ANALYSIS OF THE PERCEPTION OF BODY IMAGE IN FIT KID ATHLETES

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Abstract

The aim of this research was to analyze the degree of dissatisfaction with body image—defined as the dissatisfaction resulting from the difference between the desired silhouette and the perceived one—among Fit Kid athletes. The study compared data based on age ranges and levels of competition and examined the possible association between higher weight and BMI with increased concern for body image. The Body Shape Questionnaire (BSQ) was used, and data were analyzed using the SPSS 28.0 statistical package. The main findings reveal a higher degree of body image dissatisfaction at the highest level of competition (national level) and among athletes with higher BMI and weight. Specifically, the factor with the highest scores was body dissatisfaction with the lower body. This suggests a higher risk of body image issues in late adolescence and at higher competitive levels, as well as among athletes with higher BMI values. These findings could offer valuable insights for coaches, who might address these issues through collaboration with nutritionists and sports psychologists.

Keywords: *body dissatisfaction, leanness, competition level, BMI, aesthetic disciplines*

INTRODUCTION

Body image perception is defined as 'the image our mind forms of our own body, that is, the way our body manifests itself to us' (Schilder, 2013, p. 11) and is directly related to eating disorders (Torres et al., 2017). Eating disorders are a group of mental illnesses characterized by abnormal eating behaviors, along with behaviors or attitudes aimed at weight control (Sadock, Sadock & Ruiz, 2015). These disorders generally occur in adolescents and young adults, with prevalence studies indicating wide differences according to age group and gender, being much higher in young women. Among the most common or prevalent eating disorders in Europe are anorexia nervosa and bulimia nervosa (Arija, Santi, Novalbos, Canals & Rodríguez, 2022). As for the age of onset, anorexia nervosa typically begins ate around 12 to 13 years, while bulimia nervosa starts between 14 and 15 years (Keski-Rahkonen et al., 2007).

As mentioned above, this preoccupation with weight gain and obsession with eating is also linked to a factor that characterizes this type of disorder: dissatisfaction with one's own body image (Torres et al., 2017). This is understood as the dissatisfaction resulting from the difference between the perception of the desired silhouette and the perceived silhouette (Jiménez, Jiménez & Bacardi, 2017).

The most common stages of onset of these problems are early and middle adolescence, though they can develop in children as young as 6 years old (Swanson, Crow, Le Grange, Swendsen & Merikangas, 2011). Regarding incidence in sport, a

relationship can be established between aesthetic sports and dissatisfaction with body image, which is considered a risk factor for the development of dangerous eating behaviors, such as anorexia (Valles, Hernández, Baños, Moncada-Jiménez & Rentería, 2020), in female athletes in this types of sport disciplines (Fortes, Neves, Filgueiras, Almeida & Ferreira, 2013). Among dancers and gymnasts, risky methods to achieve a specific body typology, such as pressure to be thin and follow dietary restriction, are observed (Francisco, Alarcão & Narciso, 2012). Similarly, in sports that emphasize thinness, there are higher levels of body image dissatisfaction and more symptoms of eating disorders, with even higher rates found among elite athletes, regardless of whether they participate in aesthetic sports (Kong & Harris, 2014). Even among children who practice aesthetic sports, there is a quest to be thinner, despite already having lower body weights compared to children who participate in other types of sports (Lombardo, Battagliese, Lucidi & Frost, 2012). Additionally, girls aged 5 and 7 years who practice aesthetic sports show greater concern about weight compared to girls who practice non-aesthetic sports or who do not practice sports at all (Davison, Earnest & Birch, 2002). Adolescent gymnasts also exhibit greater body dissatisfaction than adolescent non-gymnasts (Valles et al., 2020).

In this sense, the risk of presenting a greater concern about body image is much higher among gymnastics disciplines due to the strict attitude towards weight and shape, which can become an obsession (Bloodworth, McNamee & Tan, 2017). Adolescent gymnasts may be even more vulnerable to developing such problems, as the body image concerns and insecurities common at their age are reinforced by the pressure to achieve or maintain a particular body shape and weight in order to compete at the highest level of the sport (Tan, Bloodworth, McNamee & Hewitt, 2012).

Several studies in recent decades have linked gymnastics and dance to high body image dissatisfaction and eating disorders among athletes and dancers (Bloodworth et al., 2017; Francisco et al., 2012). For example, in artistic gymnastics, female gymnasts appear to be at higher risk of developing eating disorders than male gymnasts (Papacharalampous, Dallas & Dallas, 2022), as it is common for gymnasts to experience a high degree of body image dissatisfaction, which increases during the competition season (Neves et al., 2016). Rhythmic gymnastics is considered the gymnastic discipline with the highest risk of its practitioners suffering from eating disorders compared to other disciplines such as artistic gymnastics or acrobatic gymnastics, probably due to the pressure in rhythmic gymnastics to obtain a very slim body, the perfectionist tendencies of the discipline (Nordin, Harris & Cumming, 2003), and the excessive weight control and emphasis on low adipose mass for success in performance (Palacios & Sánchez, 2016). Furthermore, a high-level gymnast not only needs to possess certain physical aptitudes, but her body composition is also a determining factor for success, providing the biomechanical characteristics necessary for the execution of the exercises (Márquez, 2008; Palacios & Sánchez, 2016). This situation can lead to a certain risk of disordered eating behaviour in the pursuit of results, particularly in maintaining a low weight and slim appearance (Palacios & Sánchez, 2016), with more cases occurring among rhythmic gymnasts at a higher level, such as the international level, than among gymnasts at non-competitive levels (Donti, Donti, Gaspari, Pleksida & Psychountaki, 2021; Kontele, Vassilakou & Donti, 2022).

Fit Kid, an emerging sport created in Europe in 1990 and part of the Spanish Federation of Dance Sport, combines gymnastic elements with dance, creating a significant artistic component. It requires certain physical qualities such as flexibility, strength, and endurance, as well as rhythmic and artistic qualities like coordination and

body expression (Paredes, n.d.). This sport includes individual and group participation categories, with group categories being further divided into duos, small groups (3 or 4 members), and large groups (5 or 6 members). These group categories are divided into three competition age groups (7-11 years; 12-15 years; 16 years and over). Additionally, there is a free large group category, where 7 to 15 athletes can participate with no age restrictions. In the group categories, the gender of the competitors is unrestricted. Participants in all age categories must perform a floor choreography accompanied by music, including compulsory elements specified in the scoring code (Fit Kid scoring code, 2023). In this way, Fit Kid resembles and draws from both gymnastic disciplines and dance, adapted to Fit Kid's unique characteristics.

Given the existing link between Fit Kid and gymnastic disciplines, we question whether athletes in this sport might also manifest or develop a similar tendency toward high dissatisfaction with their own body image. Under these premises, the aim of this research was to analyze the current state of body image perception among Fit Kid athletes, comparing the established age ranges and the varying levels of competition—specifically, first-class and second-class levels. Additionally, the research sought to identify the type of association between higher weight and BMI with a more pronounced concern for body image.

METHODS

This descriptive research with a quantitative approach was conducted using a purposive sample. The sample was selected based on the following inclusion criteria: Fit Kid athletes from clubs in a municipality in the province of Alicante (Spain), male or female, with a valid federation license, at first-class or second-class levels, and within the age range of 11 to 24 years, as federation licenses were available for athletes up to this age range. After applying these criteria, the total population meeting these characteristics was 80 athletes, of which 14 were excluded for not obtaining the corresponding informed consent.

Therefore, in the end, 66 athletes between 11 and 19 years of age (62 women and 4 men), belonging to 5 Fit Kid clubs in the municipality in question, participated voluntarily. The sample obtained represents 82.5% of the total population studied, with a mean age of 13.42 ± 1.84 years. Of the 66 participants, 19 were from the first-class level, representing 95% of the population for this level and age range, and 47 from the second-class level, representing 78.3% of the population for this level and age range. To facilitate the search for a relationship between age and the perception of body image, the sample was divided into three age ranges based on the three stages of adolescence (Güemes-Hidalgo, Ceñal & Hidalgo, 2017): the first from 11 to 13 years (12.28 ± 0.78), the second from 14 to 16 years (14.52 ± 0.68), and the third from 17 years onwards (18 ± 1).

To obtain the data, basic anthropometric techniques and tools were used to determine the participants' height, weight in kilograms, and to calculate their BMI. In addition, the Body Shape Questionnaire (BSQ) was administered in its Spanish adaptation (Raich, Mora, Soler, Clos & Zapater, 1996). This questionnaire consists of 34 questions with a Likert frequency scale, is self-administered, and has 6 response options (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = very often, and 6 = always). The BSQ score ranges from 34 to 204 points, which is the sum of all the points obtained in each question, with a cut-off score of 105 points (Raich, 2001). Scores of 105 points and above indicate the presence of anxious, negative thoughts in the athlete, leading to dissatisfaction with their body image as it deviates from their ideal body model. This dissatisfaction often results in lower self-esteem related to physical appearance and a desire to lose weight and diet, leading to an extreme

preoccupation with figure and weight. All these factors place the athlete at risk of developing an eating disorder.

Furthermore, the 34 items are grouped into five factors:

- Factor 1: concern about weight in relation to intake (items 6, 23, 17, 21, 2, 14 and 19).
- Factor 2: concern about unsightly aspects of obesity (items 28, 30, 5 and 16).
- Factor 3: general body dissatisfaction and concern (items 7, 18 and 13).
- Factor 4: lower body dissatisfaction (items 3 and 10).
- Factor 5: use of vomiting or laxatives to reduce body dissatisfaction (items 26 and 32).

To begin the research, the team first contacted the coaches of the Fit Kid clubs in the municipality involved by telephone to arrange visits. Next, the study's objectives, a description of the questionnaire and the measurements to be taken, the characteristics and criteria to be met by the athletes, and the process to be followed were explained. The athletes were also informed about the aims of the research, with an emphasis that their participation was voluntary and without any form of compensation. Upon confirming their agreement, informed consent was obtained from the legal representatives and athletes of legal age. Simultaneously, respect for data protection regulations in accordance with the Declaration of Helsinki was ensured, guaranteeing the anonymity of the athletes.

Data collection took place between 22 March and 13 April 2023, during the athletes' competitive period. This period was chosen as there tends to be greater pressure to perform well in training and to achieve good results in competition, making the information obtained particularly relevant to these phases of training. On the specified days and at the indicated clubs, the athletes were grouped together, and the questionnaire was completed either online or on paper. In both formats, a series of descriptive data (age, sex, and level of competition) was included at the start, followed by the BSQ questionnaire. Athletes spent 10-15 minutes completing the BSQ and then proceeded to measure body mass (using a Renpho digital scale, accurate to 0.05 kg) and height (using an Alfa measuring rod, accurate to 1 mm) to calculate their BMI (kg/m^2). The measurement of body mass and height was conducted in the presence of their coaches and one of the authors of this work to clarify any doubts. Measurements were taken with the athletes barefoot, standing with their feet parallel and heels together, fully erect. The head, shoulders, and buttocks were in contact with a vertical plane (wall). For the weight measurements, the athletes were barefoot and wore their own training clothes (leotard).

The specialized software SPSS (Statistical Product and Service Solutions), version 28.0.0.0 (190) from IBM, was used for data analysis. Descriptive statistics, including means, medians, standard deviations, and cross-tabulations, were used to analyze the data. Correlations between BSQ scores and age, weight, BMI, and competition level were assessed using Spearman's correlation, while comparisons between the two competition level groups were analyzed using the Mann-Whitney U test, with a significance level set at $p \leq 0.05$. Finally, the internal consistency of the instrument, measured by Cronbach's Alpha, was found to be adequate (0.962), as this value is above the minimum established range (0.90-0.95), indicating good internal consistency (George & Mallery, 2003).

RESULTS

Firstly, regarding the descriptive data (Table 1), the average weight of the athletes was 48.31 kg, the average height was 1.55 m, and the average BMI was 19.9 kg/m^2. The highest averages for weight, height, and BMI are found in the third age range and at the second-class level, with significant differences between levels only for height ($p = 0.027$). Conversely, the lowest averages for weight, height, and BMI are found in the

first age range and at the national competition level.

Regarding the sample's score on the Body Shape Questionnaire, the mean score was 67.44 points, which is below the cut-off score, indicating a low general concern for body image (Table 1). However, this concern increases with age and is considered mild for those aged 17 years and older. As for the comparison between competition levels, a slightly higher score is observed at the first-class level, but without significant differences (p = 0.197) (Table 1).

Table 1
Weight, height, BMI and BSQ scores of Fit Kid athletes according to age range and competition level

	Total	**11-13**	**14-16**	**+17**	**First-class**	**Second-class**	**Level U-test**
	M (SD)	**M (SD)**	**M (SD)**	**M (SD)**	**M (SD)**	**M (SD)**	***p***
Weight (kg)	48.31(8.00)	45.01(7.26)	51.81(7.70)	56.04(3.12)	45.61(6.64)	49.40(8.30)	0.095
Height (m)	1.55(0.07)	1.54(0.07)	1.57(0.07)	1.60(0.05)	1.53(0.05)	1.56(0.08)	**0.027**
BMI (kg/m²)	19.90(2.27)	19.10(2.10)	20.95(2.15)	21.95(0.59)	19.45(1.88)	20.08(2.40)	0.492
BSQ	67.44(27.58)	59.58(23.94)	73.14(27.22)	104.40(19.49)	72.58(23.64)	65.36(29)	0.197

Note: M-mean; SD-standard deviation; *p*-significant differences between levels

The correlation study shows a moderate, positive, and direct association between weight and BMI with the BSQ scores (Table 2), and this correlation is statistically significant (p<0.01).

Secondly, regarding the results associated with body shape (BSQ) according to the analysis factors (Table 3), the greatest concern is observed in the third age range for all factors. Additionally, when focusing on the level of competition, greater concern is noted at the first-class level for factors 1, 2, and 3, and at the second-class level for factors 4 and 5. However, no statistically significant differences are observed between the levels in any of the factors, with factor 1 approaching the level of significance (p = 0.058).

Table 2
Correlations of BSQ scores

	Age	**Age range**	**Weight**	**BMI**	**Level**
BSQ	0.456**	0.393**	0.477**	0.477**	0.160

Note. **p<0,01; *p<0,05

It is also noteworthy that factor 4, "Body dissatisfaction with respect to the lower part of the body," has the highest mean score. This indicates that dissatisfaction with self-image among the athletes is most pronounced concerning the lower part of their body. Conversely, factor 5, "Use of vomiting or laxatives to reduce body dissatisfaction," has the lowest mean score, suggesting that, in general, Fit Kid athletes did not use these compensatory method.

Table 3
Mean of the factors according to age range and competition level

Factor	Total	11-13	14-16	+17	First-class	Second-class	Levels U-test
	M	M	M	M	M	M	*p*
1. Concern about weight in relation to intake	2.06	1.78	2.23	3.63	2.36	1.94	0.058
2. Concern about unsightly aspects of obesity	1.98	1.70	2.07	3.85	2.13	1.92	0.361
3. General body dissatisfaction and concern	1.62	1.36	1.94	2.40	1.72	1.58	0.143
4. Lower body dissatisfaction	2.14	1.95	2.34	2.80	2.03	2.18	0.896
5. Use of vomiting or laxatives to reduce body dissatisfaction	1.06	1.02	1.05	1.40	1.03	1.08	0.478

Note: M-mean; *p*-significant differences between levels

Finally, regarding the results that show significant differences between levels (Table 4), we note in factor 1, "Concern about weight in relation to intake," that item 17, "Eating sweets, cakes, or other high-calorie foods—has it made you feel fat?" (p = 0.036) and item 19, "Have you felt excessively fat or rounded?" (p = 0.043) show significant differences. Additionally, values close to the pre-specified significance level are observed in item 14, "Being naked (e.g., when you take a shower)—did it make you feel fat?" (p = 0.065) and item 21, "Worrying about your figure—did it make you go on a diet?" (p = 0.053). On the other hand, in factor 3, "General body dissatisfaction and concern," item 13, "Has thinking about your figure interfered with your ability to concentrate (when watching TV, reading, or having a conversation)?" (p = 0.063) is close to the pre-specified significance level.

Table 4
Intake concerns according to age range and level of competition

Factor	Item	Total		11-13		14-16		+17		First-class		Second-class		Levels U-test
		Me	M (SD)	Me	M (SD)	Me	M (SD)	Me	M (SD)	Me	M (SD)	Me	M (SD)	*p*
1	**2**	2.50	2.64 (1.50)	2	2.23 (1.37)	3	3.10 (1.51)	4	4 (1.23)	3	3 (1.33)	2	2.49 (1.55)	0.130
	6	2	2.26 (1.33)	1	2 (1.28)	2	2.43 (1.25)	3	3.60 (1.34)	3	2.58 (1.31)	2	2.13 (1.33)	0.153
	14	1	1.65 (0.94)	1	1.40 (0.71)	1	1.81 (1.08)	3	3 (0.71)	2	2 (1.05)	1	1.51 (0.86)	**0.065**
	17	2	2.35 (1.50)	1	2.10 (1.46)	2	2.33 (1.24)	4	4.40 (1.52)	3	2.79 (1.13)	1	2.17 (1.60)	**0.036**
	19	1	1.44 (0.79)	1	1.23 (0.48)	1	1.67 (1.11)	2	2.20 (0.45)	2	1.63 (0.76)	1	1.36 (0.79)	**0.043**
	21	1	2.08 (1.37)	1	1.75 (1.19)	2	2.19 (1.29)	4	4.20 (1.30)	3	2.58 (1.50)	1	1.87 (1.28)	**0.053**
	23	1	2.03 (1.46)	1	1.78 (1.39)	2	2.05 (1.24)	4	4 (1.58)	2	1.95 (1.08)	1	2.06 (1.59)	0.564
2	**5**	1.50	1.86 (1.07)	1	1.68 (0.89)	1	1.76 (0.89)	4	3.80 (1.30)	1	1.89 (1.10)	2	1.85 (1.06)	0.927
	16	2	2.14 (1.24)	1.50	1.75 (0.95)	2	2.29 (1.06)	5	4.60 (1.14)	3	2.42 (1.22)	2	2.02 (1.24)	0.150
	28	1	1.48 (1.09)	1	1.25 (0.59)	1	1.57 (1.25)	3	3 (2.12)	1	1.58 (1.35)	1	1.45 (0.97)	0.954
	30	2	2.42 (1.40)	2	2.10 (1.22)	3	2.67 (1.59)	4	4 (0.71)	3	2.63 (1.42)	2	2.34 (1.40)	0.371

Factor	Item	Total		11-13		14-16		+17		First-class		Second-class		Levels U-test
		Me	M (SD)	Me	M (SD)	Me	M (SD)	Me	M (SD)	Me	M (SD)	Me	M (SD)	*p*
3	**7**	1	1.92 (1.33)	1	1.55 (0.97)	2	2.48 (1.69)	3	2.60 (1.14)	1	2.05 (1.31)	1	1.87 (1.35)	0.503
	13	1	1.62 (0.99)	1	1.27 (0.72)	2	1.90 (1.09)	3	3.20 (0.45)	2	1.79 (0.79)	1	1.55 (1.06)	**0.063**
	18	1	1.32 (0.70)	1	1.25 (0.63)	1	1.43 (0.81)	1	1.40 (0.89)	1	1.32 (0.67)	1	1.32 (0.73)	0.894
4	**3**	2	2.24 (1.27)	2	1.90 (1.08)	3	2.62 (1.32)	3	3.40 (1.52)	2	2.32 (1.11)	2	2.21 (1.33)	0.550
	10	2	2.03 (1.12)	1	2 (1.22)	2	2.05 (1.07)	2	2.20 (0.45)	2	1.74 (0.73)	2	2.15 (1.23)	0.339
5	**26**	1	1.11 (0.40)	1	1.02 (0.16)	1	1.10 (0.30)	1	1.80 (1.10)	1	1 (0)	1	1.15 (0.47)	0.143
	32	1	1.02 (0.12)	1	1.02 (0.16)	1	1 (0)	1	1 (0)	1	1.05 (0.23)	1	1 (0)	0.116

Note: Me-median; M-mean; SD-standard deviation; *p*-significant differences between levels.

DISCUSSION

The main objective of this research was to analyze the current state of body image among Fit Kid athletes according to age ranges and competition levels (first and second class). Additionally, it aimed to identify the type of association between higher weight and BMI and greater concern for body image.

Firstly, with regard to the relationship between weight and BMI of Fit Kid athletes and a high score on the body image perception scale, we observed a moderate positive association between weight (r=0.477) (p=<0.01) and BMI (r=0.477) (p=<0.01) and a greater concern and dissatisfaction with body image among the athletes.

Regarding the perception of body image, Lombardo et al. (2012) related a sufficiently low or optimal weight with even more pronounced body dissatisfaction in children practicing aesthetic sports. They found that these children, who were already thinner than those participating in non-aesthetic sports or those not engaged in sports, wished to be even thinner. Similarly, Vernetta, Montosa, and Peláez (2018) observed that while acrobatic gymnasts generally showed good body satisfaction associated with a healthy BMI, 12.1% of rhythmic gymnasts expressed a desire to be even thinner. In contrast, Ariza, Salas, López, and Vernetta (2021) concluded that adolescent acrobatic gymnasts were more satisfied with their self-image than non-acrobatic gymnasts.

Also, in relation to age, the highest mean BSQ scores in the present study were found in the third age range (17 years and older), indicating a mild concern about body image. In the other age ranges, and in general, no significant body image dissatisfaction was observed. However, the association between age or age range and questionnaire scores was relevant, according to correlational studies.

In this sense, Little, Howell, Armento, McCarthy, and Sweeney (2023) found greater anxiety and concern about weight at older ages, as their research indicated that older gymnasts exhibited higher levels of concern. This increased body dissatisfaction in the older age range could be explained by the higher BMI values that occur with age during developmental growth (Maganto & Cruz, 2002), as age and BMI have a significant positive relationship (Vernetta, Peláez, Ariza & López, 2018), as observed in the present study. Additionally, a higher BMI may trigger a greater desire for thinness or lower satisfaction with body image (Maganto & Cruz, 2002). Conversely, this

can result in a discordance between perceived BMI and actual BMI due to a distortion of body image, causing individuals who are underweight or at the lower limit of normal weight to overestimate their weight (Durán et al., 2013). Furthermore, a higher muscle mass (for the same height) results in a higher BMI, which contributes to dissatisfaction among many aesthetic sportswomen (Valles et al., 2020). Consequently, reduced intake often leads to low energy availability, which poses additional health risks for female athletes.

On the other hand, the association between BSQ scores and level of competition was low. Within this analysis, the highest scores were observed at the higher level of competition, indicating a more negative perception of body image. However, the differences between the two levels were not statistically significant.

Kong and Harris (2014) found that, at elite levels—regardless of the sport—and in thinness-focused sports, athletes more commonly exhibited symptoms typical of eating disorders, as well as a higher rate of preoccupation and lower satisfaction with self-image. Similarly, Salas, Gutiérrez, Ariza, and Vernetta (2023) observed this trend among Spanish acrobatic gymnasts, where international-level gymnasts showed higher rates of body dissatisfaction and a greater tendency towards thinness compared to athletes at other levels of competition.

In reference to the factors that caused the most concern among the athletes, there was a notable dissatisfaction with the lower part of their body, particularly regarding the thighs, buttocks, hips, and waist, including the measurements and proportions of these areas. This dissatisfaction was more pronounced on average from the age of 17 onwards but did not significantly differ between competition levels. The only significant differences between levels were observed in some items related to concerns about intake.

In this respect, Maganto and Cruz (2002) argued that the area of the body generating the least dissatisfaction in women was the face, while the upper and lower torso, and particularly the waist, caused much higher dissatisfaction. Their findings align with the present study, which identified the lower torso, and more specifically the thighs, buttocks, and hips, as focal points of significant concern and dissatisfaction with body image. Similarly, Salazar (2008) found notable dissatisfaction with various body parts, including the complexion, nose, chest, abdomen, waist, thighs, and legs, among adolescents of both genders, with a particular focus on dissatisfaction with the arms. Additionally, Salazar's study revealed that females were more concerned with areas such as the abdomen, legs, hips, thighs, and waist compared to males.

Among the limitations of the study, it is important to note the scarcity of research on the Fit Kid discipline and the significance of body image perception among its practitioners. Additionally, the sample size may be too small to fully represent the discipline in the province analyzed, as well as within the specific geographical context of the research. Other variables, such as the athletes' years of competitive experience, different training periods, and the profiles of coaches and technical staff, were not considered. These limitations should be taken into account when generalizing the results. Therefore, further research is needed to explore how body image perception evolves during different training periods and to examine potential differences in body image perception across various aesthetic sports.

CONCLUSIONS

The main conclusions drawn from the study are as follows: there is a positive association between BMI and BSQ scores, indicating that higher BMI and weight values are linked to greater body image concerns among Fit Kid athletes. Generally, higher levels of body image dissatisfaction were observed at the first-class level, the most demanding competitive level, highlighting the need to be vigilant about

potential body image distortions that could lead to eating-related behavioral disorders. Lastly, the factor that caused the most concern among participants was 'Body Dissatisfaction Regarding the Lower Body.' This concern was slightly more pronounced in the third age range and at the second-class level, although no significant differences between levels were observed.

These results can be very useful for coaches of aesthetic sports in general and Fit Kid coaches in particular. Understanding the degree of body shape dissatisfaction among athletes can help detect potential risk situations for the development of eating disorders. Being aware of these issues would enable coaches to make informed decisions, such as focusing on psychological work aimed at improving self-concept and self-esteem.

In this regard, coaches could emphasize the importance of a balanced diet for overall health rather than focusing on athletes' physical appearance. This includes avoiding negative comments about weight or the pressure to achieve an excessively thin physique, which could negatively impact the athlete. Additionally, promoting training seminars for coaches on these issues, including their symptoms and health consequences, could be beneficial. Encouraging a training environment that fosters positive feedback, sets process-oriented goals, establishes objectives of moderate difficulty, promotes social relationships, and supports body acceptance and self-esteem could be advantageous for professionals involved with Fit Kid.

Our findings underscore the importance of having a team of specialists, such as sports psychologists and nutritionists, to monitor athletes' health, performance, and emotional well-being, taking into account their level of competition and age.

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