

2017

# Girl Talk: Interactive-Educational Intervention Targeting the Health of Preteens

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## Recommended Citation

Abid Al Hadi, Duha, "Girl Talk: Interactive-Educational Intervention Targeting the Health of Preteens" (2017). *2017 Undergraduate Awards*. 30.  
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Girl Talk: Interactive-Educational Intervention Targeting the Health of Preteens

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### **Introduction: The Importance of Early Education**

Adolescence is considered as a transitional stage between childhood and adulthood, but so often little attention is given to the needs of the teenager (Epstein, Rice, & Wallace, 1989). This period of a person's life is marked by multiple physical, emotional, and psychological changes which shape the individual's overall health and well-being. In addition, it is during this stage that people engage in unhealthy and risky behaviours, such as smoking and unhealthy eating patterns, which are known to have serious negative implication on their long-term health status. However, due to the complexity of this age, the needs of adolescents tend to receive minimal to no attention from parents, educators and health professionals (Epstein, Rice, & Wallace, 1989). As a result, teenagers become burdened by the process of growing and developing their identity, which, consequently, induces anxiety and distress. This permits teenagers to feel less satisfied with their own self-image and overall life course (Rosenberg, 1965).

This anxiety only becomes harder to manage with the ideals imposed by society and media. Although both genders go through this confusing period, evidence indicates women's self-esteem tends to be lower in comparison to men. Therefore, young females might feel more pressured to achieve a certain figure and/or identity. These values, when internalized by young girls, push them to become involved in social comparison (Clay, Vignoles, & Dittmar, 2005). This calls for an early educational intervention to reduce body dissatisfaction and low self-esteem.

Girl Talk is an initiative that targets preteen girls as a preventative method to reduce some of the stress and confusion that characterizes this developmental stage. It aims to provide young girls with a safe and friendly environment to express their concerns and discuss different aspects of development. It does so through integrating a variety of interactive tools to transfer knowledge and convey messages about healthy living to shape their learning experience and thus, gain a better

understanding of the health topics discussed. This paper examines the importance of proper education on over-all health and body perceptions for preteens.

### **Background Literature: The Impact of Media and Society on the Health of Adolescents**

As media prevalence and screen time increases, the time children spend being active, socializing and sleeping decreases, leading to a sedentary lifestyle and encouraging unhealthy behaviours (Straburger, Jordan, & Donnerstein, 2010). For instance, media is increasingly becoming a source of negative advertising that enforces ultra-thin ideals and unrealistic representations of women. Therefore, adolescent girls aged 11-16 years old are now developing a negative body-image and low self-esteem (Clay, Vignoles, & Dittmar, 2005). Consistent with the social learning theory (learning via observation in a social context), children and adolescents have the tendency to replicate what is shown on the screen, especially when it appears to be rewarding (Straburger, Jordan, & Donnerstein, 2010). Consequently, adolescent girls will develop unhealthy eating habits, which can harm their physical and mental health further. When young girls fail to achieve these standards, they may struggle with depression due to body dissatisfaction (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006).

Research proves that the pressure imposed by media and society ideals is present most significantly in Western cultures. Puberty is a period of many physical and hormonal changes that draw girls even further from beauty standards (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006). These issues are not receiving enough attention as the role of awareness is being disregarded (Epstein, Rice, & Wallace, 1989). Adolescence is a difficult period for girls characterized by greater self-reflection and self-evaluation. Preventative and/or early intervention is vital due to studies identifying early adolescence as a sole predictor of depressive mood during later years of adolescence (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006). Rosenberg (1965) further

explains that lower self-esteem instigates physiological symptoms of anxiety and suggests that controlling the instability of self-image could be the solution to substantially decrease anxiety at this age.

### **Methods/Observations/Results:**

**Characteristics of the population:** The population surveyed in this study was composed of 24 girls (ages 10-12 years old) attending grades 7 and 8 in a private Islamic school in London, Ontario. All the girls came from a Middle-Eastern background.

#### **1. Needs Assessment:**

Exercise was ranked highest amongst the girls' health interests, followed by Emotional Health, Physical Changes, Body-Image, Diet, and Other. In the "Other" category, suggestions included Sleep, Puberty and Healthy Eating. The scoring system developed to evaluate the importance of each topic is shown in **Table 2**, where each rank value (1-6) received a certain score (1 being the lowest score and 6 being the highest). The scores for each variable were then added as demonstrated in **Table 1**.

<b>Topic</b>	<b>Exercise</b>	<b>Emotional Health</b>	<b>Physical Changes</b>	<b>Body-Image</b>	<b>Diet</b>	<b>Other</b>
<b>Score</b>	98	86	70	65	64	38

**Table 1:** Score received by each topic on the survey

<b>Rank</b>	1	2	3	4	5	6
<b>Score</b>	6	5	4	3	2	1

**Table 2:** Score given to each rank

When reporting self-esteem, a greater percentage of participants claimed to have high self-esteem, while only a small portion admitted to having low self-esteem. The rest of the responses were disbursed between Neutral and Exceptionally High self-esteem. The percentages extracted

from the surveys for each level are shown in **Table 3**. To obtain these percentages, the respondents rated their self-esteem on a number scale from 1 to 10, 10 being the highest rating of self-esteem. Ranges 1-4 were considered Low self-esteem, 5-7 were considered Neutral, 8-9 were considered High self-esteem and 10 was considered exceptionally High self-esteem.

<b>Self-esteem Level</b>	<b>Low</b>	<b>Neutral</b>	<b>High</b>	<b>Exceptionally High</b>
<b>Percentage of Girls</b>	5%	32%	50%	13%

**Table 3:** Self-reported self-esteem rating

Of the population surveyed; 60% expressed the desire to lose weight to look “prettier”, while 73% of those also expressed desires to dress or look like girls shown in the media. Additionally, 40.9% spent between 1-4 hours per day interacting with media (**Table 4**). Results showed that in 67% of participants, greater media exposure, defined as 3 hours or more per day, led to greater body dissatisfaction.

<b>Time Spent Interacting with Media</b>	<b>&lt;1 Hour</b>	<b>1-2 Hours</b>	<b>3-4 Hours</b>	<b>5-6 Hours</b>	<b>&gt;7 Hours</b>
<b>Percentage of Girls</b>	4.5%	40.9%	40.9%	9.1%	4.5%

**Table 4:** The time per day spent by the girls performing media related activities

## **2. Qualitative Data:**

The girls were given the opportunity to anonymously submit any questions, inquiries and/or comments they had in a question box at the end of every session. The questions were addressed at the beginning of following session. The data received were then categorized into themes for analysis. The following quotes are samples collected from the survey, question box or class observations during the sessions:

Body-Image and Self-esteem

*“I stare at myself in the mirror and wonder why no matter how healthy I try to eat, I can’t get any thinner”*

*“I feel like I need to lose weight to like look good in clothes or dresses. I feel like I have a lot of acne and other people don’t in commercials”*

*“I feel more self-conscious of myself and a little bit jealous”*

*“I feel sad because [models] prettier”*

*“I feel ugly and left out because [models] are all really pretty. When I look at myself in the mirror I see a tom boy that does nothing girl related.”*

*“How do you accept yourself when nobody else accepts you?”*

Handling Physical Changes

*“How do you shave?”*

*“How do I get rid of my back acne?”*

*“Why can’t boys give birth?”*

Weight

*“How do I accomplish the slim-thick figure?”*

*“I feel like I need to lose weight and take care of how I look”*



### **3. Post-Intervention Evaluation**

The sessions (45 minutes each) were conducted biweekly for a total of six weeks. The topics that were discussed during the sessions include: body-image ideals, unrealistic representations of women in media, self-esteem, body definition, emotional health, physical changes, diet and eating disorders. The sessions also integrated interactive learning methods/ tools (e.g. cooking classes) to give the students the space to shape their own learning experience in whatever way they find most suitable for themselves. These tools were used to make it easier for the girls to grasp the concepts discussed during the sessions as they were able to contribute to the learning process.

At the end of this period, a second survey was conducted to receive feedback regarding the program. The goal of the survey was to evaluate whether the girls perceived the program to be beneficial. It was also of interest to determine if the girls found the program helpful in providing better insight of the topics discussed. 79.2% of the population felt that they developed a better understanding of the areas presented during the sessions while 70% of the girls said that they would recommend the program for others.

#### **Discussion: Awareness is Essential**

Consistent with data from literature, Exercise projected itself to be the most important area of health concern for the girls (Epstein, Rice, & Wallace, 1989). However, they expressed no interest in spending time discussing the topic during the session because they have a gym class prior to every session where they are given the opportunity to learn about physical activity. Although it was the second most important topic to the girls, Emotional Health was left to be discussed during the last session as we believed it encompassed all other topics. Furthermore, results obtained about the girls' self-esteem level did not reflect their actual feelings as their

responses in other questions revealed signs of negative body-image leading to low self-esteem. For instance, in the sample of qualitative data collected, it was apparent that the girls felt unconfident in their own bodies.

Therefore, the bias that resulted from self-reported self-esteem was believed to be the result of Self-Enhancement (drawing an unrealistically positive image of self). This phenomenon emerges from the need to feel good which results in unrealistic evaluation of oneself (Aronson, Wilson, Fehr, Akert, 2017). Another explanation for the discrepancy between reported self-esteem and the rest of the data may be due to limited understanding and education targeting the concept of self-esteem.

The need for education was also clear when the girls expressed uncertainty and asked questions regarding the rapid physical changes that occur during development. For example, acne and weight gain were prominent concerns that the girls brought up during multiple sessions. These results are congruous with other research findings in this area (Feldman, Hodgson, Corber, & Quinn, 1986). In addition to education, this uncertainty and confusion stems from the lack of confidence and media influence. If left unaddressed, these uncertainties may induce stress and anxiety, eventually leading the girls to adopt unhealthy behaviours to combat their stress. Overall, this study shows that preadolescents and adolescents experience a wide range of growing concerns that tend to go unaddressed by health professionals, schools and parents. Attending to these concerns increased overall comfort and confidence within participants. The program had a positive impact on the girls proven through respondents who said the program helped them gain a better understanding of the topics discussed.

**Conclusion:**

Through a series of educational and interactive sessions, the girls have a better understanding of the physical, psychological and mental changes they are/will be going through as part of development. Education is proven to alleviate the stress and confusion that accompanies adolescence, which ultimately improves body perceptions and overall health. This is crucial as any idea implemented during one's preadolescence has the ability to impact their life up to 5 year later (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006). The program shows optimistic feedback, however, it is pertinent to continue on with research findings on greater and more diverse populations, such as males and high school students.

**Reflection:**

Working with an Islamic school has been a rewarding experience especially since I was able to help girls that have similar challenges to my own, as a Muslim woman. As a teenager, I felt that my ethnicity, dress code and identity drew me further away from the Western ideals implied for females. This made me more aware of challenges the girls face and helped me empathize with them. My experience was eye-opening as it allowed me to apply what I learned about Social Health Determinants when addressing the concerns of girls. We learned that overall well-being is a product of psychological, physical and emotional health and I came to see this as I was applying my intervention. While considering a wide range of factors influencing health, I was able to facilitate discussion during the sessions address the girls' needs to the best of my ability.

The school was very cooperative and supportive throughout the program. They provided us with sufficient resources to host the sessions. However, one of the main challenges we faced was gaining the girls' trust in the beginning. They seemed to hold back when discussing certain

topics or expressing no interest in participating in activities. Eventually, the girls started interacting more with the materials presented in class, but would not be as open when the teacher was present. The presence of the teacher was important as she helped manage the classroom and the girls' behaviour. We were able to overcome this barrier by getting the teacher to participate in discussion and sharing her stories, which gave the girls the confidence to share and reduced their fear of being judged.

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Appendix A  
**Self-Evaluation Survey**

1. Rank the following from most important to least important:

- Body image (i.e. how you see yourself)
- Diet (i.e. food habits)
- Emotional health (i.e. your feelings: sad, happy, disappointed)
- Physical changes (i.e. the changes you see in your body as you grow up)
- Exercise
- Other \_\_\_\_\_

2. Rate your self-esteem on a scale of 1-10 (with 1 being not confident at all, and 10 being very confident)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
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3. When you see advertisements featuring/representing/showing women, how do you feel? (select all that apply)

- Confident
- Pretty
- Smart
- Ugly
- Not worthy
- Over-weight

4. on average, how often do you eat fruits and vegetables per week.

- Never
- 1-2 times a week
- 3-4 times a week
- 5-7 times a week
- more

5. on average, how often do you consume dairy products per week?

- Never
- 1-2 times a week
- 3-4 times a week
- 5-7 times a week
- More

6. How often do you eat fast food in any given month?

- Never
- 1-3 times a month
- 4-5 times a month
- 6-10 times a month

7. In total how many hours a day do you spend interacting with media (TV, YouTube, Facebook, etc.)?

- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-6 hours
- More than 7 hours per day

8. In the past month, how often do you feel depressed due to negative thoughts you had about the way you look?

- 0-2 times a month
- 3-5 times a month
- 6-9 times a month
- 10 or more times a month

9. In the past month, how often do you feel depressed due to a negative comment your friend/family made about you?

- 0-2 times a month
- 3-5 times a month
- 6-9 times a month
- 10 or more times a month

10. do you feel like you need to lose weight in order to look "prettier?"

- Yes
- No

11. Do you feel that you need to dress/or look like the girls shown in the media in order to be pretty?

- Yes
- No

12. When you see beautiful thin women in advertisements, how do you feel and what do you do about your feelings.

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13. How often do you participate in any type of physical activity?

- Less than 1 hour/ week
- 1-2 hours/ week
- 3-4 hours/ week
- More/ week

14. Do you think the program (Girl Talk) will benefit you?

- Yes
- No

If you answered no to question 15, please suggest ways that will make the program beneficial for you.

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*Thank You!*



Appendix B

**Post Intervention Survey**

1. How beneficial do you feel the program (Girl Talk) was?

- Beneficial
- Somewhat beneficial
- Not beneficial

2. Would you want the program to continue for a longer period?

- Yes
- No

3. If this program becomes an extracurricular activity, would you consider joining?

- Yes
- No

4. Overall, do you feel like you have a better understanding of the topics we've discussed?

- Yes
- No

5. What was your favourite and/or worst part?

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