Factor structure of the Scale of Evaluation of Body Dissatisfaction for Adolescents (EEICA) among students from Slovakia, Hungary and Lithuania

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Background: Body dissatisfaction is important to examine as it is an essential evaluative part of the self-system and can have an impact on psychological and physical health. It is a complex phenomenon and seems to include more factors. The scale of body dissatisfaction for adolescents (EEICA) is a multidimensional verbal method measuring body dissatisfaction. However, its factor structure has only been identified in a Spanish adolescent sample. Aim: The main aim of this study is to identify factors of the EEICA for university students from Slovakia, Hungary and Lithuania. Methods: 2357 first year university students completed the EEICA online as part of the SLiCE study. Principal axis factoring with Varimax rotation was performed for each country separately. Intercorrelations between factors via the Pearson correlation coefficient were tested as well. Results: The study revealed a three-factor structure of the EEICA in each country (Self-acceptance and acceptance by others based on appearance, Weight control together with efforts to improve one’s appearance and Low weight dissatisfaction) after excluding 9 items. In addition, the results revealed a significant association between body evaluation and behavior connected to body appearance. Conclusions: This factor structure helps to distinguish between (1) cognitive and emotional body evaluation and (2) behavioral aspects connected to body appearance. This structure differs from the previous factor structure in Spanish adolescents and it has revealed a new relevant factor named Low weight dissatisfaction, which has so far been rarely explored. Future research may focus on this factor as well as on the complex validation of the EEICA in different age categories.


1. Introduction

Theoretically, there are two points of view of body dissatisfaction, which practically can hardly be separated. On the one hand, it can be inspected through subjective well-being and on the other hand through the psychological construct of the self-system. This study takes into account both aspects. Body dissatisfaction has been found to be associated with poor life satisfaction (Esch & Zullig, 2008) and poor quality of life (Horacek, 2013) and is also an important predictor of abnormal eating behaviour in adolescent boys and girls (Allen et al., 2008). In the words of Harter (1990), evaluation of the body is
considered to be one of the central aspects of mental health across the lifespan. In addition, the evaluation of the body is also an important part of self-esteem and self-worth (Franzi and Shields, 1984; Harter, 1990). Thus, there is no doubt that the concept of body dissatisfaction is an important issue in psychological research.

As body dissatisfaction is a complex phenomenon, it can be addressed in three ways: 1. as a distorted body size estimation, 2. as a discrepancy between actually perceived and the ideal body appearance and 3. as negative feelings and cognitions toward one’s body, which is most frequently used for assessing body dissatisfaction (Ogden, 2012). Body dissatisfaction is thus basically defined as a subjective discontent with one’s body or its shape (Gardner & Brown, 2011). Presnell, Bearman and Stice (2004) similarly refer to body dissatisfaction as a negative evaluation of one’s figure or parts of one’s body. Furthermore, Conti, Slater and Latorre (2009) incorporate the frequency of behaviour connected to body care, body perception and social influences to the concept of body dissatisfaction.

Body dissatisfaction is integrated into body image, a cognitive aspect of the self-system. Body image according to Szymanski and Cash (1995, In Bakhshi, 2011) includes 2 basic components: (1) cognitive appraisal and associated emotions connected to one’s own appearance and (2) the extent of appearance investment. Some authors consider body dissatisfaction to be an evaluative component of body image (Allen et al, 2008) or a cognitive aspect of negative body image (Bakhshi, 2011). Body dissatisfaction itself seems to consist of more components, so this study focuses on the attributes of body dissatisfaction.

There is a number of methods measuring body dissatisfaction. Most of them use a set of body parts and body functions and respondents are left to express their extent of dis/satisfaction with it. For instance Franzoi and Shields (1984) completed a 35 items measure which factor analysis uncovered a three-factor structure (physical attractiveness-sexuality, weight concern and physical condition for females and physical attractiveness-face and physique, upper body strength and physical condition for males). Similarly, The Body Image Satisfaction questionnaire by Rauste von Wright (1989) is commonly used for males and females and they are asked to evaluate 26 body parts creating two entities: face and figure. Later in 1997 a simplified 10 items scale for males and females called The Body Shape Satisfaction scale was suggested by Pingitore (1997). Ten body attributes are to be evaluated creating one factor. There are also figural scales that show silhouettes of male and female figures to be chosen. They are based on the principal of the discrepancy between the ideal and perceived body as previously mentioned. The Contour Drawing Rating Scale by Thompson & Gray (1991, In Furnham, 2002) consists of nine drawings of a female figure (for female respondents) or a male figure (for male respondents). Each drawing increases in size from extremely thin to very obese. Another figural measure of body dissatisfaction is the BIAS-BD by Gardner, Jappe and Gardner (2009, In Gardner & Brown, 2011) which asks respondents to choose from 17 male/female contour-line drawings that use known anthropometric body dimensions. The figures range from 60% below the known weight average to 140% above average weight. The differences between each pair of figures represent a 5% change in body weight. The BIAS-BD avoids the main problems of similar scales, e.g. scale coarseness and the presence of ethnic facial and body features. In figural-type scales, the discrepancy between the ideal and actually perceived size scores create an index of body size dissatisfaction. It is also important to mention that psychological research addressing body dissatisfaction often uses a simple question to capture this phenomenon, which asks respondents to express their extent of actual body dis/satisfaction on a scale from totally satisfied to not satisfied at all (e.g.:Forney, Holland, & Keel, 2012; Forrester-Knauss, & Zemp Stutz, 2012). Finally, there are also scales which consist of a set of claims in which respondents indicate the degree of agreement or the frequency. The most frequently used of these is the Body Dissatisfaction Scale of Eating Disorder Inventory (Garner, Polivy & Olmstead, 1983). Respondents are asked to express the frequency of dis/satisfaction with certain body parts in 9 items. This scale is appropriate for non-clinical samples as well (Frost, 2009). Another scale with direct self-reporting questions that addresses different aspects of body perception is The Body Esteem Scale for Adolescents (Mendelson, Mendelson, & White, 2001). The original 23 item scale was reduced by Confalonieri et al. (2008) into a 14 items scale maintaining a three-factor structure: appearance (general feelings about appearance), weight (weight satisfaction) and attribution (other people’s evaluations about one’s body). Respondents are asked to express their degree of agreement on a 5 point scale from never to always.

In the current study, the focus is on the EEICA (Escala de Evaluación de la Insatisfacción Corporal para Adolescentes) - The Scale of Evaluation of Body Dissatisfaction for Adolescents, which belongs to the last group of methods as previously discussed. It can be considered as a wider instrument in comparison with other methods, which only provide information about body shape, body parts or body functioning perception. This 32 question scale measures not only body perception but also social influences and behaviour connected to body care. It has been developed and validated by Baile, Grima and Landivar
Lucia Hricová, Oľga Orosová, Beata Gajdošová, Factor structure of the Scale of Evaluation of Body Dissatisfaction for Adolescents (EEICA) among students from Slovakia, Hungary and Lithuania

(2003) and reproduced and validated for a Brazilian sample by Conti, Slater & Latorre (2009). According to Baile, Grima and Landivar (2003) it has a four-factor structure: Factor 1 - Perception of own figure (explaining 32.62% of variance), Factor 2 - Patological alterations associated with body image (explaining 7.73% of variance), Factor 3 - Pre-occupation with weight and diets (explaining 5.56% of variance), Factor 4 - Pre-occupation with social comparison, (explaining 4.36% of variance). As far as it is known, there have been no other studies adressing the factor structure of this scale. However in terms of future research of body dissatisfaction and its factors among late adolescents form other European countries, it is important to explore the scale structure in other age and country samples as well.

The main aim of this study is to identify the factors of the body dissatisfaction scale (EEICA) for university students from Hungary, Lithuania and Slovakia.

2. Methods

Procedure

This work is based on data from the Student Life Cohort in Europe (SLiCE), a multinational longitudinal study among first year university students from several European countries. Nine universities took part in the study: four universities in Kaunas, Lithuania, the University of Budapest and the University of Miskolc in Hungary and three universities in Kosice, Slovakia. The total number of first year students attending these universities was 16,369 (6366 in Slovakia, 5793 in Lithuania and 4210 in Hungary). At each location, students were asked to complete self-administered online questionnaires. The universities in Lithuania and Slovakia provided access to the e-mail addresses of all enrolled students. The project was introduced to students during regular lectures and seminars as well as through additional ways such as flyers, notice boards, student newspapers, websites and student associations. The students were directly invited to participate in the survey by e-mail. The Hungarian students were informed using university newsletters and other formal and informal channels. Following that, they registered on www.slice-study.eu and filled in the questionnaire. Student participation in the study was voluntary and anonymous. Permission to conduct the study was granted by the ethical commissions of the participating institutions.

Sample

In the present study, data from the first wave of data collection of the SLiCE study were used. In total, the sample consisted of 2357 first year university students [Lithuania: 976 (41.4%), females 69.4%; Hungary: 783 participants (33.3%), 75.2% females; Slovakia: 598 (25.4%), females 74.2%]. The average age of the students from Lithuania was 20.00, SD=2.83, the students from Hungary 21.36, SD=5.71, and the students from Slovakia 19.61, SD=1.42.

Measurement of body dissatisfaction

The EEICA (Conti, Slater & Latorre, 2009) consists of 32 questions (e.g.: “How often do you think your friends generally have a body more beautiful than yours?”, “How often do you analyse the composition of calories from food, to control what is fat?”, “How often do you think women of your age seem to be fatter than you?”) with 6 responses on a Likert scale (1 - never to 6 - always). The score is calculated from the sum of the responses. The higher the score, the greater the young person's body and weight dissatisfaction is (Conti, et al., 2009).

Statistical analysis

One-way ANOVA was used to identify the significant differences in body dissatisfaction as the total score between countries. For the purpose of identifying the factor structure of the Body dissatisfaction scale for adolescents (EEICA), its 32 items were subjected to principal axis factoring (PAF) with Varimax rotation for each country separately. Prior to performing this analysis, the suitability of data were assessed. The Kaiser-Meyer-Olkin value exceeded the recommended value of .6 (for all three countries .95) and Bartlett ‘s Test of Sphericity reached statistical significance in each performed analysis, supporting the factoriability of the correlation matrixes. Pearson correlation coefficient was used for the intercorelations between factors.
3. Results

Table 1: Descriptive statistics for body dissatisfaction (total score) for all countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slovakia</td>
<td>45.00</td>
<td>180.00</td>
<td>93.39</td>
<td>27.75</td>
</tr>
<tr>
<td>Lithuania</td>
<td>47.00</td>
<td>175.00</td>
<td>96.70</td>
<td>29.35</td>
</tr>
<tr>
<td>Hungary</td>
<td>43.00</td>
<td>186.00</td>
<td>96.06</td>
<td>29.85</td>
</tr>
</tbody>
</table>

Note. Statistical parameters for body dissatisfaction across countries differences: $F=1.65$, $df=2$, $p=.19$

Table 1 displays the descriptives of the total score of body dissatisfaction across the countries and shows that the highest level of BD is among Lithuanian students and the lowest level is for Slovak students. However, these differences were not statistically significant.

Table 2: Rotated factor matrix for PFA with Varimax rotation of two factors of Body dissatisfaction scale for adolescents for Slovakia, Hungary and Lithuania

<table>
<thead>
<tr>
<th>Item</th>
<th>Slovakia Rotated factor matrix</th>
<th>Hungary Rotated factor matrix</th>
<th>Lithuania Rotated factor matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How often does your body image has made you sad?</td>
<td>F1</td>
<td>F2</td>
<td>F3</td>
</tr>
<tr>
<td>30. How often have you felt inferior to others because of your physique?</td>
<td>.666</td>
<td>-.121</td>
<td>.312</td>
</tr>
<tr>
<td>20. How often do you think that if your physical appearance doesn't improve you will have trouble in the future to make relationships?</td>
<td>.657</td>
<td>.280</td>
<td>.141</td>
</tr>
<tr>
<td>25. How often do you avoid to appear in photos showing your whole body?</td>
<td>.641</td>
<td>.360</td>
<td>.031</td>
</tr>
<tr>
<td>31. How often, when you look around your body in the mirror, you do not like?</td>
<td>.629</td>
<td>.354</td>
<td>-.023</td>
</tr>
<tr>
<td>6. How often do you think the shape of your body is what is now considered attractive?</td>
<td>.639</td>
<td>.405</td>
<td>.002</td>
</tr>
<tr>
<td>1. How often do you think your friends generally have a body more beautiful than yours?</td>
<td>.622</td>
<td>.038</td>
<td>.135</td>
</tr>
<tr>
<td>28. How often have you felt bad because others have seen your naked body or in a swimsuit (changing rooms, beach, pool, etc.)?</td>
<td>.613</td>
<td>.348</td>
<td>-.031</td>
</tr>
</tbody>
</table>
Note. F1 = „Self-acceptance and acceptance by others based on appearance” (Acceptance), F2 = „Weight control together with efforts to improve one’s appearance” (Control), F3 = „Low weight dissatisfaction”

The PAF for Slovak university students revealed the presence of five factors with eigenvalues exceeding 1. However, according to a small percentage of variance explained by the factors following the third factor as well as according to the scree plot diagram (with a clear break after the third factor) and reasonable interpretation of the items, it was decided to retain the three components for further investigation. After careful consideration, 9 items (2., 3., 16., 17., 18., 23., 24., 26., 27.) were excluded from further analysis because of their small factor loadings. The three-factor solution explained a total of 54.26% of the variance, with Factor 1 named „Self-acceptance and acceptance by others based on appearance” (hereinafter referred to as Acceptance) loaded by 12 items (1., 4., 6., 7., 9., 20., 21., 25., 28., 29., 30., 31.), Factor 2 – „Weight control together with efforts to improve one’s appearance” (hereinafter referred to as Control) loaded by 9 items (5., 8., 11., 12., 13., 14., 15., 19., 22.), and Factor 3 – „Low weight dissatisfaction” loaded by 2 items (10., 32.). Item loadings for all factors, communalities for PAF as well as the percentage of variance explained by each factor and eigenvalues are reported in Table 2.

Cronbach’s alpha as an indicator of internal consistency of the single factors reached acceptable values for each factor in the Slovak sample (.91 for Acceptance factor, .87 for the factor Control and .88 for the Low weight dissatisfaction factor).
Note. **p<.001, *p<.05; Acceptance – „Self-acceptance and acceptance by others based on appearance”; Control – „Weight control together with efforts to improve one’s appearance”; SK – Slovakia, HU – Hungary, LT – Lithuania

Table 3 reports the correlations between all factors of the explored scale. A higher score in the Acceptance factor indicated lower self-acceptance and acceptance by others based on appearance. All factors were significantly correlated to each other, which demonstrates the fact that factors of body dissatisfaction are related to each other. Moreover, the correlation between the factors Acceptance and Low weight dissatisfaction and between Control and Low weight dissatisfaction is negative and small, which indicates that while factors are reversely related, they describe different components of body dissatisfaction. The lower the acceptance based on appearance is, the lower the dissatisfaction is with low weight. Furthermore, the higher the control is, the lower the dissatisfaction is with low weight. These results are not surprising as low weight dissatisfaction represents dissatisfaction with thinness and a desire to put on weight while the other two factors represent dissatisfaction with „high weight” and a desire to be thin. On the other hand, the correlation between the factors Acceptance and Control is positive and rather large. It seems that the lower the acceptance based on appearance is, the higher the behavioral efforts are to control or to improve the appearance. Both factors represent dissatisfaction with „high weight” and a desire to be thin. However, the Acceptance factor addresses perceived social acceptance and self-acceptance based on body appearance, whereas the Control factor describes behaviour targeted at body appearance changes and improvements. Even though these two factors correlate rather strongly, they constitute slightly different domains of body dissatisfaction.

The PAF for the Hungarian university students revealed the presence of four factors with eigenvalues exceeding 1. However, according to a small percentage of variance explained by the fourth factor and reasonable interpretation of items rather than according to the scree plot diagram (with a break after the fourth factor) it was decided to retain three components for further investigation. After careful consideration, 9 items (2., 3., 16., 17., 18., 23., 24., 26., 27.) were excluded from further analysis because of their small or ambiguous factor loadings. The three-factor solution explained a total of 55.42% of the variance, with Factor 1 named „Self-acceptance and acceptance by others based on appearance” (Acceptance) loaded by 12 items (1., 4., 6., 7., 9., 20., 21., 25., 28., 29., 30., 31.). Factor 2 – „Weight control together with efforts to improve one’s appearance” (Control) loaded by 9 items (5., 8., 11., 12., 13., 14., 15., 19., 22.) and Factor 3 – „Low weight dissatisfaction” loaded by 2 items (10., 32.). Item loadings and communalities for PAF as well as the percentages of variance and eigenvalues for all factors for the Hungarians are reported in Table 2. The internal consistency of the single factors was again indicated by Cronbach’s alpha coefficient, which reached acceptable values for each factor in the Hungarian sample (.92 for Acceptance factor ,.87 for the factor Control and .88 for the Low weight dissatisfaction factor). In a similar way to the results of the Slovak sample it seems that the lower the acceptance based on appearance is the higher the behavioral efforts are to control or to improve appearance among Hungarians (Table 3). In addition, the higher low weight dissatisfaction is, the lower the behavioral efforts are to control or to improve one’s appearance. Contrary to the results in the other two countries, there was no significant correlation between Acceptance and Low weight dissatisfaction. This indicated no association between self-acceptance and acceptance by others (rather connected with high weight dissatisfaction) and dissatisfaction with too low weight.

The PAF for the Lithuanian university students revealed the presence of five factors with eigenvalues exceeding 1. However, according to a small percentage of variance explained by the fourth factor and reasonable interpretation of items rather than according to the scree plot diagram (with a break after the fourth factor) it was decided to retain three components for further investigation. After careful consideration, 9 items (2., 3., 16., 17., 18., 23., 24., 26., 27.) were excluded from further analysis because of their small or ambiguous factor loadings. The three-factor solution explained a total of 59.88% of the variance, with Factor 1 named „Self-acceptance and acceptance by others based on appearance” (Acceptance) loaded by 12 items (1., 4., 6., 7., 9., 20., 21., 25., 28., 29., 30., 31.). Factor 2 – „Weight control together with efforts to improve one’s appearance” (Control) loaded by 9 items (5., 8., 11., 12., 13., 14., 15., 19., 22.) and Factor 3 – „Low weight dissatisfaction” loaded by 2 items (10., 32.). Item loadings for all factors and communalities for PFA together with the percentages of variance and eigenvalues of all factors for Lithuanians are reported in Table 2. The internal consistency of the single factors was verified by Cronbach alpha and reached acceptable values for each factor in the Lithuanian sample (.91 for the factor of Acceptance,.88 for the Control factor and .89 for Low weight dissatisfaction). The intercorrelations of the single factors in the Lithuanian sample are very similar to those in the Slovak sample regarding its direction and its intensity. All factors were significantly correlated to each other too (Table 3).
4. Discussion and conclusions

According to these results, body dissatisfaction is approximately the same across the three explored European countries, despite previous research of lower life satisfaction among Hungarians when compared to Lithuanians and Slovaks (Watson, Pichler, & Wallace, 2010). Body dissatisfaction, as the results have shown, seems to consist of more components. In the current study a three-factor structure of the Body dissatisfaction scale (EEICA) has been revealed in the Slovak, Hungarian and Lithuanian samples. The factor structure was very similar for all countries as it has brought up the same number of factors consisting of the same items. The first factor – „Self-acceptance and acceptance by others based on appearance“ consisted of most items and explained the most variance. Those who score more highly on this factor do not accept themselves or do not feel as being accepted by others according to their body appearance. The second factor was „Weight control together with efforts to improve one’s appearance“ where a higher score in this factor represents more frequent use of weight control strategies and efforts to improve one’s body image. The third factor, consisting of two items, was called „Low weight dissatisfaction“. Individuals scoring higher on this factor perceive themselves as too thin and would like to put on weight. In contrary to these results, Baile, Grima and Landivar (2003) when they conducted a study on Spanish adolescents and did a factor analyses of the Body dissatisfaction scale (EEICA) revealed a four-factor structure: Factor 1 - Perception of own figure), Factor 2 - Patological alterations associated with body image, Factor 3 - Pre-occupation with weight and diets, Factor 4 - Pre-occupation with social comparison. The factor of Acceptance in this current study seems to correspond with Factor 1 and Factor 4 demonstrated in the study by Baile et al. (2003). The Control factor in this study with respect to its items correspond with Factor 2 and Factor 3 within the Baile et al. (2003) study. The third factor called „Low weight dissatisfaction“ which was uncovered in the current study, was different to the previous study. This factor addresses body dissatisfaction in the opposite direction to usual. Research commonly explores dissatisfaction with a higher weight, the desire to be thinner and the so-called drive for thinness. Individuals who perceive themselves as too thin are then evaluated as satisfied. However, this may be tricky as they could be dissatisfied with their body but the other way round. Body dissatisfaction as dissatisfaction with being too thin is very seldom in research. Thus, this factor brings a new light to the body dissatisfaction concept. It would also be interesting to explore gender differences in this area. Men, for whom height and musculature are the most important components of body image may be more susceptible to perceiving more „low weight dissatisfaction“ than women. The factor structure of the same scale seems to be different in the Spanish adolescent sample, while it is the same among students from Slovakia, Hungary and Lithuania. Despite both sampling being adolescents, the Spanish sample consisted of students from secondary school aged 12-19 while the current study sample was only first year university students. The present study sample was thus more age-homogenous than the Spanish sample as well as the first year university students representing the late adolescence developmental period. The present factor structure fits the theory of the Attitudinal component of body image (Grogan, 2000), which is supposed to include global subjective satisfaction, affect associated with the body, cognitions about the body and behaviours. The first three subcomponents are related to the study’s first factor - Acceptance and the third factor - Low weight dissatisfaction and the last subcomponent, behavior, resembles our second factor - Control. Szymanski and Cash (1995) have proposed two components of body image which seem to fit our factor structure very well (In Bakhshi, 2011). The first component - Cognitive appraisal and associated emotions connected to own appearance fit our factors of Acceptance and Low weight dissatisfaction which express emotional and cognitive dissatisfaction with one’s own body. The extent of the appearance investment component fits the Control factor, which addresses efforts and behaviors directed at appearance improvement.

It is also important to acknowledge the limitations of this study. Firstly, obtaining a representative sample remains a problem, especially when using online data collection (Lefever, Dal & Matthiasdottir, 2007). This is also a limiting factor regarding the generalization of the results because those respondents who chose not to participate in the study may have differed from those who did. However, studies examining the problems with online data collection (Hayes & Grieve, 2013; Perkins & Haiwang, 2001) have not revealed significant differences regarding the scores in psychological variables when compared to paper based questionnaires. Secondly, self-reported measurement of body dissatisfaction can be, despite anonymous data collection, biased by social desirability. This tendency in self-report measures might be controlled by adding a social desirability scale (Brannan et al., 2009; Nederhof, 1985) or prevented by using projective methods such as indirect questions, which require a response from the perspective of another person (Jo, Nelson & Kiecker, 1997). However, its validity is questionable as far as „the extent to which predictions about others represent information about the self is less clear“ (Fisher & Tellis, 1998, p.563). Thirdly, the factor of Low weight dissatisfaction is created by two items only. However, the fact that it was equally demonstrated in all three countries and both items were highly loaded brought us to the conclusion of factor relevance. Finally, even though the used measure and its
factors showed sufficient reliability in every country for exploring the current research questions it must be mentioned that further validation of these methods in the population of university students might improve their psychometric qualities. In the present study design it was limited in the administration of other questionnaires adressing body dissatisfaction to verify the validity of the EEICA scale. This has been left for future research. With regards to the fact that gender differences in body dissatisfaction are well documented in a number of studies in the Netherlands, United Kingdom, USA or Australia confirming it prevails among females (Wardle & Johnson, 2002), it would also be neccesary to verify a factor structure on a gender-balanced sample in future research. Body dissatisfaction is no longer a female gender issue and body image concerns can also be found among men, who are becoming more engaged in behaviour connected to improving their body image (Tantleff-Dunn, Barnes, Larose, 2011; Jones, 2004). This has been caused by media influence and sociocultural appearance pressure which is almost to the same extent as for women (Miller & Halberstadt, 2005). This brings us to the conclusion, that not only women, but also men deserve attention within the research of body dissatisfaction.

Self-perceptions of body are important to be explored as they can impact life-satisfaction, emotional well-being, quality of life and complete psychological and also physical health (Bakhshi, 2011; Horacek, 2013; Esch & Zullig, 2008). The present study has revealed a three-factor structure of the Scale of Evaluation of Body Dissatisfaction among adolescents in a sample of first year university students from Slovakia, Hungary and Lithuania. This structure helps to distinguish between (1) cognitive and emotional body evaluation and (2) behavioral aspects connected to body appearance. In addition, these results have revealed a significant association between evaluation and behavior connected to body appearance. On the contrary to the previous factor structure by Baile, Grima and Landivar (2003) on Spanish adolescents, a more homogenous sample of late adolescents was used. This study has enabled us to work with a small set of factors of body dissatisfaction and explore them in association to other relevant factors and psychological constructs. Nevertheless, future research shoud focus on the complex validation of the scale for adolescents in other European counties.

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