



Comparative study of eating-related attitudes and psychological traits between Israeli-Arab and -Jewish schoolgirls

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Abstract

Objective: The aims of the study were to examine weight concerns, dieting and eating behaviours in a group of Israeli-Arab schoolgirls as compared with Israeli-Jewish schoolgirls, as well as to investigate the reliability of the Arabic (Palestinian) version of the eating disorder inventory-2 (EDI-2).

Method: The sample consisted of 2548 Israeli schoolgirls, including 1885 Jewish and 663 Arab adolescents ranging in age from 12 to 18. The study was conducted in 1998–2003 from urban and rural residential settings in the northern part of Israel. The (EDI-2) was the assessment tool used, yielding scores on 11 sub-scales.

Results: The Israeli-Arab schoolgirls scored significantly higher than the Israeli-Jewish schoolgirls in most EDI-2 sub-scales. In addition, the sub-scale inter-item consistency of the translated Arabic (Palestinian version) of the EDI-2 was found to be reliable.

Discussion: The drive to be thin found among Israeli Arab schoolgirls is not reflected in their small number of ED clinic referrals. These discrepancies are discussed in light of the socio-cultural changes

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currently taking place in the Israeli Arab population due to the influence of Western-oriented life in Israel.

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Introduction

The role of socio-cultural factors in the pathogenesis of eating disorders has been the object of recent interest. Previous studies showed that eating disorders were culture bound (Katzman & Lee, 1997) and were thought to be a problem of socio-cultural elements in wealthier Western countries (Striegel-Moore, Ruth, & Smolak, 2002). However, the view of the 1980s and 1990s that eating disorders are related only to the thin ideal has recently been replaced with an understanding of the interaction between social and biological risks (Hoek & van Hoeken, 2003). Indeed, the phenomenon of eating disorders has been attributed to a combination of socioeconomic development, changing roles of women, a socio-cultural emphasis on thinness, and a shift in eating patterns (Nasser, Katzman, & Gordon, 2001). Moreover, the influence of Western values apparently stretches far beyond the countries that are traditionally considered as Western. Recent survey studies have demonstrated that the problem of eating disorders cuts across geographic and economic lines, and may more appropriately be considered as a cultural byproduct of modernity rather than as a strictly Western phenomenon (Katzman, Hermans, Hoken, & Hoek, 2004).

Israel is a unique multicultural society encompassing various ethnic and religious groups and immigrants from many different countries. Approximately 20% (1.5 million) of the total Israeli population is made up of Israeli Arabs, including Muslims (including Christians, Bedouins) (80%), Druze (9.2%), and Circassians (10.8%) (Central Bureau of Statistics, 2004). Whereas the Israeli majority generally represents a modern, Western-oriented society, Arab culture in Israel still maintains more traditional social norms and customs, as in the rest of the Arab and Muslim world. Significant differences are evident in their basic values and attitudes towards femininity and sex roles, marriage and divorce, family relations, and child rearing (Cnaan, 1987 in Barak & Golan, 2000; Barakat, 2000). Previous studies have found low incidences of ED among Arab populations (Al-Issa, 1966; El-Sarrag, 1968; Nasser, 1986, 1988a, b). Recent studies examining the incidence and prevalence of eating disorders in Arab cultures include two studies that reported cases of BN in Pakistan (Choudry & Mumford, 1992; Mumford, Whitehouse, & Choudry, 1992). In a study of female Arab students in London and Cairo Universities, Nasser (1986) found that 12% of the participants in the London group met Russell's (1979) criteria for BN, whereas none of the Cairo group reported bulimic symptoms. There were no cases of AN found in either group. Nasser (1994a–c) found prevalence rates of 1.2% for BN and 3.4% for partial syndrome BN among Egyptian secondary schoolgirls.

Twenty years later, a study conducted in Iran (Nobakht & Dezhkam, 2000) found lifetime prevalence rates of 0.9% for AN, 3.2% for BN, and 6.6% for partial syndrome BN. The authors

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