



EDITORIAL

YOUTH AT RISK — DIETING AND EATING DISORDERS: A SOUTH AFRICAN PERSPECTIVE

Within the South African setting various risk-taking behaviours have been studied in adolescents,¹ with a subsequent proposal that a syndrome of adolescent risk-taking behaviour be considered valid in this population.² Recently it was established that urbanisation may be associated with an increase in the prevalence of certain of these behaviours.³ Some of the behaviours studied were violence, substance use and suicidality. Dieting was not included.

The dieting industry has been estimated to generate \$33 billion (approximately R340 billion) annually.⁴ It has been established that 33 - 66% of teenage girls are on diet at any one time and that up to 80% will diet at some point.^{5,6} While dieting may be a benign practice in the case of the great majority of young women,⁷ most teenage dieters are within a normal weight range and for the majority dieting is unjustified.⁸ In addition, it is estimated that 'normal' dieters are eight times more likely to develop an eating disorder than their non-dieting counterparts,⁹ with the prevalence of eating disorders occurring in direct proportion to the prevalence of dieting behaviour in a given community.¹⁰ Longitudinal studies point unanimously to the role of dieting behaviour in the pathogenesis of eating disorders, especially if there is a family history of eating disorder, substance abuse or mood disorder.¹¹ It has been established that dieting selectively impacts on the serotonergic systems of women, but not men.¹² Furthermore, it has been proposed that dieting mediates changes in serotonergic functioning that may play a part in the development of eating disorders.¹³ Aside from an association with eating disorders, dieting has been found to impair cognitive functioning.¹⁴

Eating disorders are conditions characterised by excessive and inappropriate concern regarding weight and shape. Efforts to address such concerns through dietary manipulation ultimately result in dysfunction at physical, emotional and cognitive levels, which subsequently compromises social, academic and occupational capacity. These conditions constitute a specific diagnostic category within psychiatric nomenclature,¹⁵ with two recognised disorders, namely anorexia nervosa and bulimia nervosa, and a third entity 'Eating disorder, not otherwise specified'.

International data regarding the lifetime prevalence of eating disorders demonstrate that these conditions (anorexia and bulimia nervosa) affect between 1.6% and 7.9% of women

of all ages, as well as men (who are significantly less affected than women), with increasing numbers of sufferers emerging from a diverse range of ethnic and socio-economic backgrounds.¹⁵ Within the South African context no meaningful data exist in this regard. A so-called 'prevalence' study of anorexia nervosa in South Africa¹⁶ established that approximately 3% of a sample of high-school girls were more than 20% below their expected weight, which was assumed to indicate anorexia nervosa. The South African literature on eating disorders within a clinical context includes descriptions of anorexia nervosa sufferers,^{17,18} case reports,^{19,21} experimental data,²² as well as outcome data for hospitalised anorexics²³⁻²⁵ and a study of family relations.²⁶ In addition, eating behaviour and related phenomena in specific community-based samples²⁷⁻³⁷ have been studied using a range of self-report questionnaires from North America (Eating Attitudes Test, 40-item version,³⁸ Eating Attitudes Test, 26-item version,³⁹ Eating Disorders Inventory⁴⁰) and the UK (Bulimic Investigatory Test of Edinburgh,⁴¹ Body Shape Questionnaire⁴²). Such questionnaires are best viewed as screening instruments for eating disorders and not diagnostic tools.

Generally, the aforementioned community-based studies²⁷⁻³⁷ have demonstrated that significant numbers of adolescent and young adult females of all ethnic groups demonstrate potentially disturbed eating attitudes and behaviour, as well as body shape and weight concerns that place them at risk for eating-related psychopathology. Furthermore, within an urban setting eating disturbances appear to be as prevalent among black females as among white females. These community-based studies suggest that one might anticipate the emergence of increasing numbers of eating disorder sufferers from within the black community. However, can one extrapolate from self-report questionnaire to clinical scenario? In terms of published material to date, the clinical reality in this regard suggests not,^{43,44} yet media reports appear to be describing a process that lends credence to the research data. Within this context a North American study⁴⁵ published over 20 years ago established that while *Playboy* magazine centrefolds and Miss America Pageant contestants had demonstrated a trend towards being thinner over the preceding 20 years, young women in the general population had been increasing in weight. The authors concluded that this 'real-ideal' discrepancy placed tremendous pressure on women to diet. A front page report in the *Sunday Times* carried a photo of the Face of Africa 2001 winner, a slender young black Senegalese woman, who may well represent a Western ideal of beauty,⁴⁶ although precisely what this means has been the subject of media debate.⁴⁷ In the same edition a story documented the need for larger uniforms for black women in the South African National Defence Force.⁴⁸ The slender hips of the Face of Africa winner contrasted with the reported 'bigger hips' of black women in the defence force, potentially a graphic illustration of the real-ideal discrepancy described in the aforementioned North American study.⁴⁵ There



has also been a report of young black schoolgirls wiring their jaws shut to stop themselves eating so that they may acquire skinny supermodel figures.⁴⁹

Taken together, both research and media reports are telling a story. In a rapidly urbanising South African society dieting should be viewed as a risk-taking behaviour, given the link with eating disorders and their associated morbidity and mortality.¹⁵ A cross-cultural study of adolescent girls in South Africa³³ established that 85% of the sample had previously been on diet. Aside from the need for research detailing prevalence rates of eating disorders in South Africa, we also need to reflect on the contemporary preoccupation with thinness and associated dieting behaviour, and potentially extend our understanding of risk-taking behaviour.

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