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**BODY PERCEPTIONS OF BLACK FEMALE  
HIGH SCHOOL LEARNERS**

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Thesis submitted in fulfillment of the requirements for the MTech in  
the Faculty of Education at the Cape Technikon

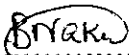
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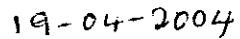
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## DECLARATION

I, Bulelwa Naku, hereby declare that the contents of this thesis represent my own work and that the opinions contained therein are my own and not necessarily those of Cape Technikon. This thesis has not previously been submitted at any institution for a degree.



Signature



Date

AND WE KNOW THAT ALL THINGS WORK TOGETHER FOR GOOD TO  
THEM THAT LOVE GOD, TO THEM WHO ARE CALLED ACCORDING TO HIS  
PURPOSE. ROMANS 8: 28 (King James Version)

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## ABSTRACT

The majority of studies that have examined the prevalence of eating disorders have sampled women from western societies. Theoretical models have emphasised Western socio-cultural factors as central in the development of eating disorders. Consequently, eating disorders have been conceptualised as disorders from Western industrialised countries where white women experience social pressures toward thinness. Within these societies, white women are believed to be at risk of developing eating disorders, while black women are not exposed to the same social pressure regarding weight.

In the literature, it has been argued that African women are “protected” from developing eating disorders because traditionally a fuller figure has been more acceptable. However, findings from recent studies are beginning to reveal a considerable degree of body perception dissatisfaction among black women, indicating that this debate is far from settled.

In the African-American culture, in terms of body perceptions, people are not expected to be all built to look alike. A full, yet healthy body has represented

strength, power and prosperity in the African culture throughout history. However, the thin ideal for women seems to be spreading across all ethnic groups.

Incorrect body perceptions, dissatisfaction with one's body's appearance and a drive to be thin can lead to erratic eating patterns such as self-starvation and purging, which in turn can result in eating disorders such as Anorexia and Bulimia Nervosa.

In view of the above, this study investigated body perceptions among black female high school learners in the Cape Metropole. The participants were 702 girls between 13 and 19 years old in ex DET high schools in grades 8 to 11. The study attempted to determine participants' body weight dissatisfaction; whether they perceived themselves as overweight, underweight or of normal weight; and whether they expressed influence by the media, as well as family and peers, on their body perceptions. The sample was divided into two age groups, namely a younger group of 13 – 15 years and an older group of 16 – 19 years.

The chi-square test was used to test the statistical significance of the data.

The results revealed a statistically significant difference between the younger age group (13-15 years) and the older age group (16-19 years) regarding body weight dissatisfaction and body weight perceptions. Furthermore, the expressed influence by the media and family/peers also show statistically significant results.

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## **CHAPTER 1: INTRODUCTION**

### **1.1 INTRODUCTION**

This chapter presents the statement of the research problem, aims and objectives of the study, research questions and delineation of the study. Furthermore, clarification of basic terms used in the study, background of the study and overview of chapters are presented.

### **1.2 STATEMENT OF THE RESEARCH PROBLEM**

Women in different cultures and in different countries have different perceptions of their bodies. These perceptions may lead to either destructive habits such as irresponsible dieting and anorexia nervosa, or to healthy perceptions regarding a "thin body ideal". Traditionally, black females preferred fuller figures. However, Western social values appear to influence black females' perception of their bodies.

To what extent can an incorrect perception of a woman's body lead to eating disorders?

The problem is that there are inadequate empirical findings regarding how *black South African adolescent females perceive an ideal body, or what their perceptions of the concept of a "thin body ideal"*.

A correct understanding of how black females perceive their bodies can lead to improved counselling and educational programmes.

### **1.3 BACKGROUND OF THE STUDY**

Food and eating are basic human needs. However, when either too much or too little food is consumed it can be hazardous to one's health.

Food and eating have many different meanings. Besides the obvious function of energy supply, food and eating have a marked social importance. The eating situation involves an interpersonal relationship and remains so throughout life. Usually eating is initially a matter between the mother and the infant, if the mother suckles the latter.

The dinner table is normally a gathering place for the family, and people meet and exchange ideas over a meal. In many cultures hospitality is expressed by offering refreshments. In Xhosa culture for example, at a kitchen party, a goat or sheep is slaughtered and normally amarhewu (sour porridge) is also served. In some cultures Christmas would not be the same without the traditional turkey, mince pies and plum pudding.

These examples make one aware of cultural differences. In another culture turkey might not be the meat of choice. Different groups of people reflecting different cultures, would each have their own traditional dishes to symbolise



events, and to express joy or mourning. What is accepted in one culture may be revolting in another.

Food can have different psychological meanings to different people. To some it offers a sense of security and to others it is a source of pleasure. The fact that the gratification of this basic need can be so pleasurable, can be a source of tension reduction, and has many social implications. Food is an essential aspect in our lives. We have been created in such a manner that eating is an act, which has to be repeated several times a day.

Traditionally, a woman in a family is responsible for the preparation of food. Many centuries ago men would hunt and bring home the kill. However, as man developed, food preparation became an art in itself and our many cookbooks illustrate this. In addition to food preparation and shopping for food, traditionally women have the role of caring for the children and feeding them. In this way, the lives of most women are interwoven with food and eating in some way or another. It is therefore not surprising that women are predominantly the victims of eating disorders.

Eating disorders are those conditions which relate to excessive intake of food, too little intake of food as well as conditions in which food intake is sporadic and irregular and the eating situation is problematic for some reason or other. "Too much" is represented by overweight or obesity, whereas "too little" can be demonstrated by thinness or on the extreme lower end of the scale, by Anorexia Nervosa and Bulimia Nervosa.

Eating disorders may be viewed as extreme expressions of a range of weight and food concerns that many individuals experience. They are complex illnesses determined by a variety of risk factors that are not well understood. (Manley, R., Rickson, H., & Standeven, B. 2000) identified the following causes of eating disorders:

- The continuing media promotion of thinness as a sign of good health and beauty as a sign of success.
- Perfectionism.
- Highly competitive environments that stress body thinness and high performance.
- Experiences of loss in personal relationships such as family break-ups or losses of family members.
- A low self esteem.
- Heightened concern for appearance and body shape during adjustments to the physical changes of puberty.

There seems to be agreement by Szabo (1998b:117) and Motala (1997:20) that eating disorders are conditions characterised by excessive concerns revolving around weight and body shape with consequent impact on eating attitudes and behaviour so that physical, emotional, cognitive and social functioning are significantly impaired.

According to Way (1993:22), the causes of eating disorders are multi-determined, resulting from a complex interaction of actions within the individual, family and society. Motola (1997:20) supports this view by stating that most experts believe that the cause is a complex interaction of environment, personality, genetics and biochemistry.

Researchers both nationally and internationally agree that eating disorders are prevalent in women during adolescence and early adulthood.

Inappropriate weight perceptions and eating disorders are common during adolescence and overemphasis on thinness during adolescence increases the risk of developing eating disorders such as AN and BN (Zimmermann *et al.* 2000:568). Eating disorders are described throughout literature as culturally bound phenomena peculiar to young women from Western and other industrialised countries. It has also been suggested that young Western women may succumb to eating disorders more often than other women, due to the value their culture places on extreme thinness.

Given this background it is interesting to note that researchers both nationally and internationally report growing evidence that the prevalence of eating disorders is increasing among women from non- Western societies. Researchers also report that many non-Western countries are becoming increasingly aware and influenced by Western styles, habits and attitudes. The thin ideal for women seems to be changing across all ethnic groups.

However, in some parts of Africa, for example Cameroon, obesity is associated with abundance and fertility. It appears that in African culture weight is generally associated with wealth, prosperity and social status. In Jamaica too, generally women want to be big (Anon, 2003:1).

Pan-African studies report that some black women purposely accumulate fat in the buttocks, thighs and legs. These women have what society calls cellulite, but it is considered desirable by black men (Grady, 1997:1).

In view of the above, this study is undertaken to investigate to what extent are perceptions regarding a thin ideal present in black women. Socio-cultural factors are considered predisposing factors to the development of eating disorders. In chapter two, a detailed report on the above will be given.

#### **1.4 THE AIMS OF THE STUDY**

To establish body perception dissatisfaction in a sample of black females in high school, and to determine the expressed influence of the media, as well as of significant others and peers, on their body perceptions.

#### **1.5 OBJECTIVES OF THE STUDY**

In view of the dangers of incorrect attitudes towards body perception this study has the following primary and secondary objectives.

### **1.5.1 PRIMARY OBJECTIVE**

To determine the body perception of black female high school learners in the Cape Metropole.

### **1.5.2 SECONDARY OBJECTIVES**

1. To determine body dissatisfaction in black female high school learners.
2. To determine their expressed influence of the media on their body perceptions.
3. To determine their expressed influence of significant others on their body perceptions.

### **1.6 RESEARCH QUESTIONS**

This study aims to answer the following research questions:

1. Are there significant differences in body perception between younger and older adolescents? If so, what are the differences?
2. Will the findings from this study be different to those of previous studies dealing with black female learners or adolescents?
3. What are possible sources of body image dissatisfaction? Does the media and peers or family play a role?

## 1.7 CLARIFICATION OF TERMS

The following are key terms used in this study:

**Adolescent:** a young person in the process of developing from a child into an adult (i.e. roughly between 13 and 17 years).

**Early Adolescence:** the early period of adolescent development, around the onset of puberty and immediately afterwards (about 10 to 13 years of age).

**Middle Adolescence:** the middle period of adolescence, involving the mid-teens (about 14 to 16 years of age).

**Late adolescence:** the latter period of adolescence (the late teens and possibly the early twenties).

**Addiction:** physical or psychological dependence on a substance.

**African:** a native of Africa, especially a black person.

**Amenorrhoea:** the absence of menstruation.

**Bingeing:** eating a large amount of food in a short time.

**Body Perception:** the physical appearance of one's body to oneself, as well as the associated attitudes and feelings.

**Body perception disturbance:** One's conceptual view of one's body is inaccurate.

**Body Mass Index (BMI):** A measure devised to determine whether a person is of normal weight, underweight, overweight or obese. It is expressed as  $\text{kg/m}^2$ .

**Body Shape Questionnaire (BSQ):** This is a 34-item self-report measure of concerns about body shape and "feeling fat". A score above 120 indicates significant concerns about feeling fat and body shape dissatisfaction.

**Bulimic Investigatory Test, Edinburgh (BITE):** This is a 33-item self-report multi-scale measure of both symptoms and severity of Bulimia and associated disturbed eating patterns

**Diuretics:** drugs, which act on the kidneys to increase urine output.

**Dissatisfaction with body perception:** the emotional reaction toward the body perception is negative.

**Eating Attitudes Test (EAT):** This is a 40-item self-report measure of eating disturbances and abnormal attitudes to food, eating, body image and shape. A score of 30 or above indicates a possible eating disorder. The EAT is the most widely used measure for identifying anorexic and bulimic symptoms.

**Eating Disorders:** Anorexia Nervosa, Bulimia Nervosa, and Binge Eating.

**Anorexia Nervosa (AN):** a disorder that causes great weight loss through starving and refusal to eat.

**Bulimia Nervosa (BN):** a medical term for binge eating, which is terminated by vomiting or use of laxatives. "Ox hunger" in Greek.

**Binge Eating Disorder:** a condition involving uncontrolled eating, sometimes in secret.

**Laxatives:** drugs which act on the bowel to increase the speed of the passage of food and of stools through the gut. They cause soft, frequent motions of stools.

**Low self-esteem:** a poor opinion of oneself.

**Obesity:** excess body fat.



**Overweight:** body weight above acceptable weight in relation to height.

**Purging:** trying to rid oneself of calories by unnatural means such as vomiting.

## **1.8 SIGNIFICANCE OF THE STUDY**

This study seeks to establish the body perception dissatisfaction of a sample of black female learners in the Cape Metropole. It aims to establish how they perceive their bodies and whether significant others and the media play a role in this perception.

Currently in South Africa, a struggle to fight AIDS, crime and child abuse is taking place. However, the problem of eating disorders also needs to be addressed and prevented. From the literature it is evident that these disorders can be life threatening. It is estimated that between 10 to 15% of all victims of these disorders die (Moe, 1991:90).

This study may assist forward planning by the Department of Education to include a life skills educational programme in the curriculum that will address eating disorders and which will encourage prevention as opposed to cure. It may also assist forward planning by the Department of Health to plan a "health education" programme to help to point the way for interventions at individual, group or community level.

## **1.9 DELINEATION OF THE STUDY**

- *This study will be limited to investigating body images in black female high school learners in the Cape Metropole.*
- This study is limited to females between 13 and 19 years old.

## **1. 10. OVERVIEW OF CHAPTERS**

**Chapter One** presents the statement of the research problem, research questions, objectives of the study, delineation of the study and the significance of the study, background of the study and clarification of terms used in this study.

**Chapter Two** presents an overview of relevant literature concerning dieting among adolescents, eating disorders such as AN and BN, body perception, socio-cultural factors contributing to body dissatisfaction, influence of family/peers as well as influence of media on body perception or body dissatisfaction. Similar studies on the issue of body dissatisfaction as well as thinness in the black culture are presented in detail.

**Chapter Three** describes the research methodology including information on the participants and on the instrument used to gather data.

**Chapter Four** presents the results of the study.

**Chapter Five** presents the interpretation and discussion of the results, recommendations and conclusions.

## **CHAPTER 2: LITERATURE STUDY**

### **2.1 INTRODUCTION**

This chapter presents an overview of relevant literature concerning body perception; dieting among adolescents; eating disorders such as Anorexia and Bulimia Nervosa; socio-cultural factors contributing to body dissatisfaction such as media influence; and influence of family / peers. The above concepts are also defined in order to provide clarity to the reader.

Literature related to the ideal of thinness in women is also reviewed because of the assumption that cultural factors are important in determining the perception of body weight and shape and are salient to self-esteem. There is evidence for this in the areas of dieting practice, body dissatisfaction and eating disorders that will be discussed in this section. Furthermore, other studies conducted both locally and internationally will be reviewed, especially those pertaining to blacks, since this study focuses on body perceptions of black female high school learners.

## **2. 2 BODY PERCEPTION**

In this study, body perception and body image are viewed as synonymous.

Ciliska (1990:8) describes body image as the mental picture we have of the appearance of our bodies, as well as the associated attitudes and feelings.

Williams (2001:144) views body image from three perspectives, namely the physiological, conceptual and emotional aspects. The physiological aspect refers to the brain's ability to detect weight, size and form.

The conceptual aspect is the mental picture of the body held by the individual, while the emotional aspect refers to the feelings the individual has about her / his body weight, shape and size.

Dolan and Gitzinger (1994:35) view body image as a complex concept, lacking well-defined contours for clinicians and researchers. These researchers used what they considered a practical definition of body image in their study on gender issues and eating disorders. They argue that a definition of body image, depending on the background of the researcher, may privilege the physical perception of the body or parts of it. Given the above views towards a definition of body image, the physical aspect of the body applies whenever this report refers to body image or body perception.

### 2.3 DIETING AMONG ADOLESCENTS

Dieting among adolescents is a common and widespread phenomenon. A review by Szabo (1998a: 119) shows that between 30 % and 60 % of teenage girls are on diet at any given time, with up to 80 % at some point during adolescence. Many researchers in the literature describe adolescence as the most challenging, stressful and uncertain of all phases in life.

It is during this time that the young woman's body undergoes rapid physical growth and marked changes (Balentine, M., Stitt, K., Bonner, J. & Clark, L. 1991:392). These changes include developing or maturing sexually, emotionally, cognitively and physically. This is an anxious time for some teenagers, especially females who resort to a variety of strategies to cope with this physical change.

Some of these strategies include: weight control, crash diets, calorie counting, meal skipping and excessive exercise (Heaven, 1996:64; Mahan & Rees, 1984:104; Balentine *et al.* 1991:392).

In the literature health issues of adolescence are viewed as a developmental danger zone. Teenagers must cope with a set of new health risks ranging from drugs, sexually transmitted diseases, eating disorders or suicidal depression (Mahan & Rees, 1984:1; Heaven, 1996:64; Milne-Home, 1998:2). Regarding the inception of dieting, 50% of adolescent girls are on diet before the age of 15 years (Szabo, 1998a:119). Ages 14 to 16 seem to be crucial for

females with respect to change in their perception of body weight. This evidence points to clear developmental trends in this regard, suggesting that at this young age, girls may be susceptible not only to media images about what is attractive or not, but also to the actual physical change they are experiencing (Heaven, 1996:68).

Growing numbers of young girls are attending slimming clubs and clinics. Another study found that 32% of 12-16 year old girls attending these clubs were not overweight (Bean, 1995:127). Dieting is not considered abnormal behaviour, even among women who are not overweight (Hesse-Biber, 1996:14).

It appears that most dieting is not justified for health reasons given that most teenage dieters are within a normal weight range. Concerns regarding weight and subsequent dieting behaviour appear to be occurring in the pre-adolescent years as well. This finding according to Szabo (1998a:120) is not surprising given that by nine years of age children have already acquired an active dislike for the obese body build.

Some researchers such as Abraham and Jones (1992:2-3) and Khumalo (1998:114) agree that adolescence is a time of concern about body image and achieving the "ideal" body.

Research addressing the development of body perception indicates that adolescents experience greater concerns about their physical appearance, in

particular their developing bodies, than adults. Weight and fat gain is an essential component of puberty and reproductive competence for women.

Research has documented that girls as young as nine years old, though not overweight, are dieting (Anon, 2001:519; Pine, 2001:521).

Markey, C., Tinsley, B., Ericksen, A., Ozer, D. & Markey, P. (2002:138) give findings by Davidson *et al.* (2000) who documented a preference for thinness among children as young as five years old who were aware of perceptions of bodily attractiveness and expressed a desire to be thin.

According to the literature reviewed it appears to be a well-established fact, especially among teenagers, that females tend to be more sensitive than males about issues such as weight and body shape. Many females view being thin as a distinct advantage and believe that thinness makes them healthier and better looking (Heaven, 1996:67; Dolan & Gitzinger, 1994: 1).

Three primary components underlie women's body image and these are sexual attractiveness, weight concern and physical condition. Among men, these three components are physical attractiveness, upper body strength and physical condition. The latter among men refers to physical activity as opposed to females who refer to how they are viewed as 'objects'. It seems that there are different societal messages about male and female attractiveness. Male attractiveness is related to muscular strength whereas female attractiveness is related to thinness (Heaven, 1996:69).



Health Promotion Research Trust conducted a study in 1993 and the subjects were between the ages of 11 and 18 years old. The total sample was 846 and results showed that 70% of the girls thought they were fat, with many already dedicated dieters (Bean, 1995:126)

Another study at the Dublin Institute of Technology in 1994 indicated that 44% of 11 year old girls wanted to be lighter despite the fact that most were of normal weight. Australian research has also shown similarly alarming results with 94% of school and university girls expressing a desire to be thinner and 86% of those confessing to have dieted at least once (Bean, 1995:127).

Drive for thinness is described as a key motivational variable underlying dieting efforts. This drive, according to Striegel-Moore, R., Schreiber, G., Pike, K., Wilfley, D. & Rodin, J. (1995:59), encompasses aspiring to a thin body ideal, placing excessive importance on thinness and experiencing extreme fear of becoming fat. This view is supported by Balentine *et al.* (1991:392) that society's contempt for overweight persons has strongly influenced adolescents' concern about body weight and heightened their fear of obesity.

## **2.4 EATING DISORDERS**

### **2.4.1 ANOREXIA NERVOSA (AN)**

Inappropriate weight perceptions and eating disorders are common among adolescents and an over-emphasis of thinness during adolescence increases

the risk of developing eating disorders such as Anorexia and Bulimia Nervosa (Zimmerman *et al.* 2000:568).

According to Buchan and Gregory (1984:326) the AN syndrome was first identified in Europe during the seventeenth century. Back then it was considered a comparatively rare condition.

Since then, there has been an increase in interest and research parallel to the increase in incidence of these eating disorders. According to Buchan & Gregory (1984) age, sex, class, race and socio-cultural factors have been recognized as possible contributory influences to AN. Social pressures to be slim and achievement expectations are seen as risk factors for AN.

In their description of anorexia the Diagnostic and Statistical Manual of Mental (1994) disorders include two subtypes:

1. *The restricting type where loss is primarily through dieting, fasting or excessive exercise.*
2. *The binge-eating/purging type where one would find either one or both o behaviours during an episode (American Psychiatric Association, 1994).*

Numerous researchers such as Szabo (1998a:13-14); Khumalo (1995:114); Moe (1995:9) and Gerhardt (1988:7) describe anorexia as a group of thoughts and behaviours that include:

1. Fear of getting fat (although the person may be underweight).
2. Refusal to maintain a body weight that is minimum normal, that is 85 % of that expected for age and weight.
3. Disturbance of body image.
4. Stopping of menstrual periods for three consecutive cycles (or never starting them).

Anorexia Nervosa is often called anorexia for short. Anorexia means “loss of appetite”. It is a syndrome of self-induced weight loss in which the subject is literally consumed with the drive to become thinner (Williamson, 1998:62).

AN predominantly affects females, the estimate being as high as 95% cases (or one male for every 20 females affected) (Gerhardt, 1988:7; Motala, 1997:20; Buchan & Gregory, 1984:326).

AN can be described as self-imposed starvation. It is regarded as a serious life threatening disorder, which most often stems from underlying emotional causes. There seems to be agreement by Moe (1991:9), Winn (1995:183) and

Motala (1997:20) that although there is no single personality type, people who develop AN tend to share certain characteristics where their parents describe them as model children, high achievers, perfectionists, and self-critical. These researchers further observe that Anorexics tend to be controlled people who stick to schedules and do not like changes in routine. Psychological characteristics of AN are presented in **Table 2.1**

**Table 2.1: Psychological characteristics of AN**

<b>Preoccupation with food</b>
<b>Distorted body image</b>
<b>Depression and anxiety</b>
<b>High need of approval</b>

(Bean, 1995:131)

AN sometimes begins with a simple diet and progresses to a power struggle over weight and food. Way (1993:21) describes AN as an addiction like any other, only thinness is the obsession and losing weight is the goal. Women who have AN look at certain parts of their body rather than at their body as a whole.

They perceive their abdomen as bulgy and want it flat. They see their thighs as large and heavy and want them smooth and thinner (Abraham & Jones, 1992:20).

Winn (1995:183) points out a serious consequence of AN, namely developing brittle bones. The author notes that women who had been anorexic for nine months four years previously had the backbones expected of a 70-year-old women. Winn (1995) gives findings by other researchers that even when the women had gained weight and resumed their periods, their bones stayed fragile and even continued to deteriorate. The bone density of anorexics rose only 1 to 2% per year after they recovered from anorexia. This is a very serious health problem as osteoporosis is commonly identified with post menopausal women. Winn concludes that AN may be chronic, lasting ten years or more or ending in death through metabolic disorder, or suicide.

The health consequences of AN are indicated in Table 2.2 on the next page.

**Table 2.2: Health Consequences of AN**

<b>Reduced physical performance</b>
<b>Increased susceptibility to infections</b>
<b>Slow recovery from injury</b>
<b>Amenorrhoea</b>
<b>Increased risk of bone loss and early osteoporosis</b>
<b>Gastrointestinal problems</b>
<b>Hypothermia</b>
<b>Hypertension</b>

(Bean, 1995:13)

A person with AN probably has some of the characteristics indicated in Table

2.3

**Table 2.3: Characteristics and warning signs of Anorexia**

<b>Severe weight loss</b>
<b>Self induced starvation</b>
<b>Obsessive fear of weight gain</b>
<b>Social withdrawal</b>
<b>Obsessive exercise</b>
<b>Distorted body image</b>
<b>Wearing large clothes</b>

(Bean, 1995:128)

**Table 2.4** The warning signs of AN are presented in Table 2.4

**Table 2.4: Warning signs of Anorexia**

<b>Excessive facial and body hair</b>
<b>Eating very little</b>
<b>Great interest in food and calories</b>
<b>Anxiety and arguments about food</b>
<b>Amenorrhoea</b>
<b>Feeling cold</b>
<b>Restless/ sleeping very little</b>
<b>Denial of the problem</b>

(Bean, 1991:128)



## 2.4.2 BULIMIA NERVOSA

In their description of bulimia nervosa the Diagnostic and Statistical Manual of Mental Disorders (1994) include the following two subtypes:

1. The purging type, where the person would regularly engage in vomiting or misuse of laxatives, diuretics or enemas.
2. The non-purging type where the person would make use of fasting or excessive exercise to lose weight, but not engage in purging.

Bulimia Nervosa (BN) is described as an eating disorder related to Anorexia Nervosa. The word bulimia means “ox-hunger” in Greek and is a medical term for binge eating (Moe, 1995:12). Quoted by Fitcher (1990:3), Russell sees the disorder as characterised by an irresistible urge to consume large quantities of food, purging behaviour and a morbid fear of fatness.

As with AN, bulimics are predominantly women and BN tends to start later in life than AN. Motala (1997) and Zahoul (1996:9) indicate that BN tends to have older teenagers or young adults as its victims.

Bulimics are hungry for more than food because they are hungry for love, approval and acceptance. They attempt to please everyone around them but not themselves. Bulimics may be underweight, overweight or of normal

weight and they binge often and feel they cannot stop even if they want to. It is a repeated cycle of out-of-control eating followed by some form of purging.

Bulimics have characteristics in common and some of these, as described by Moe (1991:13), are low self-esteem and trouble expressing feelings. Bingeing and purging are used as a way of dealing with stress or negative feelings. Moe states that bulimics have inadequate coping skills and vomiting may be one way of trying to express anger. She further observes that bulimics prefer to binge on soft food, which can be gobbled down quickly.

The amounts of food that a bulimic can devour at a session can be life threatening and Motala (1997:10) quotes Cauwels (1983:2) who states that bulimic behaviour ranges from occasional overeating at parties to consuming 50 000 calories and vomiting 20 times a day.

Eating bouts can last up to several hours and are followed by feelings of self-loathing and guilt. It is important to recognise that these behaviours signal the distress the individual is experiencing, and function as a coping mechanism.

Naturally the body feels uncomfortable after such consumption and the self-induced riddance of food comes as both physical and emotional relief. Fasting and excessive exercise can be attempts at regaining control, although at some point even the concern with weight becomes irrelevant.

BN is the eating disorder in which disorganisation seems to reign supreme with eating habits fluctuating between feasting and purging. According to a report on the Internet, BN has been reported as occurring with roughly similar frequencies in most industrialised countries such as the United States of America, Canada, Australia, New Zealand and even South Africa (Anon, 2000b).

Some characteristics of BN are shown in Table 2.5

**Table 2.5: Characteristics of BN**

<b>Bingeing on large amounts of food</b>
<b>Guilt and remorse after bingeing</b>
<b>Purging – vomiting/laxative abuse</b>
<b>Starvation</b>
<b>Excessive exercise</b>
<b>Distorted body image</b>
<b>Obsession with food and weight</b>

(Bean, 1995:132)

The warning signs of BN are indicated in Table 2.6

**Table 2.6: Warning signs of BN**

<b>Tooth decay / enamel erosion</b>
<b>Puffy face</b>
<b>Normal weight or weight fluctuation</b>
<b>Frequent weighing</b>
<b>Disappearing after meals to get rid of food</b>
<b>Secretive eating</b>
<b>Menstrual disturbances</b>

(Bean, 1995: 132)

Bulimia can cause life-threatening diseases such as throat ulcers, dehydration, heart palpitations, epileptic fits, chronic constipation, kidney damage and failure. Vomiting and laxative abuse can upset the balance of muscles and nerves leading to heart failure (Anon, 1998:105).

The health consequences of BN are shown in Table 2.7

**Table: 2.7 Health Consequences of BN**

<b>Menstrual irregularities</b>
<b>Enamel erosion and gum disease</b>
<b>Gastrointestinal problems</b>
<b>Bowel problems</b>
<b>Dehydration</b>
<b>Electrolyte imbalances</b>
<b>Cardiovascular complications</b>
<b>Hypertension</b>

(Bean, 1995:134)

The psychological symptoms of BN are shown in Table 2.8

**Table 2.8: Psychological symptoms of BN**

<b>Food preoccupation</b>
<b>Desire for thinness</b>
<b>Low self-esteem</b>
<b>Impulsiveness</b>
<b>Depression, anxiety, anger</b>
<b>Body dissatisfaction</b>
<b>High need of approval</b>
<b>Abnormal eating behaviour</b>

(Bean, 1995:134)

People with AN and BN may have traits in common which will be stated in the next paragraph, but they have at least one major difference which, according to Moe (1991:14), is that anorexics are usually secretly proud of their self-starvation because of the feeling of control it gives them. Bulimics, on the other hand, feel ashamed and out of control. They may try to hide evidence of binges or they may (as a cry for help) leave evidence of binges around the house.

The similarities between AN and BN are that they concern food and eating, and women are predominantly the victims. Unrealistic perceptions of their bodies are the central problem and in turn affect their self-image, and result in low self-esteem.

Fear of gaining weight, mood swings, depression and difficulty in handling family and social relationships are among the similarities both illnesses share. Food and nutrition are of overriding importance to individuals affected by these disorders. Body and its shape are extremely important in both cases.

### **2.4.3 BINGE EATING**

Binge Eating Disorder is a relatively new name for the category of eating disorder called compulsive eating or compulsive overeating (Moe, 1991:14-15).

The *Concise Oxford dictionary of current English* (1995:274) describes compulsion as “an irresistible urge to behave in a certain way especially against one’s conscious wishes”.

Older women are more likely than younger people to have binge eating disorder. Moe (1991) states that some experts estimate that binge-eating disorder affects as many as 4% of college women. Moe describes a binge eater/overeater as someone who eats even when not hungry. The person may eat impulsively or almost continuously. Compulsive eating is out of control eating, and although the binge eater realises that her behaviour is abnormal, she seems powerless to stop it.

Unlike the bulimic person, the binge eater does not try to purge by vomiting or using laxatives, but like the bulimics they feel depressed after a binge. The compulsive eater may be overweight and go on a strict diet, after which she binges all over again. Moe concludes that like AN and BN, binge eating is a response to emotional pain, a dysfunctional way of trying to deal with stress and the conflicts of life. Binge Eating Disorder has recently received increased attention from both a clinical and research perspective (Szabo, 1998b: 117).

An article in *Career Success* (Anon, 1993:19) reports that binge overeating can complicate the treatment of conditions such as hypertension and diabetes.



This report further states that binge overeating and similar eating patterns require specialised treatment and continuous monitoring with intervention at clinical, nutritional and psychological levels.

#### **2.4.4 CONCLUSION**

In view of the dangers that AN, BN and BE exhibit it is therefore pertinent that these eating disorders are discussed. These eating disorders are considered rare on the African continent; however research is suggesting that more cases of these disorders are developing among black females as well. South Africa provides an important window on the emergence of eating disorders. The dramatic political transition and the ascendancy of majority rule has been the centre of a dramatic political and cultural transition. Szabo *et al.* (1995) alluded that the change has been momentous for the black population, who not only experienced new political freedom but also dramatic challenges to their own sense of cultural and personal identity.

In the traditional African culture a plump body is appreciated and accepted. In traditional Zimbabwe, fatness is seen as a sign of success. It has been proposed that compared to white women, black women adopt a larger ideal body size, report greater body image satisfaction and are more accepting of being overweight, experience less social pressure about weight and are therefore less likely to aspire to thinness and diet than white women (Striegel-Moore *et al.* 1995:60).

For black women, these attitudinal, motivational and behavioural characteristics have been implicated as protective factors for AN and BN, eating disorders where dieting may be a central risk factor. In response to ideals of female beauty, it now appears that black women too view thinness as acceptable. The danger of this ideology is that a drive for thinness can lead to problematic eating patterns such as self-starvation, binge eating and purging which are symptoms of eating disorders such as AN and BN (Striegel-Moore *et al.* 1995:60)

Williamson (1998:61) suggests that race, class and exposure to a dominant culture may play a role in the development of eating disorders.

## **2.5 FACTORS CONTRIBUTING TO BODY PERCEPTION**

### **2.5.1 SOCIO-CULTURAL FACTORS**

Culture is an anthropological term, which defines a complex set of knowledge, behaviours and customs. Edwards (2000:49) quotes Helman (1994) who views culture as:

*“A set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment.*

*It also provides them with a way of transmitting these guidelines to the next generation, by the use of symbols, language, art and rituals”.*

Socio-cultural influences operate in two ways on body image namely via creating a culture where slimness is valued, and by reducing perceived control over the environment. Both of these influences seem to be more powerful to women than men (Dolan & Gitzinger, 1994:45).

From the literature, it appears that preference for a specific female body shape or size is learnt in social and cultural contexts. Cultural differences exist in standards of beauty. Therefore, thinness is viewed as unhealthy and unattractive in some cultures.

Research suggests that children learn what is considered attractive with regard to facial beauty and body size within theoretical and cultural context at a very young age (Markey *et al.* 2002:138). These researchers conclude that research consistently suggests that an individual's social-ecological context plays a significant role in the development of perceptions concerning appropriate and desirable body size figures.

Concepts of feminine beauty have varied through history and throughout centuries different body shapes have been selected for and associated with desirable social virtues. Evidence points to women attempting to alter their physical appearance in order to meet the current societal demands (Zahoul, 1996:14).

Dolan and Gitzinger (1994:15) argue that during the last decades a shift towards leanness and thinness for women could be observed in western societies and has been linked to an increase in the prevalence of eating disorders.

Nineteenth century industrialisation and mass production influenced body perception in general for both sexes where slenderness has been associated with sickness and fragility. Many health authorities caution against overeating and excess weight (Hesse-Biber, 1996:25; Bean , 1995:124-125).

The association of thinness with desirable social status is considered one of the most significant predisposing factors to the expression of eating disorders.

This association of thinness especially affects vulnerable adolescents who believe that weight control is synonymous with self-esteem and self-control (Hesse-Biber, 1996:16).

In research studies that asked people what attributes are most indicative of "positive appearance", weight was the key factor. The stakes of physical attractiveness for women are high since appearance, including body weight, affects social success (Hesse-Biber, 1996:14 & 29).

Body weight is an important aspect of appearance, affecting young women's sense of social and psychological well being. Women's bodily focus arises from discussions with friends, interaction with family, social groups and external messages.

Thompson (1994:40) agrees that girls are bombarded with complicated ideas about their bodies, not just within their families or through pressures in their communities but also schools and churches play a vital role.

It is reinforced by the everyday practices that make the body central to the identity as a female, for example clothing, hairstyle, makeup, walk and gesture (Hesse-Biber, 1996: 59).

Contemporary western culture seems to favour a thinner figure as thin people are often regarded as having a favourable personality and other positive qualities as opposed to fat people (Heaven, 1996:64).

According to Bean (1995:124) and Stephens, N., Schumaker, J. & Sibiya, T. (1999: 153) most women in the western world have a distorted body image because of the value that their culture places on extreme thinness. Most women spend a lifetime in pursuit of a leaner and lighter body. According to the above researchers, diet and exercise combined with a distorted image can lead to obsessive preoccupation with weight and calories and eventually lead to disordered eating.

A variety of external agencies shape adolescents' attitudes about weight control. Females, as Heaven (1996:67) observes, appear to be strongly influenced by television, magazines, friends and family members.

Change occurring during the adolescent period has been hypothesised to contribute to dieting practice in girls where increase in body fat in puberty is associated with an increased desire to be thinner (Szabo, 1998a:120).

Numerous researchers report that girls' problems with weight, body image and eating are linked to the onset of puberty, which brings a 20 to 30% increase in body fat. Though it is critical to maturity and reproduction, many young teenagers regard this normal increase with horror (Hesse-Biber, 1996:101, Striegel-Moore *et al.*, 1995:60).

The ideal image comes from the social group and what is valued in one group, for example wealth, becomes a value that influences how women see themselves. Maloney and Kranz (1991:2) state that in most cases girls get a

lot of mixed messages when it comes to food, dieting and body shape. Even if a woman is at a weight that is perfect for her, it is easy to feel like a failure if she is comparing herself to a movie star or a cover girl in a magazine.

Most women accept society's standard of beauty as "the way things are" even though they see that these standards may undermine self-images and self-esteem or physical well being.

Hlengiwe Mdletshe, a dietician from King Edward VIII hospital, Durban writes:

*"In South Africa, consumers in pursuit of the perfect body spend millions of rands on slimming programmes, exercise equipment, cosmetics, fashionable clothing and various forms of surgery (such as breast implants and liposuction) in order to look good. In our driven society, looking good is regarded as the reward of working hard enough, exercising long enough and restricting your food intake sufficiently. The 'ideal body' has a symbolic connotation too: competence, success, self-control and acceptance, as well as sexual attractiveness, while fatness (obesity) represents laziness, self-indulgence and lack of willpower" (Gidish, 2002:104).*

A study by Hooper and Garner quoted by Sheward (1994:12) of black, mixed race and white adolescent females at private schools in Zimbabwe found bulimic tendencies to be the strongest among mixed race pupils, while pursuit of thinness was evident among all three race groups. The competitive academic environment in these schools and the socio-cultural changes in

Zimbabwe might explain the emergence of westernised attitudes toward body shape among black pupils (Sheward, 1994:13).

While eating disorders are multi-determined, Sheward (1994) points out that socio-cultural factors, in particular, have been implicated, among them the pressure to be thin and successful.

*“Society has long dictated ways for women to alter their bodies to achieve unnatural beauty ideals. What society considers as signifying physical beauty varies across time and culture: whereas in the past being black and fat was beautiful, right now in South Africa, due to the reigning Westernised body ideal, we have many black women who are literally dying in their quest to be thin” Gidish (2002:102).*

In summary, literature suggests that an individual's social context plays a significant role in the development of perceptions concerning an appropriate and desirable body figure.

### **2.5.2 FAMILY / PEER INFLUENCE**

Parental influence, both direct (e.g. explicit dialogue) and indirect (e.g. modelling) has been implicated in children's development of ideas concerning what constitutes an “ideal” female figure. Peers influence children's understanding of “appropriate” figures, and as early as preschool children exhibit aversion to overweight individuals (Markey *et al.* 2002:138). Parents



play a vital part in shaping their children's attitudes to diet and body image. Psychologists, according to Bean and Wellington (1995: 128) and Markey et al. (2002:138), have found that mothers with a poor self-image and preoccupation with dieting, weight or fitness can leave a legacy of food and weight obsession to the next generation.

According to Crook (1991:48), Western society has a strong prejudice against fat and people who are fat. This prejudice starts during kindergarten where children are taught by their parents that "fat is bad" and admonish them not to get fat.

Factors such as social class, parental age, and family composition are often seen as possible aetiological factors as they may influence the child's rearing or attitudes to food (Szmukler, G., Dare, C. & Treasure, J., 1995:156). Parents, siblings, peers and even family doctors and diet clubs are important "guides and gurus" in the process of body watching. Some teenagers believe family members and schoolmates who say they are too fat to be loved, too ugly to be wanted, too fat to be successful and most parents accept the social axiom that life will be easier if women are slim (Crook, 1991:13 & 21).

### 2.5.3 MEDIA INFLUENCE

The primary aim of mass media is to promote the consumption of ideas and goods where personal identity is closely linked with consumer behaviour. Most people derive satisfaction and security from the social acceptance bestowed by the attainment of ideal cultural standards that are promoted via mass media (Dolan & Gitzinger, 1994:46). Media influences on identity formation, body image concerns and a theoretical perspective drawn from the field of social psychology, might explain eating problems in women.

**Social identity theory**, which suggests that self-image is made up of personal and social identity. The latter is gained via identification with one or more social groups. A more positive social identity is associated with the increasing social desirability of the group of which one is a member. The media presents images that promise or imply social acceptance for thin females, thus rendering this body type highly responsible.

**Social learning theory** focuses on the powerful influence of role models on the development of gender-related self-identity during childhood and adolescence. As Botta (2000) noted, media presents role models which adolescent girls use in their search for self identity. These media images are appealing because they offer a relevant focus for adolescent anxieties concerning the dramatic bodily changes during puberty. The mass media presents an ideal body type for women and image-sensitive adolescent girls experience pressure to conform to that ideal.

**Social comparison theory** suggests a need to use others as a source of information about social phenomena in order to evaluate one's abilities and attitudes. Social comparison theory might explain how women use media images as a source of reference in evaluating their own body image. The media's use of thinness as the ideal standard of bodily attractiveness of women is likely to cause dissatisfaction and anxiety in the large number of women whose bodies do not match this ideal (Dolan & Gitzinger, 1994:46).

Numerous researchers such as Botta (2000:144); Abraham and Jones (1992:2); Maloney and Kranz (1991:1) and Dolan and Gitzinger (1994:45), argue that media messages are among the important factors that affect body image disturbance. Teenagers are particularly susceptible to media and group pressure and some consciously vary their eating habits in order to control their weight.

Given the emphasis in the media on being attractive and on "having a beautiful body" it is perhaps not surprising that some teenagers may feel pressurised into modifying their eating habits so as to emulate well-known idols of popular culture.

Some teenagers may equate success with having that elusive "perfect body shape" and may therefore adjust their food intake in the hope that they too might acquire attractiveness and popularity (Heaven, 1996:64).

Women magazines have shown slimmer, trimmer bodies as a sign of deliverance from depression, food addictions, self loathing and a tortured sense of self as “re-formed” stars return to be sirens in the glamour market. The regimes of diets and exercise to attain these forms are not seen as torture but healthy discipline.

Women’s magazines with glossy pages of advertising, and beauty advice hold up an especially devious mirror. They offer to “help” women while presenting a standard, which is nearly impossible to attain (Hesse-Biber, 1996:32).

Models, fashion bosses and members of the media met in London in June 2001 to discuss the pressure on young women to be slim. According to the then UK Minister of Health:

*“Our research with young women shows that one of the most important issues for them is how they feel about their bodies, particularly the pressure they feel to be thin”.*

Jowell states that young women feel “second rate” because they cannot match the thin ideal that they often see in the media. Jowell further raised her concerns that girls may not be fulfilling their potential because of their lack of confidence about themselves and suggested that this was an important issue that needed to be tackled. (Anon: 2000a: 13).

Jowell concluded by stating that for many young women poor body image could lead to low levels of self-esteem and for some it was far more dangerous, leading to eating disorders and other forms of abuse.

Capitalism and patriarchy most often use the media to project the culturally desirable body to women. These images are everywhere on television, movies, and billboards and in print. Moe (1991:21) reports findings of a study on body type on television, which indicates that close to 90% of television characters are thin or average in body build. According to this article television tend to make fun of fat people, and fatness is associated with laziness and clumsiness.

Media often symbolizes success, happiness and self-control by thinness, while fat on the other hand is equated with ugliness, lack of discipline and misery (Bean , 1995:126).

The media that reflects and promotes cultural beliefs and values is believed to influence youth's preferences of thin female figures by exhibiting myriad underweight female models (Markey *et al.* 2002:138).

Eating disorders victimize some of the same media personalities that young women and men admire. A typical example is the deceased Princess of Wales (Diana), who suffered from Bulimia (Anon, 1998:104).

Szabo (1998a:117) cites Gordon (1990) and Garner (1997) who argue that contemporary urban society in the western world is one characterized by tremendous concern related to diet and physical appearance and the media appear to fuel such concerns.

Szabo (1998a:117) argues that perusal of any glossy, women oriented magazine will probably yield at least one, if not more, article extolling the virtues of some or other dietary regimen, within the context of weight reduction. He states that this is a highly prevalent pursuit and the dieting industry attests to this.

The influence of media in the form of television and women's magazines are especially identified as problematic as female models are portrayed in these media as realistic and accurate representations of actual women, rather than meticulously crafted and manipulated images (Zahoul, 1996:15).

An article by Khumalo (1995:114) states: "the western ideal links beauty with thin, while images in the media reinforce the idea that to be happy and successful in both money and love one has to be thin". Concern with body size and its relationship to aesthetic standards according to Gerhardt (1988:7) has a long tradition. The standards of what is considered beautiful by the majority are culturally bound and western society dictates a norm of slimness, that is almost obsessive.

Messages promoting the thin ideal may be particularly potent for adolescents who become more vulnerable to media as they seek outside information to form a self-identity. Mass media has a direct impact on adolescents' concept of an ideal body and on their image. According to Botta (2000:145) there is a relationship between media, body image disturbance and eating disorders. However, the complexity of the relationship remains unclear, particularly because the published studies mostly involve white women.

Botta (2000:147) notes that adolescents turn to television to find images of those they want to look like. These adolescents compare themselves to television characters and are motivated to act on the discrepancies they perceive as the result of those comparisons.

Botta (2000) reports on the study conducted by Heinberg and Thompson in 1992. Social comparison theory was used as an approach to the effects of others' appearance on body image and eating disorders. For the 189 female undergraduates surveyed, celebrity comparisons were significantly linked to increased body dissatisfaction, drive for thinness and bulimic behaviours.

Botta concludes that as more thin images of black women pervade the media, more African Americans will have thin ideals for comparison, regardless of whether or not they identify strongly with white culture.

While popular literature and the media perpetuate adolescents' concern about weight, many adolescents could be greatly influenced by the public health

promotion of weight loss (Balentine *et al.* 1991:392). The mass media portrays this image to women, while the beauty industry does its bit with the promise of achieving that image through the purchase of wonder products or cosmetic surgery. As a result, women have become casualties of technology in that their looks are fabricated and their bodies objectified (Gidish, 2002:104).

From the literature reviewed it appears that the media has an effect upon women's self and body image. Eating problems appear to be a manifestation of the conflicts surrounding the development of women's psychosocial identity in a society where female identity is linked substantially to body image and appearance, and where non-thinness among females is considered undesirable. These conflicts render some women particularly sensitive to media images that portray thinness as desirable especially if they already have a reason to be sensitive about their body size (Dolan & Gitzinger, 1994:48).



## **2.6 PAST RESEARCH ON BODY PERCEPTION AND EATING DISORDERS**

This section will review literature on studies conducted on body perception among adolescents. Both national and international studies will be viewed, particularly on black adolescent females.

### **2.6.1 MOE'S RESEARCH**

Moe (1991:34) gives statistics on research that studied girls' and boys' attitudes towards their bodies. The study revealed that almost 100 % of these studies show girls wanting to be thinner and boys wanting to be heavier. A study of thousand high school students showed half of the girls wanting smaller hips, thighs or waists. While boys worried about being underweight, 70% of the girls wanted to lose weight, yet only 25% of the girls were actually overweight. Moe further noticed that while boys are expressing their competitive natures through sport and games, girls are often competing through weight and physical appearance.

Studies of preschoolers, as Moe (1991) reveals, have shown that even at that early age being pretty is considered important. Girls as young as five years old are already worried about gaining weight. Moe gives shocking statistics that shows that in some schools 80% of fourth grade girls are already "dieting". No further report is given on this study.

### **2.6.2 DAVIES' RESEARCH (South Africa)**

Davies conducted a study during 1995 that investigated body figure preferences, attitudes and behaviours related to eating and body weight. The sample consisted of 125 white pupils and 61 black pupils in three high schools (private, state and community) in urban and peri-urban Gauteng, South Africa. The average age of the black learners was 16 years. The schools represented a variety of socio-economic environments.

The community school was not racially integrated but the other two schools were. The subjects were Grade 10 and Grade 11 female learners from these three schools.

The findings reported black and white learners having similar ideals and levels of discrepancy between their actual body figures and their ideal figures, but black learners showed greater tolerance of body of different figures, both thin and fat. Despite this increased tolerance, however, their scores on the Eating Disorders Inventory were similar to those of the white learners and exceeded white learners on perfectionism and maturity measures. Average weight of the black females was 59.2 kg.

These findings were contrary to expectations by Davies that private school pupils would show the most disordered eating and weight concern. The study had a number of logistical limitations according to Davies (1995:78), especially the small size of the black sample and possibly also the lack of

socio-cultural variation among black pupils in particular. A further limitation was that sampling was non-random and this raised doubts about the general use of data in either race group. These findings suggested that learners in more disadvantaged school environments are weight concerned and could be at risk of disordered eating. These findings confirm the need to explore this area further.

The limitations of the study, according to Davies (1995:47), include the reliance on a self-report questionnaire without follow-up interviews on high scores to establish actual cases of AN and BN. This means that only rough estimates of prevalence were obtained. Secondly, the students' estimates of their weight and height may be inaccurate, which would confound the findings based on the Body Mass Index (BMI).

### **2.6.3 STRIEGEL -MOORE *ET AL*' S RESEARCH**

Striegel-Moore *et al.* (1995) conducted a study, which compared drive for thinness among 613 black and white pre-adolescent girls aged 9-10 years in Washington D. C. Instruments used in the study included a drive for thinness scale, a criticism about weight scale and a self-perception profile for children. Black girls reported a significantly greater drive for thinness than white girls. Eating Disorder Inventory was administered to measure preoccupation with weight and dieting. To understand factors which are associated with drive for thinness in black and white girls, a hierarchical linear regression predicting drive for thinness was calculated for each racial group. Results showed that

nine and ten year-old black girls reported a significantly greater drive for thinness than white girls.

#### **2.6.4 SZABO ET AL'S RESEARCH (South Africa)**

In their research Szabo *et al.* (1995:588) presented three case reports documenting the existence of eating disorders in young black African females. All three patients had either received or were currently receiving higher education and one in particular had begun drastic restriction of food intake in preparation for exams. These researchers indicate the rise in the extent to which eating disorders are culture-bound and to which culture they are bound. The report suggested that black patients with eating disorders seem not to differ in terms of presentation from their white counterparts. However, the limitation of their study was that while certain features of eating disorders are common, the absence of any large-scale studies exploring this in further detail means such observations cannot be considered significant.

About two years after the three case reports, Szabo and Hollands (1997) conducted a preliminary study of abnormal eating attitudes among secondary school girls in Gauteng. The sample consisted of 213 females in grades 8 to 12.

The aim of the study was to provide preliminary data on the extent of the problem among an at-risk population in general and among black female South Africans in particular. According to Szabo and Hollands (1997:524)

abnormal eating attitudes are associated with eating disorders and may reflect the presence of sub-clinical or pre-clinical forms of eating disorders.

Socio-economic status of participants, prevalence of dieting and the fact that private schools have been racially diverse for a longer period of time than government schools in South Africa were considered important in their study.

These are considered imperative as they might enhance the effect of exposure to western culture on black learners, with greater assimilation of values hypothesized to influence the onset of eating disorders in ethnic groups not typically associated with these conditions.

Their study apparently was the first attempt to provide epidemiological data on the prevalence of abnormal eating attitudes. The report highlighted the existence of such attitudes in a non-clinical sample of black South African schoolgirls. The overall prevalence of 37% was of interest because among black learners abnormal eating attitudes were more common than among their white counterparts. Despite the emergence of clinical eating disorders in South African blacks, the finding was unexpected. When comparing the total black and white sample, there were no significant differences in either BMI or Eating Attitude Test (EAT) scores. However, the black sample had both a higher mean BMI and EAT, with black learners scoring significantly higher on the EAT than their white counterparts. These findings, according to Szabo and Hollands, could imply that black learners in the sample have more disturbed eating attitudes than white learners.

Szabo *et al.* (1995) reveals the first report of cases involving black females was published in 1995, yet sporadic case reports of black African females from elsewhere in Africa had appeared in the literature throughout the 1980s. Szabo, quoted by Sorour-Morris (1998:16), argues that within the South African setting, higher or equivalent ratios of abnormal eating attitudes have been detected for black samples compared to white samples.

Szabo and Hollands (1997:524) report that by 1997 it appears there were no systematic studies of the prevalence of abnormal eating attitudes in South African schoolgirls. However the prevalence of eating disorders at certain universities was studied, although not reported in detail.

According to Szabo and Hollands (1997:524), of specific concern within the South African context is the emergence of these conditions among the black population. Subsequent to the three cases reported by Szabo *et al.* (1995:588-589), Szabo and Hollands (1997) report that an increasing number of black schoolgirls have been treated at the eating disorder unit at Tara, a psychiatric facility in Gauteng, all diagnosed with bulimia nervosa. While no black patients with these conditions had ever been documented or reported in South Africa before the 1980's, there are now several clinical cases.

Szabo (1998a:120-122) points out that local and international studies have established that approximately 20% of urban adolescent females have significant weight and shape concerns. He argues that such concerns may constitute prodromal features of actual eating disorders. The role of societal

value systems in the development and proliferation of weight and shape concerns needs to be acknowledged. He concludes that eating disorders constitute a significant risk to the health of many adolescents.

### **2.6.5 SHEWARD'S RESEARCH (South Africa)**

Sheward conducted a study during 1994 to establish the prevalence of eating disorders and disordered eating patterns in a sample of 715 university students between the ages of 17 and 38 years.

The aim of the study was to investigate the presence of eating disorders in African and coloured students, and to establish the extent of body shape dissatisfaction in the same sample of students. The study was conducted in the Western Cape, South Africa.

The findings indicated higher prevalence of disordered eating cases among African students. A disturbingly high prevalence rate of 20% for African females in disordered eating was found. On the body shape questionnaire, 24% of females indicated significant body shape and weight dissatisfaction. Even though African females scored relatively lower than other females in the study, their level of body shape dissatisfaction is fairly high.

Eating disorders seem to be apparent in developing countries. Sheward observes that there is a negligible difference between ethnic groups regarding the increase of BN in particular. A substantial proportion of female students

from all ethnic groups seem to be at considerable risk of developing eating disorders. (Sheward, 1994:46).

Quoted by Sheward (1994:10), findings by Buchan and Gregory (1984) indicate that an early case history of Anorexia in young black women from Zimbabwe gave evidence of recurring cultural displacement.

The findings of Furnhan and Alibhai, are cited by Sheward (1994:12) to indicate that Kenyan Asian women favoured larger figures, but their compatriots who had been living in Britain for four years or more favoured body shapes even thinner than those favoured by British women.

#### **2.6.6 ZAHOUL'S RESEARCH (South Africa)**

Zahoul conducted a study during 1996 on prevalence of eating disturbances among the South African university population, a study similar to that conducted by Sheward in 1994.

The aims of the study were to analyse the actual body weight of subjects and to investigate whether self-perceptions of body weight differ among female and male students of different race groups. Secondly, to ascertain the prevalence and presentation of disturbed eating symptoms in female and male university students of different race groups.

The sample comprised 1105 students from the University of Witwatersrand, the University of Natal and the University of the North. Approximately two thirds of the black and white samples were females (61% and 68%



respectively). The majority of black, Indian and white subjects were of average weight relative to their heights with the percentage of underweight Indian subjects being higher than the corresponding percentages of blacks and whites.

Instruments used in this study were the Demographic Questionnaire, the Eating Attitudes Test (EAT) and the Bulimic Investigatory Test, Edinburgh (BITE). The results showed that the majority of males in each race group have an accurate weight perception. The trend in women was different, with the minority of Indian and white females and less than half of black females having accurate weight perceptions.

However, most overweight women assessed themselves as such (89% of overweight black women and 100% of overweight white women regarded themselves as overweight). Approximately 40% of black and Indian female students had unrealistically high perceptions of their weight compared to almost 60% of white females. The prevalence of eating disturbances was the highest amongst whites, followed by black women and lastly Indians.

#### **2.6.7 EDWARDS' RESEARCH (South Africa)**

Edwards (2000) conducted a descriptive exploratory study of the body image of the young African female adult in an urban South African context. The target group for this study was post-matriculate females between the ages of 18 and 23 years. The participants fell into two categories according to their age. The younger group consisted of 18 and 19 year olds, and the older group

consisted of 20-23 year olds. The sample used for the data analysis consisted of 74 female students from University of Port Elizabeth. More than three-quarters (79.7%) of the respondents were Xhosa speaking, and therefore classified as blacks.

The result showed that in terms of real and ideal selves, 46% wanted to look like the body sketch most closely portraying the mesomorph (a very thin body shape). Approximately 32.9% of the respondents chose celebrities as role models, which can indicate the influence of media and one third of the sample accepted the women portrayed by media as female ideals.

#### **2.6.8 BALENTINE *ET AL*'S RESEARCH**

Balentine *et al.* (1991:392-395) conducted a study in Alabama, United States of America, among low-income black adolescents who perceived themselves as having either Anorexia, Bulimia or both. The aims were to identify the behaviours more common to those who thought they had the disorders by age group and gender, and to compare the actual and perceived body weight as well as dieting practices of these individuals.

For the relevance of the current study only the section dealing with actual and perceived body weight will be reported. The target population consisted of students in four Alabama public school systems, two rural and two urban. All students in grade 7-12 were asked to complete questionnaires. The sample comprised 1,930 students.

Students were assigned to one of three weight classifications by using their actual weights and heights that were compared with data from the National Center for Health Statistics (NCHS) based on weights for heights, gender and age.

For the purpose of data analysis the expected weight range was defined as the weight  $\pm$  5 pounds at the 50% for height, gender and age. Weights or heights not at 50% were classified as 10% under or 10% above the 50%. In addition to actual weight classification, perceived weight classification was determined by asking students to indicate whether they thought they were underweight, overweight, or within five pounds of expected weight.

When the actual weights of the students were compared to NCHS data, most students with or without self-reported eating disorders, 61% and 52% respectively, were within their expected weight ranges. Those with self-perceived eating disorders were more likely to weigh more than 50% of weight for height than were their peers who did not perceive themselves as having eating disorders.

## 2.7 THINNESS IN THE BLACK CULTURE

The role of physical attraction in African culture is important. In traditional African culture broad hips, a well developed body and a fuller figure are acceptable. A man must be tall and well built (Pauw, 1994:22). An article by Khumalo (1995:113) reports that African men dispute a slender, skinny body and prefer women of substance, women of abundance, women with flesh (Gidish, 2002:102).

In their study Szabo *et al.* (1995) compared Hong Kong female inhabitants with South Africa, both countries representing an intermediate between western and developing countries. They found that Chinese women are more tolerant of fatness.

Szabo (1995) reported that the pattern of body weight distribution among females from typical developing countries is changing. The pattern of eating disorders beginning to emerge in Hong Kong may serve as an indicator of what happens when traditional people follow western eating patterns.

Among urban affluent black Zimbabweans, a degree of fatness is tolerated. However, in traditional Zimbabwean society fatness is equated with success and is not perceived as unattractive.

Numerous researchers have proposed that compared to white girls, black girls adopt a larger ideal body size, have greater body image satisfaction and are

more accepting of being overweight. Black girls experience less social pressure about weight and therefore are less likely to aspire to thinness and to diet than their white counterparts (Williamson, 1998:67; Striegel-Moore *et al.* 1995: 60).

It may appear therefore that most of the available research on eating disorders operates under the assumption that Black women do not fear fat. Eating disorders among black adolescents appeared to have been minimal, due to the fact that little research has focused on this group, especially among the low-income population (Balentine *et al.* 1991:393).

However, as our society becomes more homogeneously westernized, it appears as if increasing numbers of black South African females are likely to present with symptoms of eating disorders.

Research studies conducted in the late 1980s and 1990s confirm that the culture of thinness is spreading beyond the white middle class. There is an "increasing affluence among some blacks, and their access to traditional white middle class values, and the homogenisation of lifestyle and priorities, perhaps as a result of increasing influence of the media, have finally penetrated the black culture; the young black female (and male perhaps) is getting fatter and is becoming more concerned about her fatness" (Hesse-Biber, 1996:109).

By 1993 there was no formal research that existed to document the number of school-going children who were dieting, starving or vomiting, although schoolteachers confirmed that many girls spent their breaks over toilet bowls throwing up (Lampert-Kemper, 1993:98).

Eating disorders such as BN and AN have laid claim to the bodies and minds of white South African women. Now, as our social milieu changes, these destructive eating disorders are slowly but surely counting young black women among their victims. Khumalo (1995:114) agrees that recent studies have revealed that eating disorders are now affecting more black women worldwide.

Quoted by Moe (1991:5), Maya Browne in *Essence* (June 1993) states that most people believe black women do not suffer from eating disorders, but the truth is that a growing number of black women are living in the secret and dangerous worlds of AN and BN. Helgo Schomer, a psychology lecturer at UCT, writes:

*"The more we become culturally fused and the more African women adapt their lifestyle to a white, western orientation, the more they are going to fall in line with patterns of disease. There are more young black women now who have abnormal eating habits and abnormalities to food"* (Sorour-Morris, 1998:64).

A Canadian expert, Peggy Claude-Pierre, points that the rise in eating disorders parallels the rise in materialism and is seen mostly in the affluent upper and middle class families. In South Africa, however, the prospects for many of these children have changed, making them susceptible to the eating-disorder scourge. Another psychiatrist who deals with women with eating disorders confirms that although he still treats more white women than blacks, he has seen a marked increase in the number of bulimic black women (Sorour-Morris, 1998:64).

The head of the Kenilworth Eating Disorders Unit in Cape Town, Graham Alexander, emphasizes the struggle young Africans are facing in their ambivalence between the pressure to conform to the western cultural pursuit of thinness and the contrasting African traditional value attached to a fuller figure (Sorour-Morris, 1998:64).

## 2.8 CONCLUSION

Much empirical evidence points to the fact that female adolescents are concerned and sensitive about body weight and body shape. A significant proportion of those classified as of normal weight are dieting or exercising in order to lose weight.

Body dissatisfaction and preoccupation with body shape and size often begins in adolescence and may be promoted by other factors such as peer group pressure, perfectionist personality, media images of thinness and mothers who themselves have a negative body perception. One suggestion is that puberty with its associated physical changes act as a signal in triggering a concern with body perception.

It is therefore not surprising that dissatisfaction with body weight and body shape has been identified among teenagers. A central feature of eating disorders is an extreme preoccupation with weight and body shape. This includes a drive for thinness and an excessive fear of becoming fat.

In addition to low self-esteem, distorted attitudes towards the body and self, as well as feelings of ineffectiveness, may be present.

The drive to be thin can lead to problematic eating patterns such as self-starvation, binge eating and symptoms of the eating disorders.



Recent studies are beginning to show that race, class and exposure to a dominant culture, which denigrates black features and physiques, impact upon body perception among black women and may play a role in the development of eating disorders. Eating disorders are increasing at an alarming rate with recent American studies showing that almost 60% of young people are affected by eating disorders. In South Africa too, local psychologists believe that this figure is not far-fetched.

Research on body perception among black adolescents, especially in South Africa, has been minimal. A limited number of research studies focus on this group, especially among the low-income population. African American as well as South African black females seem to have been excluded from studies, due to the assumption that black community's acceptance of women with fuller shapes protect its women from eating disorder problems.

In view of the dangers of incorrect attitudes towards body perception, this study is undertaken to identify black female adolescent body perception. Furthermore it aims to determine the expressed influence of family and peers and expressed media influences towards a slim body.

## **CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY**

### **3.1 INTRODUCTION**

This study was conducted in the Cape Metropole in 2002. The population for this study was 13 to 19 years old black female learners in high school in grades 8 to 12.

At the time the study was conducted, the grade 12 learners were preparing for the final examination and the principals requested that they should not be disturbed. Therefore the study and results only cover 13 to 19 years old black female learners in grades 8 to 11.

### **3.2 SAMPLING**

The sampling technique used in this study is stratified random sampling. In sampling terms random means that the selection of units for the sample must be without bias, and no person must have a greater chance of being selected than any other person (Garner, 1978:89). Stratified random sampling involves the prior classification of every population into sub-populations called strata.

Therefore, within strata, each unit has an equal chance of being selected. In stratified random sampling, two decisions must first be made: how to select

the important and relevant strata, and whether to use equal or unequal proportions (Garner, 1978: 98).

For this study, the population was 13-19 years old black high school females in the Cape Metropole. Four of the five EMDCs (Education Management Development Centres) in the Cape Metropole were selected as divisions (strata).

There are five EMDCs in the Cape Metropole, namely Athlone, Bellville, Kuilsriver, Mitchell's Plain and Wynberg. The reason why the Bellville EMDC was not selected was because no former DET (Department of Education and Training) schools fall within that EMDC district.

Within the Cape Metropole there are 33 schools with predominantly black learners. These are the former DET schools. The division per EMDC is illustrated in Table 3. 1.

**TABLE. 3. 1 Division per EMDC**

<b>EMDC</b>	<b>NUMBER OF EX DET SCHOOLS</b>	<b>NUMBER OF LEARNERS</b>
Athlone	7	11276
Kuilsriver	16	24074
Mitchell's Plain	9	14880
Wynberg	1	1661
<b>Total</b>	<b>33</b>	<b>51891</b>

The assumption was made that 50% of the 51891 learners were females. Exact numbers could not be supplied by the Western Cape Education Department (WCED). This means that the size of the population was 25 946.

Vermeulen (1998:56) uses Stoker's sample size table indicating the proportion of the sample to population size. According to Stoker, a sample size of  $\pm 3\%$  should be taken for a population of this size. This gives a sample size of about 800.

The number of schools per EMDC selected was more or less proportional to the number of schools within the EMDC. However, practical reasons were also taken into consideration, such as accessibility and homogeneity of learners (i.e. only black learners in the school). Based on the above discussion, five schools were selected.

### **3.3 PROCEDURE**

The WCED was consulted prior to the study. The WCED indicated that principals of the selected schools be approached and asked for their permission. The principal of the school was first contacted telephonically to arrange a meeting with him or her to receive permission to conduct the study at the school.

In cases where the selected school was not available owing to refusal by the principal or the unavailability of the principal to give permission, another

school was selected randomly in the same EMDC. On the day of the meeting with the principal a letter from the Technikon (see Appendix A) was presented and times and days to conduct the study were arranged.

Two classes per grade were selected randomly. On the day of the study, Life Skills educators were assigned to take the researcher to these selected classes and arrange with the educators of the classes concerned. Prior to administration of the questionnaire, their educators introduced the participants to the researcher.

To ensure clarity the researcher explained the purpose of the study to the learners; procedures such as weight and height measurements were explained, and how the questionnaire should be filled in.

The researcher ensured confidentiality of the questionnaire in order to maximise participation and reliability in responses. The researcher remained in the classroom during the completion of the questionnaire.

The researcher and research assistants distributed questionnaires in the classroom. The research assistants were two B.Tech students and were chosen because of their availability during the dates and time of the study as well as their knowledge of the area where the study was conducted.

Measurements for weight and height were taken by requesting respondents to remove their shoes and empty their pockets; the research assistants took

these measurements before the respondents completed the questionnaire. Body mass index was calculated as weight (in kilograms) divided by height (in metres) squared.

### **3.4 RESEARCH INSTRUMENT**

A questionnaire was used to capture the information required in this study. (See Appendix B.)

1. On this questionnaire participants completed their details namely age, weight and height.
2. They also answered questions regarding:
  - Their satisfaction with their current body weight.
  - Whether they perceived themselves to be underweight, overweight or of normal weight.
  - Whether the way they felt about their bodies was influenced by the media.
  - Whether the way they felt about their bodies was influenced by family/peers.

### **3.5 DATA ANALYSIS**

A total of 800 questionnaires was distributed. However, 702 questionnaires were usable and 98 questionnaires were discarded because they were incomplete or the respondents were older than the required age of 19.

The chi-square test was used to test the statistical significance of the differences. The chi-square test was chosen because, according to Borg and Gall (1963:559):

- When scores are dichotomous or in the form of categories, non-parametric statistics should be used to determine statistical significance of the data.
- Chi-square is a non-parametric statistical test that is used when the research data is in the form of frequency counts.
- There are no assumptions about the shape or variance of population scores (i.e. no assumption about normality).
- Chi-square is a test of how much the observed and expected (or theoretical) frequencies in a crosstabulation table differ from one another and whether the differences are statistically significant.

## CHAPTER 4: RESULTS

### 4.1 INTRODUCTION

This chapter presents the results of the study. It includes descriptive statistics of the participants and their body perceptions, as well as the perceived influence of the media and significant others on the body perceptions of the respondents.

### 4.2 FREQUENCY DISTRIBUTION OF PARTICIPANTS

Participants were classified as overweight, normal or underweight based on the Body Mass Index (BMI). BMI is calculated by dividing a participant's weight (in kilograms) by height (in metres) squared (Sciacca *et al.* 1991:162).

$$\text{Therefore, } BMI = \frac{\text{weight}}{(\text{height})^2}$$

The BMI appears to be the most satisfactory measure of relative body weight in the absence of body composition measurements. Bray (in Sciacca *et al.* 1991:162) has established BMI standards for health that indicate acceptable ranges of height-weight combinations. Based on the Bray classification, this study will use the values in **Table 4.1** for the female participants used in this study:



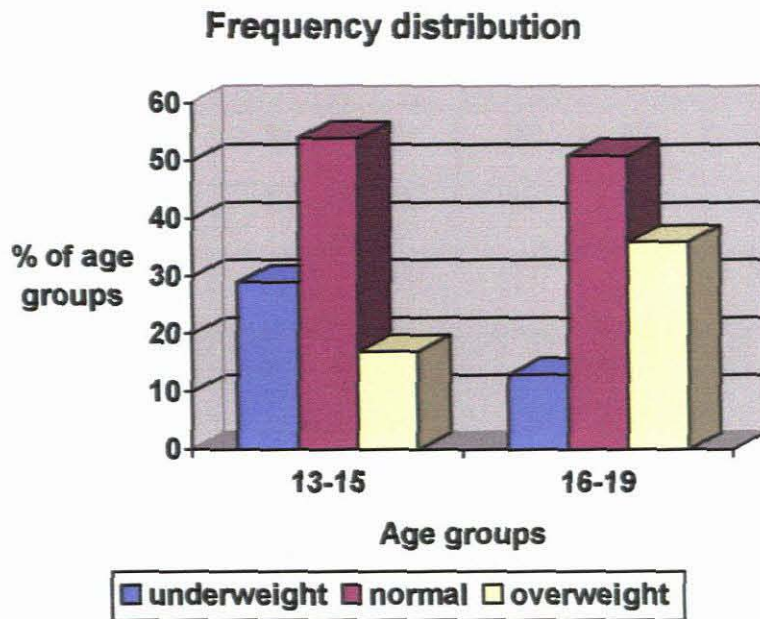
**Table 4.1: Classification according to BMI for females**

BMI weight category	BMI
Underweight	< 19,0
Normal	19,0 – 24,0
Overweight	> 24,0

Table 4.2 and Figure 4.1 indicate the frequencies and or percentages of underweight, normal and overweight participants amongst the 13 to 19 year old females who participated in this study. These values were calculated using the data obtained from questions 2, 3 and 4 from the questionnaire (see Appendix B).

**Table 4.2: Frequency distribution and percentages of underweight, normal and overweight participants.**

Age	Underweight		Normal		Overweight		Total	
	n	%	n	%	n	%	n	%
13-15	68	29	126	54	40	17	234	100
16-19	59	13	240	51	169	36	468	100
<b>Total</b>	127		366		209		702	



**Figure 4.1:** Frequency distribution and percentages of underweight, normal and overweight participants.

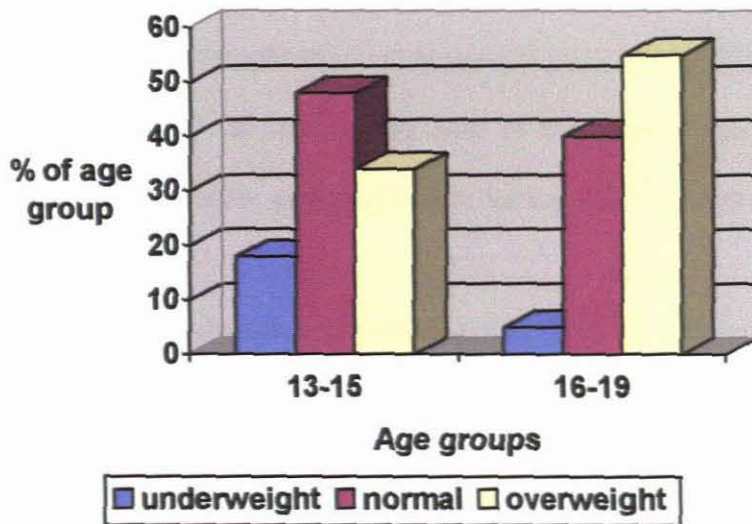
#### 4.3 ANALYSIS OF BODY WEIGHT DISSATISFACTION

Participants were asked to indicate whether they were satisfied with their current body weight (question 5). The results displayed in **Table 4.3** and **Figure 4.2** show the frequencies of dissatisfied participants.

**Table 4.3: Body Weight Dissatisfaction**

Age	Underweight		Normal		Overweight		Total	
	n	%	n	%	n	%	n	%
13-15	13	18	35	48	25	34	73	100
16-19	8	5	63	40	87	55	158	100
<b>Total</b>	21		98		112		231	

**Body weight dissatisfaction**



**Figure 4.2: Body Weight Dissatisfaction**

### **Analysis of Table 4.3:**

When comparing the weight categories within the age groups, there is a statistically significant difference between the two age groups regarding body weight dissatisfaction ( $\chi^2 = 14.16$ ;  $df=2$ ;  $p<0,01$ ). This indicates that there are differences between the expected and observed frequencies and that weight categories and age group are related regarding weight satisfaction, which leads to a specific pattern.

In both age groups, more overweight participants expressed dissatisfaction with their body weight than underweight participants. This difference (55% of the older group as opposed to 34% of the younger group) was much more marked for the older age group than for the younger age group.

### **4.4 ANALYSIS OF PERCEPTION AS BEING OF ABNORMAL WEIGHT**

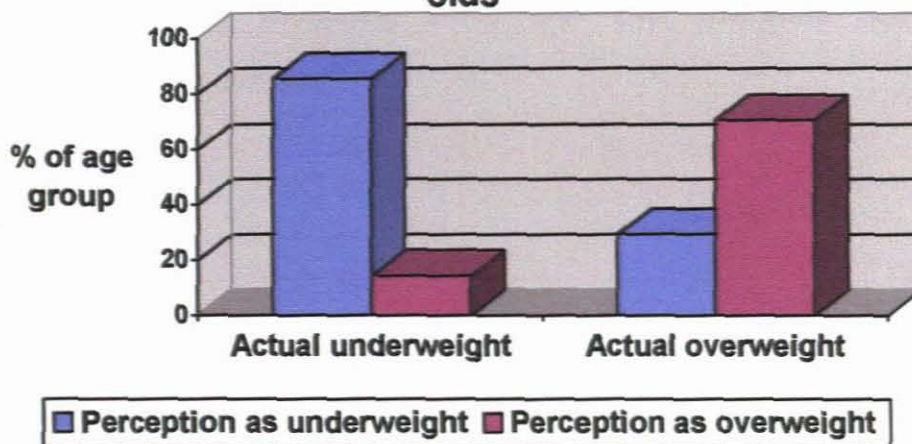
Participants were asked to indicate whether they considered themselves to be underweight, overweight or of normal weight (Question 6).

**Table 4.4 and Figure 4.3** indicate body weight perception of younger participants (13-15 year olds). This data was obtained by selecting from the 13-15 year old participants those in the two BMI categories underweight and overweight, and comparing these with their perceived body weight (underweight or overweight).

**Table 4.4: Body weight perception of 13-15 year olds**

	Perception as underweight		Perception as overweight		Total	
	n	%	n	%	n	%
Actually underweight	12	86	2	14	14	100
Actually overweight	5	29	12	71	17	100
<b>Total</b>	17		14		31	

**Body weight perception of 13 - 15 year olds**



**Figure 4.3: Body weight perception of 13-15 year olds**

**Analysis of table 4.4:**

Among the younger age group there were statistically significantly more underweight participants who perceived themselves as underweight as well as more overweight participants who perceived themselves as overweight ( $\chi^2 = 9.81$ ; df 1;  $p < 0,01$ ).

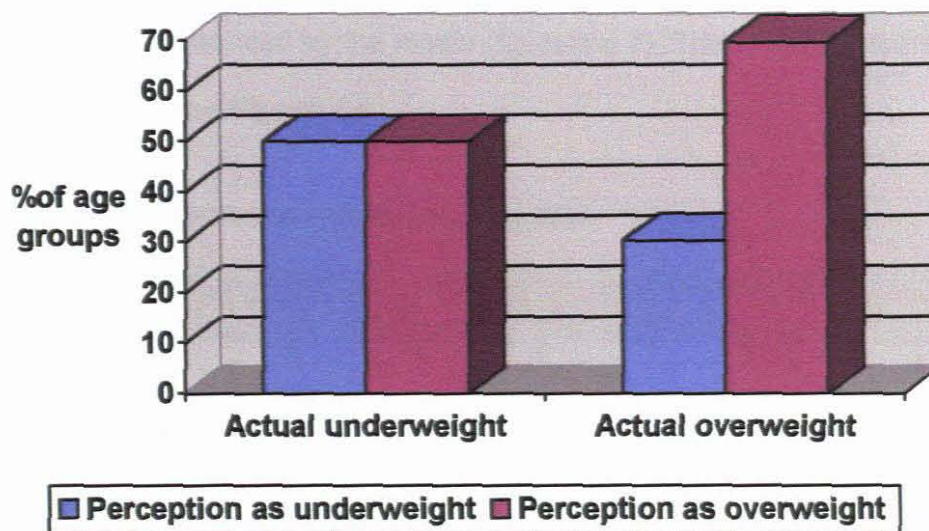
This result is not unexpected however, the exceptions to this - those who are actually overweight but perceive themselves as underweight, and vice-versa, are of concern.

**Table 4.5 and Figure 4.4** indicate body weight perceptions of the older participants (16-19 year olds). This data was obtained by selecting from the 16-19 year old participants those in the two BMI categories underweight and overweight, and comparing these with their perceived body weight (underweight or overweight).

**Table 4.5: Body weight perceptions of 16-19 year olds**

	Perception as underweight		Perception as overweight		Total	
	n	%	n	%	n	%
Actually Underweight	3	50	3	50	6	100
Actually Overweight	27	30	62	70	89	100
<b>Total</b>	30		65		95	

**Body weight perception of 15 - 19 year olds**



**Figure 4.4: Body weight perceptions of 16-19 year olds**

### Analysis of table 4.5:

No statistically significant difference was found in this data. Nevertheless, the very fact that there are a number of participants who are actually overweight but perceive themselves as underweight, and vice-versa, is again of concern.

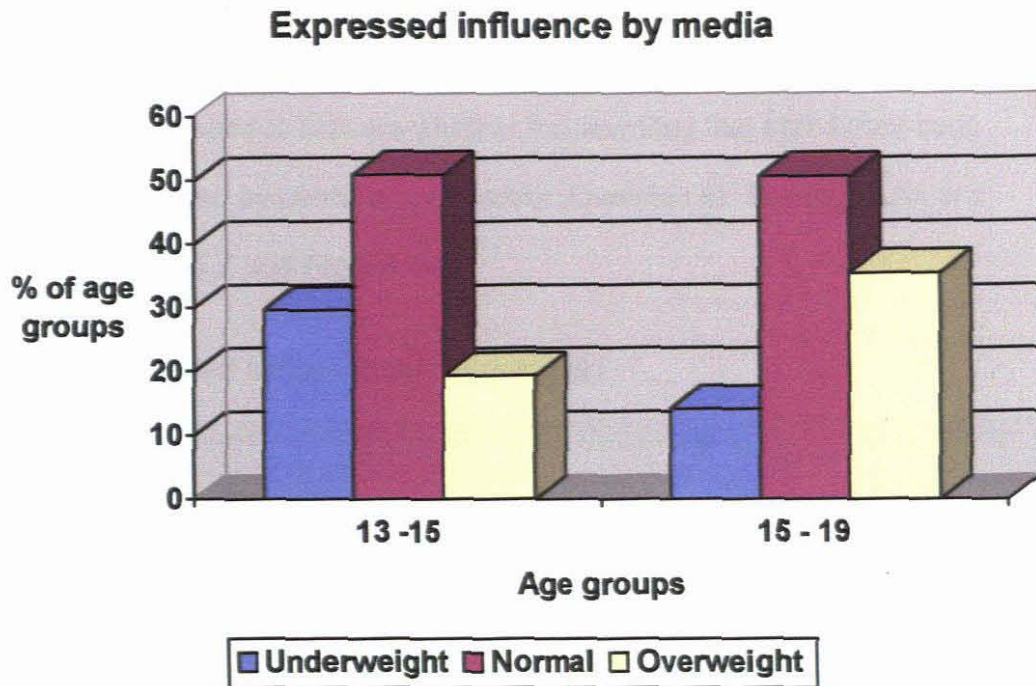
## 4.5 ANALYSIS OF EXPRESSED INFLUENCE BY THE MEDIA ON BODY PERCEPTION

Participants were asked to indicate whether the way they feel about their body shape was influenced by the media (Question 7). These results are displayed in Table 4.6 and Figure 4.5.

**Table 4.6: Expressed influence by media**

Age	Underweight		Normal		Overweight		Total	
	n	%	n	%	n	%	n	%
13-15	43	30	74	51	28	19	145	100
16-19	43	14	155	51	108	35	306	100
<b>Total</b>	86		229		136		451	





**Figure 4.5: Expressed influence by media**

**Analysis of table 4.6:**

There is a statistically significant difference between the two age groups within the different weight categories regarding expressed influence by the media. ( $\chi^2 = 31.57$ ;  $df\ 2$ ;  $p < 0,01$ )

This indicates that age group and weight categories are related regarding expressed influence by the media which shows a certain pattern.

While for the older age group, considerably more overweight participants expressed being influenced by the media than underweight participants, the trend although less apparent, appears to be reversed for the younger age group.

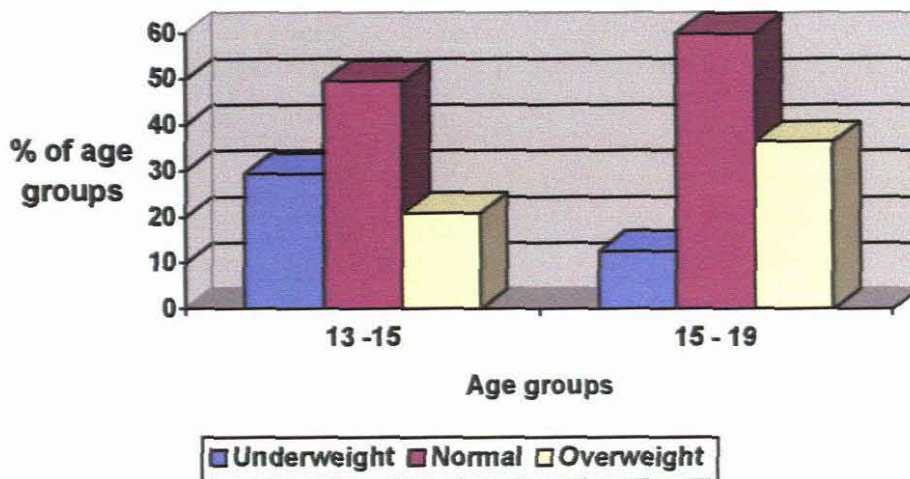
#### 4.6 ANALYSIS OF EXPRESSED INFLUENCE BY PEERS/FAMILY ON BODY PERCEPTION

Participants were asked to indicate whether the way they feel about their body shape was influenced by peers or their family (Question 8). These results are displayed in **Table 4.7** and **Figure 4.6**.

**Table 4.7: Expressed influence by peers/family**

Age	Underweight		Normal		Overweight		Total	
	n	%	n	%	n	%	n	%
13-15	38	29	64	50	27	21	129	100
16-19	33	13	133	51	95	36	261	100
<b>Total</b>	<b>71</b>		<b>197</b>		<b>122</b>		<b>390</b>	

**Expressed influence by peers/family**



**Figure 4.6: Expressed influence by peers/family**

**Analysis of table 4.7:**

Within the different weight categories, there is a statistically significant difference between the two age groups regarding expressed influence by peers/family ( $\chi^2 = 20.05$ ; df 2;  $p < 0,01$ ).

This result is similar to media influence: while, for the older age group, considerably more overweight participants expressed being influenced by peers/family than underweight participants, the difference, although less apparent, appeared to be reversed for the younger age group.

**CHAPTER 5: INTERPRETATION AND DISCUSSION OF RESULTS,  
CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

This chapter presents interpretation and discussion of results, conclusions and recommendations.

The main aim of this study was to determine the body perception of black female high school learners in the Cape Metropole. This was done in view of possible incorrect attitudes towards body perception, which can lead to eating disorders such as AN and BN. The literature study provided an overview of dieting among adolescents, eating disorders, and body perception. Furthermore, socio-cultural factors such as family and media influence towards body perception are considered predisposing factors in the development of eating disorders.

Furthermore, an empirical investigation was undertaken in order to verify certain suppositions.

According to Balentine *et al.* (1991:392) adolescent years are crucial because it is during this time that the young woman's body undergoes rapid physical growth. This is an anxious time for some female adolescents who resort to a variety of strategies including dieting to cope with this physical change.

## 5.2 INTERPRETATION AND DISCUSSION OF RESULTS

### 5.2.1 BODY WEIGHT DISSATISFACTION

#### a) The younger age group:

The results indicate that 18% of the underweight participants in this age group expressed dissatisfaction. These participants indicated that they perceive themselves as overweight (while actually being underweight). They have a real risk of developing AN. This is in line with the literature where younger females tend to develop anorexia while older females are more inclined towards bulimia. Other studies like that conducted by Moe (1991) reported 70% of girls wanted to lose weight, yet only 25% of the girls were actually overweight. Sheward (1994) reported 24% of females indicated significant shape and weight dissatisfaction.

For those of normal weight, according to the Body Mass Index, 48% expressed dissatisfaction with their weight. This result is unexpected, as one would expect these participants to be satisfied with their body weights.

This is of concern because they could be in danger of developing irresponsible eating habits and possibly eating disorders. This result is similar to that found by several researchers such as Sciacca *et al.* (1991:167) and Wong *et al.* (2000) who found that women of normal weight reported experiencing discomfort from weighing too much. It appears that many

females experience discomfort from perceived weight even though in reality their weight is normal for their height.

A total of 34% of the overweight participants expressed dissatisfaction. These results seem to underline the research findings that black women are becoming increasingly aware of their body in relation to western standards and are subject to the same influences and pressures as white women. According to Edwards (2000) it is evident that many westernised influences have an impact on black perception of attractiveness.

#### **b) The older age group**

The 40% participants of normal weight who expressed dissatisfaction is again of concern as this group could be at risk of developing eating disorders. The 50% participants in this age group who were actually underweight, but perceive themselves to be overweight also have a real risk of developing anorexia. The study seems to confirm that the older overweight participants (55%) are more aware and dissatisfied with their weight and body shape. The fact that they might want to lose weight places them at risk of developing the purging type of bulimia nervosa.

#### **c) Comparing the two age groups**

When comparing the weight categories within the age groups, there is a statistically significant difference between the two age groups regarding body weight dissatisfaction with the older group being more dissatisfied. In both age

groups, more overweight than underweight participants expressed dissatisfaction with their body weight. A feeling of dissatisfaction with one's body shape has been found to be the most reliable predictor of eating disorders, a problem most common among females in the 12 to 25 age group (Pine, 2001:520). Young women who are dissatisfied with their weight are prone to chronic dieting and eating disorders (Wong *et al.* 2000).

These results, indicating that 55% of the overweights in the older age group and 34% of the overweights in the younger age group express dissatisfaction, appear to be in line with the study conducted by Szabo and Hollands (1997:529), whose findings reported increased body dissatisfaction with girls from age 13 to 14. According to Szabo and Hollands, age 14 to 18 tend to score higher on the body dissatisfaction of the Eating Disorder Inventory compared to 11 to 13 year olds. This study indicates a trend that the older participants are more aware of their weight and body shape. Dissatisfaction with weight and inappropriate dieting behaviours are reported in the literature to be pervasive among adolescent females (Edwards, 2000:59).

## **5.2.2 BODY WEIGHT PERCEPTIONS**

### **a) The younger age group**

Among the younger age group, 86% of those who are actually underweight perceived themselves as underweight. Furthermore, 71% of overweight participants who are actually overweight perceived themselves as overweight.

This result is not unexpected. These results are similar to those reported by Zahoul (1996) where 86% of women assessed themselves as overweight. This is understandable as this result shows that overweight participants are apparently aware of their weight status. An unexpected finding is that of 29% of actually overweight participants who considered themselves as underweight. One explanation could be that cultural influence plays a role because in African culture a fuller figure may still be more acceptable.

Another concern is that 14% of those who are actually underweight consider themselves to be overweight. In another study by Zimmerman *et al.* (2000:569), 26% of the girls considered themselves too fat. Although the current study prevents one from ascertaining the reason for such a perception, Sciacca *et al.* (1991:166) suggest that individuals who perceive themselves as overweight may be prone to chronic dieting and eating disorders. This finding is similar to that of Sciacca *et al.* (1991) where a significantly higher percentage of women than men considered themselves as overweight.

Furthermore, their findings reported significantly more women in their study than men experienced discomfort due to perceived excessive weight. Though their study reported the proportion of overweight and obese students to be similar, a significantly higher percentage of women than men experienced discomfort due to perceived excessive weight.



Wong *et al.* (2000) observes that adolescent females frequently view themselves as heavier than they actually are.

Pine (2001:520) reports on a study conducted by Fallon and Rozins. They found that early adolescent females desire to be thinner than their current figure. Pine (2001) conducted a study to investigate children's perception of body shape in children between five and eleven years old. Children saw a range of figures from very thin to very fat and were asked which figure they thought was the "nicest shape for a lady (man) to be". Both girls and boys agreed about the ideal male shape, but differed in their perception of the ideal female shape. About 95% of girls selected an ideal female figure that was significantly thinner than that chosen by boys. Girls also reported aspiring to a figure, which was thinner than the one they considered ideal, and this was evident at age seven.

A study was conducted by Truby and Paxton of Surrey University and consisted of 312 young children. Children were asked to identify which body figure was most like their own, their perceived figure and which figure they would most like to have as their ideal figure. The study indicates that 48% of girls selected an ideal body figure thinner, 42% a figure the same size and only 10% larger than their perceived figure. These findings lend support to the view that children develop cultural concepts of desirable physical attributes, particularly relating to body thinness before puberty (Anon, 2002:6).

## **b) The older age group**

In this age group, 50 % of the actually underweight perceived themselves as underweight, and 50% who are actually overweight perceived themselves as overweight. The results show that 30% of actually overweight participants perceived themselves as underweight. As seen previously with the younger age group, culture can have an influence because in African culture a woman of a fuller figure is traditionally acceptable.

It has been proposed that compared to white women, black women traditionally adopt a larger ideal body size, report greater body image satisfaction, are more accepting of being overweight, experience less social pressure about weight and are therefore less likely to aspire to thinness and to diet than white women.

For black woman, these attitudinal, motivational and behavioral characteristics have been implicated as protective factors for anorexia and bulimia nervosa, eating disorders where dieting may be a central risk factor (Striegel-Moore *et al.* 1995: 60).

The 50% of those participants who are actually underweight considered themselves as overweight. This result is unexpected and cause for concern because this group could be at risk of developing eating disorders. However, no statistically significant difference was found in this data. Nevertheless, the

very fact that there are a number of participants who are actually overweight but perceive themselves as underweight is of concern.

A possible explanation could be as seen by Sciacca *et al.* (1991:159) that a distorted body image as reflected by perceived overweight may serve as a marker for individuals at risk of eating disorders. There is a strong relationship between perception as overweight and harmful eating disorders such as AN and BN. The results indicate that 70% of the actually overweight participants perceived themselves as overweight. This result is expected.

### **c) Comparing the two age groups**

When comparing the two age groups, those who are actually overweight but perceive themselves as underweight, and *vice-versa* are of concern. Inappropriate weight perceptions and eating disorders, as observed by Zimmerman (2000: 568), are common among adolescence. According to Szabo (1998a: 119) 50% of adolescent girls are on diet before the age of 15 years. Ages 14 to 16 seem to be crucial for females with respect to change in their perception of body weight.

It appears to be a constant psychological condition for women in general to desire, idealise and perceive as attractive a figure that is thinner than their current body figure.

### **5.2.3 EXPRESSED INFLUENCE BY THE MEDIA**

#### **a) The younger age group**

In this age group, 30% of those who are underweight reported being influenced by the media. If these participants' expression of influence is that they want to be thinner than they are presently then this result is of concern since these participants could be at risk of developing eating disorders. The results indicated 51% of the normal weights expressed influence by the media and 19% of the overweight participants expressed influence by the media.

A possible explanation is influence of media literature; media and advertising images that glorify perfection are seen as contributing to many women's sense of unhappiness about their imperfect human bodies. Media is an important vehicle to transmit contemporary cultural ideals to the general public (Edwards, 2000:4).

Experts writing in the British Journal of Clinical Psychology note that media images, which portray ultra-slim bodies as the most desirable probably influence very young children's desire to be thin (Anon, 2002: 6).

#### **b) The older age group**

In the older age group, 14 % who are underweight expressed influence while 51% of the normal weight expressed influence. Though it is not clear to what

degree the influence is, these results are unexpected and a cause for concern. The results indicated that 35% of the overweight participants expressed influence; again this result is of concern. As discussed in chapter two, numerous researchers argue that media messages are among the important factors that affect body perception. Adolescents are particularly susceptible to media and group pressure and some consciously vary their eating habits in order to control their weight (Botta, 2000:144; Abraham & Jones, 1992:2; Maloney & Kranz, 1991:1).

However, it should be noted that respondents were not requested to indicate whether they had access to television and to what extent they were exposed to magazines and other forms of media. Respondents were merely asked to indicate whether models/celebrities appearing in the media influenced the way they feel about their bodies.

### **c) Comparing the two age groups**

The results show there is a statistically significant difference between the two age groups regarding expressed influence by the media. Both age groups shared similar results for those who are of normal weight.

In the older age group, 35% of overweight participants expressed being influenced by the media as opposed to 19% of the younger age group of overweight participants. It seems significant that a higher percentage of the older overweight participants expressed being influenced by the media. This

could lead to eating disorders such as bulimia nervosa. It also supports the trend that the older overweight group is more aware of the ideal image of thinness being promoted by the media. This trend, although less apparent, appears to be reversed for the underweight participants. Here 30% of the younger group expressed influence by the media as opposed to 14% of the older group. The media, which reflects and promotes cultural beliefs and values, is believed to influence young women's preference for thin female figures more by exhibiting underweight female models (Markey *et al.* 2002:138).

#### **5.2.4 EXPRESSED INFLUENCE OF FAMILY/PEERS**

##### **a) The younger age group**

The results indicate that 29% of the underweight participants expressed influence by family or peers. Again, as seen in the media influence, the limitation of this study is that the factors that cause the expressed influence are not clear. An unexpected finding is that of 50% of the normal weight participants who expressed influence.

This result is a cause for concern because if the influence is that they should lose weight, it could lead to irresponsible eating patterns. The literature suggests that parental influence has been implicated in children's development of ideas concerning what constitutes an ideal female figure.

The results also indicate that 21% of the overweight participants expressed influence. In the western society, there is a strong prejudice against fat and fat people. It might be beneficial for these participants to loose weight, but if this is done without supervision by a health professional such as a dietician, to reach the ideal weight according to Body Mass Index, may cause more harm than good and can lead to the development of eating disorders.

#### **b) The older age group**

The results show that 13% of the underweight expressed influence by family or peers. The results indicated that 51% of the normal weight expressed influence. This result is unexpected because if the influence is such that they should lose weight there is a danger of developing irresponsible dieting, which may lead to eating disorders. Ciliska (1990:10) reports on a survey by "Glamour" magazine of 33 000 women who found that daughters who believe their mothers were critical of their own bodies, showed a poorer body image, greater use of severe dieting practices and a higher incidence of BN. Of the overweight participants, 36% expressed influence by family or peers. Again, as seen with the younger age group, there is danger if dieting is without the supervision of a health professional.

### **c) Comparing the two age groups**

The results show a statistically significant difference between the two age groups regarding expressed influenced by family or peers. This result is similar to the media influence result.

For the older age group, 36% of overweight participants expressed being influenced by family / peers against 13% of underweight participants. The difference, although less apparent, appears to be reversed for the younger age groups. There seems to be a trend that the older age group is more aware and influenced by family and the peer group.

In both age groups, the normal weight participants expressed influence by family / peers. These results are of concern as there is danger that they could be at risk of developing eating disorders such as AN and BN.



### **5.3 LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH**

The literature indicates that girls as young as five years old are aware of their body shape. The current study excluded this age group. Future studies should look at this age group to determine the prevalence of body perception especially among black females.

True cases of AN and BN were not identified in this study since it was not the main objective.

However, in order to diagnose true cases of eating disorders such as AN and BN, clinical interviews and assessments are required in future studies.

Black male views on female body weight/shape were excluded in this study. Future research should include this.

The amount of time spent viewing television and exposure to other media forms should be explored in detail in future research.

Furthermore, the use of body sketches to identify the western ideal female figure versus traditional fuller figure should be explored in depth.

## 5.4 LIFE ORIENTATION

As mentioned in chapter one, this study may assist forward planning by the Department of Education to include a Life Orientation educational programme in the curriculum. The subject and learning area Life Orientation is a study of the self in relation to others and to society. It applies a holistic approach, which is concerned with personal, social, intellectual, emotional, motor and physical growth and development of learners and the way in which these dimensions are interrelated and expressed in life. The focus of Life Orientation is the development of the self in society, and this encourages the development of balanced and confident learners who will contribute to a just and democratic society, a productive economy, and improved quality for all.

Life Orientation equips learners to solve problems and to make informed decisions and choices to live meaningfully and successfully in a rapidly *changing society such as South Africa*. It is *interdisciplinary* as it draws and integrates knowledge, values and skills in various disciplines.

The Life Orientation learning area (LOLA) develops skills, knowledge, values and attitudes that empower learners to make informed decisions and take appropriate actions regarding health promotion, social, personal and physical development.

To respond positively to the demands of the world and assume responsibility, Life Orientation equips learners to engage on personal, psychological, neuro-

cognitive, cultural, socio-economic and physical levels. Life Orientation promotes knowledge, values, attitudes and skills that prepare learners to respond effectively to the challenges that confront them as well as challenges they will have to deal with as adults in order to play a meaningful role in society and economy. It also addresses changes during puberty and adolescence behaviour and attitudes regarding a range of issues such as substance abuse, dietary behaviour and personal safety. The Assessment Standards relevant to this study will be listed on the next page

Learning Outcome	Assessment Standards
<b>HEALTH PROMOTION</b>	<p>Describes what a healthy lifestyle is in personal situation as a way to prevent disease.</p> <p>Demonstrate informed, responsible decision making about health and safety.</p> <p>Illustrates and evaluates the influence of social, cultural factors on own personal choice of diet.</p>
<b>SOCIAL DEVELOPMENT</b>	<p>Critically evaluates changes in cultural norms and values in relation to personal and community issues.</p>
<b>PERSONAL DEVELOPMENT</b>	<p>Analyses and discusses factors which influence self-concept formation and self-motivation.</p> <p>Evaluates media and other influence on personal lifestyle choices and proposes appropriate responses.</p> <p>Explains and evaluates own coping with emotions and own response to change.</p>

(South Africa. Department of Education: Revised National Curriculum Statement, 2002:43-44)

Learning Outcome	Assessment Standards
<p><b><i>PERSONAL WELL-BEING</i></b></p>	<p>Apply various strategies to enhance self-awareness and self-esteem, while acknowledging the uniqueness of self and others.</p> <p>Explain changes associated with growing towards adulthood and describe values and strategies to make responsible decisions regarding sexuality and lifestyle choices in order to optimise personal potential.</p>

(South Africa. Department of Education. National Curriculum Statement, 2003)

What can this study contribute to the Life Orientation curriculum? It is heartening to see that issues highlighted in this study are addressed in the *Assessment Standards of the Life Orientation Curriculum*. The results of this study emphasise the importance of this curriculum, and the attainment of the Assessments Standards.

Educators and curriculum planners of Life Orientation can use the information gathered in the literature study and the research findings of this study to

illustrate the real existence and dangers of incorrect body perceptions and irresponsible eating habits, and to serve as pro-active measures.

## **5.5 CONCLUSIONS**

The ideal female body is viewed by many adolescents and women in general as a requirement for feeling acceptable to themselves and significant others. This view can lead to irresponsible eating behaviours such as self-starvation, binge eating and purging, and ultimately eating disorders such as AN and BN. From the literature, it is clear that factors such as socio-cultural changes and media contribute to the development of these disorders. Studies on eating disorders among adolescent black women have been largely excluded in the literature due to the assumption that their culture protects them from developing these conditions.

This study highlighted however that there are many incorrect body perceptions among black adolescent females. This is a warning sign that *there is an increase in the area of eating disorders among black adolescents* and as such should be taken into serious consideration.

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## **APPENDIX A**

### **LETTER OF CONSENT**



31 May 2003

Dear Sir/Madam

This letter serves to confirm that Bulelwa Naku (student number 9538348) is a student of the Cape Technikon.

She is registered for the Master's degree in Education (M Tech: Education) and is investigating black female high school learners' perceptions of their body image. We consider this a very important study as it attempts to determine whether young people develop wrong body perceptions influenced by the media, friends and family. These in turn could lead to irresponsible eating behaviours which could cause serious eating disorders, such as anorexia nervosa.

Ms Naku is currently busy with her empirical study where learners complete a one-page questionnaire. This should take them no more than 10 minutes.

I will greatly appreciate it if you can assist ms Naku if she approaches you with a request to carry out this survey in your school. She will explain to you all the necessary details. I have contacted the WCED, and they assured me that we can approach schools – school headmasters and/or governing bodies can autonomously give the necessary permission.

Finally, we give the assurance that the survey is completely anonymous – no learners' names will be required.

Thank you very much.



Dr C F Vermeulen

Co-ordinator: Research (Faculty of Education)

## **APPENDIX B**

### **QUESTIONNAIRE**

Dear Respondent

You are kindly requested to complete the questionnaire to the best of your ability. It should not take you more than 10 minutes to complete the questionnaire. All information given will be treated confidentially and **no names** are required

**Instructions:**

Mark with a **cross** or answer in your own words where necessary.

**SECTION A: About you**

1. Name of school: \_\_\_\_\_

2. How old are you?

13 years	14 years	15 years	16 years	17 years	18 years	19years	Older than 19
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3. What is your present height?

Less than 1,4 m	1,4-1,49 m	1,5-1,59 m	1,6-1,69 m	1,7-1,79 m	1,8 m and above
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4. What is your present weight?

Less than 40kg	40-45kg	46-50kg	51-55kg	55-60kg	61-65kg	Above 66kg
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**SECTION B (Body perception)**

5. Are you satisfied with your present weight?

- Yes
- No

6. Do you consider yourself to be presently ...

- Overweight
- Underweight
- Of normal weight

7. Do the models/celebrities you see in the media influence the way you feel about your body shape?

- Yes
- No

8. Do your peers/family influence the way you feel about your body shape?

- Yes
- No

**THANK YOU FOR YOUR TIME AND CONTRIBUTION IN COMPLETING THIS QUESTIONNAIRE.**