

Fashion consciousness as a social influence on lifestyle behaviour in young Irish adults

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SUMMARY

The influence of changing fashion as portrayed in the various media is an important potential influence on health-related behaviours, particularly in adolescence when peer pressure is reportedly strong. Such health behaviours include smoking and diet. There is also a strong risk of developing eating disorders during this age period. A cross-sectional street survey was undertaken in an Irish city (75 000 inhabitants) of young adult men and women aged 15–30 years to ascertain their knowledge and use of the print and visual media. A similar study was also carried out on a sample of patients with eating disorders attending psychiatric units in three main Irish cities. The knowledge and media-use information in turn was related to the smoking status and attitudes to own body size of the different groups of young people. In the general street survey, smoking rates reflected the population average for that age group (34%), but in comparison, a higher percentage (50%) of the patients

with eating disorders in the same age group smoked. Fashion-conscious women in the general survey were significantly more likely to smoke (42%) than those who were not (23%) ($p = 0.05$). This also applied to the eating disorder patients—fashion-conscious women were more likely to smoke (50%) than those who were not (40%), although this did not reach statistical significance. Among boys in the general survey, albeit with smaller numbers, the converse pattern was seen; only 13% of fashion-conscious men smoked, compared with 56% of non-fashion-conscious men ($p = 0.01$). Insufficient numbers of men with eating disorders in the age group 15–30 years prevented analysis on this sub-group. The study emphasised the different motivations in lifestyle behaviour between young men and women, suggesting that different health promotion interventions are appropriate.

Key words: eating disorders; lifestyle; social influences

INTRODUCTION

Eating disorders, especially anorexia nervosa, have become more prevalent within developed-country societies (Bordo, 1986; Nielson, 1990). The condition is particularly prevalent in adolescents, and is more common in girls than in boys (Bourke, 1991). Although there is a substantial body of research into the aetiology of this condition (Patton *et al.*, 1990; Cross, 1993; Windauer *et al.*, 1993), there is relatively little information on the influence of changing fashion on dietary behaviour as portrayed in the various media (Peterson, 1987; Fox *et al.*, 1990; Elliott, 1994),

particularly in Ireland. There is also little relevant Irish research to date on changing fashion trends as important potential influences on health related behaviours of the adolescent population, among whom eating disorders are becoming increasingly prevalent (McKie *et al.*, 1993). We wished to examine whether in the general population any relationship between fashion consciousness and body image might be identified and how this compared with a group of patients of similar age with eating disorders. The aims of the study were to ascertain the knowledge and

use of the visual media, popular magazines and newspapers among young people in the general population and also among those who were being treated for eating disorders, and to find out how fashion conscious people actually are. This information was to be elicited in relation to work and school, on the assumption that these are the places where the vast majority of time is spent. We then wished to relate these findings to perceived body size and to lifestyle behaviours such as smoking habit.

SUBJECTS AND METHODS

A cross-sectional street survey was conducted over three consecutive mid-day sessions during a summer month in an Irish city with a population of 75 000 people. It was decided a priori on a presenting sample of 150 subjects, with three-quarters female. The ratio of three females to one male was selected for feasibility reasons, as a maximum of two interviewers were involved and a limited time period was available. The specified age range was 15–30 years. In the context of this paper, we are differentiating between young, old and older adults hence the use of the term young when referring to the age group 15–30 years. Subjects approached who were outside this age range were not further considered. Other modes of gaining access to young adults at home, at work or at school were considered but were felt to be unsuitable for a variety of reasons. There were two different interviewers, one male and one female, who agreed on the protocol in advance. An explanation was given to respondents on the general aim of the project and its stated association with the Department of Health Promotion. Only 11 people approached refused to co-operate, mainly for reasons of inconvenience. Subjects were asked to complete an administered closed questionnaire, designed by the principal researcher, which examined familiarity with the various print and non-print media, and with contemporary celebrity role models, a famous fashion model A, and B an actress, who is more voluptuous in appearance. Subjects were also asked about weight worries and factors likely to influence diet, food intake and frequency of fashion magazine purchase. The use of the terms 'worry' and 'boredom' was based on colloquial expressions understandable to the general population. They were also asked whether they were fashion conscious in the clothes they

selected to wear at work or at school. Personal details such as age, sex and smoking habit (regular, occasional or non-smoker) were also recorded. In addition, the researchers noted the body build of respondents as under, over and normal weight. Anthropometric measurements were not recorded due to unfeasibility in a study of this kind. The questionnaire was piloted but not validated.

A comparative survey was carried out on patients with eating disorders attending psychiatric units in Galway, Cork and Dublin. Initially, a letter was sent to a number of psychiatric units in the region, asking them for permission to survey patients currently being treated for eating disorders. One unit in each region agreed to allow access. Those surveyed included both in- and out-patients. The same questionnaire as that used in the street survey was given to a specialist in the anorexia condition from one of the three areas for appraisal. Postal administering of the questionnaire, via the psychiatric units, to a sample of 36 patients overall was employed. Each unit was sent a number of questionnaires which slightly exceeded the number of patients with eating disorders at the time of first contact. The method of distribution of questionnaires to the patients was decided upon by the area specialists who are acknowledged at the end of the paper. Galway received nine questionnaires and returned seven, Cork received 20 and returned 20 and Dublin received 28 and returned nine questionnaires.

Analysis was undertaken using the World Health Organization (WHO) software program 'Epi-Info' by means of the chi-square method where appropriate.

RESULTS

In the general survey ($n = 145$ satisfactorily completed) there were 112 women and 33 men between the ages of 15 and 30 years ($\bar{X} = 19.7$ years, $SD = 3.3$). Of the total of 36 patients with eating disorders, there were 28 women and one male in the same age range as those in the general survey ($\bar{X} = 21.5$, $SD = 3.9$). A comparison of the mean ages of the two groups showed the patients with eating disorders to be significantly older, although there was only 2 years difference.

Young men and women in the general survey tended to differ where weight worry is concerned (54% of women versus 39% of men, $p = 0.06$).

Those women who reported that they worried about their weight ($n = 63$) were significantly more likely to be influenced in their eating habits by boredom than those who did not worry ($\chi^2 = 4.45, p = 0.035$). Eighty-nine per cent of the anorexic women were worried about their weight. Of these, 85% indicated that boredom did influence their eating habits, although not significantly more than in the case of those who did not worry. There was no significant difference between either weight worriers from the general survey or among the women with anorexia in those who said their eating habits were influenced by boredom—86% in the eating disorder group and 83% in the general survey.

Weight worry also appears to be related to people's role models. To explore the question of weight worry further, women were categorised into those who persistently worry about their weight, never worry about it, or sometimes worry. The majority of women, irrespective of weight worry status, general or anorexic, opted

for their own figure. Those who picked an alternative option overwhelmingly chose the figure of role model A, particularly those who worried about their weight. A comparison between the body image choices of weight worriers in both groups showed no significant differences, as seen in Table 1. This was also the case when comparing just the options of role model A or one's own figure for the two groups. Although a higher percentage of the weight worriers with eating disorders chose role model A, this did not reach statistical significance.

The general survey smoking rate reflects the current corresponding population rate of 34% (JNRR/Lansdowne, 1994) and there were no significant differences found between male (30%) and female (33%) rates overall. Smoking rates in the eating disorder patients were somewhat elevated, with 46% of the women smoking. The one male in the sample also smoked. However, when subjects were categorised according to whether they would describe themselves as

Table 1: Female weight worriers' preferred body image (percentages in brackets)

Survey group	Role model A	Role model B	Own body	Total
Eating disorder	8 (33)	1 (4)	15 (63)	24
General	21 (19)	4 (4)	83 (77)	108
Total	29 (22)	5 (4)	95 (72)	132

$\chi^2 = 3.70, p = 0.1573$.

Table 2: Smoking status of fashion-conscious general survey men and women

Fashion conscious	Do you smoke?		Total
	Yes (%)	No (%)	
Female	25 (42)	35 (58)	60
Male	2 (13)	13 (87)	15
Total	27 (36)	48 (64)	75

$\chi^2 = 4.13, p = 0.0422$.

Table 3: Fashion-conscious women (percentages in brackets)

Survey group	Smoking status		Total
	Yes	No	
Eating disorder	11(50)	11 (50)	22
General	25 (42)	35 (58)	60
Total	51 (36)	89 (64)	140

$\chi^2 = 1.50, p = 0.22$.

fashion conscious in the work or school environment, a distinct pattern in relation to smoking behaviours emerged. In the general survey, 42% of such fashion-conscious women smoked. These rates were just significantly higher than non-fashion-conscious women ($\chi^2 = 3.75$, $p = 0.053$). The male pattern demonstrated the reverse, in that fashion-conscious boys were less significantly likely to smoke (See Table 2). Fashion-conscious women were three times more likely to smoke than their male counterparts.

Compared with the general survey, those women with eating disorders were significantly more likely to be fashion conscious ($\chi^2 = 4.92$, $p = 0.027$). In considering fashion-conscious respondents only, a higher proportion of those with eating disorders smoked than those from the general survey, but this did not reach statistical significance (see Table 3).

DISCUSSION

This survey of young adults was a small but significant study conducted in an urban environment. It demonstrates a relationship between fashion consciousness and body image, and some interesting differences between men and women. We considered several ways of recruiting a representative sample of young people for this study. For instance, the electoral register includes only people of age > 18 years and is self-selected. We decided on a quota sample in a street setting as the most convenient and efficient method of identifying young people. There may accordingly be an over-representation of shoppers, but the comparisons between groups are still valid. Acknowledgement must be made of the limitation of the generalisability of the study to the national population. However, findings such as smoking rates are in accordance with national figures, which suggests that other valid extrapolations may be made. The study was primarily to examine aspects of fashion consciousness among women, but it was felt that some comparison with males might also be appropriate. Although ideally a larger sample of males could have been included, the fact that statistically significant findings were identified appears to justify the numbers selected. Care was taken to mount the survey at a time which maximised access to those in the working population. A school atmosphere would have limited access to younger school leavers and arguably might have made the

respondents less candid about smoking behaviour.

The sample of people with eating disorders was also difficult to recruit. We wished to study patients currently undergoing treatment rather than people who had recovered, but there was naturally some caution in allowing access on such a sensitive subject. There may arguably be some bias among the respondents, in that it is possible that those who were fashion conscious might be more likely to return questionnaires. However, in two of the centres most of the forms were returned and while one might equally assume that smokers would be less likely to return questionnaires, the rates for this group were, in fact, the highest in the survey.

It is perhaps not surprising that the female respondents proved to be more weight conscious. However, it is particularly notable that fashion consciousness is such a strong predictor of smoking status. It has long been believed from health education initiatives that peer pressure is an important influence on health behaviours in adolescence and research in Ireland reflects this international trend (Morgan and Grub, 1991). It is possible that intervention programmes in relation to life skills and behaviour modification need to target girls and boys separately, since self-esteem and self-efficacy may be manifested in different ways by men and women. Our recent evaluation of a major life skills health education programme demonstrated significant differences in responses to the programme on the part of men and women (Nic Gabhainn and Kelleher, 1995).

Tobacco advertising is increasingly aimed at young women, albeit on the stated premise that this is merely to assert brand preference. It is the case that smoking rates remain stable, have failed to decline and may even be increasing (Amos and Bostock, 1992). Furthermore, perceived weight gain is a frequently reported disincentive to giving up smoking in women. This study supports the suggestion that smoking has a positive fashionable image among young women and, further, that the opposite appears to be the case in the smaller sample of young men. There were significantly more fashion-conscious young women than men in the general survey. A recent survey of popular print material in Ireland confirms the ongoing high prevalence of advertising material with relatively little anti-smoking coverage in the body of the material (Howell, 1994).

Those respondents with eating disorders had the highest smoking rates, but not significantly so

compared with fashion-conscious women generally. Both rates were significantly higher than the remainder. We also demonstrated a relationship between weight worry and fashion image, particularly a trend towards preference for the more asthenic appearance of role model A, which just failed to reach statistical significance. It is notable none the less that most respondents were happy with their own body shape in preference to alternatives. Boredom played an important role in influencing the eating habits in both the general population and those with eating disorders.

It is therefore important to account for the inter-relationship between these three factors—smoking, fashion consciousness and dietary behaviour—when implementing health promotion and health education policies. While we have moved from health education policies related to health related risks to ones more concerned with personal development, we may need to consider whether smoking is not, in fact, an assertive action on the part of women of which a fashion statement is a part, and revise our health education strategy accordingly. Clearly, too, an anti-smoking strategy needs to take account of distribution, cost and supply of cigarettes and carefully consider the effects of promotional campaigns.

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