# Selected Abstracts from Unpublished Works

## THE ADVERSE EFFECTS OF WEIGHT CONTROL IN TEENAGE GIRLS

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The study focused on the weight control beliefs and behaviors of teenage girls and the problems experienced by those undertaking weight control activities. Specifically examined were (1) ideals for body weight and shape, (2) types of weight control activities practiced, (3) side effects of dieting and diet drugs, (4) reactions to side effects, (5) reasons for weight control activities, (6) perceived causes of weight control problems, and (7) prevalence of anorectic-like behaviors among "normal" dieters.

The study was conducted from June 1978 to November 1979 at Frances Payne Bolton School of Nursing, Case Western

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## Methodology

A survey method was used for data collection. The sample consisted of 144 junior and senior high school girls in two Midwestern suburban communities who volunteered to complete a written questionnaire. The questionnaire had been developed by the investigator for the study. All respondents met the following criteria: were female, between 13 and 18 years of age, had performed some kind of weight control activity during the year prior to the study, considered themselves to have an ongoing weight problem, and had written parental permission to participate in the study.

Data were analyzed by determining the frequency of responses to individual questionnaire items. Respondents were grouped into weight and height status groups by comparing reported weights and heights to weight and height norms by age, as published by the National Center for Health Statistics. Response patterns to questionnaire items were compared for respondents in above normal, below normal, and normal weight groups.

The number of respondents in the three groups included 40% in the above average weight group, 30% within age norms, and 20% below normal weight. However, 54% of respondents had ideal body weights that were below normal age norms. Respondents generally desired smaller waists and hips and larger busts.

## Results

The most frequently reported weight control activity was informal calorie reduction achieved by skipping meals, reducing meal portions, or eliminating snacks. Formal reducing diets, as described in books and magazines, were undertaken about half as often as informal diets. Diet medications were used by only 15% of respondents.

Side effects reported included headaches, nausea, persistent hunger, preoccupation with food, constipation, fatigue, weakness, dizziness, altered menstrual functioning, susceptibility to infection, insomnia, and lack of concentration. Each symptom was reported at least once, with persistent hunger being the most frequently reported side effect of dieting and nausea and insomnia the most frequently reported side effects of diet drugs. Per-person symptom rates were highest for respondents in the above and below normal weight groups. Per-diet symptom rates were highest for fasts, liquid protein, and high-protein diets, and lowest for balanced, low-calorie diets. Per-drug incidence rates were lowest for amphetamine substitutes secured by prescription.

Respondents indicated willingness to tolerate the side effects of diets, particularly hunger, more often than they were willing to tolerate the side effects of drugs. However, respondents were unwilling to tolerate the symptoms of headache and dizziness regardless of the type of weight control activity with which the symptoms were associated.

Factors that motivated weight control efforts included the desire to feel good about oneself and the desire to have a good figure. A majority of respondents

indicated that the decision to lose weight was a personal one that was perceived as being uninfluenced by family members or peers.

Weight control problems were perceived as being caused by voluntarily controlled factors such as overeating rather than by such involuntarily controlled factors as heredity. Most respondents believed they were responsible for their perceived weight problems.

Twenty percent of respondents reported having been given advice by family or friends to stop weight control efforts. A majority of these respondents, primarily in the overweight and underweight groups, reported that they did not follow the advice. A large majority of respondents expressed a lack of concern for ever becoming too thin.

It was recommended that adolescent females be educated regarding the hazards of weight control activities during the pubertal growth spurt. In addition, it was recommended that teenage girls be advised of reasonable weight ideals as indicated in the National Center for Health Statistics data. Finally, recommendations for future research were made including a replication of this study with a larger size in which socioeconomic, racial, and ethnic variables could be controlled and examination of side effects in weight-conscious males and in women in other age categories.

## PROBLEM-SOLVING BEHAVIORS OF COMMUNITY HEALTH NURSES

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The purpose of the exploratory descriptive study was to describe and classify the problem-solving approaches of community health nurses working with clients in an innovative community nursing setting. The study depicts how these approaches varied by type of problem, by nurse, and by point in time of interaction.

The study was completed at McGill University School of Nursing, Montreal, Quebec in 1979. Inquiries may be sent to Meryn E. Vellinga, School of Nursing, University of Ottawa, 770 King Edward, Ottawa, Ontario, Canada.

### Theoretical basis

The task of the nurses employed in this setting was to provide a nursing service for healthy living, providing the structure for families to learn to be healthy. An interpersonal problem-solving model, based on Margerison's management framework, provided the theoretical basis for the study. Margerison theorized that behavior can be broken down into mutually exclusive and exhaustive categories of behaviors: problem-centered, with consultative and reflective behavioral orientations, and solution-centered, with directive, prescriptive, and negotiative behavioral orientations. The researcher and three nurse coders created a classification instrument that was adapted to nursing by moving between our own nursing experience, the data, and Margerison's definitions. Thus his two problem-centered behavioral orientations became three—reflective, information-giving and consultative, and questioning—and his three solution-centered behavioral orientations became two—prescriptive and negotiative.