

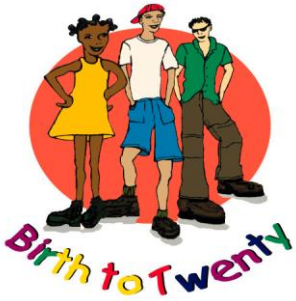
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Eating attitudes, body image satisfaction, and self-esteem of South African urban adolescents: the impact of acculturation

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University of the Witwatersrand
Department of Paediatrics and Child Health

BIRTH TO TWENTY BARA SITE: 17TH YEAR ADOLESCENT ROUTINE QUESTIONNAIRE

DATE: Day ☐☐ **Month** ☐☐ **Year** ☐☐☐☐

BTT ID NUMBER: ☐☐☐☐☐☐☐

BONE STUDY ID NUMBER: ☐☐☐

Consent Table

Components	Yes	No
Adolescent Questionnaire		
Self Completion Questionnaire		
Raven's assessment (if applicable)		
CAPS assessment (if applicable)		

Contact details of relative or friend who will **always** know where you live (different to info on contact sheet):

Name: _____ Relationship: _____

Landline number: _____ Cell number: _____

Work number: _____ Other: _____

Address: _____

Informed Consent

I agree to myself being a participant in the Birth to Twenty study.

The goals and methods of Birth to Twenty are clear to me.

I understand that the study will involve interviews, measures of growth, literacy and numeracy tests, educational development and school reports. All the details and purposes of these tests have been explained to me. I understand that I have the right to refuse to participate in the study.

I, the undersigned, hereby declare that I understand:
1. That the University of the Witwatersrand, Johannesburg (hereafter referred to as "the University" has insured itself against the acts and omissions of persons acting on its behalf insofar as it is liable in law therefore and that its registered students and staff are insured during the course and scope of their registered courses and/or within the scope of the University business, where the fault can be attributed to the University or its affiliates.

2. That in cases where no fault can be attributed to the University, I hereby indemnify, absolve and hold harmless the University, its officials, employees, students and invitees in respect of any damage to the property, death or bodily injury to/of myself and/or third parties, whether on/off the University precincts, or whilst engaged in any activity related to the University.

3. And undertake, for any period during which I am on the university precincts or during my participation in the Birth to Twenty Study, to be bound by the rules and regulations of the University for the time being in force and by any requirements or conditions imposed by the University on me.

I agree to participation in the study on the condition that:

1. I can withdraw from the study at any time voluntarily and that no adverse consequences will follow on withdrawal from the study.

2. I have the right not to answer any or all questions posed in the interviews and not to participate in any or all of the procedures / assessments.

3. The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.

4. All results will be treated with the strictest confidentiality.

5. Only group results, and not my/my child's individual results, will be published in scientific journals and in the media.

6. The Bt20 scientific team are committed to treating participants with respect and privacy through interviews conducted in private and follow-up counselling available on request.

7. I will receive a referral note to a health service if any result is out of the normal range or a problem is detected in the course of the study.

Adolescent: _____ Research Assistant: _____

Date: ____/_____/_____

Year 17 Cohort Communication

1. We would appreciate if you… • Keep in contact with us	☐
2. Appreciation • You and your family are really important to us and to South Africa. • We really appreciate you the commitment you have shown to the study over the last 17 years • The findings of the study has had a positive impact on current and future generations of children because the information that you give us provides accurate and reliable information on child and youth development • To ensure that these aims are met, it is important for Bt20 and its staff to maintain a professional and ethical relationship with you, our study participants. • This is true of all people who interact with you who provide services for you such as health care staff & educators	☐
3. What <u>IS</u> professional and ethical conduct? • Interviewer must be friendly and courteous • Punctuality • Explain the reason for your visit • Explain all components of data collection and answer any questions • Keep all information confidential • Interviewer will make the appropriate referral should you require assistance of a personal nature	☐
4. What is <u>NOT</u> professional and ethical conduct? • Interviewers talking on their cell phones during an interview • Interviewers making personal and / or judgmental comments • Socialising with you outside of Bt20 activities • Interviewers giving their cell phone or personal phone numbers to you • Interviewers doing personal favours for you in return for information • Interviewers touching/talking to you in a way that makes you uncomfortable	☐
5. As a participant of Bt20, you have the right to: • Withdraw from an interview at anytime should you feel uncomfortable • Ask for clarification on any aspect regarding Bt20 • Lodge a complaint of any misconduct to Dr Shane Norris	☐
6. Understanding • Do you understand what Bt20 is and what ethical study behaviour means? YES ☐ NO ☐ • If NO, what don't you understand? (please note if NO)	☐

Adolescent: _____ RA: _____

Date: _____

There are 6 sections to this questionnaire and it will take about 30 minutes

The FIRST section of the questionnaire is about EXERCISE
Let us talk about your activities at school

1. Are you still in school?

Y	N

2. Do you attend physical education classes at school?
(Exercise classes supervised by a teacher during school time)

Y	N

3. How often classes are held & how long are the classes?

Times / week	Hours / time

What are the three most frequent activities that you do during these classes?

Activities

4. Do your school teachers encourage you to participate in **physical activity**?

Y	N

5. Do your parents encourage you to participate in **physical activity**?

Y	N

6. Who (parent/caregiver or other) encourages you the most to participate in **physical activities? (This question MUST be answered**

Informal activities
List 3 of the most frequent informal activities that you are involved in (eg: playing soccer with your friends for fun etc)

Activity	Frequency	Duration
1.		
2.		
3.		

Sedentary activities

Do you engage in any of the following activities before or after school, and if so, for how many hours?

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Watching TV & videos & movies							
Reading, drawing, homework							
Playing a musical instrument - please detail what musical instrument? _____							
Playing video/ TV/ computer games							
Internet surfing							
Listening to radio/ music							

What time do you go to bed on a school night?

What time do you go to bed on a non-school night (on a weekend or on holiday)?

What time do you wake up on a school morning?

What time do you wake up on a non-school morning (on a weekend or on holiday)?

Transport
How do you get to school and how long does it take to get there and back?

1. By car, bus, taxi, train etc.

Yes	No
There: _____ minutes	
Back: _____ minutes	

2. Walking

Yes	No
There: _____ minutes	
Back: _____ minutes	

When you walk, at what pace (how fast) do you usually walk?

At a pace, that makes me breathe much harder than normal	1
At a pace that makes me breathe somewhat harder than normal	2
At a pace where there is no change in my breathing	3

3. Bicycle

Yes	No
There: _____ minutes	
Back: _____ minutes	

When you cycle, at what pace (how fast) do you usually cycle?

At a pace, that makes me breathe much harder than normal	1
At a pace that makes me breathe somewhat harder than normal	2
At a pace where there is no change in my breathing	3

Notes on Transport

EXTRA MURAL ACTIVITIES AT SCHOOL (*LAST 12 MONTHS*)

	How many months?	Prac/Wk	Hrs/Prac	Match/Comp/Wk
Athletics (running)				
Athletics (other)				
Cricket				
Swimming				
Tennis				
Hockey				
Netball				
Rugby				
Soccer				
Badminton				
Basketball				
Ballet				
Cycling				
Dancing				
Gymnastics				
Judo / karate				
Squash				
Volleyball				
Other				
Musical instrument				

PRIVATE EXTRA MURAL ACTIVITIES (*LAST 12 MONTHS*)

	How many months?	Prac/Wk	Hrs/Prac	Match/Comp/Wk
Athletics (running)				
Athletics (other)				
Cricket				
Swimming				
Tennis				
Hockey				
Netball				
Rugby				
Soccer				
Badminton				
Basketball				
Ballet				
Cycling				
Dancing				
Gymnastics				
Judo / karate				
Squash				
Volleyball				
Other				
Musical instrument				

SCHOOL INFORMATION

If you are still at school please answer the following questions:

Name of school: _____

School address (NB - Suburb) _____

Present Grade: _____

If NO, have you matriculated? Y N

What are you currently doing?

_____
_____
_____
_____

The SECOND section of this questionnaire is about WORK

1. Not counting jobs around the house, do you sometimes work for **pay** (money) such as deliveries, gardening, cleaning, youth service work, public work programmes and looking after children?

Y	**N**

2. If **YES**, please complete the table

What do you do?	**Where do you work?**	**What are your duties**

3. When you do these kinds of jobs, how often do you usually work?
    a. About once a month
    b. A few times a month
    c. About once a week
    d. A few times a week (2 to 3 times)
    e. 4 or more times a week
    f. Everyday

4. When you do these kinds of jobs, how many **hours** would you say you usually work per **week**?

5. Do you do any of these jobs before going to school?

Y	**N**

    a. If YES, which ones?

6. On average, how much do you earn per week doing these things?

R

7. IF you are working **FULL-TIME**, who helped you get this work? (Tick all that applies)

I am NOT working FULL-TIME	
Myself	
Family	
Friends	
School contacts	
Employment agent	
Media (newspaper)	

The THIRD section of the questionnaire is about your RELIGIOUS BELIEFS

Do you belong to any religious group?	**Y**	**N**

If YES, which

AIC(ZCC) ☐ Catholic ☐ Protestant/PNT ☐ Hindu ☐

Muslim ☐ African traditional ☐

Other ☐

If you have attended religious events in the last 6 months, what sort of events have you attended and how often do you attend

	Never	**Occasionally**	**Sometimes**	**Every week**
Ordinary Weekly services				
Special/ festival Services				
Youth meetings				
Choir				
Prayer meetings/vigils				
Ceremonies (life cycle)				
Minister counselling/advice				
Healing/blessing services				
Bible study				
Church or religious institutions volunteer work(soup kitchen)				
Other:				

How important is religion in your life?	**Not Important**	**Important**	**Very important**

How true are the following statements about your religious beliefs?	**Not true at all**	**Neutral (neither true nor false)**	**Very true**
My religious beliefs makes it important for me to help others			
My religious beliefs make me responsible for promoting fairness and justice			
My religious beliefs are similar to my parents			
I attend religious services/activities because my parents expect this of me			
I feel that I am spiritual religious but I do not follow any organised religion			
I attend religious services/activities because many of my friends do the same			
My religious beliefs guide my behaviour in personal relationships			
My religious beliefs affect my choices around work/study			
My religious beliefs affect my sexual behaviour			
I am well informed about the teachings of my religion			
My religion helps me to cope with life			

The FOURTH section of the questionnaire is about RELATIONSHIPS

Are you dating someone now (involved, steady boyfriend/girlfriend)?

YES	**NO**
Answer the following questions	Skip this section

Is this a serious relationship?	**Y**	**N**
How long have the two of you been going together?		

Are you dating someone of the SAME or OPPOSITE sex?	**Same**	**Opposite**
Have your parents/caregiver met this person?	**Y**	**N**

The FIFTH section of the questionnaire we are going to chat about your thoughts around your APPEARANCE

Body image assessment

[USE BODY SILHOUTTE CARDS – PLEASE ENSURE THAT THEY ARE SHUFFLED BEFORE GIVEN TO THE ADOLESCENT]

1. Please look at the cards and choose the girl that you think…
   (Girls and Boys)

Looks the best	
Looks the worst	
Is clumsy	
Has more respect from others	
Has less respect from others	
Is the strongest	
Is the weakest	
Is the happiest	
Is the most unhappy	

2. Choose the girl that…
   (Girls only)

Looks like you	
You would want to look like	
Your family will want you to look like	
Your friends will want you to look like	

3. Have you ever thought you were thin: *(Girls only)*

Y	**N**

4. Between figure **1** or **9**, which girl would you rather look like?
   (Girls only)

1	**9**

5. Between figure **1** or **9**, which girl would you rather have as your girlfriend?
   (Boys only)

1	**9**

1. Have you tried to **lose weight** during the past year?

Y	**N**

2. If YES, what was the **most important** reason (**mark only one**)

It is healthy	
I want to look better	
My clothes were too tight	
I am too fat compared to my friends	
I am unhappy with myself	
I dream of being a model or movie/TV star	
Any other reason, specify	

3. If you did try to **lose weight**, describe all the methods you have tried. Include any information on diet, exercise, pills or anything else that you have tried.

1.
2.
3.
4.

4. Did you try to **build more muscles** or grow bigger during the past year?

Y	**N**

5. If YES, what was the most important reason (mark only one)?

It is healthy	
I want to look better	
Compared to my friends I have too little muscle	
I am unhappy with myself	
I dream of being a model or movie/TV star	
Any other reason, specify	

6. If you did **try to build more muscles**, describe all the methods you have tried. Include any information on diet, exercise, pills or anything else that you have tried.

1.
2.
3.
4.

Now I am going to ask you some questions about the way you feel about your body

Question	Never	Seldom	Sometimes	Often	Always
1. I like what I look like in pictures					
2. Other people consider me good looking					
3. I'm proud of my body					
4. I'm preoccupied with trying to change my body weight					
5. I like what I see when I look in the mirror					
6. There are lots of things I'd like to change about my looks if I could					
7. I am satisfied with my weight					
8. I wish I looked better					
9. I really like what I weigh					
10. I wish I looked like someone else					
11. People my own age like my looks					
12. My looks upset me					
13. I'm as nice looking as most people					
14. I'm pretty happy about the way I look					
15. I feel I weigh the right amount for my height					
16. I feel ashamed of how I look					
17. Weighing myself depresses me					
18. My weight makes me unhappy					
19. I worry about the way I look					
20. I think I have a good body					
21. I'm looking as nice as I'd like to					

Now we are going to talk about your attitude towards food and eating

	Always	Very often	Often	Sometimes	Seldom	Never
1. I am terrified *(very scared)* about being overweight						
2. I avoid eating *(try not to eat)* when I am hungry						
3. I find myself preoccupied with food *(think about food a lot)*						
4. I have gone on eating binges *(a lot of food in a short time)* where I feel that I may not be able to stop						
5. I cut my food into small pieces						
6. I am aware of the calorie/ *kilojoule (energy)* content of foods that I eat						
7. I particularly avoid foods with a high carbohydrate *(starch)* content *such* as bread, potatoes, rice *and pap*						
8. I feel that others would prefer *(like it)* if I ate more						
9. I vomit *(bring up food / throw up)* after I have eaten						
10. I feel extremely guilty (*I've done wrong)* after eating						
11. I am preoccupied with a desire to be thinner *(think about being thinner a lot)*						
12. I think about burning up calories/ kilojoules *(energy)* when I exercise						
13. Other people think I am too thin						
14. I am preoccupied with the thought of having fat on my body *(think about having fat on my body a lot)*						
15. I take longer than other people to eat my meals *(food)*						
16. I avoid *(try not to eat)* foods with sugar in them						
17. I eat "diet" foods *(special foods to lose weight)*						
18. I feel that food controls my life						
19. I display self control around food (*I can control my eating if there is a lot of food available)*						
20. I feel that others put pressure on me to eat						
21. I give too much time and thought to food						
22. I feel uncomfortable *(not good)* after eating sweets						
23. I engage in dieting behaviour *(try to lose weight)*						
24. I like my stomach to be empty *(I like the feeling)*						
25. I enjoy trying new rich (*creamy/ fatty*) foods						
26. I have the impulse *(need)* to vomit after meals						

Now I am going to ask you some questions about what you think about yourself

Questions	A lot like me	A bit like me	Not very like me	Not at all like me
1. On the whole, I am satisfied with myself				
2. At times I think I am no good at all				
3. I feel that I have a number of good qualities				
4. I am able to do things as well as most other people				
5. I feel I do not have much to be proud of				
6. I certainly feel useless at times				
7. I feel that I am a person of worth, at least on an equal plane with others				
8. I wish I could have more respect for myself				
9. All in all, I am inclined to feel that I am a failure				
10. I take a positive attitude towards myself				

The SIXTH section we are going to discuss you future plans around…

1. Education (Tick the option/s that applies)

Complete High School	
Study at University	
Study further at a College or Training Institution	
I do not want to study further but rather get a job and get work experience	

2. Living with your parents (Tick option that applies)

Continue living with my parents for the next couple of years	
Plan to live elsewhere in the next 2-3 years	
I have already moved out from my parents' home	

3. Work plans

I plan to study first without working	
Get a part-time job	
Get a full-time job	

The last section of the questionnaire, we would like to know about how you see things in South Africa today. Please listen to each statement carefully and state how well it reflects your situation or feelings.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My family is having more money troubles now than in the past few years					
I worry that members of my family who are now employed may lose their jobs in the next year					
It is harder to find housing that my family can afford these days					
Pupils of different races get along well in my school					
We have more people of different “races” living in my neighbourhood now than two years ago					
My family and I are likely to leave South Africa because we do not like the way government runs the country					
Things in South Africa will improve under this government					
Other race groups have more advantages than my race group					
I think there is less violence in South Africa now than there was two years ago					
I think there is more crime now than there was two years ago					
South Africans are a free people and have many human rights					
The standard of education in schools is dropping in South Africa					
People are generally happy with life in South African today					

Research Assistant name: Date:

RAVENS ***(Check contact sheet to see if applicable)***

Y	N/A

ITEM NO.	SET A	SET B	SET C	SET D	SET E
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
TOTAL					

For office use only

Total of sets A, B, C, D, and E: _____

Research Assistant name: Date:

CAPS TEST

Y	N/A

Research Assistant name: Date:

SELF COMPLETION

Y	N

- Self completion Questionnaire

Research Assistant name: Date:

SCHOOL REPORT / MATRIC CERTIFICATE

Y	N

Copy of School report or Matric certificate (if applicable):

Quality checked by: **Date:**

NOTES