



Weight-related teasing and internalized weight stigma predict abnormal eating attitudes and behaviours in Emirati female university students



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ABSTRACT

This cross-sectional study examined the relationship between abnormal eating attitudes, weight teasing, internalized weight stigma and self-esteem in the United Arab Emirates in a sample of 420 female Emirati undergraduate students (mean age = 23.12 years). Participants completed an online survey including validated and reliable measures. Regression and mediation analyses were used to test for relationships between the factors. Thirty percent of respondents had eating disorder symptomatology, and 44% of respondents reported being frequently teased about their weight. Eating disorder symptomatology was positively correlated with being bothered by teasing from family, friends and others, and internalized weight stigma. Weight- and body-related shame and guilt was the strongest predictor of eating disorder symptomatology. Public health authorities should consider these issues as priorities for action in order to improve the health and wellbeing of young women in the UAE. In addition, it is vital that public health and medical services do not inadvertently condone weight-based teasing or enhance weight stigma and shame.

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1. Introduction

The emergence of eating disorders in non-western nations has been documented since the early 1990s (Gordon, 2001). Eating disorders are increasingly recognised as a concern for women in the United Arab Emirates (UAE) and other countries in the Gulf Cooperation Council (Al-Adawi et al., 2002; Al-Subaie, 2000; Schulte & Thomas, 2013). Almost 80% of a sample of female undergraduate students in the UAE had high levels of body image dissatisfaction (Schulte & Thomas, 2013). Up to a third of adolescents in the Gulf experience eating disturbances consistent with clinical eating disorders (Al-Adawi et al., 2002; Al-Subaie, 2000; Al-Subaie et al., 1996; Eapen, Mabrouk, & Bin-Othman, 2006; Musaiger, Al-Mannai, & Al-Lalla, 2014; Thomas, Khan, & Abdulrahman, 2010). Body image dissatisfaction and disturbed eating pose significant threats to the current and future mental and physical health and wellbeing of women in the UAE.

Some of the proposed antecedents to disturbed eating and body image dissatisfaction include sociocultural attitudes towards appearance (J. K. Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004), exposure to weight teasing (Neumark-Sztainer et al., 2002), anti-fat attitudes (Crandall et al., 2001), and shame and guilt related to weight (Conradt et al., 2007). Teasing, harassment, stigma, prejudice and discrimination based on body size or weight are widespread phenomena that are associated with considerable distress, unhealthy behaviours and poor health outcomes (Puhl & Heuer, 2009). In developed western countries, the prevalence of weight stigma is high (Puhl et al., 2015), and appears to be increasing (Andreyeva, Puhl, & Brownell, 2008; Latner & Stunkard, 2003). In one study in the USA, 30% of young adults had been subjected to weight-related teasing (Haines, Hannan, van den Berg, Eisenberg, & Neumark-Sztainer, 2013). The prevalence of weight-based harassment in the EAT-2010 cohort was 35.3%, the highest rate of any type of harassment, and similar to race-based harassment (35.2%) (Bucchianeri, Eisenberg, & Neumark-Sztainer, 2013). Weight-based harassment was prevalent across all weight groups and in males and females.

Weight-based teasing and harassment are associated with lower

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self-esteem, lower body satisfaction, higher weight concerns, more loneliness, higher depressive symptoms, thinking about and attempting suicide, higher preference for sedentary activities or activities performed alone, and bulimic behaviour, irrespective of actual body weight (Eisenberg, Neumark-Sztainer, & Story, 2003; Hayden-Wade et al., 2005). These associations are consistent for males and females, across racial, ethnic, and weight groups (Eisenberg et al., 2003). The more sources of teasing that adolescents are exposed to, the higher the prevalence of emotional health problems. In one study, children (mean age 10.03 years) that experienced teasing from peers had significantly higher levels of depression and were five times more likely to engage in unhealthy weight control behaviours than children who did not experience such teasing (Madowitz, Knatz, Maginot, Crow, & Boutelle, 2012). Being bothered by teasing, the frequency of teasing, and the number of teasing sources all significantly increased the risk of depression. Teasing about body weight is strongly predictive of binge eating, and extreme weight-control behaviours for adolescents over a five year period (Neumark-Sztainer et al., 2007).

In addition to exposure to external sources of weight stigma such as teasing, internalization of weight stigma, or internal negative beliefs and attitudes about body weight (Davison, Schmalz, Young, & Birch, 2008; Wang, Brownell, & Wadden, 2004) are associated with negative emotional and physical well-being (Latner, Barile, Durso, & O'Brien, 2014). Internalized weight stigma is associated with depression, anxiety, low self-esteem, body image disturbance, disordered eating, avoidance of physical activity, decreased use of preventive health services, increased calorie consumption, and weight gain (Friedman, Ashmore, & Applegate, 2008; Puhl & Heuer, 2010; Puhl, Moss-Racusin, & Schwartz, 2007; Schvey, Puhl, & Brownell, 2011).

The first aim of this study was to determine the levels of eating disorder symptomatology, weight-based teasing, internalized weight stigma, and self-esteem in a sample of Emirati female university students. The second aim of the study was to examine the correlates of eating disorder symptomatology. We hypothesized that participants with higher levels of eating disorder symptomatology would have i) higher levels of weight-based teasing; ii) higher levels of internalized weight stigma; and iii) lower self-esteem.

2. Material and methods

2.1. Participants

A convenience sample of female Arab citizens of the UAE was recruited from three universities across two Emirates (Abu Dhabi and Sharjah). All participants were undergraduate students and were bilingual in Arabic and English; the language of instruction at each university is English. Participants from Zayed University and the American University of Sharjah were enrolled in psychology courses and participated in the study in their own time for course credit. Participants from Emirates College for Advanced Education were enrolled in an education degree program and participated in the study in class time, but not for course credit.

2.2. Ethical approval

The study was approved by the Institutional Review Boards of Emirates College for Advanced Education, Zayed University and American University of Sharjah. All participants provided informed consent prior to study commencement.

2.3. Measures and procedure

Data were collected in the early weeks of the spring semester in 2015 in an online self-completed survey using computerised versions of questionnaires with established validity and reliability. The survey included demographic items, height and weight, and instruments assessing eating disorder symptomatology, weight-based teasing, internalized weight stigma and self-esteem. All instruments were presented in dual language form, with the English items on the left of the screen and the Arabic translation presented on the right of the screen. Where required, a bilingual research assistant undertook the translation of instruments from English to Arabic, and a second bilingual research assistant independently translated the Arabic version back to English. The Arabic translations were subsequently reviewed by a professor of Arabic studies, in discussion with one of the authors, to ensure that the intent and tone of each item remained consistent between English and Arabic.

2.4. Weight status

Body Mass Index (BMI) was based on self-reported height and weight, and calculated using the formula weight in kilogrammes divided by height squared in metres.

2.5. Eating disorders symptomatology

Eating disorders symptomatology was the dependent variable which was assessed using the Eating Attitudes Test 26-item version (EAT-26) (Garner, Olmsted, Bohr, & Garfinkel, 1982). This is the shortened version of the instrument originally developed as an index of symptoms frequently observed in people with anorexia nervosa, however the EAT-26 instrument addresses the broader spectrum of disordered eating through the assessment of attitudes and behaviours relating to eating. The behaviours are viewed as being indicative of particular attitudes. For example cutting food into small pieces is indicative of oral control. The instrument includes three subscales: dieting, bulimia and oral control. The EAT-26 has been widely used in research with clinical and non-clinical samples. It has been used as a screening tool for eating disorders and has a reported sensitivity of 90% when measured against a diagnostic interview based on DSM-IV criteria (Mintz & O'Halloran, 2000). The instrument includes 26 items scored on a 6-point Likert-type scale, resulting in scores ranging from 0 to 78. Higher scores are indicative of higher levels of abnormal eating attitudes, with a score of 20 or above used to identify individuals with eating disorders symptomatology (Park & Beaudet, 2007). Previous studies with Emirati samples have found the EAT-26 to be reliable (Schulte & Thomas, 2013; Thomas et al., 2010). The internal reliability of the EAT-26 in the present study was good ($\alpha = 0.84$). The Arabic version of EAT-26 has been previously validated by researchers in the region (Al-Subaie et al., 1996).

2.6. Weight-based teasing

Weight-based teasing was assessed using items from Project Eating Attitudes and Teens (EAT) 1 (Neumark-Sztainer et al., 2002). Participants were asked how often they are teased about their weight, with responses ranging from 1 (never) to 5 (at least once a week). In the present study this score is referred to as Teasing Frequency (TF). For some analyses TF was dichotomised, whereby those who reported being teased a few times a year or more were considered to have experienced weight-based teasing. In Project EAT 1, this level of teasing was associated with adverse psychological and behavioural outcomes (Haines et al., 2013).

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