



Research review

Body image and eating disorders amongst Japanese adolescents. A review of the literature

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ABSTRACT

This review describes the prevalence of eating disorders and disordered eating behaviors as well as factors influencing body image disturbance amongst Japanese adolescents and compares the prevalence and trends with those of Westernized countries. Although eating disorders have been previously regarded as peculiar to Western society, they are now a more global issue with reports of non-Western countries including Japan having increasing rates of eating disorders. As the aetiology of eating disorders is related to societal norms, culture and ethnicity, their study requires an understanding of body image disturbance within different cultural contexts. Although considered less prevalent than in the West, Japan has an early history of eating disorder research and trends outlined in this review suggest that, as in Western countries the interest in, and study of eating disorders in Japan has increased during the 1980s. The prevalence of eating disorders in Japan based on available reviews, epidemiological studies and clinical reports ranges from 0.025% to 0.2% for AN and from 1.9% to 2.9% for BN. Studies suggest that the prevalence of eating disorders has increased significantly during the past two decades but the prevalence is still quite low compared to those in Western countries. Strategies for culturally appropriate prevention are discussed.

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Contents

Introduction	6
Early reports of eating disorders from Japan	6
Research in the late 20th century	6
Eating disorder symptoms in non-clinical settings	7
Disordered eating behaviors in Japan	7
Obesity in Japan as an influence on body image and eating disorders	8
Body image disturbance in Japan	8
Body image studies in Japan	9
Comparative studies about body image disturbance	10
Factors associated with body image disturbance and eating related problems amongst Japanese adolescents	11
Socio-cultural factors	11
Peers	11
Media	12
Family	12
Gender roles	12
Personal factors	12
Environmental factors	12
Implications for school-based education and policy	13
Conclusion	13
References	13

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Introduction

This review will describe the prevalence of body image and eating behaviors amongst Japanese adolescents with a particular focus on prevalence in Japan, public health problems related to body image disturbance and possible factors influencing body image disturbance amongst adolescents living in Japanese society.

Eating disorders, including anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED) and eating disorders otherwise not specified (EDNOS) are major and serious health problems related to body image disturbance amongst adolescents (Thompson & Smolak, 2002). In Western countries, the rates of AN and BN amongst young females are reported to be 0.3% and 1%, respectively, in the general population (Howk & van Hoken, 2003).

Although eating disorders have been previously regarded as peculiar to Western society, they are now considered a more global issue with some researchers recently confirming that non-Western countries including Japan, China, Taiwan, Hong Kong, the Republic of Korea and Singapore (Keel & Klump, 2003) have increasing rates of eating disorders (Mellor et al., 2009). As the aetiology of eating disorders is strongly related to societal norms, culture and ethnicity (Keel & Klump, 2003), their study requires an understanding of the issues around body image disturbance within different cultural contexts.

In the current review, we systematically searched the major databases in all languages to try to identify all articles reporting any relevant Japanese studies. The databases included in our search included psychARTICLES, psychoINFO, EBM Reviews, Medline, Pre Medline, Psych Info, Current Contents, ERIC and Web of Knowledge.

In order to search the Japanese databases we used CiNii (National Institute of Informatics Scholarly and Academic Information Navigator) to search for Japanese journals. Keywords in our searches included eating disorders, body image, body dissatisfaction, Japan or Japanese, and adolescents or children.

Early reports of eating disorders from Japan

Very early reports of eating disorders were clearly described in Japan in the medical literature dating as far back as the late-1600s

(Kagawa, cited in Nogami, 1997) and these are nicely summarized in a review by Nogami (1997).

In Nogami's review, Shutoku Kagawa (1683–1755) describes patients with a "psychic illness" who would not eat regular rice, but only small amounts of food such as chestnuts or tofu for several days, months, or sometimes for more than a year. Kagawa wrote that 'they would always vomit if they were forced to eat' and they showed bradycardia even though they were not extremely emaciated.

As further reported in the review by Nogami (1997), Kagawa saw 30 patients; most were women, with male patients numbering only two or three.

Later, observations from Japanese researchers Sueniatsu (1985) and Shiniosaka (1986) agree that Kagawa's description of "Fushoku-byo" resembles the clinical picture of anorexia nervosa today. In a later description, Kagawa also describes the case of a nun who avoided eating for a long period—a close resemblance to the Catholic saints and 'miracle maidens' of Western countries described by Rudolph Bell, in his book *Holy Anorexia* (Bell, 1985).

Research in the late 20th century

Although considered less in number than in the West, Japan does have a well documented history of eating disorder research dating back to the 1980s. Following the research trends of Western countries the interest in and study of eating disorders in Japan increased during the 1980s (Nogami, 1997) as shown in Table 1. The prevalence of eating disorders in Japan based on reviews, epidemiological studies and clinical reports is shown in Table 1 with the range of rates for eating disorders ranging approximately from 0.025% to 0.2% for AN and from 1.9% to 2.9% for BN.

Studies which are described and summarized chronologically in Table 1 suggest that the prevalence of eating disorders has been increasing significantly during the past three decades but they also appear to continue to be quite low compared to those in Western countries (Nogami, 1997; Tsai, 2000).

There are, however, limitations around these studies due to methodological shortcomings. That is, there has been no two-stage accurate assessment studies with which to identify the rates of AN and BN amongst Japanese population groups like those that have

Table 1

The estimated community prevalence of eating disorders in the Japanese female population between 1981 and 2004.

Study	Region/City	Age	Sample	Prevalence (per 100,000)	
				AN	BN
Mizuno (1981)	Fukui	12–15	12,179	8.2	–
Nakai (1983)	Kyoto	12–15	5,005	239.8	–
Mizushima (1984)	Ishikawa	12–15	21,153	33.1	–
Tomita (1985)	Nagoya	12–15	13,762	65.4	–
Ohzeki (1985)	Sanin	12–15	18,040	83.1	–
Miuno (1983)	Fukui	15–18	12,674	39.5	–
Nakai (1983)	Kyoto	15–18	8,491	23.6	–
Nakai (1983)	Kyoto	15–18	6,476	139	–
Azuma (1984)	Kyoto	15–18	19,250	145.5	–
Mizushima (1984)	Ishikawa	15–18	15,250	59	–
Nakagawa (1984)	Sapporo	15–18	13,009	23.1	–
Tomita (1985)	Nagoya	15–18	11,084	117.3	–
Tomita (1985)	Aichi	15–18	73,553	10.9	–
Suematsu (1985)	Tokyo	15–18	1,799	55.6	–
Suematsu (1985)	Ohita	15–18	5,101	78.4	–
Kiriike (1988)	Yamanashi	18–21	456	–	2.9%
Nakamura (1999)	Niigata	General	130 hospitals	4.79	1.02
		15–29	1,326 clinics	17.1	5.79
Kuboki (1996)	–	General (including men)	5,283 medical institutions	3.6–4.5	1.3–2.5
		General		6.3–9.7	3.2–4.3
		13–29		25.2–30.7	12.8–13.6
Watanabe (2004)	–	13–18	–	2.3%	–

–: no available data.

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