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Abstract

We studied eating patterns in $n = 44$ international Vietnamese and $n = 40$ White American undergraduate women, both living in the United States. International Vietnamese reported greater eating pathology than White Americans. Post-hoc analyses indicated that international Vietnamese undergraduates living in the United States reported greater eating pathology than Vietnamese undergraduates living in Vietnam (Ko et al., 2015). These are novel contributions to the sparse literature on eating pathology in homogeneous samples of Asians.

Introduction

- Early studies on ethnic differences in eating pathology reported a lower (Tsai, Hoerr, & Song, 1998) or similar (Cachelin, Veisel, Barzegarnazari, & Striegel-Moore, 2000) prevalence in Asians compared to White Americans.
- Later research that examined women from 22 countries in Europe, the Mediterranean, Pacific Asia, and the Americas, found that those from Asian countries had the highest perception of being overweight and number of attempts to lose weight (Wardle, Haase, & Steptoe, 2006).
- Early investigations often referred to Asians across regions and nations as a homogeneous ethnic group. Failure to account for national heterogeneity may have contributed to inconsistent results (Cummins, Simmons, & Zane, 2005).
- Studies on eating pathology in Vietnamese in particular, anywhere in the world, are virtually non-existent.
- In a rare study, Ko et al., (2015) found that almost half of Vietnamese college women in Vietnam reported elevated eating pathology.
- Contributing to the literature, we examined potential differences in eating pathology between international Vietnamese and White American undergraduate women, both living in the United States.

Hypothesis

- 1. Pathological eating would be greater in international Vietnamese college women than in White American college women.

Results

- A Factorial ANOVA indicated an interaction between types of symptoms (within-subjects) and ethnicity (between-subjects), $F(4, 328) = 4.50, p = .001, \eta_p^2 = .05$, a medium effect size (Cohen, 1988).
- There was a significant difference in eating pathology between International Vietnamese and White Americans in the United States, $F(1, 82) = 17.78, p = .001, \eta_p^2 = .18$, a large effect size (Cohen, 1988).

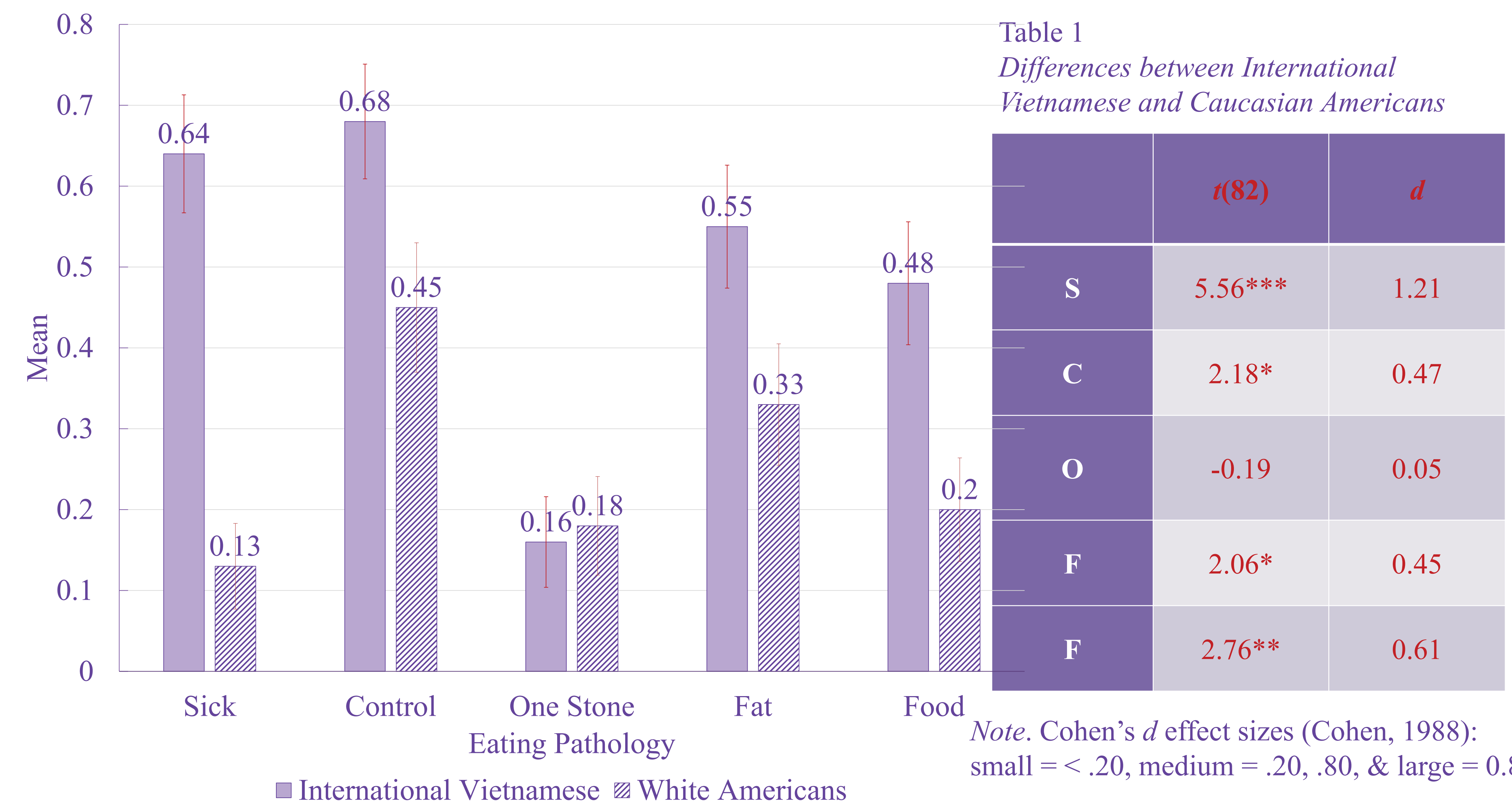


Figure 1. Differences in aspects of eating pathology between international Vietnamese and White American undergraduate women.

Table 2
Percentage of Types of Eating Pathology

Symptoms	Ethnicity		
	White Americans	International Vietnamese	Vietnamese in Vietnam
Sick	12.50 %	63.64%	19.70%
Control	45.00%	68.18%	49.80%
One Stone (14 pounds)	17.50%	15.91%	01.50%
Fat	32.50%	54.55%	41.40%
Food	20.00%	47.73%	34.50%

Table 3
Severity of Types of Eating Pathology

Symptom Severity	Ethnicity		
	White Americans	International Vietnamese	Vietnamese in Vietnam
0 Symptoms	40.00%	04.55%	22.70%
1 Symptoms	15.00%	25.00%	28.60%
2 Symptoms	27.5%	22.78%	29.60%
3 Symptoms	12.50%	18.18%	17.70%
4 Symptoms	05.00%	22.78%	01.50%
5 Symptoms	00.00%	06.82%	00.00%

Note. Diagnostic cut off = Two or more symptoms (Morgan et al., 2000). Comparison of proportion tests indicated significant differences between: International Vietnamese college women and White American college women in the United States, two-tailed Chi Square = $(1, N = 84) = 5.49$, 95%CI [4.29, 43.68], $p = 0.02$, and between international Vietnamese college women in the United States and Vietnamese college women in Vietnam, two-tailed Chi Square = $(1, N = 84) = 6.74$, 95%CI [5.41, 34.87], $p = 0.01$. Lastly, there was no difference between White American undergraduate women in the United States and Vietnamese undergraduate women in Vietnam, two-tailed Chi Square = $(1, N = 287) = 0.34$, 95%CI [-8.81, 16.07], $p = 0.56$.

Method

Participants

- $N = 84$ college women ($n = 44$ international Vietnamese; $n = 40$ White Americans; $n = 203$ Vietnamese in Vietnam).

Measures

- The SCOFF (Morgan, Reid, and Lacey, 1999) is comprised of five items: (1) Do you make yourself SICK because you feel uncomfortably full? (2) Do you worry that you have lost CONTROL over how much you eat? (3) Have you recently lost more than ONE stone (14lbs) in a 3-month period? (4) Do you believe yourself to be FAT when others say you are too thin? (5) Would you say that FOOD dominates your life?

Procedure

- We obtained ethics approval from the Human Subjects Review Board
- In post-hoc analyses, we compared our data to those published by Ko et al. (2015).

Discussion

- Contributing to the literature, we found that international Vietnamese undergraduate women in the U.S. reported greater eating pathology than White American undergraduate women in the U.S., supporting Hypothesis 1.
- Furthermore, we identified four aspects of eating pathology that were higher in international Vietnamese college women compared to White American college women, including making themselves sick by feeling uncomfortably full, worrying about losing control over eating, believing they are fat when others say they are thin, and saying that food dominates their lives. There was no difference between the two groups regarding losing 14lbs in the previous three months.
- Our findings make a novel contribution to the literature by comparing White American undergraduate women to a homogenous sample of international Vietnamese undergraduate women, both living in the United States.
- In post-hoc analyses using Morgan et al.'s (1999) cut-off for a high likelihood of anorexia nervosa and bulimia nervosa, we identified higher rates of eating pathology among international Vietnamese undergraduate women compared to both White American undergraduate women as well as Vietnamese undergraduate women living in Vietnam.
- Surprisingly, there was no difference in rates of eating pathology between White American undergraduate women and Vietnamese undergraduate women living in Vietnam.
- Future research could investigate predictors of eating pathology in international Vietnamese college students, such as pressure for academic achievement, acculturation stress, homesickness, etc.