Eating disorders in South African schools: a public health crisis that needs immediate intervention

This *South African Journal of Clinical Nutrition* issue opens another window of opportunity for targeted interventions to be urgently implemented that will encourage a positive body image in young South African women of diverse ethnicities. South Africa is a unique multicultural society which comprises various cultural and religious groups. These groups contend with body image dissatisfaction due to the influences of Western culture that stretch far beyond the communities that are traditionally considered to be "Western".[1-4]

Western culture emphasises thinness. Achievement of thin body size status is mostly unrealistic for the vast majority of people without adverse psychological consequences.[2,4] Women who feel that they cannot achieve a thin body size ideal tend to develop a negative body image.[5,6] Negative body image is defined as body image dissatisfaction, brought about by the way in which people perceive their body size, and the way that they feel about it.[6]

A recent national South African survey, the South African National Health and Nutrition Examination Survey-1, demonstrated that the majority of young females aged 10-14 years have a negative body image.[7] To be specific, 68% and 17% of these females thought that that they were fat and perceived their actual body mass index (BMI) to be higher than their ideal BMI. Moreover, 17% had attempted to lose weight. Some had used extreme weight-loss measures, including food restriction and exercising excessively.

The Jewish population forms the minority (0.2%, i.e. 75 000) of the South African population.[8,9] The majority of the Jewish population (50 000) resides in the urban communities of South Africa, and in Johannesburg, in particular, where Western culture is most popular.[8,9] Like other ethnic groups in South Africa,[2-4,10] the Jewish group contends with the same stereotypes, including the idealisation of thinness.[11] In fact, 33% of female learners in grades 8-11 (n = 220) attending a "traditional" Jewish high school in Johannesburg, thought that they were overweight in the study by Visser et al.[11] Sixty-four per cent had attempted to lose weight. What is particularly concerning is that 19.1% of these learners engaged in extreme methods of weight loss, including food restriction and binge eating. The prevalence of eating disorders in this group of learners was shown to be at the upper end (20%), when compared with the rates of eating disorders reported in other studies on white adolescent girls in South Africa, i.e. 18.6%,[2] 20.7%[3] and 21.4%,[10] and internationally (20%).[12] These findings confirm that body image and eating disorders are a cause for public concern in South Africa. It was also concerning that in the study by Visser et al, the educators did not seem to be fully aware of the extent to which eating-related issues affected the female learners, and underestimated the problem in general.[11]

The mechanism of eating disorders is complicated in the Jewish community as it is compounded by the dichotomy between Western culture in which thinness is idealised, and Jewish traditions in which food plays a central role.[13] Therefore, young women who are committed to following Jewish traditions, which revolve around food, but who also want to adapt to Western ideals and to look thin, are at increased risk of developing eating disorders, compared to their non-Jewish counterparts.[14] Only a few people of Jewish decent are genetically predisposed to be very tall and thin.[15] However, growing evidence suggests that societal and psychological influences compel women of Jewish decent strive to emulate unrealistic prototypes in terms of appearance.[12-14] Body image dissatisfaction and distortion are becoming pervasive, so it is becoming even harder for Jewish women to adhere to their traditions.[13]

By contrast, Latzer et al[16] and Gluck and Geliebter[17] found that the level of religiosity in the Jewish community might protect young women to some extent from developing body dissatisfaction and disordered eating pathology. According to Latzer et al,[16] a high level of religiosity is associated with less emphasis on the physical attractiveness of women and less pressure for them to be successful and to achieve outside of the home. Feinson and Meir's[12] research also corroborates these results by highlighting the fact that despite exposure to Westernised norms, it appears that lower rates of eating disorders are observed in adult Israelis born to parents from Muslim countries, and those who are second-generation Israelis, mostly of European ancestry. Feinson and Meir[12] found community cohesiveness and deeply rooted cultural and religious traditions to be protective of negative body image and eating disorders in these ethnic groups.

When considering the evidence presented in this article as a whole, as well as the findings of Visser et al,[11] it becomes clear that interventions are important that encourage young women to develop their ethnical and religious identities, and that these should be implemented in South Africa to counteract the growing epidemic of self-hate and eating disorders. The main issue should be to encourage young women to strive to adopt a healthy, normal body size, i.e. a BMI within 20-25 kg/m^2. Education must start in the school environment and extend to communities and homes. Moreover, young women should be educated to strive to "normalise their eating habits", instead of becoming pre-occupied by "dieting". Simultaneously, they must be encouraged to increase their physical activity, rather than "to exercise". It is possible that the terms "dieting" and "exercise" have a bad connotation in the young community as they are often equated to taking medication.

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