Eating-disordered behaviours in Kosovo school-based population: potential risk factors
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Abstract

Many adolescents exhibit eating-disordered behaviours, although there is evidence that there are some cultural differences. The present study examines the association among eating-disordered behaviours and risk factors such as body dissatisfaction, perceived socio-cultural pressure and low self-esteem. A cross-sectional survey of 198 Kosovo male and female adolescents, ages 16 – 18 years old, was conducted. Self-report measures as The Eating Attitude Test-26 (EAT–26), Body Shape Questionnaire-16 (BSQ-16), Perceived Sociocultural Pressure Scale and Self-esteem scale were used. The logistic regression analysis revealed that only body dissatisfaction and socio-cultural pressure were statistically significant in predicting eating disordered behaviours, accounting for 30% of variance in eating disturbance.

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Keywords: Eating disordered behaviours, body dissatisfaction, sociocultural pressure, Kosovo population;

1. Introduction

Emerging evidence suggests that disordered eating is present in men and women of diverse racial/ethnic, cultural or socioeconomic backgrounds, with the highest rate in mid to late adolescence (Podar & Allik, 2009). Becoming an adult involves a critical developmental process of identity formation, shaped by individual, family, social and historical circumstances (Schwartz, Donnellan, Ravert, Luyckx & Zamboanga, 2013). These years are full of turmoil and change, and therefore may have devastating effects on the adolescents’ sense of identity and self-esteem (Fairburn, 1993). Consequently, to improve the sense of self, adolescents may shift the focus from inner self to their physical self, which is controllable, reinforced additionally by socio-cultural pressure to achieve the ideal physique. However, perceived physical deficits (Fairburn, 1993) and deviation from controlling means (Schupak-Neuberg & Nemeroff, 1993) leaves them perpetuating an even lower sense of self-esteem and increasing body dissatisfaction, all significant factors in the development of eating disorders. Indeed, studies report that low self-esteem predicts abnormal eating attitudes and behaviours (Bailey & Ricciardelly, 2010). However, it was also demonstrated that this risk factor is highly dependable on ethnicity, being a stronger

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predictor for white Western individuals (Perrin, Boone-Heinonen, Field, Coyne-Beasley & Gordon-Larsen, 2010). Moreover, body image disturbance is suggested to be listed as the most robust factor in the development and maintenance of eating disordered behaviours (Brannan & Patrie, 2008; Stice & Whitenton, 2002). A cross-cultural study by Swami et al (2010) shows that body dissatisfaction among youngsters is inclined to be internationally presented, though women in America scored higher in this dimension. Other researchers compared the level of body dissatisfaction within different ethnicities living in Australia, and found no significant ethnic differences (Wang, Byrne, Kenardy & Hills, 2005) although another similarly designed study in U.S.A reported the opposite findings (Kronenfeld, Reba-Harrelson, Von, Reyes & Bulik, 2010). These results are consistent with the assumption that more acculturation to Western beauty ideals prompts body dissatisfaction and disordered eating (Thompson, 2001). Moreover, some of the studies in countries undergoing cultural transition, generated twofold results, tolerance of overweight and body dissatisfaction among adolescents classified as normal weight (Al-Sendi, Shetty & Musaiger, 2004; Latzer, Witztum & Stein, 2008).

Mainstream cultural and social factors exert relentless pressure on youth to maintain ideal beauty standards, stemming from the family, media and peers and its significant effect on development of eating disturbance is well-documented (Brannan & Petrie, 2008; Striegel-Moore & Bulik, 2007). In fact, research generated support that appearance-focused family culture and negative family food related experiences, emerged as a superior predictor of eating disturbance in western countries (Neumark-Sztainer et al., 2010) and in some of Islamic countries going through cultural transition (Eapen, Mabrouk & Bin-Othman, 2006). Likewise, peer influence by negative weight commentary (Shomaker & Furman, 2009) and mass media influences (Augustus-Horvath & Tylka, 2009; Ricciardelli & McCabe, 2003) are a strong indicator of disordered eating among adolescents. Nonetheless, an experimental design study reported that media exposure was unrelated to risky eating behaviours, whereas it potentially causes temporarily increase of body dissatisfaction (Kim & Lennon, 2007).

There are no previous reports or studies on risk factors of eating disordered attitude and behaviours in Kosovo. Islamic and less socioeconomically developed countries such as Kosovo, among others, were generally overlooked by research (Podar & Allik, 2009), as they were thought to be culturally protected by linking plumpness with attractiveness, sexuality and fertility (Nasser, 1997; Swami & Furnham, 2008). With the dramatic social changes and cultural transition occurring in Kosovo the younger generation is swinging to the modern lifestyle and values, an opposing cultural stream, therefore interfering in personality identity formation (Littlewood, 1995). As eating disturbance is influenced by unique variables in various cultural groups it is an imperative need for further research on risk factors to better suit the treatment of diverse needs and development of evidence-based prevention programs (Neumark-Sztainer, Croll, Story, Hannan, French & Perry, 2002). This study therefore was carried out to ascertain the relationships among eating-disordered behaviours and risk factors such as low self-esteem, body dissatisfaction and perceived socio-cultural pressure, in a sample of Kosovo school-based population.

2. Methods

2.1 Participants

The research was conducted among 198 high school students, 100 females (mean age = 17.2, SD = 0.90) and 98 males (mean age = 17.4, SD = 0.98), between 16-18 years old (M = 17.3, SD = 0.95), attending gymnasium of social science and gymnasium of natural sciences in Kosovo.

2.2 Measures

Due to the lack of standardized versions, self report measures were back-to-back translated in Albanian and English languages and each tested for face validity in a pilot study where ten high school students participated.

The Eating Attitude Test-26 (EAT–26) (Garner, Olmsted, Bohr & Garfinkel, 1982) was used to measure eating disordered behaviours. The EAT-26 is a 26 item self-report instrument answered on a 6 point Likert scale ranging from 6 which means always to 0 defined as never. A total scale score is usually used within research,
with higher score representing higher EDB, while equal or greater to 20 is frequently associated with abnormal eating attitude and behaviours. Among a multiethnic sample internal consistency was found to be very good ($\alpha=.86$) (Welch, Miller, Ghaderi & Vaillancourt, 2009), test-retest reliability was estimated as $r=.91$ and convergent validity was established (Phan & Tylka, 2006). The Cronbach’s alpha in this study is calculated .63.

Body Shape Questionnaire-16 (BSQ-16) (Evans & Dolan, 1993) measures the strength of negative body image attitudes. Items have six point respond format rated from 1 (never) to 6 (always) and summed. A cross-cultural study reported validity by acceptable internal consistency reliability (Warren et al., 2008). Likewise, the scale is widely used with males sample reporting its validity and reliability (Evans, 2008). BSQ-16 alpha coefficient was .81, for the present study.

Perceived Sociocultural Pressure Scale (Stice, Ziomba, Margolis & Flick, 1996) was chosen to measure the perceived socio-cultural pressure to be thin for females and gain a muscular body for males. It was found to have adequate internal consistency ($\alpha=.91$), test-retest reliability ($r=.93$) and predictive validity when used in a sample of multiethnic adolescent girls in the United States (Stice & Whitenot, 2002) and also acceptable result ($\alpha=.75$) when used in Australian adolescents boys samples (Wilksch, Tiggemann & Wade, 2006). In the present study, alpha coefficient was .82.

Self-esteem scale (Rosenberg, 1965) was used to examine the level of self-esteem of the participants. A study with undergraduate students in California showed strong convergent validity, acceptable internal consistency and test-retest reliability, for men and women of different ethnicity (Robins, Hendin & Trzesniewski, 2001). In the present study alpha coefficient was .62.

2.3 Procedure

The study was conducted over a two-week period. Preceding the data collection process, permission to conduct the research was granted from the school principal, parents and children. Likewise all students participating in the study were briefly informed about the study, their rights and provided their written informed consent.

3. Results

The mean EAT-26 score was $M = 11.58$, $SD = 6.67$ and the 20 cut-off was exceeded by 13.1% ($N = 26$).

Eating Disordered Behaviours scores were regressed on body satisfaction, socio-cultural pressure and self-esteem. These three predictors accounted for almost one third of the variance in Eating Disordered Behaviours scores ($R^2 = .33$). Body satisfaction ($\beta = .45$, $p < .001$) and socio-cultural pressure ($\beta = .16$, $p = .031$) demonstrated significant effects on Eating Disordered Behaviours scores. There was also a statistically significant negative association between self-esteem and Eating Disordered Behaviours scores ($\tau(198) = -.21$, $p = .002$). Intercorrelations between the variables are presented in Table 1.

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
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<td>1. Body satisfaction</td>
<td>29.97</td>
<td>9.34</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sociocultural pressure</td>
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<td>6.65</td>
<td>.5</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self-esteem</td>
<td>22.01</td>
<td>3.78</td>
<td>-.32*</td>
<td>-.07</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>4. Eating Disorders Behaviours</td>
<td>11.53</td>
<td>6.71</td>
<td>.55*</td>
<td>.38*</td>
<td>-.21*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

* Higher scores indicate less body satisfaction

4. Discussion
Findings reveal a substantial percentage of 13.1% scoring high in disordered eating behaviours and was relatively lower comparing to culturally similar countries, which reported rates of 18.6% of Israeli-Arabs (Latzer, 2008), 23.4% for Arabic Emirates (Eapen et al., 2006) and 11.5% among Turkish adolescents (Bas, Asci, Karabudak & Kiziltan, 2004). The study assessed the prospective association of socio-cultural and individual risk factors for eating disordered behaviours in Kosovo high school students. Perceived socio-cultural pressure and body dissatisfaction, but not low self-esteem, predicted subsequent increases of eating disordered behaviours.

Consistent with the claimed hypothesis and previous studies reports elevated body dissatisfaction emerged as the most potent predictor of eating pathology (Brannan & Patrie, 2008). Body dissatisfaction could be fostered from internalized body ideal and perceived socio-cultural pressure (Stice & Whitenton, 2002). Furthermore, it is aggravated from perceived self-deficits which intensify anxiety about one’s body (Fairbum, 1993) and is depended on the ability to control one’s weight (Schupak-Neuberg & Nemeroff, 1993). Nonetheless, the hypothesis of the “body as self” implying that adolescents with disturbed body image use their physical appearance as the only source of their identity, hence causing overall low self esteem, was not supported. Perhaps Kosovarians adolescents who feel poorly about their body are protected from their cultural identity, so the process of identity formation and therefore of overall self-esteem could be influenced by domains other from physical appearance. This finding is not novel as it fits with one other study that investigated this relationship across diverse population, and Asians reported similar results as in the current study (Perrin et al., 2010). Nonetheless, further research will be needed to assess these differences across cultures.

There was also evidence that perceived pressure to be thin/gain muscles predicts increases of eating disturbance, which converge with other studies that examined this relation prospectively (Striegel-Moore & Bulik, 2007; Brannan & Petrie, 2008). Findings indicate that encouragement from family members to diet or gain muscles, were the strongest correlate of problematic weight-related outcomes, resulting in dieting and more body dissatisfaction. Results are consistent with other studies, assuming the importance of role the family plays by exerting pressure, weight-related teasing and encouraging problematic eating behaviours into explaining disordered eating behaviours in adolescents in various cultures (Eapen et al, 2006; Neumark-Sztainer et al., 2010).

It is noteworthy that even though adolescents reported perceiving most pressure from peer domain, it did not predict disordered eating. Likewise, adolescents reported a considerable pressure perceived from media to attain unrealistic body figure standards, and this dovetails with number of studies (Ricciardelli & McCabe, 2003). Media could imply that body is a source of worth (Augustus-Horvath & Tylka, 2009), consequently it was correlated with subsequent increase of body dissatisfaction, however did not predict disordered eating. Perhaps, media serves as a risk factor only in short term (Kim & Lennon, 2007), whereas interpersonal pressure primarily by family members and dating partners has more enduring effect (Shomaker & Furman, 2009).

The study is not without limitations, and the main set derives from the usage of non-standardized questionnaires in Albanian language. Additional studies standardizing and using more comprehensive assessment of these variables are needed. Likewise, the model explained only 30% of variance in disordered eating, and moreover there were differences among factors predicting eating disturbance. Future research could enrich the model by including other putative factors, including cultural measures such as emotional regulation, and cultural meaning of food and eating.

To conclude, Kosovo young generation is not thoroughly protected from eating disorder pathology, and findings indicate that attempts to identify and target these adolescents for early intervention are imperative. The identification of body dissatisfaction and socio-cultural pressure as important elements in understanding eating pathology could also be availed in counselling settings or tailoring preventive program.

References


