

## Acculturation and eating disorders in Asian and Caucasian Australian university students

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Received 11 July 2004; received in revised form 11 August 2005; accepted 18 August 2005

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### Abstract

This study aimed to compare the attitudes and psychopathology of eating disorders of Asian and Caucasian university students using a survey method. The study also investigated the relationship between acculturation, attitudes and psychopathology of eating disorders in sub-groups of Asian girls. There were 130 Asian and 110 Caucasian adolescent girls, aged 18–24 who were screened using the Eating Attitudes Test (EAT-26), the Eating Disorders Inventory (EDI-2) and an Acculturation Index. The Asian group did not have higher mean EAT score than the Caucasian group, but had higher mean score in some sub-scales of the EDI-2. Eating disordered attitudes and psychopathology was not significantly different in the low compared to the high accultured Asian girls. This study suggests that Asian and Caucasian university students in Western Australia are equally susceptible to eating disorders, and that the level of acculturation does not modify the susceptibility of Asian students for eating disorders.

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**Keywords:** Acculturation; Adolescent; Asians; Australians; Eating disorders

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### 1. Introduction

Eating disorders were previously labelled as a culture-bound syndrome specific to western women, but are now reported across the world, including Asia (Gordon, 2001). This may be due to western influence, in which the desire for thinness is spread through the mass media (Mukai, Kambara, & Sasaki, 1998).

Some British studies suggested that Asian adolescents who live in Western societies had significantly higher scores in the test of attitudes to eating than Caucasians (Dolan, Lacey, & Evans, 1990; Mujtaba & Furnham, 2001). Furthermore, some studies of Asian groups in Western societies found that less accultured (to Western culture) Asians had higher eating attitudes scores than highly accultured Asians (Lake, Staiger, & Glowinski, 2000; Mumford, Whitehouse, & Platts, 1991; Pate, Pumariega, Hester, & Garner, 1992).

The focus on eating disorders in Asian groups in Australia has been very limited. Asian university students in Western Australia similar to their counterparts in USA or Britain may have unhealthier eating attitudes and

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psychopathology compared to Caucasian Australians. A recent nation wide study on 14 779 young women aged 18 to 23 in Australia (Ball & Kenardy, 2002) reported that risk factors for eating disorders were present across many ethnic groups. They also observed a strong acculturation effect where the longer the time that new migrants spent in Australia, the more their weight-related values and behaviors came closer to those of Australian-born women. The present study, therefore, aims to examine the attitudes to eating and psychopathology in these two non-clinical samples and to test the relationship between acculturation and eating disorders.

Two hypotheses have been developed from the results of the studies above. The first hypothesis is that Asians have unhealthier attitudes and psychopathology towards eating than Caucasians. The second hypothesis is that less accultured Asians have unhealthier attitudes and psychopathology towards eating than high accultured Asians.

## 2. Methods

This study is a cross-sectional survey study. The participants were 130 Asian and 110 Caucasian, female students, aged 18–24 years from The University of Western Australia in the Perth metropolitan area, Western Australia. Approval of the University Ethics Committee was obtained. The study was advertised in large classes that had a high proportion of Asian students. Only Asian and Caucasian students of the age group were asked to participate. Desks were placed in central areas to collect the questionnaires that were returned in each student's own time.

The Eating Attitudes Test (EAT-26) (Garner & Garfinkel, 1997) measures attitudes and symptoms of eating disorders. EAT-26 is a 26-item instrument that generates a total score and three sub-scales scores: Dieting, Bulimia and Food Preoccupation, and Oral Control. A cut off score of  $\geq 20$  on the total score indicates an individual is susceptible to developing an eating disorder.

The Eating Disorders Inventory-2 (EDI-2) (Garner, 1991) is a self-rating inventory, with 91 items and 11 sub-scales designed for the assessment of psychopathological and behavioural dimensions relevant to anorexia nervosa and bulimia nervosa. Other information collected includes the individual's age, height, current body weight, and desired body weight. The suggested cut off score for screening purposes is  $\geq 14$  in the sub-scale "Drive for Thinness".

The Eating Disorders Inventory-Symptom Checklist (EDI-SC) is a self-report that details eating disorder symptoms (Garner, 1991), which serve as a semi-structured interview and aid the diagnosis of eating disorders in the susceptible cases using the DSM-IV criteria (American Psychiatric Association, 1994).

The Acculturation Index (Ward, 1998; Ward & Rena-Deuba, 1999) was used with the Asian group, which resulted in two independent scores, termed "Typical Asian Index" (TA) and "Typical Caucasian Australian Index" (TCA). The Asian students were categorised according to their degree of Asian acculturation (Typical Asian Index, TA) or Caucasian acculturation (Typical Caucasian Australian Index, TCA). For TCA scales, a subject with a score of mean (83.79) plus one standard deviation (20.53) or greater was categorised as high (western) accultured, while subjects with a score of mean minus one standard deviation or less were categorised as low accultured. For TA scales, a subject with a score of mean (99.49) plus one standard deviation (20.59) or greater was categorised as low (western) accultured, while subjects with a score of mean minus one standard deviation or less were categorised as high accultured. Measures of eating disorders attitudes and psychopathology were compared between these groups.

The data were analysed using SPSS, the *t*-Test, Chi-Squares, Bivariate correlations and Reliability testing. A probability level of 0.05 was used as acceptance in all statistical tests of significance.

## 3. Results

Of the total 300 questionnaire sets, 240 sets were completed. The participation rates were 130/150 (83%) in Asian students and 110/150 (71%) in Caucasian students.

The demographic and physical data of the participants are shown in Table 1. Participants in Asian and Caucasian groups were similar in term of sex, age, religions and fathers' occupation. There were differences in mean height, weight, body mass index ( $BMI = \text{weight}/\text{height}^2$ ) and years in Australia. The counts for categories of years in Australia, less than three years, four to five years, greater than five years, were (51, 13, 66) for Asians and were (3, 0, 107) for Caucasians. The Asian subjects were mostly born overseas (110/130, 85%), while most of the Caucasians were born in Australia (87/110, 79%). Of the Asian group, 42/130 (32%) were Chinese, and 26/130 (20%) Malaysian. The rest were other ethnicities such as Asian, Indonesian, Vietnamese, Indian, and Taiwanese.

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