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### ARTICLE

## Eating disorder symptomatology: Comparative study between Mexican and Canadian university women



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### KEYWORDS

Disordered eating behaviors;  
Body thin-ideal internalization;  
Body image dissatisfaction;  
Body weight;  
Mexico–Canada

**Abstract** The objectives of this study were: (1) to compare Mexican and Canadian university students regarding disordered eating behaviors (DEB), body thin-ideal internalization (BTHIN), and body image dissatisfaction (BID); and (2) to examine the relationship of these three variables to body mass index (BMI) and waist circumference (WC). This cross-cultural study was carried out in a sample of 129 university women students aged from 18 to 25 years ( $M = 20.18$ ,  $SD = 1.59$ ): 52% were Canadian (Moncton University [MU]) and 48% were Mexican (Universidad Autónoma del Estado de Hidalgo [UAEH]). The Brief Questionnaire for Disordered Eating Behaviors and Attitudes Towards Body Figure Questionnaire were applied while the BID was evaluated using a continuum of nine silhouettes. In addition, the weight, height and WC of each participant were recorded. Mexican students had greater values of overweight, obesity, abdominal obesity and DEB, with 4.6 times greater risk than UM students. In contrast, the presence of BTHIN and BID was similar between samples. Considering these findings, women from at least two different ethnic groups are vulnerable to the development of eating disorder symptomatology.

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### PALABRAS CLAVE

Conductas alimentarias de riesgo;  
Interiorización del ideal de delgadez;

### Sintomatología de trastornos alimentarios: Estudio comparativo entre mujeres universitarias mexicanas y canadienses

**Resumen** Los objetivos de este estudio fueron: 1) comparar entre estudiantes universitarias mexicanas vs. canadienses respecto a conductas alimentarias de riesgo (CAR), interiorización de la figura corporal delgada (IFCD) e insatisfacción con la imagen corporal (ISC); y 2) examinar

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Insatisfacción corporal;  
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la relación de esas tres variables con el índice de masa corporal (IMC) y la circunferencia de cintura (CC). En este estudio transcultural participaron 129 estudiantes universitarias de 18 a 25 años de edad ( $M = 20.18$ ,  $DE = 1.59$ ): 52% canadienses (Universidad de Moncton [UM]) y 48% mexicanas (Universidad Autónoma del Estado de Hidalgo [UAEH]). Fueron aplicados el Cuestionario Breve para medir Conductas Alimentarias de Riesgo y el Attitudes Towards Body Figure Questionnaire, mientras que la ISC se evaluó mediante un continuo de nueve siluetas. Además se registró el peso, la talla y la CC de cada participante. Las estudiantes mexicanas registraron significativamente mayor presencia de sobrepeso, obesidad, obesidad abdominal y CAR, con 4.6 veces mayor riesgo que las estudiantes de la UM. Por el contrario, la presencia de IFCD y de ISC fue similar entre las muestras. Con base en estos hallazgos se puede concluir que las mujeres de dos grupos étnicos diferentes son vulnerables al desarrollo de sintomatología de trastornos alimentarios.

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## Introduction

Over the years, eating disorders (ED) have received attention as an important mental health problem (Klump, Bulik, Kaye, Treasure, & Tyson, 2009; Vandereycken, 2002). Previously, the stereotypical ED patient was depicted as young, North-European Caucasian, female, well-educated and from the upper socio-economic class of Western cultures (Von Ranson & Wallace, 2014). However, some data have found differences in prevalence of ED and its symptomatology within countries and communities belonging to these Western societies (Soh, Touyz, & Surgeron, 2006).

The comparison of ED symptomatology across cultures is complicated and contradictory. Mautner, Owen, and Furnham (2000) found no cultural differences in college females from Western cultures (USA, Italy and England) in the relationship among body image disturbance. Another cross-cultural study between two Spanish-speaking countries (Spain and Mexico) revealed that there were no significant effects by country in the ED symptomatology and sociocultural influences (Mancilla-Díaz et al., 2010). Other studies have shown statistically significant differences between nationalities in body image, dieting and binge eating behavior (Gómez & Acosta, 2000; Gómez-Peresmitré & Acosta, 2002; Gómez-Peresmitré et al., 2013; Gupta, Chaturvedi, Chandarana, & Johnson, 2001) as well as nationalities and gender (Acosta & Gómez, 2003; Acosta, Llopis, Gómez, & Pineda, 2005; Mancilla-Díaz et al., 2010). The findings of a study comparing Canadian *versus* Indian females indicated that both scored similarly on some of the core features of eating disorder-related pathology, measured by the Drive for thinness and Body dissatisfaction subscales of the Eating Disorder Inventory (Garner, Olmsted, & Polivy, 1983), the nature of the underlying body image disturbance was different between the two groups. The Indian females tended to have a less distorted perception of their "level of fatness" than the Canadian females (Gupta et al., 2001). Furthermore, there are studies that have produced mixed results among Western and non-Western society even using the same methodology (Podar & Allik, 2009; Soh et al., 2006).

The transcultural literature, has proposed that globalization and enhanced individual mobility have raised levels of ED symptoms and increased the risk of developing an ED in several Western countries as well as in socioeconomic groups previously thought to be immune to such pathologies (Katzman & Lee, 1997; Soh et al., 2006). Acculturation has been assumed to be one of the major risk factor for the increase of ED symptomatology (Culbert, Racine, & Klump, 2015). Acculturation has been defined as "the process of psychosocial change that occurs when a groups or individual acquires the cultural values, languages, norms and behaviors of dominant society" (Wildes, Emery, & Simons, 2001, p. 524). It has been linked with international migration, however, it has also been proposed that it is enough to have proximity or contact with the dominant culture mainly through mass media (Gómez & Acosta, 2000), or by being a member of multicultural societies, and thereby acquiring those traditions, customs, habits and values (Marin, 1992). Diverse works have found that higher levels of acculturation are associated with higher levels of antifat attitudes, body dissatisfaction and eating concerns (Ayala, Mickens, Galindo, & Elder, 2007; Chamorro & Flores-Ortiz, 2000; Katsounari, 2009; Pepper & Ruiz, 2007). A recent meta-analysis evidenced a considerable association between ED psychopathology and culture change/acculturation (Doris et al., 2015). In addition, has been said that cultures may be vulnerable to acculturation and to symptomatology of ED when they suffer discrimination, or when they are members of a devalued group or culture (Kempa & Thomas, 2000). Rathner et al. (1995) suggested that over-identification with Western norms and values eating pathology increased.

Several studies have identified more prevalence or positive association between disordered eating behaviors (DEB), body thin ideal internalization, body dissatisfaction and body mass index (BMI) (Argyrides & Kkeli, 2015; Chávez-Hernández, Saucedo-Molina, Peña, & Unikel, 2015; López-Aguilar et al., 2010; Mancilla-Díaz et al., 2010; Saucedo-Molina & Unikel, 2010). Also, it has been reported that adolescents with large waist circumference most often declare to use slimming diets (Piotrowska, Broniecka, Biernat, Wyka, & Bronkowska, 2015). Additionally, binge eating and loss of control over eating (the experience of

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