

Socio-cultural factors contributing to eating disorder development amongst women of South Asian ethnicity: a meta-synthesis

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Abstract

Purpose

The purpose of this study is to synthesize published empirical qualitative evidence which explores the socio-cultural influences on the development of eating disorders from the perspective of South Asian women.

Design/methodology/approach

A systematic search of the databases CINAHL, MEDLINE, Scopus and APA PsycINFO was conducted to identify relevant journal articles published up to August 2023. The quality of the included studies was appraised using the Critical Appraisal Skills Programme Qualitative Tool. Data was synthesized and analysed using thematic synthesis.

Findings

Four studies from the UK, USA and Canada were included in the meta-synthesis. Three main themes were found: gratifying others, negative childhood experiences and shame and stigma.

Practical implications

South Asian women report many socio-cultural factors that can influence eating disorder development. Findings of this meta-synthesis highlight the importance of cultural awareness, and health-care professionals should be aware of the nuanced socio-cultural factors that can influence a South Asian woman's relationship with food and body image.

Originality/value

South Asian communities are understudied in the context of mental health, including eating disorders. To the best of the authors' knowledge, this is the first study to synthesize the available qualitative evidence on socio-cultural influences on eating

disorder development among South Asian women. These findings have revealed insights that can be harnessed by health-care professionals to better understand factors that contribute to eating disorder development and support cultural awareness.

Introduction

The continuing increase in immigration and globalization has led to a growth in ethnic diversity in western societies. The South Asian community comprises of people from the Indian subcontinent. The South Asian population are now the largest ethnic minority group in the UK, with the population having increased over the last 20 years from 4.4% in 2001 to 9.3% in 2021 (Office for National Statistics, 2021). In the US, the South Asian population is also growing and by 2060 it is projected that Asian Americans will be the largest immigrant population group (United States Census Bureau, 2022).

There are various intricate factors contributing to the development of eating disorders, including genetics, biology, psychology, social dynamics, and the environment (Mitchison and Hay, 2014). Eating disorders can arise as a response to socio-cultural adversity, and western culture and cultural ideals about weight and shape are known to impact eating disorder risk and course (Acle *et al.*, 2021).

Understanding of the influence of culture in eating disorder treatment is in its “infancy” (Anderson *et al.*, 2017) and examining how to address culture is essential to providing better treatments for eating disorders (Acle *et al.*, 2021).

Cultural factors are influential across diverse racial and ethnic groups, and the incidence of eating disorders is increasing among non-white people in the UK and US (Marques *et al.*, 2011; Solmi *et al.*, 2016). Despite there being no significant difference in prevalence of eating disorders among women across ethnic groups (Cheng *et al.*, 2019), people of South Asian ethnicity are known to be under-represented in the patient

population within specialized eating disorder and mental health services (Abbas *et al.*, 2010); suggesting that this population group is less likely to access treatment for eating disorders.

There is growing concern about lack of diagnosis of eating disorders and access to treatment among ethnic minority groups (Chowbey *et al.*, 2012). There are known to be cultural nuances that contribute to disparities between white women and South Asian women in relation to eating disorders, influencing their perception of food and body image (Akoury *et al.*, 2019). However, factors contributing to eating disorder development and treatment within the South Asian community have thus far received limited research attention. Therefore, there is a need to synthesize the available published evidence, to increase understanding of socio-cultural factors that may contribute to the development of eating disorders amongst the South Asian female community.

The objective

A systematic review was conducted to synthesize the empirical qualitative evidence to explore how South Asian women perceive socio-cultural factors influence the development of eating disorders within their community.

Methodology

A meta-synthesis methodology was employed, which allows for the interpretation and integration of findings across multiple qualitative studies, which can provide new insights and deepen understanding of the phenomena being studied (Sandelowski and Barroso, 2003). This study is reported according to the Preferred Reporting Items for Systematic

Reviews and Meta-Analyses guidelines (Page *et al.*, 2021).

Search strategy

A systematic search strategy (Supplement 1) was developed using the SPIDER framework (Cooke *et al.*, 2012). The search strategy was tested and refined to maximize its sensitivity for retrieving relevant studies. Four databases were searched via EBSCO host from inception to August 2023: SCOPUS, MEDLINE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and APA PsycInfo.

Study selection

Studies from the database searches were imported into RefWorks for de-duplication and screening against the inclusion criteria, first by title and abstract, and then by full text. Studies were eligible for inclusion if participants were female, South Asian ethnicity and aged over 18 years old and if studies were of qualitative methodology, published in peer-reviewed journals and written in English language.

Data extraction

A data extraction tool was used to extract data using an adapted version of the Joanna Briggs Institute Qualitative Data Extraction Tool (Joanna Briggs Institute, 2020)

Quality assessment

The Critical Appraisal Skills Programme (CASP) Tool for Qualitative Research (Critical Appraisal Skills Programme, 2019) was used to appraise the quality of the included studies.

Data synthesis

The process of thematic synthesis (Thomas and Harden, 2008) was conducted, which is an analysis approach specifically for qualitative systematic reviews. This process consists of three stages. In stage 1, line-by-line coding of findings of eligible papers was undertaken, and themes, subthemes and quotes were noted. A total of 45 free codes were generated. During stage 2, free codes were developed into 14 descriptive themes. In the final stage, 3 analytical themes were generated based upon the researcher's understanding of the findings. Peer debriefing was undertaken between the co-authors (TB, SA, MAK) to enhance credibility (Nowell *et al.*, 2017).

Results

Study Selection

The PRISMA flow diagram shown in Figure 1 shows a total of 269 studies were screened for eligibility out of which 51 studies were found to be exact duplicates and therefore removed. A further 250 studies were removed for not meeting the eligibility criteria. Out of the remaining 10 studies, 4 studies (Channa *et al.*, 2019; Goel *et al.*, 2021, 2022; Mustafa *et al.*, 2017) met the inclusion criteria for data extraction and analysis.

Study Characteristics

The study characteristics and sample demographics for each study is summarised in Table 1. Two studies (Goel *et al.*, 2021, 2022) were linked publications reported data from the same group of participants. Supplement 2 outlines the quality appraisal for each of the included studies.

Analytical Themes

Three intersecting analytical themes and six sub-themes were derived from the data and are illustrated in the concept map (Figure 2).

Theme 1: Gratifying others

Participants described that their upbringing contributed to an innate desire to gratify others, in order feel purposeful. This theme impacted on the way South Asian women viewed themselves and experienced life, as their attention is often diverted outwards towards pleasing others, rather than themselves.

Sub-theme 1a: Western society

South Asians found living up to western and eastern cultural ideals to be a challenge that contributed to poor mental health. Women felt that others within the South Asian community were often inflexible to understanding or recognizing western culture.

“We’re caught in this ... caught in limbo, where we’re trying to figure out our lives in both cultures, and you try to keep both cultures happy”

(Mustafa, Zaidi and Weaver 2017)

“[W]e kind of live in a dual culture thing... so, I think it was hard for me to find the balance because it’s like, on one side—it’s like being skinny is like the American thing and then going home and your parents being like, “why aren’t you eating enough?” I think it was just a hard thing to deal with”

(Goel et al 2021)

Sub-theme 1b: A husband

Marriage was seen as the main goal in a woman's life and the female body was seen as a commodity given in exchange for stability and security. Thereby, a woman must ‘look a certain way’ to be desirable to be married. Striving to be physically desirable was cited as a pressure put on women, rather than men, in the South Asian community.

“... And, obviously, because of an Asian culture, they’re always saying, ‘Oh, you need to look nice and everything, if you want to get a husband in the future.’ And it was very, like, my step mum’s always been kind of, traditional, like, a woman grows up and whatever and gets married, and she’s away to her husband’s family, and

that's that. But, you know, 'You need to get a good husband, so you need to always make sure you look nice' and stuff like that. You can't be large or no one will want to marry you"

(Channa et al 2019)

"You have to look a certain way because you're being groomed to be somebody else's property, essentially, right? Like you need to have market value so you can partake in 'the business that is marriage'"

(Goel et al 2021)

Sub-theme 1c: The Community

Gaining approval and the opinion of others within the South Asian community were regarded as being more influential than the woman's own personal beliefs about her body image and women felt the need to comply to standards set by their community.

"There's never any winning. Like I feel like [SA culture] it's just very blunt and they are just going to say what they feel, and there's just no way you can win, 'cuz like how can you have like the perfect body shape according to them?"

(Goel et al 2021)

Sub-theme 1d: The Family

South Asian women felt that body image ideals were derived from the family environment and had become ingrained in their identity and sense of body dissatisfaction. A desire to 'people please' began with girls feeling the need to impress their parents and grandparents. The older generational attitude of South Asian culture

was shaped around women being an 'all-rounder', capable of multitasking and meeting the needs of everyone else. A 'thin' figure was seen as ideal by parents and grandparents in South Asian families.

"She [grandmother] was always saying, like, 'You can't have a tire round your belly'"

(Channa et al 2019)

Theme 2: Negative Childhood Experiences

Linked to a sense of feeling 'ignored' in their childhoods, South Asian women felt unable to express their feelings and vocalize their needs. Women also found themselves being unable to stand up to their peers when they were faced with criticism, as they felt their childhood experience had 'suppressed' their voice.

Sub-theme 2a: Masking feelings

Participants felt that their feelings and experiences had been dismissed since childhood, further contributing to an internalization of unworthiness and a sense of shame. Appearing successful to other South Asian families often required masking of unhappy family dynamics. From a young age, women explained they were unable to share their true feelings with their parents after past experiences of being overlooked. This in return, caused increased stress and deepened emotional 'wounds'. Seeking to 'control' many aspects of life, including eating, was viewed as a response to having to internalize feelings.

"I always had to bottle up my emotions inside, I could never really tell what was wrong with me not eating, it didn't seem like anything was wrong because I had

nobody to share it with ... if I could be open to them and talk to them, maybe things would have been different”

(Mustafa, Zaidi and Weaver 2017)

Sub-theme 2b: Food Culture

South Asian women felt that they had been socially conditioned that not finishing meals was rude and was shameful to do. As a result, they felt they were unable to eat to their appetite, without being berated.

“I remember a few times being sick because she’d given me too much food, and I was saying, ‘I can’t eat any more. I can’t eat any more,’ and she thought I was being a fussy child. Erm, but she would, sort of, make me carry on eating it, and I would end up being sick, and then I’d be told off for being sick, erm, and there’s some quite bad memories I have associated with that...”

(Channa et al 2019)

“Like if you don’t eat enough in front of other people, you get yelled at”

(Goel et al 2022)

Theme 3: Shame and Stigma

Participants described a lack of awareness and poor understanding of mental health in the South Asian community, which exacerbated a profound stigma around psychiatric illnesses, such as eating disorders. Women felt that South Asian culture did not ‘believe’ in mental illness, unless physical symptoms appear. The South Asian community, as a whole, was perceived to have a negative influence on a woman’s

ability to talk about an eating disorder, through fear of the wider community 'gossiping' and passing judgement.

"Because of the whole stigmatism (sic), I didn't want to believe it [diagnosis]. I didn't want to think, 'You're bulimic'"

(Channa et al 2019)

"They [parents] like understand and recognize there's a problem, but they know that the moment it goes from their inner little circle to anywhere else, it'll spread like a wildfire and they feel like that's gonna be shameful"

(Goel et al 2022)

Discussion

The objective of this meta-synthesis was to investigate socio-cultural factors that can contribute to eating disorder development among South Asian women. South Asian women expressed a need to please others as a requisite to gain acceptance from others, which was reflected across the three themes of gratifying others, negative childhood experiences and shame and stigma.

Culture influences a South Asian woman's predisposition to eating disorder development through beliefs about their body and self-worth through their relationships with their social and community networks. There is pressure for South Asian women to conform to thin body ideals, and this is particularly strong amongst women of marrying age to enhance the prospect of marriage (Wales *et al.*, 2017) and thus gain societal recognition. Living in a western society also has a socio-cultural influence on South Asian women, with the rise in eating disorder prevalence amongst the South Asian population being associated with an increasing influence of Western body ideals (Vaidyanathan *et al.*, 2019).

While thinness is idealized in South Asian culture, the findings of this meta-synthesis found there is pressure to eat a quantity of food that is deemed acceptable by their community, to avoid inadvertently causing offence. Food is revered and plays a central role to in South Asian family gatherings, celebrations, and festivals, and so refusing additional servings can be viewed as disrespectful and antisocial (Wales *et al.*, 2017). Therefore, a South Asian woman's desire to conform to a thin body ideal conflicts with a desire to please others by eating larger quantities of food.

Masking feelings in childhood was found to be a contributing socio-cultural factor to eating disorder development in adulthood within this study. Lower levels of expressed emotion have been observed among Indian (8%) compared to White British (45%) and White American (67%) cultures (Singh *et al.*, 2013). Collectivist values within South Asian communities can create a burden of family pressure and high expectations, often hiding problems from the wider community to avoid cultural shame and stigma (Shaikh *et al.*, 2024).

Eating disorders are viewed as a taboo subject in South Asian culture (Sinha and Warfa, 2013). The theme of shame and stigma around eating disorders in ethnic minority groups has been previously reported in the literature, from the perspective of healthcare professionals. South Asian people express feelings of shame for having an eating disorder, which healthcare professionals perceived delayed presentation to eating disorders services (Wales *et al.*, 2017). When accessing eating disorder treatment, ethnic minority groups have reduced family support at home and express fear that an eating disorder diagnosis has a label that is synonymous with exclusion from their community (Kanakam, 2022).

Strengths & limitations

Strengths of this meta-synthesis include searching multiple databases to retrieve relevant studies, minimizing database bias. Themes that were generated through the process of meta-synthesis were peer-reviewed by the co-authors, enhancing credibility of the findings. The studies identified in this review were from the UK, US and Canada, ensuring transferability to the context of other Western countries. A limitation of this

study is that none of the participants of the included studies were aged over the age of 45 years old and hence these findings may not be transferable to older age groups.

Implications

In a recent systematic review of cultural considerations in the treatment of eating disorders among ethnic minority groups, findings supported that clinicians should explore the impact of culturally contextual factors and explore ethnic identity, acculturation, and acculturative stress (Acle *et al.*, 2021). Ensuring healthcare practitioners are trained to be culturally competent when treating eating disorders in the South Asian community is important for effective care. Cultural beliefs, stigma around mental health, and specific dietary preferences can impact how individuals experience and express eating disorders. Healthcare practitioners with cultural awareness can better recognize atypical symptoms, build trust, and offer sensitive interventions that respect South Asian family dynamics and traditional values.

Offering culturally informed psychotherapy within eating disorder services would allow South Asian community to feel more comfortable and understood when reaching out for support, however such approaches should be researched using a co-design participatory approach that ensures South Asian people are treated as equal collaborators in the design process (Chauhan *et al.*, 2021). This cultural competence reduces misdiagnosis and improves engagement, as treatment aligns more closely with the individual's background, increasing the likelihood of a successful recovery and reducing health disparities in this underserved community.

Food plays a central role in many South Asian festivals and there is limited advice for South Asian people with eating disorders during large festivals. In contrast, during Christmas, campaigns by eating disorder charities, such as Beat, are released to raise awareness about eating disorders at Christmas and coping strategies for family gatherings (NHS England, 2019). This lack of representation feeds into a lack of awareness in the South Asian community of eating disorders being an illness, which was raised within this study. Therefore, culturally tailored resources and needed for the South Asian community, as well as targeted educational messages amongst the community that draws attention to eating disorders being a mental health illness that requires treatment.

The systematic literature review conducted in this study identified only four relevant studies, underscoring a significant gap in research in this area. This finding highlights the need for further investigation into the socio-cultural factors influencing the development of eating disorders within South Asian communities living in Western societies. Additionally, there is a need to explore potential differences in these influences across various subgroups, such as those differentiated by religious beliefs or generational status within immigrant populations.

While this meta-synthesis focused solely on the perceptions of South Asian women, future research should also consider the perspectives of South Asian men. The desire to conform to a body size ideal for a husband was found to be a significant factor contributing to eating disorder development among women; however, it remains unclear whether men perceive or are influenced by this ideal in the same way. Further exploration of men's views could provide a more comprehensive understanding of

body image dynamics within South Asian communities.

Conflict of interest

The authors have no relevant financial or non-financial interests to disclose. The authors declare that no funds, grants, or other support were received during the preparation of this manuscript.

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Figure 1

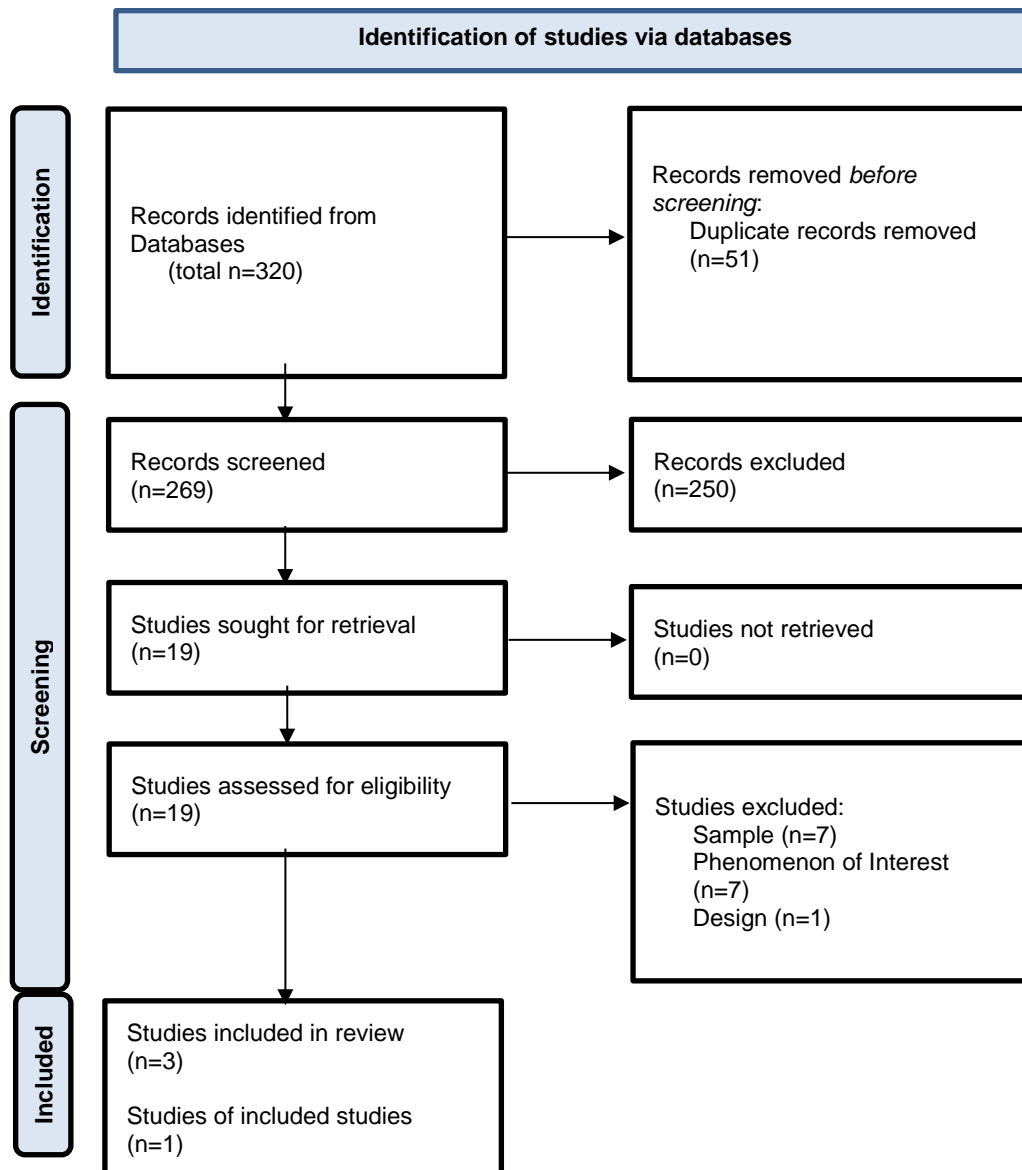


Figure 2

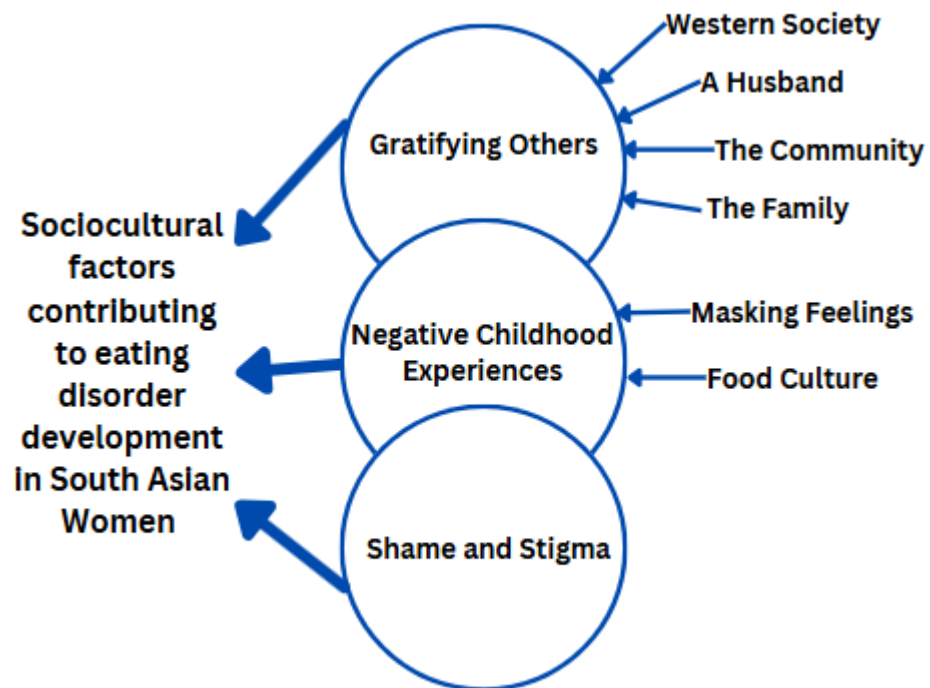


Table 1

Study	Country	Data collection method	Study population		
			Sample size (n=)	Age (years)	Immigration status
Channa et al. (2019)	United Kingdom	In-depth semi-structured interview	1	Early 20's	Born in United Kingdom
Goel et al. (2021)	United States	Semi-structured interviews	54	Range 18-30	Lived in the United States for > 3 years
Goel et al. (2022)		Focus groups			
Mustafa et al. (2017)	Canada	Semi-structured interviews	8	Range 21-29	Born in Canada

Supplement 1

S1	("south asia*" wom* OR female*) OR ((bangladesh* OR bengal* OR gujarat* OR india* OR sri lanka* OR pakistan* OR punjab* OR nepal* OR bhutan* OR maldiv*) AND wom*)
S2	sociocultural OR ethnic* OR cultur* OR socie*
S3	"Eating Disorders" OR bulimia OR anorexia OR "binge eating" OR "body image" OR "self- esteem"
S4	experience* OR perception* OR feelings OR belie* OR opinion*
S5	Qualitative OR "focus group*" OR interview*
S6	#2 AND #3
S7	#4 AND #5
S8 Limiters: English Language	#1 AND #6 AND #7

Supplement 2

[illegible]

Mustafa et al. (2017)	Yes	Yes	No	Yes	Yes	No	Yes	Can't tell	Yes	Yes	Adequate
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