



# Body image and appearance perceptions from immigrant adolescents in Canada: An interpretive description



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## ABSTRACT

Body dissatisfaction has been linked to a number of poor health outcomes, including eating disorders. However, very few studies have investigated body dissatisfaction among immigrant adolescents. Using inductive qualitative inquiry, this study recruited a purposeful sample of immigrant adolescents ( $N = 18$ , 78% female) with an eating disorder ( $n = 8$ ) and without an eating disorder ( $n = 10$ ). All adolescents were between 16 and 19 years of age ( $M = 16.80$ ,  $SD = 0.89$ ) and were recruited from three municipalities in Ontario. Each adolescent participated in a face-to-face, qualitative interview. Content analysis revealed descriptions of body image that were similar across the sample. The main themes emerging from this work include (a) the “moderately slim” and “moderately muscular” ideal, (b) the “slim and curvy paradox,” (c) “ideal” privilege, (d) having an “expected” appearance, and (e) wishful comparisons. Findings have implications for reducing appearance-related dissatisfaction among immigrant adolescents in Canada.

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## Introduction

Defined as the extent to which an individual experiences displeasure with the whole or parts of their body, body dissatisfaction has garnered extensive attention in the literature. This attention is not only due to its identification as a risk factor for negative health outcomes, but also because of its prevalence across the population (Swami et al., 2010). Specifically, body dissatisfaction has been shown to place individuals at increased risk for obesity (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006; Sonnevile et al., 2012), depression (Hamlat et al., 2014; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Stice, Hayward, Cameron, Killen, & Taylor, 2000) and eating disorders (Keel, Fulkerson, & Leon, 1997; Rohde, Stice, & Marti, 2014; Stice, Marti, & Durant, 2011; Stice & Shaw, 2002). While early studies suggested that body dissatisfaction is a ubiquitous phenomenon among women in Westernized nations, more recent literature indicates that body dissatisfaction is universally experienced across sex and geography (Smolak & Thompson, 2009). For example, population-based surveys in Asia/Asia Pacific (Mellor et al., 2010; Musaiger & Al-Mannai, 2014;

Thomas, Khan, & Abdulrahman, 2010; Xu et al., 2010), Africa (Frederick, Buchanan, Sadehgi-Azar, & Peplau, 2007; Swami et al., 2010; Szabo & Allwood, 2006), Latin America and the Caribbean (Caqueo-Urizar et al., 2011; Forbes et al., 2012; Nichols, Dookeran, Ragbir, & Dalrymple, 2009) document a significant amount of body dissatisfaction among male and female adolescents and adults (Al Sabbah et al., 2009; McCabe et al., 2012). Surprisingly however, few studies have examined body dissatisfaction among immigrant children and adolescents. The lack of research in this area is concerning given that children and adolescents living in immigrant families constitute a significant and growing proportion of the population in Westernized nations, particularly Canada.

In Canada, approximately 30% of children and adolescents under the age of 18 are living in an immigrant family (Statistics Canada, 2013). The 2011 National Population Household Survey suggests that a significant proportion of these families have origins in South-East Asia (15%; e.g., Philippines, Thailand), South Asia (14%; e.g., India, Pakistan), East Asia (11%; e.g., China, South Korea), and the Middle East (10%; e.g., Iran, United Arab Emirates); with close to 60% of immigrant children and adolescents belonging to non-White or ethnic minority group (Statistics Canada, 2014). Compared to their non-immigrant peers, immigrant children and adolescents are exposed to disproportionate levels of social and economic adversity. Specifically, representative surveys indicate that immigrant children and adolescents in Canada are twice as likely to live in impoverished families and impoverished neighborhoods; however, they are more likely to demonstrate resiliency compared to Canadian-born youth in these contexts (Beiser, Hou, Hyman, &

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Tousignant, 2002; Georgiades, Boyle, & Duku, 2007; Georgiades, Boyle, Kimber, & Rana, 2011). These characteristics suggest that in Canada, immigrant children and adolescents are raised in markedly different contexts than multi-generation Canadian peers and may experience differential risk for various forms of mental health sequelae, including body dissatisfaction.

Unfortunately, we know very little about the body dissatisfaction experiences of immigrant children and adolescents. Specifically, a recent scoping review by Kimber, Couturier, Georgiades, Wahoush, and Jack (2014a), which includes the synthesis of qualitative and quantitative publications as well as masters and doctoral theses, identified only 12 studies in the United States (US) and no studies from Canada that examined body dissatisfaction among immigrant children and adolescents. Results from the available literature in the US suggest that findings related to body dissatisfaction among immigrant children and adolescents are equivocal and are limited to those with Latino and Hmong cultural origins. Specifically, the scoping review identifies studies which have found greater and lower levels of body dissatisfaction among immigrant adolescents compared to their non-immigrant peers. However, the measurement of body dissatisfaction across the included studies was inconsistent, as were the methods by which immigrant adolescents were identified.

In addition, Magtoto, Cox, and Saewyc (2013) have used population-based data from Canada to investigate the influence of body dissatisfaction on eating disorder behaviors among immigrant and non-immigrant adolescents aged 12–19 years. Adolescents who were born outside of North America (i.e., Canada or the US) reported greater body dissatisfaction and eating disordered behaviors compared to North American-born adolescents. In addition, more recent immigrants (<5 years) experienced significantly greater body dissatisfaction and eating disorder behavior compared to longer-term immigrants and multi-generation Canadians (Magtoto et al., 2013). These quantitative findings suggest that living in an immigrant family and recency of immigration may play a significant role in adolescents' experience of body dissatisfaction and eating disordered behavior. What remains unclear is whether or not immigrant adolescents differ in their "lived experience" of body dissatisfaction compared to multi-generation Canadians. Specifically, the global measure of body dissatisfaction used by Magtoto et al. (2013) provides important, quantitative information about the prevalence of body dissatisfaction and eating disordered behavior among immigrant adolescents. However, their study was unable to determine the extent to which body dissatisfaction experiences among immigrant adolescents may or may not differ from their non-immigrant peers.

It is plausible to suggest that the experience of body dissatisfaction may manifest differently among immigrant adolescents compared to their multi-generation Canadian peers, as living in an immigrant family can involve a number of exposures that are specific to the migratory experience. For example, adolescents and their families may experience significant gains and losses when relocating to Canada. Depending on their country of origin, they may experience substantial gains by escaping political, racial, ethnic, and religious persecution (Fleras, 2015). However, migration can also involve the loss of social ties with family and friends left in the country of origin, as well as language difficulties and loneliness upon relocation (Chuang & Moreno, 2011). For adolescents, they are quickly forced to contend with the Canadian culture through required school attendance. Here, immigrant adolescents are forced to interact with teachers, peers, and education materials that are largely informed and represented by the dominant culture, which may or may not align with the values, expectations, and behaviors encouraged by her or his culture of origin (Chuang & Moreno, 2011). If one considers these migratory experiences in combination with the developmental importance of

appearance during the adolescent years (Damon, Lerner, Kuhn, Siegler, & Eisenberg, 2012), then an explicit and purposeful investigation into the body dissatisfaction experiences among immigrant adolescents in Canada is needed.

## The Present Study

The primary objective of this study is to qualitatively explore and describe immigrant adolescents' perceptions of their body image. Using a purposeful sample of immigrant adolescents with and without an eating disorder, we aim to describe their experiences of body image and body dissatisfaction to assist in understanding of the influence of migratory experiences on the spectrum of body image and appearance perceptions. Allowing for the opportunity to capture potential variation in body dissatisfaction among immigrant adolescents, investigating and describing immigrant adolescents' body image experiences can provide important information to help develop or adapt prevention and intervention strategies to reduce the onset and duration of body dissatisfaction sequelae among this growing and understudied population.

## Method

This study is premised by the central research question, "How do immigrant adolescents in Canada describe their body image and the importance of appearance?" Given the dearth of information available on the body image experiences of immigrant adolescents in Canada, this study drew on the tenants of naturalistic inquiry and the methodological principles of interpretive description to complete sampling, data collection, and analysis procedures for this study (Thorne, 2008). The strength of a naturalistic approach is its ability to inductively explore and describe how adolescents experience their body image within the context of health and illness (Thorne, Reimer-Kirkham, & Macdonald-Emes, 1997). As per the principles of naturalistic inquiry and interpretive description, the participants' descriptions of their experiences are allowed to be broadened through an interpretive analysis of the data collected. More specifically, adolescents' own words and experiences can be considered in relation to previous knowledge about the phenomenon of interest to: (a) generate new, practical knowledge that is needed to address clinical and population health challenges related to body dissatisfaction among immigrant youth; (b) make recommendations related to promotion, prevention, and intervention; and (c) inform the generation of new research questions with high clinical, policy, and practical salience (Thorne, 2008, 2011; Thorne et al., 1997).

## Participants

Table 1 details characteristics of the 18 adolescents who participated in this study. Thorne (2008) asserts that studies that follow the principles of interpretive description have been completed with samples of many sizes, including five to more than 200 participants. She argues, however, that "the best way to justify a sample size is to generate a rationale that is consistent with the research question" (p. 94). Given the paucity of information about the body image and body dissatisfaction experiences of immigrant adolescents in Canada, we aimed to provide an initial description of the body dissatisfaction experiences among immigrant adolescents with and without an eating disorder in the Canadian context. In this regard, recruiting a purposeful sample of 18 immigrant adolescents was considered justifiable as the goal was not to compare body dissatisfaction experiences between those with and without an eating disorder, but rather allow for the opportunity to capture potential variation in body dissatisfaction. In addition, we restricted our sample to adolescents between 16 and 19 years of age, as evidence

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