

Predicting changes in eating disorder symptoms among Chinese adolescents: A 9-month prospective study

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Abstract

Objectives: Body image and eating disturbances have become global phenomena, yet prospective designs have rarely been employed in research on non-Western samples. This study tested the extent to which select features of the dual-pathway account of bulimic disturbances contributed to changes in eating disorder symptoms reported among adolescents from China. **Methods:** A sample of 593 Chinese middle school and high school students (217 boys, 376 girls) completed measures of eating disorder symptoms, body image concerns, internalized physical appearance ideals, negative affect, and appearance-based social pressure, teasing, and comparison and returned 9 months later

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to complete the same measures. **Results:** For both girls and boys, increases in eating disorder symptoms between Times 1 and 2 were predicted by higher baseline levels of fatness concern and perceived social pressure. Among the girls, negative affect also contributed marginally to changes in eating disorder symptoms. **Conclusions:** Findings suggest specific risk factors including personal concerns about being fat and negative social feedback about physical appearance, may help to explain changes in eating disturbances of adolescents over time and across specific cultures.

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Introduction

Eating disorders, including anorexia nervosa, bulimia nervosa (BN), and their subclinical variants, are prevalent, serious problems. Epidemiological studies from the United States indicate that weight dissatisfaction and eating disturbances are widespread [1,2], albeit these experiences are no longer restricted to Western samples. Weight preoccupation, disordered eating attitudes, and body dissatisfaction have also been documented among adolescents from developed regions of Asia such as Hong Kong [3–7] and rapidly developing countries such as China [8–10]. For example, Li et al. [8] observed that less than half of normal-

weight Chinese boys and girls were satisfied with their current body weight. Chen and Jackson [9] found that endorsements of compensatory behavior to control weight were common for both males and females in a large sample of Chinese adolescents and young adults; 15 girls (1.1%) in this sample endorsed all or partial criteria for BN and nine girls (0.7%) endorsed all criteria for binge eating disorder.

Because eating disorders pose significant risks for mortality [11], physical health [12], and psychological adjustment [13–15], identifying factors that increase risk may facilitate prevention and intervention. Unfortunately, the preponderance of past research has been cross-sectional and cannot elucidate changes in disordered eating behavior over time. Although well-designed prospective studies have emerged in recent years [16–22], several issues have not been addressed in existing research.

Most notably, longitudinal research has been limited to samples from Western countries, despite abundant evidence

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that eating pathology is common across cultures. As such, little is known about factors that contribute to changes in eating disturbances in non-Western samples. Given the importance of fitting in with peers during adolescence and the comparatively strong orientation toward group membership as a source of identity in collectivistic cultures [23,24], it is reasonable to speculate that factors such as preferred physical attractiveness ideals and appearance-related social pressure and social comparison also contribute to eating pathology in countries such as China.

Second, if body dissatisfaction is among the most reliable risk factors for increases in disordered eating in Western samples [25–30], this contention has yet to be tested prospectively in non-Western groups. Furthermore, some cases of disordered eating in Chinese samples may arise from appearance concerns that are not specific to “fat phobia” [31]. For example, concerns about facial appearance have been identified as possible influences on eating pathology in select studies of Chinese adolescents [32,33]. If such findings are intriguing, it is not clear whether alternate appearance concerns contribute to changes in eating pathology over time.

Third, due to sex differences in prevalence [34], prospective research on young females was likely an early priority. More recently, muscularity has been identified as a source of body image concern common for young Western males [35,36], and males have been included in prospective research on eating disturbances [17–21]. Nonetheless, there is a lag in knowledge about eating disorder risks among males, especially those from non-Western countries.

Finally, prospective tests of overlapping theoretical accounts have been largely piecemeal and have not assessed all salient theoretical constructs. For example, the dual-pathway model [37] posits, in part, that pressures to be thinner from family, peers, and media contribute to body dissatisfaction and disordered eating because repeated messages that one is not thin enough promote disgruntlement with one’s appearance. Appearance-based comparisons with others and internalizations of thin body ideals, at least among women, also contribute to body dissatisfaction because such ideals are not attainable for most. In theory, body dissatisfaction fosters dietary restraint and negative affect, which can subsequently increase risk for eating disorder symptoms. Changes in eating and body image disturbances have relatively consistent associations with features of the model including body dissatisfaction [25–29], social pressure [18,19,27,38], and internalized attractiveness ideals [18,21,27,38]. However, evidence is not as compelling for factors such as dietary restraint [26,27] and has been inconsistent for social pressure in the form of teasing about weight or appearance [16,20,22,29,30] and for negative affect [38–40]. Finally, dual-pathway features such as social comparison have been examined rarely in longitudinal work [41].

In cross-sectional research on Chinese samples, disordered eating has been linked with fatness and facial appearance concerns, social pressure, social comparisons

and teasing based on physical appearance, and, to a lesser extent, negative affect [33]. That said, it is not clear which features of the dual-pathway model are relevant to explaining changes in eating disturbances in a Chinese cultural context.

To address these issues, we examined, through this 9-month prospective study, predictors of eating disturbances among adolescent girls and boys from China. Based on fairly consistent longitudinal evidence in Western samples and cross-sectional research on Chinese samples, fatness concern and perceived social pressure about appearance were expected to contribute to changes in eating pathology in prediction models for each gender. We also explored the degree to which preferred appearance ideals, social comparison, and negative affect were related to changes in eating disorder symptoms. Finally, in light of theory [31] and preliminary evidence [32,33] that appearance preoccupations not directly reflecting weight predict eating disturbances in Chinese adolescents, we assessed whether dissatisfaction with facial appearance might contribute to eating disorder symptoms, independent of concerns with fatness/being overweight.

Method

Participants

From an initial sample of 855 adolescents who completed the research measures at Time 1 (T1), 69.1% (217 boys, 376 girls) also completed the Time 2 (T2) assessment. Respondents were recruited from middle schools and high schools from the Chinese cities of Chongqing, Guiyang, and Neijiang. Participants were between 12 and 19 years of age (mean=15.25 years, S.D.=1.63). Most participants were of Han (82.8%), Buyi (8.2%), or Miao (5.7%) ethnicity, and the remaining participants were from eight other ethnic minorities.

In analyses comparing participants who finished both phases of the study with those who completed only the initial assessment, there were no differences for gender [$\chi^2(1)=0.08$, $P<.78$], ethnicity [$\chi^2(13)=16.03$, $P<.25$], parental education [$\chi^2(3)=0.99$, $P<.60$], estimated household income [$\chi^2(3)=2.65$, $P<.45$], or rural versus urban residence [$\chi^2(1)=0.09$, $P<.77$]. On interval-level measures (age, BMI, eating disorder symptoms, psychological and sociocultural measures), neither the multivariate effect [$F(15, 827)=0.98$, $P<.47$] nor any of the univariate F values (all P values $<.138$) were significant.

Measures

Back translation and assessment of equivalence

All scales had been used with Chinese samples in previous published research [33,42]. English-language measures had been translated into Chinese by the second author and back-translated into English by a faculty member in the English Department at Southwest University in Chongqing, China. Because most scales were developed

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