feel good about who we are every day?

2) What about a "bad day"?

Evaluation of Objectives

At the end of this discussion the group leader should summarize some of the ideas and use the objectives to evaluate the discussion. Have each adolescent spend a few minutes answering each objective. The adolescents may prefer to answer each question together as a group or write a strategy to meet each objective.

Transition to Part II

If the module is to be separated into two sessions, ask the group to increase their diet by adding one fruit a day. They are to come back to the next group meeting and tell what fruit they picked and how they were able to able to do it.

Part II

Objectives: The Food Pyramid and Eating Healthy

Through group activities and discussion the participants will be able to:

1) List three foods found at "fast food" restaurants that can be considered healthy.
2) Identify which two groups in the food pyramid which should comprise most of our daily diet and which two food groups we may need less of.
3) Identify two healthy foods that each participant likes and will increase in his/her daily diet.

Background for the APN

Immediate Competing Demands or Preferences: "Immediate competing demands or preferences" refers to thoughts or behaviors that arise immediately before the goal behavior and may compete with the goal behavior (19). An adolescent who is about to eat an apple when a friend arrives and offers a candy bar is exposed to an immediate competing preference. If she is in a high control situation (perhaps high self-esteem and self-efficacy) she can pass on the candy bar and continue with the apple. Another example of a high control situation occurs if the adolescent is eating the apple and no competing situation (such as a candy bar) arises. She has high control over the situation because there is not a competing preference.

Competing demands are situations which arise in which an adolescent perceives that

he/she has little or no control (19). Because teens are still dependent on others to care and provide for them, some may feel decreased control over choices they have in meals at home and school. Additionally, adolescents may be predisposed developmentally to be easily influenced to make choices other than their planned one. One method of combating this problem is by implementing a plan of action. Commitment to a plan of action requires that the plan of action is clear and understood by all participants. The plan should be well thought-out and should include strategies for assessing, performing the task, and reinforcing the behavior.

The Food Pyramid

A. Materials: Michigan Dairy Council (800) 241-Milk
    1. Catalog with posters, teen magazines, and charts. Most materials are free.
B. Each adolescent should have a copy of the food pyramid if possible. If not, one food pyramid chart should be placed where everyone can view it easily

Activities and Group Discussion

Activity 1. By early adolescence most students are familiar with the food pyramid. Ask the group a few questions to asses their familiarity.

1) Have they used the pyramid at home at or at school?
2) What food groups are important to eat most often?
3) Which group should be used least?

Activity 2. After each person has viewed the food pyramid ask the following:

1) Relate some benefits of eating a healthy diet that would encourage them to eat healthier. (Sports, feel better, increased energy).
2) What are the things that make it hard to eat "good" foods instead of high fat

foods? (Barriers: media/culture, availability and attraction of high fat, high cholesterol foods, decreased availability of fruits and vegetables, taste preferences, school lunches, planning time).

Group discussion

Pass out copies of the Food Pyramid and Combination/Fast Food information sheet that accompany this module. If extra copies are not available for all, have one copy in a central place that each girl can easily see. Have each girl choose a different fast food that she likes and describe where its contents fit within the food pyramid.

Questions: 1) Of the foods that you chose, which ones seem healthier? Why?

2) What parts of the food pyramid should you make more choices from?

3) Did any of the food that you chose come from the top of the food pyramid?

Activity 3. Divide the group into two or three groups and give each group one of the following scenarios. Allow approximately 10 minutes for the girls to prepare their skit/role play. Have each group present their skit to the other groups. Discuss role play scenarios depicting situational influences including high control and low control situations.

Skit 1: Role play a trip to Wendy's or McDonald's. Have someone take the orders as an employee while the others act as a group of girls who are friends and ordering food. What situations would encourage you to pick healthy foods? Less healthy foods?

Skit 2: While ordering orange juice or milk and a baked potato at Wendys; a friend says "Have you tried the fries here? Everybody always eats fries here." Do you change your order? What do the other girls in the group say?

Skit 3: You have a friend over after school and are deciding on a snack. You have been anxious to have this friend over for a long time and she is finally here. What are you going to do?

Questions for the whole group: What strategies have they identified? What are the factors that may have prevented good food choices? What factors helped to make good food choices? What makes you want to choose healthier foods?

Evaluation

At the end of this discussion the group leader should summarize the ideas and use the objectives to evaluate the discussion. Have each adolescent spend a few minutes writing an answer for each objective. The adolescents may prefer to answer each question together as a group or write a strategy to meet each objective.

Resources

Michigan Dairy Council (800) 241-Milk
2163 Jolly Rd.
Okemos MI, 48864
Catalog with posters, teen magazines, and charts.
Most materials are free.

Books

Reviving Ophelia: Saving the Selves of Adolescent Girls by M. Pipher, 1994
Ballantine Books
Case studies of adolescent girls who exhibit negative self-esteem related to growth and development issues. Cultural issues are addressed

The Body Project: An Intimate History of American Girls by J. Brumberg, 1997
Random House
Explores the historical roots of the societal and psychological pressures on adolescent girls through the use of diaries dating from 1830 to present.

Self Esteem Comes in All Sizes by C. Johnson, 1995
Doubleday
Explores the relationship between body size and self-esteem in women.

Feminist Perspectives on Eating Disorders, by P. Fallon, M. Katzman, and S. Wolley, 1994 Guilford Press
Includes chapters which describe how western media and culture have affected womens view of themselves.

National Eating Issues Organizations:
Eating Disorders Awareness and Prevention (EDAP)
603 Stewart Street #803
Seattle, WA 98101
(206) 382-3587 FAX: (206) 292-9890
Web site: http://members.aol.com/edapinc/home.html.

National Eating Disorders Organization (NEDO)
6655 South Yale
Tulsa, OK 74136
(918) 481-4044
Web site: http://www.laureate.com/nedo-con.html

Council on Size and Weight Discrimination, Inc.
P.O. Box 305
Mt. Marion, NY 12456
(914) 679-1209

Internet Resources
Healthy People 2000
http://odphp.oash.dhhs.gov/pubs/hp2000/

1995Dietary Guidelines for Americans
http://odphp.sosph.dhhs.gov/pubs/dietguid/default.htm

Health Prevention Issues
http://os.dhhs.gov
choose healthfinder, then search for any topic

HUGS International
http://ww.hugs.com/

Food Pyramid Guide
http://www.ganesa.com/food/index.html

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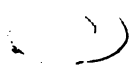
GUIDE TO GOOD EATING

Anyone can eat for good health. Just follow these 2 simple steps:

1. ***Eat foods from all Five Food Groups every day.*** Each food group provides you with different nutrients.
2. ***Eat different foods from each food group every day.*** Some foods in a food group are better sources of a nutrient than others. By eating several foods from each food group, you increase your chance of getting all the nutrients you need.

Every day eat:	*Suggested Serving Sizes*				
MILK *Group for calcium* **2-4 servings***	 Milk 1 cup	 Yogurt 1 cup	 Cheese 1½ – 2 oz	 Cottage cheese ½ cup	 Ice cream, ice milk, frozen yogurt ½ cup
MEAT *Group for iron* **2-3 servings**	 Cooked, lean meat 2-3 oz	 Cooked, lean poultry, fish 2-3 oz	 Egg 1	 Peanut butter 2 tbsp	 Cooked, dried peas, dried beans ½ cup
VEGETABLE *Group for vitamin A* **3-5 servings**	 Juice ¾ cup	 Raw vegetable ½ cup	 Raw leafy vegetable 1 cup	 Cooked vegetable ½ cup	 Potato 1 medium
FRUIT *Group for vitamin C* **2-4 servings**	 Juice ¾ cup	 Raw, canned, or cooked fruit ½ cup	 Apple, banana, orange, pear 1 medium	 Grapefruit ½	 Cantaloupe ¼
GRAIN *Group for fiber* **6-11 servings**	 Bread 1 slice	 English muffin, hamburger bun ½	 Ready-to-eat cereal 1 oz	 Pasta, rice, grits, cooked cereal ½ cup	 Tortilla, roll, muffin 1

Some foods don't have enough nutrients to fit in any of the Five Food Groups. These foods are called "Others." These foods are okay to eat in moderation. They should not replace foods from the Five Food Groups.

*USDA recommends 2-3 servings of Milk Group foods. Four servings are recommended on the Guide to Good Eating for teens, adults under 25 years of age, and pregnant and lactating women due to their higher needs for calcium.

"OTHERS" *Category*

Fats and oils, sweets, salty snacks, alcohol, other beverages, and condiments

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GUIDE TO GOOD EATING

Every day eat different foods from each food group.

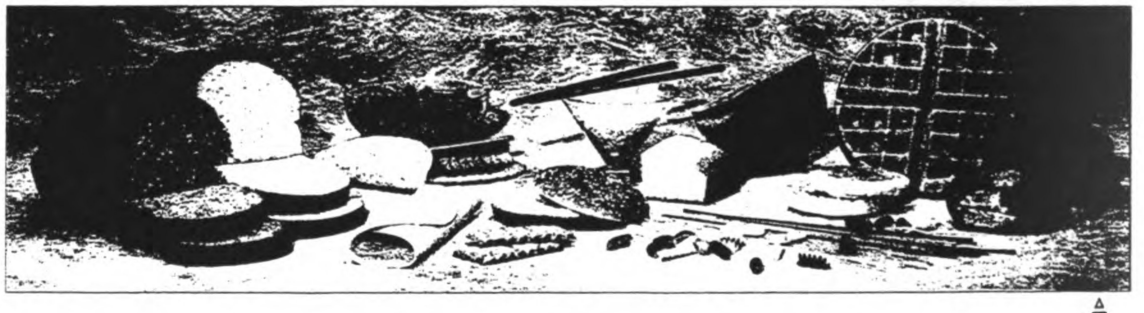
MILK *Group*
*2-4 servings**

MEAT *Group*
2-3 servings

VEGETABLE *Group*
3-5 servings

FRUIT *Group*
2-4 servings

GRAIN *Group*
6-11 servings



The Guide to Good Eating can be used in conjunction with the Daily Food Guide Pyramid

Combination**

Foods	Calories	Protein (g)	Carbohydrate (g)	Fat (g)	Vitamin A	Vitamin C	Calcium	Iron
Baked Beans with pork, ½ cup	123	7	24	1			◇	◆
Beef Stew homemade, 1 cup	221	23	20	5	◆	◆		◑
Chef's Salad w/o dressing, 1½ cups	267	26	5	16	◆	◆	◆	◑
Chicken Pot Pie frozen, baked, 1 pie	450	15	44	24	▶			◑
Chili 1 cup	254	25	22	8	◆		◇	◆
Chop Suey beef and pork, 1 cup	300	26	13	17	▶	◆	◇	◆
Chow Mein chicken, 1 cup	255	31	10	10		◗	◇	◑
Lasagna with meat, 2½x2½"	398	26	30	20		◗	◆	◑
Macaroni & Cheese from box, cooked, 1 cup	339	14	48	10	▶		◑	◑
Quiche with bacon, ⅛ pie	600	13	29	48	◈		◆	◇
Sandwich, PBJ peanut butter and jelly	347	12	45	15			◇	◑
Sandwich, Sub cold cuts/cheese	400	11	72	8			◑	◆
Sandwich, Turkey whole wheat bread	267	24	33	5			◇	◑
Soup, Chicken Noodle canned, 1 cup	75	4	9	2	▶			
Soup, Clam Chowder with whole milk, 1 cup	163	9	17	7			◑	◇
Soup, Tomato with water, 1 cup	86	2	17	2	▶	◆		◑
Soup, Tomato with whole milk, 1 cup	160	6	22	6	▶	◆	◑	◑
Spaghetti/Meat Balls homemade, 1 cup	330	19	39	12	◆	◆	◑	◆
Tuna Salad ½ cup	192	16	10	9				◇

**Foods that contain ingredients from more than one food group

Fast†

Foods	Calories	Protein (g)	Carbohydrate (g)	Fat (g)	Vitamin A	Vitamin C	Calcium	Iron
Burger King® BK Broiler® Sandwich	540	30	41	29		◗		◆
Burger King® BK Big Fish Sandwich	720	25	59	43			◇	◆
Burger King® Whopper,® w/cheese	730	33	46	46	▶	◗	◆	◆
Dairy Queen® Hot dog	240	9	19	14			◇	◑
Domino's® Cheese pizza, 2 slices 12"	344	15	50	10			◆	◑
KFC® Colonel's™ Chicken Sandwich	482	21	39	27			◇	◇
McDonald's® Cheeseburger	320	15	36	13			◑	◑
McDonald's® Chicken McNuggets (6 pieces)	300	19	16	18				◇
McDonald's® Egg McMuffin®	290	17	27	13	▶		◑	◑
McDonald's® McLean Deluxe™	350	24	37	12		◗	◑	◆
McDonald's® Quarter Pounder,® w/cheese	530	28	37	29	▶		◑	◆
Pizza Hut® Cheese pizza, 1 slice 12", thin crust	205	11	21	8	▶		◑	◇
Taco Bell® Bean burrito	390	13	58	12	◆		◆	◆
Taco Bell® Beef taco	180	10	10	11	◆		◇	◇
Taco Bell® Chicken soft taco	220	14	19	10	◆		◇	◑
Wendy's® Broccoli and cheese potato	470	9	80	14	◆	◆	◆	◆
Wendy's® Grilled Chicken Salad	200	25	10	8	◆	◆	◆	◑
Wendy's® Single (w/cheese/everything)	420	26	37	20		◗	◑	◆

†For more information on fast foods, see *Fast Food: Today's Guide to Healthy Choices*. To obtain a copy of this brochure, contact your local Dairy Council® or call 1-800-426-8271 for the Dairy Council nearest you.

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