

A stylized illustration of a woman with dark curly hair, wearing a dark leotard, performing a yoga pose with one leg raised high and arms extended. The background features concentric, hand-painted circles in shades of purple, pink, and blue.

# The Active Female

*HEALTH ISSUES*

*Throughout the Lifespan*

Edited by

Jacalyn J. Robert-McComb, PhD

Reid Norman, PhD

Mimi Zumwalt, MD



 HUMANA PRESS

# THE ACTIVE FEMALE

## HEALTH ISSUES THROUGHOUT THE LIFESPAN

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## THE ACTIVE FEMALE

# PREFACE

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Medical practitioners and health care educators must be continually vigilant of the growing and ever-changing health issues related to girls and women who lead an active lifestyle and participate in sports and exercise. There have been landmark legislations that have changed the social perception that girls and women not only can, but should be physically active. With any changing social milieu, there are evolving health issues associated with the journey. Continuing medical education for physicians, nurses, allied health professionals, health educators, and certified professionals in sports medicine is vital to the economic and public health care system. Education has been recognized as the most important tool that we can use to prevent disease and illness.

In 1972, Congress passed Title IX of the Educational Amendments Act, assuring that girls and women would have equal opportunity to participate in interscholastic and intercollegiate sports. The effect has been an increase in the participation of women in interscholastic sports from approximately 300,000 to greater than 2.2 million in 1998 (1).

Participation in recreational exercise for fitness and health, from young girls to elderly women, has substantially increased in the last four decades and has become a more prominent part of public life than ever before (2). Physical activity has been recognized as a therapeutic means to decrease illness and increase health and well-being for girls and women of all ages and racial groups. In the US Public Health Services release, "Healthy People 2000," one of the recommendations was to increase the physical fitness of all women in an effort to reduce the health disparities between men and women and among different ethnic and racial groups (3).

What makes women's health issues unique? Girls and women are different from boys and men, not only physiologically but also psychologically. Body image issues are more prominent in young girls than young boys and body dissatisfaction seems to start very early in life. Collins et al. (4) reported that 42% of a sample of 6-year-old to 7-year-old girls indicated a preference for body figures different and thinner than theirs. Thompson et al. (5) found that 49% of 4th-grade females indicated that their ideal figure would be thinner than their current figure. Young girls' bodies begin changing at puberty. This may be a hindrance to sport performance. Internal and external pressures placed on girls and women to achieve or maintain unrealistically low body weight may affect the normal female life cycle. Menstrual cycling, childbearing and menopause are experiences that are unique to the female life cycle. Lack of menstrual cycling caused by energy deficiency may even seem desirable to young females, yet there are long-term health consequence that are not so obvious to the ill-informed.

In 1992, The Female Athlete Triad was the focus of a consensus conference called by the Task Force on Women's Issues of the American College of Sports Medicine (6). The three components of the Triad are disordered eating, amenorrhea, and osteoporosis. However, these are not elite disorders, these disorders are not limited to athletes, and

these disorders are seen in young girls and elderly women who have never participated in collegiate or intercollegiate sports. These disorders represent a growing health concern for girls and women of all ages and physical skill levels.

Recognizing the lack of inclusion of women in health research and realizing that many health issues are unique to women, the US National Institutes of Health (NIH), established the Office for Research in Women's Health in September of 1990. The charge of this office was to improve women's status across the lifespan through health biomedical and behavioral research (7). More recently, The Female Athlete Triad Coalition was formed in 2002 as a group of national and international organizations dedicated to addressing unhealthy eating behaviors, hormonal irregularities, and bone health among female athletes and active women. The Female Athlete Triad Coalition represents key medical, nursing, athletic, health educators, and sports medicine groups, as well as concerned individuals who come together to promote optimal health and well-being for female athletes and active women (<http://www.femaleathletetriad.org>).

## INSTRUCTIONAL MATERIALS

The instructional materials that accompany *The Active Female: Health Issues Throughout the Lifespan* include a companion CD with PowerPoint lecture notes for each chapter. These slides are intended to be a resource for lectures, seminars, and other presentations. Also included on the CD are figures from each chapter. Other instructional materials are provided at the end of the book and include the appendices and multiple choice review questions. These enhancements are designed to reinforce and enliven the richness of the text for the student, the professor, and the professional user of the book.

We believe the instructional materials and the content in this book are ideal for one- or two-day workshops, focused conferences on women's health issues, or college and university classes. Since PowerPoint lecture notes and multiple choice review questions are provided for each chapter, this textbook is ideal for the development of traditional and on-line courses in women's health issues that meet the qualifications for CEC and CME credits set by licensing and certifying organizations.

**Jacalyn J. Robert-McComb**  
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# I

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FOCUSING ON ACTIVE FEMALE'S  
HEALTH ISSUES: UNIQUE  
GENDER-RELATED PSYCHOLOGICAL  
AND PHYSIOLOGICAL CHARACTERISTICS  
OF FEMALES

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# 1

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## Body Image Concerns Throughout the Lifespan

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*Jacalyn J. Robert-McComb*

### CONTENTS

1.1	LEARNING OBJECTIVES
1.2	INTRODUCTION
1.3	RESEARCH FINDINGS
1.4	CONCLUSIONS
1.5	SCENARIO WITH QUESTIONS AND ANSWERS

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### 1.1. LEARNING OBJECTIVES

After completing this chapter, you should have an understanding of the following:

- The difference between normal body image concerns, body dissatisfaction, and the preoccupation with body image concerns, or a pathological concern for thinness.
- Mediating factors that contribute to body image dissatisfaction in females.
- Prepubertal, adolescent, young adult, midlife, and older adult body image concerns.
- Clinical assessment tools for the evaluation of body image.
- Effective body image education and management programs referenced in the scientific literature.

### 1.2. INTRODUCTION

Although there is little agreement as to the exact definition of body image, there is little disagreement that body image is a multidimensional construct (1). Thompson et al. (2) suggested that “body image” has come to be accepted as the internal representation of your own outer appearance. However, this may be an oversimplistic notion, given the complexity of the body image construct. Concerns about body image range from a normal desire to look attractive, body dissatisfaction, to a pathological concern with thinness or perfection (3).

There are medical issues that may arise from body dissatisfaction at both ends of the weight continuum ranging from anorexia nervosa to obesity (4,5). In fact, the absence of refined measures developed for the use in the assessment, prevention, and

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