

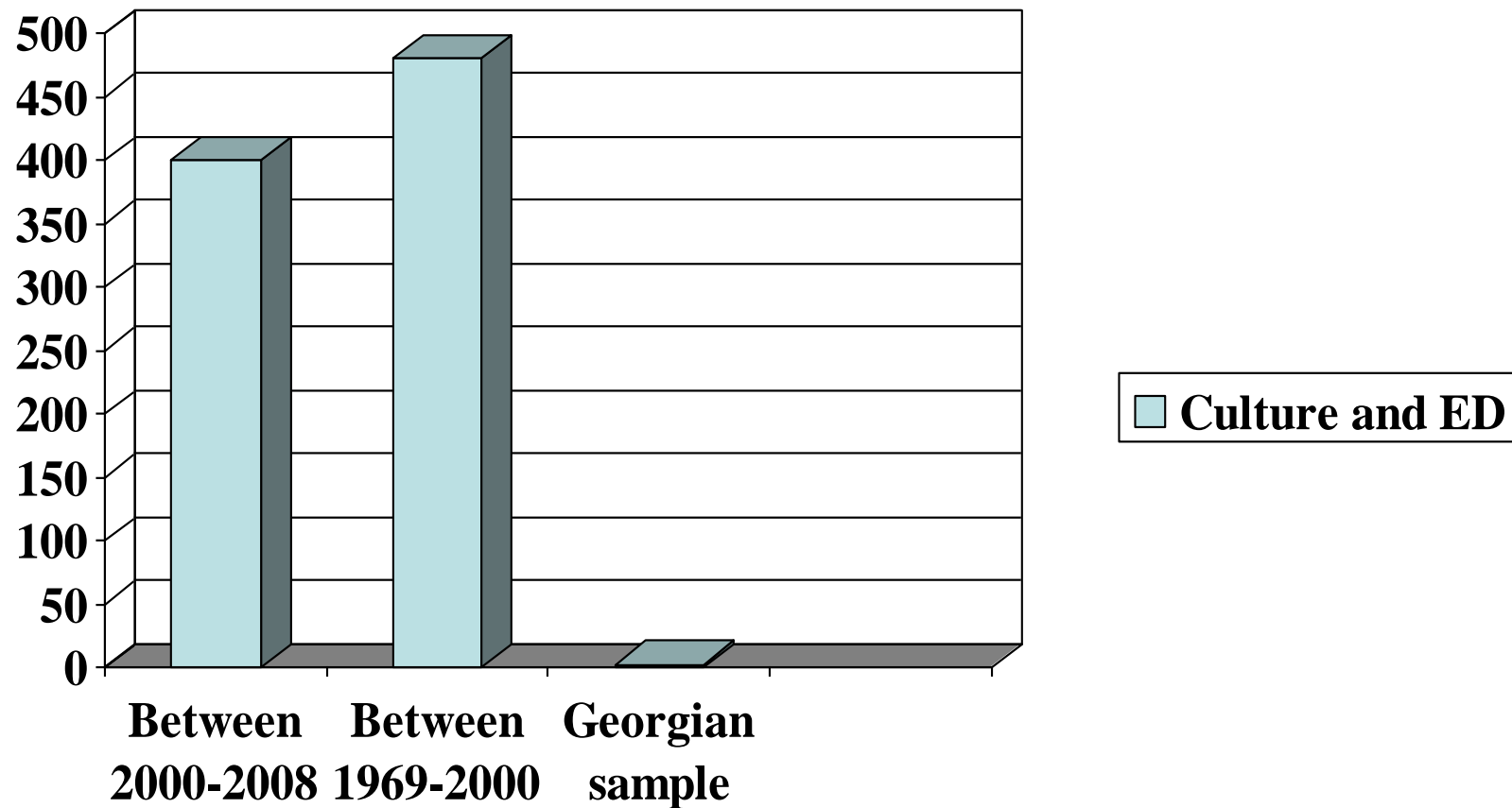
Georgian Pilot Study Two

**Childhood eating and feeding factors
associated with abnormal eating behaviours in
British and Georgian females**

Genders R, Treasure J, Fernández-Aranda F & Tchanturia K.

International Journal of Child and Adolescent Health (2008) 1(4):341-354

Peer review publications in English (pub med)



Cultural differences in manifestation of ED's

ED's are expressed in different ways

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graph TD; A[ED's are expressed in different ways] --- B[Somatization (Viernes et al., 2007; Lee et al. 1998)]; A --- C[Fat phobia (Viernes et al. 2007; Johnson et al., 2004; Lee et al., 1993)]; A --- D[Purge non-purge (Lai, 2000)];
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Somatization
(Viernes et al., 2007;
Lee et al. 1998)

Fat phobia
(Viernes et al. 2007;
Johnson et al., 2004;
Lee et al., 1993)

Purge non-purge
(Lai, 2000)

Why cross-cultural studies are important in ED?

- To learn more about diagnostic criteria
- To test treatment models

- It is important to understand the cultural limitations in generalizing and applying current findings.

Studies in non-western countries

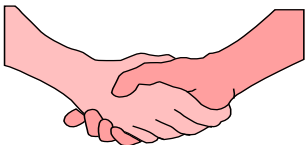
O'Keefe & Lovell (1999) compared 251 Russian and 66 British students.

Russians showed significantly greater drive for thinness, perfectionism, maturity fears, ascetism, and impulsivity (EDI_2)

King & Bhugra (1989) Hindi translation of EAT-26 in a population of school and collage girls living in North India. 29% of subjects scored above the cut off recommended for differentiating abnormal attitudes, a rate much higher than in Western population.

Steinhausen et.al (1992) East Berlin Patients with AN scored significantly lower than their Western countpairs, with regard to the majority of EDI scales

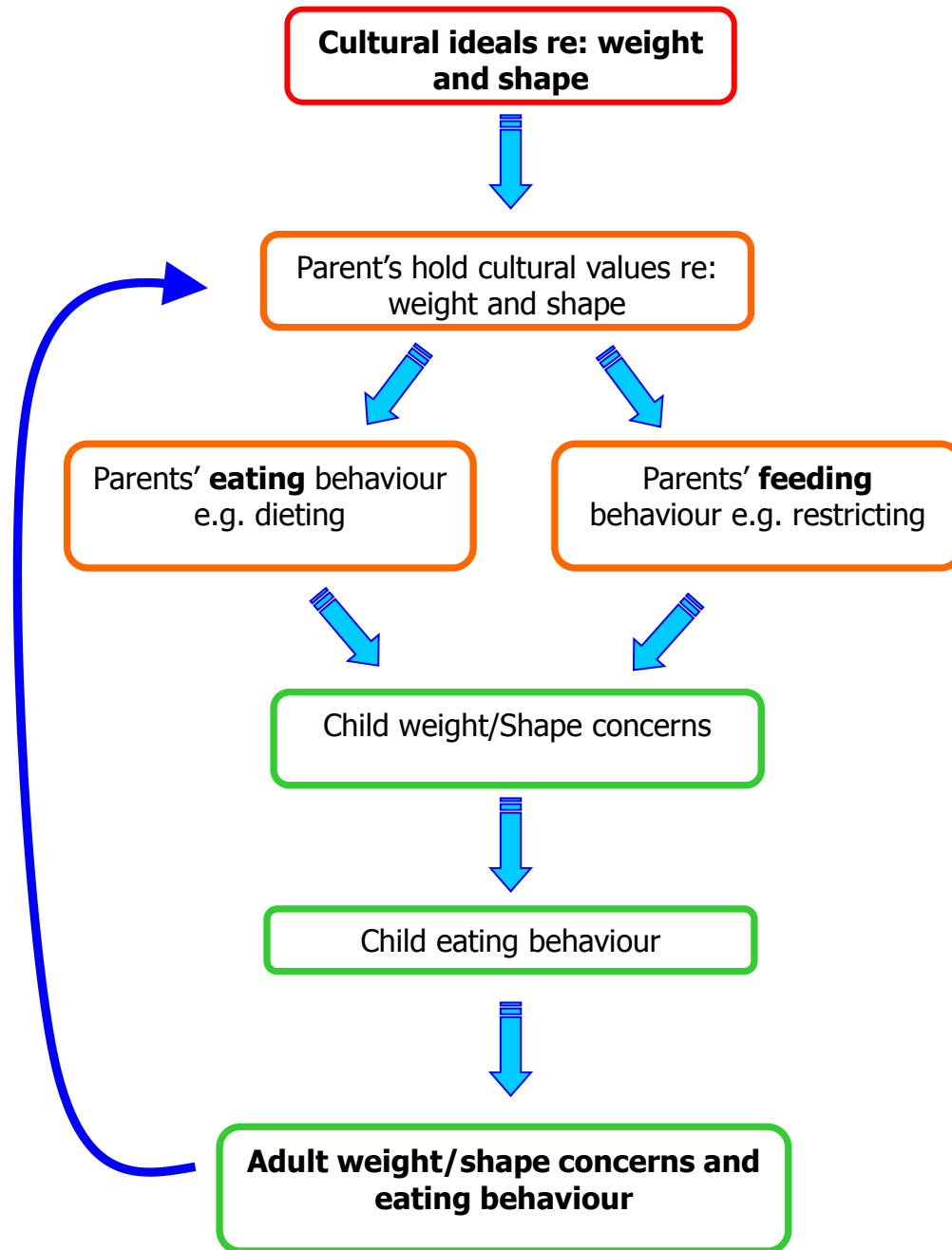
Boyajieva & Steinhausen (1996) Eating attitudes and disorders were studied in four Bulgarian samples. Maturity fears were indistinguishably high in all samples, this may point a general problem in the Bulgarian adolescent population that points to problems of adaptation to the major societal changes.



Background to Cultural Transmission Model

- Daughters' body dissatisfaction and weight loss behaviours associated with parents' (e.g. Smolak et al, 1999; Benedikt et al, 1998)
- Parents' feeding behaviour also associated with later dysfunctional eating behaviours (e.g. Phul et al, 2003).
- 'Thinness ideal' linked to an increase in ED (e.g. Pettijohn et al 2004).
- Parents form part of a cultural transmission model
- Few studies have investigated several family eating habits together
- **This study:** is there is an association between such childhood family eating habits and adult eating concerns and behaviour?

Cultural Transmission Model



Methods and Analysis

- 165 adult female participants:
 - UK: n = 71
 - Georgia: n = 94
- 2 measures:
 - EDE-Q (Fairburn & Wilson, 1994)
 - Cross-Cultural Questionnaire (CCQ - Fernández-Aranda, 2007) – Section 4: Eating and Feeding Habits before the age of 12 e.g:
 - “How often was food used as a reward?”
 - “How often did you have the 1st meal of the day before lessons?”
 - “Did anyone in your family have food specially prepared for them?”
- Analysis:
 - Multiple Regressions to identify any factors that could predict EDE-Q scores

Results

- **UK Risk Factors*:**

- Food specially prepared for mother
- Food specially prepared for father
- Grandparent living at home and food specially prepared for Grandparent

- **Georgia Risk Factors*:**

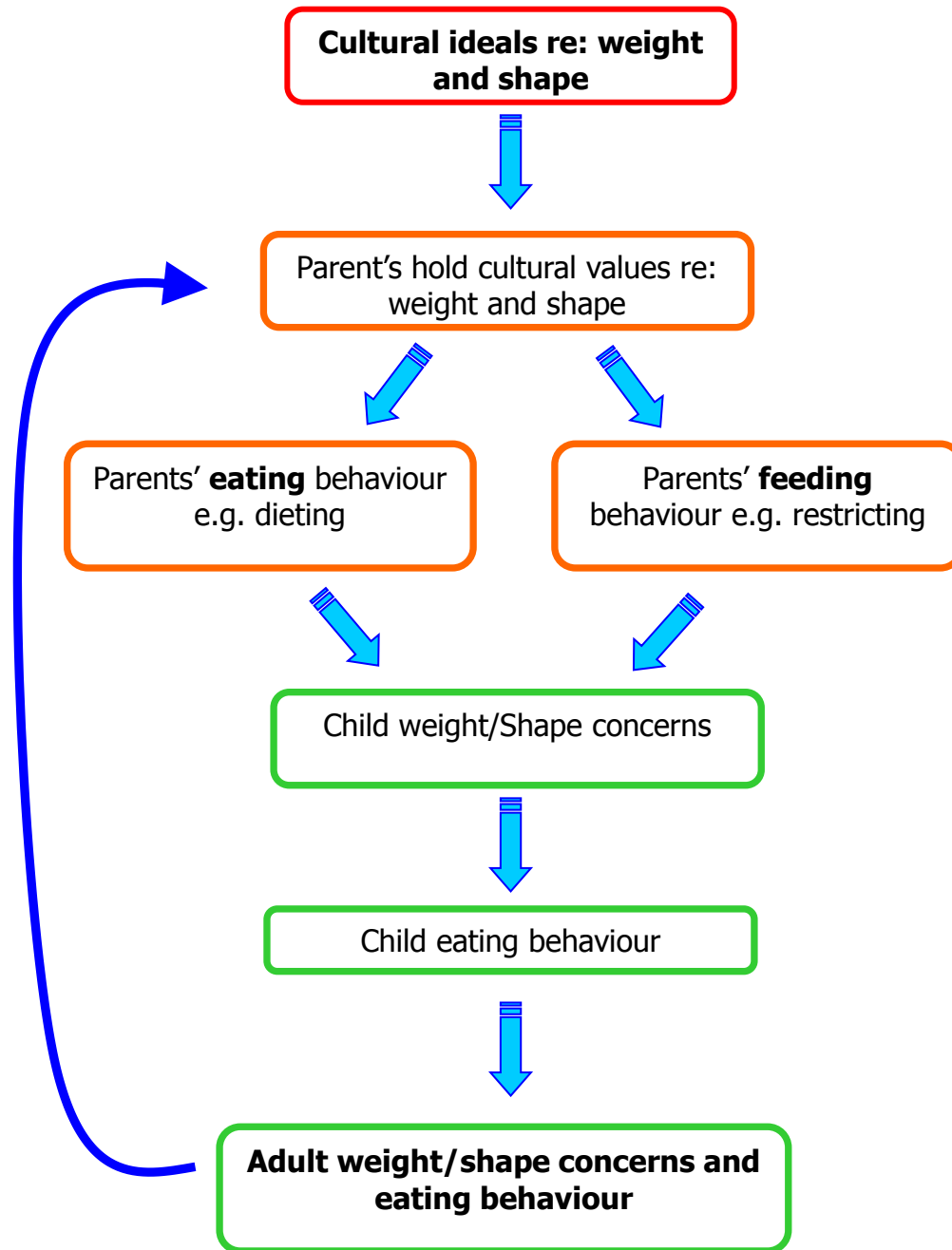
- Frequency ate snacks
- Access to snacks restricted
- Food used as reward
- Ate meals at set times of the day
- **Protective Factor:** Had first meal of the day before lessons

*significant to at least
 $p < 0.05$

Main message from study 2

- Supports previous research
- Highlights the role of the father and grandparents
- Parental eating and feeding practices are important cross culturally
- Different factors important in different countries
- **Cultural Transmission:**
 - UK take the left hand pathway (parent's *eating* habits)
 - Georgia take the right hand pathway (parent's *feeding* habits)

Cultural Transmission Model



Thanks

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