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Acculturative stress and eating disorders in black adolescent females in KwaZulu-Natal, South Africa

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ABSTRACT

The 'two-world hypothesis' argues that women may employ self-starvation as a means of coping with the demands of 'straddling two worlds' which occurs during periods of transition such as adolescence, industrialization, emancipation of women and culture clash, where women are required to 'juggle' the demands of conflicting socio-cultural expectations (Katzman & Lee, 1997). This resonates with the construct of acculturative stress proposed by Rodriguez, Myers, Mira et al., (2002) as the simultaneous 'push and pull' of opposing pressures to acculturate to a new culture and pressures against this acculturation from the culture of origin; and suggests that acculturative stress may mediate the development of eating disorders during periods of socio-cultural transition. This study aimed to identify relationships between acculturative stress and eating disorder by exploring associations between the Multidimensional Acculturative Stress Scale (MASI: Rodriguez et al., 2002), the Eating Attitudes Test-26 (EAT26; Garner, Olmsted, Bohr & Garfinkel, 1982) and the Eating Disorders Diagnostic Scale (EDDS: Stice, Telch & Rizvi, 2000) as a substitute for follow-up clinical interview, in a sample of black adolescent schoolgirls in the rapidly changing socio-cultural context of South Africa.

Focus Groups were conducted to evaluate the validity of these instruments within the South African context. Groups suggested that the EAT26 needed to be qualified and the MASI needed to be modified and revised. The 34-item MASI-Revised contained three subscales, Pressure to Acculturate, Pressure against Acculturation, and a new subscale, Conflict, which appeared to reflect the sum of opposing acculturative pressures as cultural-identity confusion. The General Health Questionnaire-12 was used as a 'gold standard' measure of stress. The study selected a sample of 5 urban state high schools from which 187 black female learners were sampled from grades 9-12. Response rate was low and random sampling was not possible.

Results indicated that 24.5% of the sample scored positively on the EAT26 and 13.9% qualified for a diagnosis of eating disorder as measured by the EDDS; while a further 24% engaged in regular dysfunctional eating patterns worthy of clinical attention. Subjects scoring positively on both the EAT26 and the MASI-R were significantly more likely (Odds Ratio=29.408; $p<0.001$) to have an eating disorder on EDDS than those who were negative on both scales. Eating disorders were also significantly and independently predicted by the MASI-R and the EAT26, where subjects scoring positively on either of these scales were significantly (Odds Ratio=4.917; $p<0.001$) more likely to have an eating disorder than those scoring negatively on both scales. Results suggested that acculturative stress may be a significant risk factor in the development of eating disorders in black South African females and that adolescents experiencing cultural identity confusion may be most at risk.