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## ***Prevalence of Eating Disorder Risk and Body Image Perceptions of Collegiate Cheerleading Coaches***

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### **OBJECTIVE**

To estimate the prevalence of eating disorder (ED) risk in NCAA Division I cheerleading coaches; to examine coaches perceptions of cheerleaders' body image; to investigate the coaches uniform type selection for their team; and identify resources used for coaches and cheerleaders.

### **DESIGN and SETTING**

Cross sectional study in NCAA Division I cheerleading coaches.

### **PARTICIPANTS**

Collegiate cheerleading coaches (n=21; female: n=14; males: n=7) from NCAA Division I institutions.

### **INTERVENTION**

Independent variables were gender, age, ethnicity and years of coaching experience.

### **MAIN OUTCOME MEASURE**

Eating Attitudes Test (EAT-26) was used to estimate ED and pathogenic behavior risk. Gender-based silhouette images were used to assess body image of cheerleaders. Body size measurements were calculated using the silhouettes which are constructed on a 1-9 Likert scale. Questions were asked regarding coaches' preference in uniform type (full length vs midriff shell), ideal size for cheerleaders, recommendations coaches would use for weight management resources as well as resources coaches rely on for nutritional or weight management strategies.

### **RESULTS**

Overall, 38.1% of all cheerleading coaches reported risk of ED. Pathogenic behaviors displayed by all coaches were: 4.8% risk of binge eating, 9.5% risk for vomiting, 33.3% risk for use of laxatives, diet pills or diuretics, 9.5% reported losing 20 or more pounds in one month. When separated by gender, female coaches reported 28.6% risk for ED, 4.8% for binge eating, 9.5% risk for vomiting, 28.6% risk for laxatives, diet pills, or diuretics, 4.8% reported previous ED, 4.8% reported losing 20 pounds or more in one month. Male coaches reported 9.5% risk for eating disorder, 4.8% risk for use of laxatives, diet pills, or diuretics. Chi Square analysis revealed no significant difference in risk between gender for eating disorder or any pathogenic behaviors. Overall coaches reported 23.8% risk of 1 pathogenic behavior, 4.8% risk of 2 pathogenic behaviors, 9.5% of 3 pathogenic behaviors. When separated by gender, female coaches reported 14.3% risk for 1 pathogenic behavior, 4.8% risk for 2 pathogenic behaviors, 9.5% risk for 3 pathogenic behaviors. Male coaches reported 9.5% risk of 1 pathogenic behavior. Average cheerleader size was reported as  $3.56 \pm 0.78$ . Ideal cheerleader size was reported as  $3.26 \pm 0.54$ . Coaches reported that full length shell uniforms were selected to ensure a more unified team look between coed and all girl teams and to maintained flattery for all athletes. Coaches reported the utilization of Dietitians/Nutritionists, Athletic Trainers and

Certified Strength and Conditioning Specialist for nutritional and weight management strategies as well as sources of information for recommendations to athletes.

***CONCLUSION***

Cheerleading coaches are at risk of EDs and they may potentially project those behaviors onto their athletes, increasing the cheerleaders' risk for ED. Coaches do consider

differences in body size when selecting appropriate uniforms that will “flatter” different body types. However, it is evident coaches still perceive their cheerleaders to be larger in size compared to their desired cheerleading size. More educational and preventative measures need to focus on coaches first to decrease transference of at risk behaviors onto athletes.

***KEYWORDS:*** *eating disorders, body image, cheerleading*