



Brief research report

# Thinness pressures in ethnically diverse college women in the United States



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## ABSTRACT

While research consistently supports the negative impact of thinness pressures on body image, this work has primarily utilized White samples in the United States, limiting generalizability to other ethnicities. Further, limited research has examined ethnic differences in thinness pressures from distinct sociocultural influences. This study examined distinct sources of thinness pressures in 598 White, 135 Black, and 131 Hispanic college women in the United States. Mean levels of thinness pressures significantly differed across ethnicity, with Black women generally reporting the lowest levels of each pressure. Additionally, distinct sources of thinness pressures were more highly related to negative outcomes within ethnic groups. For White women, each source was salient for disordered eating. For Black women, family pressure was particularly salient for appearance evaluation. For Hispanic women, family pressure was particularly salient for disordered eating and appearance evaluation. Findings suggest possible ethnic differences in the relative salience of some pressures over others.

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## 1. Introduction

Although research examining rates of disordered eating in ethnic groups in the United States has produced mixed results (Shaw, Ramirez, Trost, Randall, & Stice, 2004; Wildes, Emery, & Simons, 2001), evidence generally suggests comparable rates of disordered eating in White and Hispanic women, and lower rates of disordered eating in Black women (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010). Examinations of proposed risk factors in ethnically diverse women have also produced mixed results. For example, some studies have suggested significantly lower levels of body checking, body avoidance, and thin ideal internalization in Black and Hispanic women compared to White women (Shaw et al., 2004; White & Warren, 2013), while other work suggests comparable levels of proposed risk factors among women of different ethnicities (Shaw et al., 2004). As research regarding ethnic differences in risk factors remains equivocal, more work is needed to clarify the role of proposed risk factors in the development of disordered eating and body dissatisfaction in ethnically diverse women.

Sociocultural theories, highlighting the role of cultural influences in the development of body image and eating disturbance, may provide a useful framework for understanding the unique experiences of individuals of differing ethnicities. Two well-supported sociocultural theories, the Tripartite Influence Model (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) and the Dual Pathway Model (Stice, Nemeroff, & Shaw, 1996), implicate appearance-related pressures in the development of negative outcomes. Briefly, the Dual Pathway Model proposes that thinness pressures and thin ideal internalization combine to produce negative effects on body image and eating patterns. The Tripartite Influence Model offers a slightly more elaborated framework. Specifically, it posits that thinness pressures from family, peers, and media lead to internalization of the thin ideal and appearance comparisons, resulting in body dissatisfaction and disordered eating. Research supports the influence of thinness pressures on negative outcomes (Stice et al., 1996). Indeed, evidence suggests that thinness pressures represent a strong and reliable risk factor for eating and body image disturbances (Culbert, Racine, & Klump, 2015). Importantly, however, this research has been predominantly conducted with White women. Moreover, existing work has tended to examine the combined impact of thinness pressures from multiple sources or only a single isolated source.

Research examining overall thinness pressures in women in the United States is mixed, with some studies suggesting

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higher thinness pressures in White women compared to Black (Striegel-Moore, Wilfley, Caldwell, Needham, & Brownell, 1996) and Hispanic women (McKnight Risk Factor Study, 2000), and other studies suggesting comparable thinness pressures among these groups (Shaw et al., 2004). Research examining more specific forms of thinness pressure indicates significantly lower levels of media appearance pressure in Black women compared to White and Hispanic women (Quick & Byrd-Bredbenner, 2014). Despite possible ethnic differences in thinness pressures, research largely supports the proposed negative impact of these experiences on body image and disordered eating (Rogers Wood & Petrie, 2010; Shaw et al., 2004) in women of color.

To date, no study has examined the relative contribution of distinct sources of thinness pressure (i.e., family, peer, and media) in White, Black, and Hispanic women in the United States. Given research suggesting that different sources of social influence may be more impactful within some ethnic groups (Gibbons et al., 2010), it is possible that thinness pressures from specific sources may be more strongly related to disordered eating and body image disturbance in specific ethnic groups. In particular, evidence suggests that peer and media influence may be particularly impactful for White individuals (Gibbons et al., 2010), while family influence may be particularly salient for Black and Hispanic individuals (Gaines et al., 1997).

Accordingly, the goals of the current study were to examine: (a) mean level differences in perceived thinness pressures from family, peers, and media in White, Black, and Hispanic women, and (b) the predictive power of such pressures on appearance evaluation and disordered eating within each ethnic group. Based on the limited research available, we hypothesized that Black women would report significantly less perceived pressure than White women. Additionally, we hypothesized that family pressures would be most strongly related to appearance evaluation and disordered eating in Black and Hispanic women, while peer and media influence would be most strongly related to these outcomes in White women.

## 2. Method

### 2.1. Participants

Participants were 864 female undergraduate students attending a large Southeastern university in the United States who self-identified as White ( $n = 598$ ), Black ( $n = 135$ ), and Hispanic ( $n = 131$ ). Participants ranged in age from 18 to 35, with a mean age of 20.33 years ( $SD = 2.73$ ). The mean body mass index (BMI) of the sample was 23.49 kg/m<sup>2</sup> ( $SD = 4.95$ ). Characteristics of this sample and mean-level analysis of group differences on appearance evaluation and disordered eating have been reported elsewhere (Schaefer, Thibodaux, Krenik, Arnold, & Thompson, 2015).

### 2.2. Measures

#### 2.2.1. Demographic information

Participants were asked to indicate age, ethnicity, height, and weight. Self-reported height and weight were used to calculate BMI.

#### 2.2.2. Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4)

The three pressures subscales of the SATAQ-4 (Schaefer, Burke, et al., 2015) measure perceived thinness and appearance pressures from family, peers, and media. Each subscale consists of 4 items rated on a 5-point Likert-type scale, ranging from 1 (*Definitely disagree*) to 5 (*Definitely agree*). Higher scores indicate higher perceived pressure. Cronbach's alphas within ethnic groups ranged from .88 to .90 for the Pressures: Family subscale, .88 to .91 for the

Pressures: Peers subscale, and .93 to .96 for the Pressures: Media subscale.

#### 2.2.3. Multidimensional Body-Self Relations Questionnaire – Appearance Evaluation Subscale (MBSRQ-AE)

The Appearance Evaluation subscale of the MBSRQ (Brown, Cash, & Mikulka, 1990; Cash, 2002) was designed to measure positive appearance evaluation. The measure consists of 7 items rated on a 5-point Likert-type scale, ranging from 1 (*Definitely disagree*) to 5 (*Definitely agree*). Higher scores indicate more positive appearance evaluation. Cronbach's alpha within ethnic groups ranged from .88 to .92.

#### 2.2.4. Eating Disorder Examination – Questionnaire (EDE-Q)

The EDE-Q (Fairburn & Beglin, 2008) was designed to measure disordered eating attitudes and behaviors. The measure consists of 28 items and four subscales assessing dietary restraint, eating concern, shape concern, and weight concern. Items are rated on a 7-point Likert scale ranging from 0 (*No days/not at all*) to 6 (*Every day/markedly*). The global score (i.e., mean of the four subscales) was used. Higher scores indicate greater disordered eating. Cronbach's alpha within ethnic groups ranged from .93 to .96.

### 2.3. Procedure

All individuals enrolled in the University's psychology research participant pool were invited to participate in an IRB-approved anonymous survey examining appearance attitudes. Interested participants provided digital informed consent and completed questionnaires online as part of a larger study. The full set of 13 scales were designed to be completed within approximately 30 minutes. The three scales utilized in the current study were among the first four scales presented and were completed in a set order (i.e., SATAQ-4, EDE-Q, MBSRQ-AE). Upon completion, participants were debriefed online and received extra course credit for their participation.

### 2.4. Statistical Analyses

Separate one-way analyses of variance (ANOVAs) were conducted to examine differences in family pressures, peer pressures, and media pressures. Effect size was assessed via eta-squared; an effect of .01 is considered small, .06 is medium, and .14 is large (Cohen, 1988). A significant omnibus test was followed by *post hoc* pairwise-comparisons, which were performed using Tukey's HSD when the assumption of equal variances was not violated and Dunnett's C test in cases where the homogeneity of variances assumption was violated. Six multiple regression analyses were conducted to examine thinness pressures in the prediction of appearance evaluation and disordered eating within each ethnic group. Listwise deletion was used to handle missing data, with missing data from examined variables ranging from 10% to 19%. To determine if data was missing completely at random (MCAR), Little's MCAR test was used for pressure variables. This test was significant,  $p < .05$ , suggesting that data was not MCAR. Therefore, mean differences between participants who provided complete versus incomplete responses on all examined variables were examined using *t*-tests and chi-square tests. All *t*-tests and chi-square tests were non-significant,  $p > .05$ , indicating no relation between variables and missing data. No problems of multicollinearity or homoscedasticity were detected. Variance inflation factors (VIF) ranged from 1.12 to 1.34 for White women, from 1.11 to 1.51 for Black women, and from 1.30 to 1.81 from Hispanic women, and Levene's test of equality of variances was not significant for all model variables,  $p > .05$ . However, the EDE-Q did not meet the normality

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