

In the prison of beauty industry: Beauticians' eating and body attitudes

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Abstract

Some professional groups (models, actresses, ballet dancers, jockeys and athletes) are considered as risk populations for eating disorders and body image disorders. Beauticians may be a possible risk group, as their work is closely related to beauty and fashion. *Measures:* Eating disorders were assessed using the Eating Attitudes Test and the Eating Behaviour Severity Scale, body image measures included the Human Figure Drawings Test, the Body dissatisfaction subscale of the Eating Disorders Inventory, the Body Attitudes Test, and the Body Investment Scale.

Results: Questionnaire data of 543 subjects were analysed. The study sample comprised 128 beauticians from Transylvania (5 males, 123 females), 167 beauticians from Hungary (10 males, 157 females). These groups were compared with control groups in Transylvania and Hungary, consisting of 148 (25 males, 123 females) subjects in Transylvania and 101 subjects (5 males, 95 females) in Hungary. Such weight loss methods as dieting, exercise, the use of appetite suppressants and diuretics were significantly more prevalent in the beautician group. The mean total score and the scores of the Dieting and Bulimia subscales were higher in the beautician group in comparison with the control group. The prevalence of clinical and subclinical eating disorders was higher in the beautician group. Beauticians invest more money and time for body care.

On the basis of the above results, working in beauty industry may be an increased risk for eating disorders.

Keywords

eating disorders, anorexia nervosa, bulimia nervosa, beauticians

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Introduction

Eating disorders are major health problems in Western as well as in Eastern countries. Some professions have a greater risk to develop eating disorders such as models, actresses, ballet dancers, jockeys and athletes (Nasser, 2006). Beauticians may be a possible risk group, as their work is closely related to beauty and fashion.

Theoretical background

The prevalence of eating disorders is (anorexia nervosa 1.7%, bulimia nervosa, 12%) much higher among dancers (Abraham, 1996), Ravaldi et al (2003) report that the prevalence of eating disorders was higher among ballet dancers than in a group of high school students.

Sportsmen practicing sports which put emphasis on weight, thinness, and physical appearance (figure skaters, cheerleaders, weight lifters, boxers, rowers, wrestlers) can be a risk population for eating disorders (Hausenblas and Carron 1999, Stoutjesdyk and Jevne 1993).

The prevalence of eating disorders among Turkish athletes was 16.7% (Vardar 2007).

Eating disorders and body dissatisfaction are more prevalent among sports people and occupations that emphasize a lean body condition, like cheerleaders, ballet dancers, gymnasts, weightlifters, dancers, jockeys (Reel-Gill, 1996; Hausenblas-Carron, 1999). Body image plays an important role in developing eating disorders (Túry and Szabó, 2000). Mass media emphasizing thin women as ideal in society, can increase the prevalence of body image disturbance.

In Western societies thinness symbolizes sexual seductivity, strength, and fatness symbolizes laziness and loss of willpower. A number of studies measured the self-appreciation of body image independent of professional physical activity. Ming-Ying (2005) studied Taiwanese and Japanese female students' body satisfaction. The results show that more Japanese than Taiwanese students rated significantly larger body figures and dissatisfaction with their body parts and shape.

Wong (2003) studied body dissatisfaction and weight loss attitudes among

beauticians. Beauticians were more dissatisfied with their weight, and weight loss methods such as dieting, exercise and use of diuretics were significantly more prevalent in the beautician group. Beauticians are more dissatisfied with their body weight 50.1% than non-beauticians 23.7%. This study found that half of the beauticians (50.1%) are more dissatisfied with their body weight, whereas less than a quarter (23.7%) of non-beauticians are.

Objectives

The aim of our research was to study beauticians' eating attitudes and body attitudes and to describe point estimates and variability in rates of disordered eating and disordered body attitudes between beauticians and control groups.

Methods and materials

Questionnaire data of 543 subjects were analysed. The study sample comprised 128 beauticians from Transylvania (5 males, 123 females), 167 beauticians from Hungary (10 males, 157 females). These groups were compared with control groups in Transylvania and Hungary, consisting of 148 (25 males, 123 females) subjects in Transylvania and 101 subjects (5 males, 95 females) in Hungary.

The questionnaire consisted of the following parts: 29 items concerning demographic and general health data, height, actual and desired weight, menstruation, questions regarding sport, time and money invested in body care.

The instruments included: items referring to demographic and anthropometric data (age, height, weight) and body care, the Eating Attitudes Test (EAT; Garner and Garfinkel, 1979), the Eating Behaviour Severity Scale (EBSS; Yager et al, 1987), the Human Figure Drawings Test (Fallon and Rozin, 1987), the Eating Disorders Inventory (EDI) the Body Dissatisfaction Scale (Garner et al, 1983), the Body Attitudes Test (BAT; Probst et al, 1995), the Body Investment Scale (BIS, Orbach, 1998).

Diagnostic criteria of eating disorders were according to DSM-IV.

We calculated incidence rates of eating disorders and disordered body attitudes in the beauticians and the control group. We calculated the mean

results of different variables and we identified subjects scoring above the cut-off score of different subscales.

The 12.0 version of Statistical Program Package for Social Sciences (SPSS) was used.

Results

Questionnaire data of 543 subjects were analysed. The study sample comprised 128 beauticians from Transylvania (5 males, 123 females), 167 beauticians from Hungary (10 males, 157 females). These groups were compared with control groups in Transylvania and Hungary, consisting of 148 (25 males, 123 females) subjects in Transylvania and 101 subjects (5 males, 95 females) in Hungary.

We analyzed only the data of female beauticians.

Table 1. Anthropometric and demographic data of beauticians

	Hungary beauticians (n=151) Mean \pm SD	Transylvania beauticians (n=113) Mean \pm SD	Magyarország control (n=95) Mean \pm SD	Transylvania control (n=122) Mean \pm SD	Significance
Age	33,7 (\pm 11,9)	33,2 (\pm 10,1)	33,8 (\pm 10,2)	32,7 (\pm 8,1)	
Height (cm)	165,2 (\pm 6,2)	163,8 (\pm 6,4)	165,1 (\pm 7,1)	164,5 (\pm 6,3)	-
Actual weight (kg)	64,2 (\pm 11,9)	60,0 (\pm 10,1)	64,2 (\pm 12,5)	57,6 (\pm 10)	*†
Desired weight (kg)	58,7 (\pm 6,9)	55,8 (\pm 7,1)	59,1 (\pm 7,4)	55,3 (\pm 6,4)	*†
BMI (kg / m ²)	23,5 (\pm 4,3)	22,3 (\pm 3,3)	23,8 (\pm 4,6)	21,3 (\pm 3,4)	*†
Desired BMI(kg / m ²)	21,5 (\pm 2,3)	20,9 (\pm 2,2)	21,8 (\pm 2,4)	20,4 (\pm 2,4)	*

* Significant differences between the beauticians and the control groups ($p < 0.05$)

† Significant differences between control groups ($p < 0,05$)

There are no significant differences in age and height, and actual BMI observed between the groups.

We found significant differences in desired and actual weight, actual and desired BMI observed between the groups, in the Transylvanian beautician group there was significantly lower ($F=18.12$, $df=3945$, $p<0.0003$).

The desired weight and desired BMI, was significantly lower in both of the beautician groups ($F=18.22$, $df=3955$, $p<0.0003$).

There are significant differences between groups regarding actual weight, and actual BMI is significantly higher in the Hungary control group ($F=18.32$, $df=3654$, $p<0.0006$). There are significant differences between groups regarding the desired BMI, the Transylvanian beautician group want a significantly lower BMI ($F=18.32$, $df=3654$, $p<0.0006$).

There are no significant differences between groups regarding state of health, all subjects considering theirs as good (23%) or very good (51.2%).

There are no significant differences observed in coffee and alcohol consumption, or exercising between the groups.

Significant differences were found concerning daily cigarette consumption: in the Transylvanian beautician group smoking is more prevalent ($p<0.03$), 4.7 cigarets/day, than in the control groups.

Beauticians invest more money and time in body care ($F=18.02$, $df=485$, $p<0.0001$) because their work is closely related to beauty and fashion.

Table 2. EAT and EAT subscales mean results, and subjects scoring above the cut-off score in EAT.

	Hungary beauticians (n=142)		Transylvania beauticians (n=113)		Hungary control (n=95)		Transylvania control (n=122)		Significance	
	Mean \pm SD	% (n)	Mean \pm SD	% (n)	Mean \pm SD	% (n)	Mean \pm SD	% (n)	Mean	%(n)
EAT total score	8,1 ($\pm 7,6$)	6,5% (10)	9,2 ($\pm 8,6$)	14,8% (18)	6,8 ($\pm 5,6$)	6,5% (6)	7,1 ($\pm 5,9$)	5,7% (7)		*
EAT Dieting	5,4 ($\pm 5,9$)	3,9% (6)	6,2 ($\pm 6,4$)	6,5% (8)	5,0 ($\pm 5,0$)	1,1% (1)	4,4 ($\pm 4,7$)	-		-
EAT Oral control	2,1 ($\pm 2,6$)	1,9% (3)	2,3 ($\pm 3,2$)	3,3% (4)	1,7 ($\pm 2,0$)	1,1% (1)	2,3 ($\pm 2,1$)	0,8% (1)	†	-
EAT Bulimia	0,83 ($\pm 1,4$)	-	0,52 ($\pm 1,6$)	-	0,2 ($\pm 0,9$)	-	0,3 ($\pm 1,1$)	-		-

* Significant differences between the beauticians and the control groups ($p < 0.05$)

† Significant differences between control groups ($p < 0,05$)

| Significant differences between control and beautician groups ($p < 0,05$)

The percentage of participants scoring high in EAT was significantly more prevalent in the Transylvanian beautician group. ($F=17.08$, $df=489$, $p < 0.02$)

The mean total score and the scores of the Dieting and Bulimia subscales were significantly ($F=17.19$, $df=459$, $p < 0.01$) higher in the beautician groups in comparison with the control groups. Our results suggest that working in beauty industry may convey an increased occupational risk for disordered eating.

Table 3. *Weight loss methods*

	Hungary beauticians (n=142)	Transylvania beauticians (n=113)	Hungary control (n=95)	Transylvania control (n=122)	Significance
<i>Binge eating</i>					
Monthly	11,1% (15)	28,3%(26)	13,8% (12)	16,2%(18)	*
Minimum once weekly	4,3% (6)	3,3%(3)	1,1% (1)	0,9% (1)	–
Several times weekly	2,2% (3)	2,2%(2)	1,1% (1)	2,7%(3)	–
<i>Weight reducing behaviors min. once monthly</i>					
Vomiting	3,5% (5)	9,6% (8)	5,9% (5)	9%(9)	‡
Laxatives	5,6% (8)	9,3% (8)	9,1% (8)	4,5%(4)	–
Appetite reducing	10,7% (14)	11,7% (10)	3,6% (3)	4,5%(5)	*‡
Dieting	56,2% (80)	62,2% (61)	16,1% (14)	42%(50)	‡
Physicalexercising	53,5% (78)	51,2% (47)	49,3% (43)	49,7%(118)	*†‡
Diuretics	18,3 (24)	11,4% (11)	5,6% (4)	–	\$

* Significant differences between beauticians ($p < 0,05$)

† Significant differences between control groups ($p < 0,05$)

‡ Significant differences between Hungarian beauticians and control groups ($p < 0,05$)

\$ Significant differences between Transylvanian beauticians and control groups ($p < 0,05$)

| Significant differences between beauticians and control groups ($p < 0,05$)

Weight loss methods such as dieting, exercise, the use of appetite suppressants and diuretics were significantly more prevalent in the beautician group ($F=18.08$, $df=479$, $p < 0.03$). Dieting was the method most commonly used for intentional weight loss, and often is a precursor to an eating disorder.

Table 4. Diagnostic criteria and risk factors of subclinical AN, BN, and clinical AN, BN

	Hungary beauticians (n=142)	Transylvania beauticians (n=113)	Hungary control (n=95)	Transylvania control (n=122)	Significance
EAT > 19	7% (10)	15,3% (18)	6,5% (6)	5,4% (5)	*\$
Irregular periods	22,4% (33)	24,6% (30)	17% (18)	20,7%(25)	–
BMI < 17,5	1,6% (2)	2,8% (3)	2,4% (2)	4,7%(5)	\$
BMI < 19	6,5% (8)	9,2% (10)	9,6% (8)	25,5%(27)	\$
Subclinical anorexia nervosa (SAN)	0,7% (1)	2,4% (3)	-	-	–
Subclinical bulimia nervosa (SBN)	0,7% (1)	1,6% (2)	1% (1)	-	–
Anorexia nervosa (AN)	-	0,8% (1)	-	-	–
Bulimia nervosa (BN)	-	0,8% (1)	-	-	–
Eating disorders total	1,4% (2)	5,6% (8)	1% (1)	-	

* Significant differences between beauticians ($p < 0,05$)

† Significant differences between control groups ($p < 0,05$)

‡ Significant differences between Hungarian beauticians and control groups ($p < 0,05$)

\$ Significant differences between Transylvanian beauticians and control groups ($p < 0,05$)

| Significant differences between beauticians and control groups ($p < 0,05$)

In the beautician samples: the prevalence of AN is 0.8 % and BN 0.8 % is higher in the Transylvanian beautician group. The prevalence of SAN is 2.4% in the Transylvanian and 0.7% in the Hungary beautician sample. The prevalence of SBN was 1% in the Hungary control group, and 1.6% in the Transylvanian and 0.7% in the Hungary beautician group.

The prevalence of clinical and subclinical eating disorders was significantly higher in the beautician group ($F=18.02$, $df=485$, $p < 0.0001$).

Percentage of subjects scoring above the cut-off score in the EAT (EAT > 19) was significantly higher in the beautician groups ($F=18.02$, $df=474$, $p < 0.001$).

In the case of hairdressers the prevalence of eating disorders is more prevalent 1.6 % ($p < 0.04$), and there might be a professional risk because hairdressers work in front of the mirror all day long and they are more motivated to be slim.

Beauticians' profession lays emphasis on beauty and fashion and might put them at greater risk of dissatisfaction with their body shape and weight.

In the Human Figure Drawings Test we found that beauticians and the

control group appreciate their actual body larger than their ideal body. There were no significant differences between the ideal and the actual body in the two groups.

Discussion

The authors studied beauticians (cosmeticians, manicurists, hairdressers, solarium salon workers, fitness coaches) because they are closely related to fashion and beauty. These activities may increase the risk of developing eating disorders or lead to increased body dissatisfaction.

Only one study on Taiwanese beauticians by Wong analysed these parameters in such professional population. Wong (2003) compared actual and self-perceived weight and body dissatisfaction between a Taiwanese beautician and a non-beautician sample.

This author found that beauticians are more dissatisfied with their body weight and undertake more weight-loss activities (dieting, self-induced vomiting, taking weight-loss medicines) compared to non-beauticians.

Weight-loss methods such as dieting, exercise, the use of appetite suppressants and diuretics were significantly more prevalent in the beautician group.

The mean total score and the scores of the Dieting and Bulimia subscales were higher in the beautician group in comparison with the control group. The prevalence of clinical and subclinical eating disorders was higher in the beautician group. Our results suggest that working in the beauty industry may convey an increased occupational risk for disordered eating.

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Beauticians invest more money and time for body care.

Conclusions

Beauticians were more dissatisfied with their body weight, and they wish to be in the underweight category. The prevalence of clinical and subclinical eating disorders was higher in the beautician group. The beauticians are more dissatisfied with their body weight and undertake more weight-loss activities (dieting, self-induced vomiting, taking weight-loss medicines) compared to non-beauticians. On the basis of the above results, working in beauty industry may be an increased risk for developing eating disorders. Further research is needed.

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