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The Female Athlete Triad: What You Don’t Know Can Hurt You

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Objective: The purpose of this study was to investigate female student-athletes’ knowledge of the female athlete triad and their comfort level reporting a suspected eating disorder of a teammate or themselves to their team’s Certified Athletic Trainer. The female athlete triad can be defined as a combination of low energy availability, menstrual dysfunction, and low bone mineral density.

Design and Setting: Survey research at a Midwestern Division III College. The independent variables of this study were; the sport that the female student-athlete plays and their college grade level. The dependent variables of this study were; the student-athletes’ knowledge of the female athlete triad and their comfort level reporting a suspected eating disorder to their Certified Athletic Trainer.

Participants: A convenience sample of N=117 was used. The final return rate was 87% (n=102). 12% (n=12) were on the lacrosse team, 17% (n=17) were on the swim team, 10% (n=10) were on the softball team, 17% (n=17) were on the basketball team, 15% (n=15) were on the volleyball team, 9% (n=9) were on the cross country team, 19% (n=19) were on the soccer team, 19% (n=19) of the surveyed population were seniors, 15% (n=15) were sophomores, 45% (n=46) were freshman. 63% (n=64) had a male ATC, 33% (n=34) had a female ATC, and 4% (n=4) did not identify the gender of their team’s ATC.

Intervention: The survey contained a total of seventeen questions. A panel of experts determined face validity and content validity was established using the table of specifications. The research was approved by the IRB. SPSS 21.0 was used to analyze all data. Chi-Squared tests, with a grouping variable of gender of ATC, and Kruskal-Wallis tests, with a grouping variable of sport, tests was used with an alpha level set at .05 a priori. Descriptive statistics (frequency counts and percentages) were also used on all applicable data.

Main Outcome Measurement: The answer options for the survey questions were ‘True’, ‘False’, or ‘Unsure’ for ten of the seventeen questions, with ‘True’ equating three, ‘False’ equating two, and ‘Unsure’ equating one. For three of the seventeen questions the comfortable reporting menstrual dysfunction to female rather than male ATCs. It was also found that 55% (n=56) of those surveyed said they would feel comfortable reporting a clinical eating disorder of themselves to their ATC, and 69% (n=70) said they would feel comfortable reporting an eating disorder of a teammate to their ATC. Meaning that 45% (n=46) of those surveyed would not feel comfortable reporting an eating disorder in themselves to their ATC.

Conclusions: This study shows a lack of knowledge of the female athlete triad and some discomfort in reporting eating disorders in the female student-athletes surveyed. Certified Athletic Trainers should develop educational programs to be put into place at the beginning of each sports season with the purpose of preventing the female athlete triad through education, while also emphasizing the confidentiality of anything they report to the ATC and encourage a trusting relationship between the student-athlete and the Certified Athletic Trainers.

Key Words: female athlete triad, knowledge, female athlete, division III