



Sociocultural influences on body dissatisfaction and body change behaviors among Malaysian adolescents

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ABSTRACT

Little research on body dissatisfaction and body change behaviors, and the sociocultural influences on them, has been undertaken in non-Western contexts. The current study investigated these variables and the relationships between them among a sample of 529 Malaysian high school students (103 Malays, 344 Chinese and 82 Indians), who completed a set of measures in classroom settings. Chinese girls were more dissatisfied with their bodies than Chinese boys, but no gender difference was found for Malay and Indian participants. Girls were more likely to engage in behaviors to lose weight, and boys were more likely to engage in behaviors to increase muscle. The influence of sociocultural factors on body dissatisfaction and body change behaviors was limited and varied across both sex and ethnicity. Findings are discussed in relation to Western research, and it is concluded that cultural nuances need to be considered when investigating these phenomena.

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There is now a substantial body of literature that suggests that body-image and body dissatisfaction are socioculturally determined (e.g., Dittmar, 2005; Grogan, 2007; McCabe & Ricciardelli, 2003; Smolak, Murnen, & Thompson, 2005; Storrer & Thompson, 1996; Striegel-Moore, Silberstein, & Rodin, 1986). The factors that are implicated are generally considered to be media influences, peer pressure and parental pressure (e.g., Clark & Tiggemann, 2006; Halliwell & Harvey, 2006; Shroff & Thompson, 2006). Several attempts have been made to model how this triad of factors influence body-image, at least in Western contexts. Indeed, many studies have generally supported the supposition that body-image disturbance and eating disorders are Western culture-bound syndromes (American Psychiatric Association, 2000; Banks, 1992; Gordon, Perez, & Joiner, 2002; Lai, 2000; Nasser, 1997; Timimi & Adams, 1996; Tsai, 2000; Wildes, Emery, & Simons, 2001). This view is supported by studies that have reported that Asian women have lower body dissatisfaction than Western women, and have a lower likelihood of engaging in weight loss behaviors (Altabe, 1998; Lowry et al., 2000), even when they have moved to the US or Australia (Lake, Staiger, & Glowinski, 2000).

However, with increasing globalization, other recent studies have suggested that body-image concerns of the types seen in the West are now becoming entrenched in Eastern countries such as

Japan (Pike & Borovoy, 2004), Taiwan (Wong & Huang, 1999), and Korea (Lee, 2000). Such dissatisfaction and body change behaviors may be indicative of the emergence of more pathological behaviors in Eastern contexts. Consistent with this suggestion, Lee and Lee (1996) and Lee (2000) argued that anorexia nervosa is becoming a common clinical problem among young women in high income Asian societies, such as Hong Kong, Japan, Singapore, Taiwan, and the Republic of Korea (Keel & Klump, 2003; Ung, 2005). Lee and Lee (2000) also suggested that eating disorders are emerging in larger cities in low income Asian countries, such as China, India, the Philippines, and Indonesia. Rieger, Touyz, Swain, and Beumont (2001), and Weiss (1995) reasoned that it is the adoption of Western values that has led to a rise in body dissatisfaction and eating disorders in the non-Western world. In support of this argument, Wang, Popkin, and Thai (1998) suggested that it is the increasing influence of Western culture that engenders a desire on the part of adolescents in these countries, particularly females, to be thin. Following Nasser (1994, 1997), Swami and Tovée (2005) argued "...the transcultural nature of body-image disturbance is evidence of the globalization of fat-phobia in a culturally shrunken world by virtue of mass communication technology" (p. 124).

Malaysia offers an interesting and perhaps typical case of Westernization and the emergence of body-image issues. Rapid economic and technological advancements in the past three decades have led to increased purchasing power and an unprecedented affluence. One result of this is that Malaysia is at the crossroads of a nutrition and lifestyle transition (Pon, Mirmalini,

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& Mohd Nasir, 2004). Malaysians are increasingly engaging in obesogenic behaviors, such as diets that are high in fat and calories, while simultaneously leading sedentary lives (Tee, 1999), and body dissatisfaction is increasing. In support of this proposition, Fatimah, Md Idris, Romzi, and Faizah (1995) surveyed 385 adult male and female office workers in Kuala Lumpur. They found that 33.5% of the normal weight and 6.3% of the underweight participants perceived themselves to be obese. Nearly all of those who perceived themselves to be obese, and nearly 10% of those of normal weight who perceived themselves to be of normal weight, wanted to lose weight. In another study Pon et al. (2004) found that while 74% of the overweight students in a sample of 588 female secondary school students (correctly) perceived themselves to be overweight, so too (incorrectly) did 50% of the normal weight participants. Almost all (98%) of the students in the overweight category expressed an earnest desire to reduce their weight, as did 74% of the normal weight participants. Similar observations were reported by Leong, Poh, and Ng (2004) in a study of 523 adolescent girls in Kuala Lumpur. In explaining these findings, Pon et al. (2004) argued that many normal, healthy adolescents compare themselves with images of very thin men and women portrayed in the media and then come to view themselves as being fat. In their endeavour to emulate these media images, they resort to disrupted and abnormal patterns of eating, such as skipping meals and *yo-yo* dieting.

Notably, Malaysian society is ethnically heterogenous and Deurenberg, Deurenberg-Yap, and Guricci (2002) and Deurenberg-Yap, Schmidt, Van Staveren, and Deurenberg (2000) have suggested that Malays (65% of the population), Chinese (26% of the population) and Indians (8% of the population) have different optimal body mass indexes (BMIs) for risk factors. For the same age, sex, and BMI, Indians have a higher body fat percentage than Malays, who in turn have a higher body fat percentage than Chinese (Deurenberg et al., 2002). Ismail et al. (2002) reported that obesity rates among women are higher in Indian and Malay women than in Chinese women, while among men, Chinese have a higher prevalence of obesity than Malays and Indians. Swami and Tovée (2005) argued that these findings might indicate that ethnic Malays, Chinese and Indians in Malaysia have different body attitudes and preferences for body weight. In line with this suggestion, Lukman (2006) found that in a sample of 581 female higher education students, Malay and Indian participants scored higher than Chinese on a drive for thinness measure. However, Swami and Tovée (2005) found in their study of adult men and women in Kuala Lumpur that Malays, Chinese and Indians all had a similar preference for figures with a BMI of about 20–21 kg/m².

In the current study, we aimed to investigate body dissatisfaction and body change behaviors among Malaysian adolescents of these three racial groups. Notably, studies in Malaysia on body satisfaction to date have focused on adolescent girls. Given that Western research has suggested that females and males may experience body dissatisfaction to different degrees, and strive for different ideals, we investigated these issues separately for each sex. Further, because of the differences between the ethnic groups reported above, we investigated these issues separately for each cultural group.

Of particular interest is the fact that no previous research has systematically investigated the sociocultural influences on body attitudes and related behaviors among Malaysians. While the traditions of each of the three cultural groups in Malaysia continue to exert a strong influence on their members, Western ideas and values may also exert a strong influence (Pon et al., 2004). For example, American music and movies are popular, as are American television shows. However, this does not discount the fact that Malaysian media imagery also promotes particular body size and shapes. For example, billboards promoting weight loss regimes picturing extremely thin women are not uncommon.

In addition, there is some suggestion that parents in Malaysia may exert an influence on children's body attitudes from an early age. Zalilah, Anida, and Merlin (2003) studied the attitudes of parents of children attending preschools in Kuala Lumpur. They reported that while there were differences between parents' perceptions of the ideal body for boys and girls, the majority indicated that children's body shape was important for their future health, self-enhancement, social interaction and career. The authors suggested that parents may therefore play a role in the development of body-image and perhaps, in the etiology of body dissatisfaction among children.

The final element of the tripartite influence model of body-image and eating disturbance, peer pressure, remains unexplored in Malaysia. On the basis of Western research (e.g., McCabe, Ricciardelli, & Finemore, 2002; Paxton, Schutz, Wertheim, & Muir, 1999; Shroff & Thompson, 2006), we expected that perceived peer pressure will also be predictive of body dissatisfaction and body change behaviors.

Method

Participants

The sample consisted of 240 boys and 289 girls aged 12–18 years from four secondary schools in the state of Selangor, Malaysia. The mean age of the boys and girls, who were spread evenly across the high school year levels 1 to 5, was 15.10 years ($SD = 1.38$) and 14.92 years ($SD = 1.95$), respectively. Of the sample, 45 boys and 58 girls identified themselves as Malay, 157 boys and 187 girls identified themselves as Chinese, and 38 boys and 44 girls identified themselves as Indian.

Materials

All questionnaires described below were translated into Bahasa Malaysia by a postgraduate Malaysian psychology student studying in Australia who is fluent in both English and Bahasa Malaysia. The instruments were then back-translated by one of the researchers (JY) and another bi-lingual student in Malaysia, and adjustments made to the original translations as appropriate.

Demographic information sheet

Participants were asked to provide their date of birth, sex, race and height and weight.

Body dissatisfaction

An abbreviated version of the Body Dissatisfaction Scale (McCabe & Ricciardelli, 2004) was used to assess body dissatisfaction. It included five items asking respondents to indicate on a 5-point Likert scale how satisfied they are with their weight/shape, muscle, lower body, middle body, and upper body. Response choices range from "very happy" (1) to "very unhappy" (5). A total score was obtained by adding the five responses, with higher scores being indicative of greater body dissatisfaction. McCabe and Ricciardelli (2004) reported Cronbach's alpha ranging from $r = 0.88$ to 0.94 in a longitudinal study with adolescent boys and girls. Internal consistency as assessed by Cronbach's alpha in the present study for Body Dissatisfaction ranged from 0.85 to 0.90 for Malay, Chinese and Indian adolescent boys and girls.

Body change strategies

Two abbreviated scales, Body Change Strategies to Lose Weight (e.g., How often do you change the types of food you eat to lose weight?) and Body Change Strategies to Increase Muscle (e.g., How

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