

# EATING DISORDERS & SOUTH ASIANS

An informative leaflet on Eating Disorders and South Asians



Developed by Priti Sunwar  
Student at the University of Lincoln  
BSc(Hons) Psychology

# TABLE OF CONTENTS

---

02 Purpose: What is this booklet about?

---

03 What are Eating Disorders?

---

04 Dismantling stereotypes

---

05 Development of Eating Disorders

---

06 Understanding South Asian Populations

---

07 Beyond Bodies

# WHAT IS THIS BOOKLET ABOUT?

02

Awareness is the first step towards creating change. Improving our understanding and acceptance of Mental Health struggles helps us to get more comfortable addressing these difficulties.

This is an informative leaflet designed to help improve people's understanding of Eating Disorders. Poor understanding and acceptance of mental health problems are a huge barrier to people wanting to reach out for help, and this leaflet is an accessible tool to help clarify some misunderstandings (1). Specifically, this tool draws on the unique experiences of BIPOC populations. It stands for "Black, Indigenous, People of Colour" and is pronounced 'bye-pock" (2). This is an inclusive and helpful term to help us refer to all the various ethnic minorities in the UK.



# 03 WHAT ARE EATING DISORDERS?

Eating disorders are mental health disorders where there is a severe and persistent disturbance in eating behaviours, and is often associated with distressing thoughts and emotions. It often causes significant impairment to daily functioning in an individual and may be associated with wider health consequences (3).

In the UK the most common ones:

- Anorexia Nervosa (AN) is characterised by restriction in rules surrounding food intake and an intense fear of gaining weight (4).
- Bulimia is characterised by episodes of binge-eating followed by attempts to get rid of the food consumed via vomiting, excessive exercise, and laxatives etc (5)
- Binge Eating Disorder (BED) is described as regular episodes where an individual ingests a large amount of food in an incongruent time-frame (6).
- It is generally the case that similar levels of these disorders appearing in South Asian populations (though there are much smaller samples to draw from; (7))

LETS GO THROUGH SOME COMMON STEREOTYPES ABOUT EATING DISORDERS AND DISMANTLE THEM TOGETHER...

# 01.

---

“people are fat because they are lazy and don’t have any discipline”

People are fat for a variety of reasons; there are a multitude of evolutionary, biological, and environmental factors that affect someone’s weight. Equally, people who are thin or superficially ‘fit’ may themselves struggle with mental and other health concerns.

# 03.

---

“eating disorders only effect white teenaged girls”

- Anybody can develop an eating disorder, regardless of gender, ethnicity, cultural identity, socio-economic background, sexual orientation, gender identity. While the experiences of these various identities may have subtle differences, no groups are immune to eating disorders. Eating disorders don’t discriminate.

# 02.

---

“fat people can’t have anorexia”

Although significant loss of weight is part of AN, this is dependant on the individual’s weight. In any case, someone’s weight does not dictate their health.

# DEVELOPMENT OF EATING DISORDERS

It's complicated...

The development of Eating Disorders is extremely complicated and there are many theories out there as to when and why it occurs. Overall, it is the social systems in place have a significant effect on how we see ourselves. Our interactions with what we see in the media, with our friends and family, and co-workers and peers have a huge impact on our body image (8). This is one reason why we should consider what we say to each other. What we say often reflects how we ultimately feel if we repeat it enough. Being more intentional about the messages we send to our loved ones helps to avoid normalising negative comments and ideas. Some examples of normalised conversations we have include: talking about how fat we are, how much we ate, and concerns with aspects of our appearance (9). These behaviours lead to a concept known as 'normative discontent'; this is where we normalise and discredit the constant unhappiness felt about our bodies because so many of us experience it.

Regarding South Asian populations, the constant commentary that is received by mothers, friends, and 'aunties' shape expectations and cultural pressures. Common pressures and normalised topics of conversation include, marriage, skin tone, and weight. Unfortunately these conversations are rarely discussed in a positive way, and often have overtones of significant parental control (10).

# UNDERSTANDING SOUTH ASIAN POPULATIONS

Generally, the South Asian countries are considered to be: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka (11).

South Asian individuals often report high levels of dissatisfaction with their bodies and as a result, negative psychological symptoms, such as depression and anxiety (12). Disorganised eating is particularly concerning among this population because they have much higher chances of developing a health condition. Diseases such as cardiovascular disease, and kidney, are found to be much higher in this group. Not only are they more likely to develop these, but they are likely to appear earlier stages of life than other racial groups. This highlights the importance of reaching out and seeking help before symptoms become too severe (13)!

Fear not! It is important to understand that race is not a deciding factor in who develops eating disorders or wider health concerns. These are simply considerations that highlight just how important it is to be aware of these issues, and how important it is to equally reach out for help when we need it.



# BEYOND BODIES

In addition to body shape and size concerns, unique aspects of appearance that BIPOC have surround hair and skin tone. Colourism is a form of prejudice or discrimination of darker skin tones within an ethnic group and has long affected BIPOC communities. These forms of prejudice are deeply engrained in the cultural fibre of many South Asian countries (14). This is following the long era of British colonialism in India. This era of oppression highlighted European and White standards of beauty, which over time lead to internalised racism. This is when these negative societal beliefs about ones own race are accepted. As a result, many South Asian individuals engage in harmful behaviours like skin-bleaching and high levels of self-monitoring their skin and hair (15). For immigrants in the UK, these negative beliefs are often made worse by things like teasing of racially-specific attributes, like accents. However, it is important to keep in mind that strong ethnic identity and positive view of ones own race can act as a protective factor from the harmful effects of acculturation; that is, the acceptance of new values and norms in order to assimilate into a culture (16).





# USEFUL RESOURCES

<https://www.beateatingdisorders.org.uk>  
Useful information and support for Eating Disorders

<https://www.youngminds.org.uk/young-person/coping-with-life/body-image/>

Useful information and support for Mental Health concerns

Advice and guidance for Parents, Youth and Professionals

Accessibilitiy options for hearing or speech impaired and if English if not first language

## References:

1. Goel, N. J., Thomas, B., Boutté, R. L., Kaur, B., & Mazzeo, S. E. (2023). "What will people say?": Mental health stigmatization as a barrier to eating disorder treatment-seeking for South Asian American women. *Asian American Journal of Psychology*, 14(1), 96.
2. Why we use BIPOC. (n.d.). YWCA Seattle | King | Snohomish. <https://www.ywcaworks.org/blogs/ywca/tue-03122024-1000/why-we-use-bipoc#:~:text=DEFINITION,solidarity%20between%20communities%20of%20color>.
3. O'Brien, K. M., Whelan, D. R., Sandler, D. P., Hall, J. E., & Weinberg, C. R. (2017). Predictors and long-term health outcomes of eating disorders. *PLoS one*, 12(7), e0181104.
4. Walsh, B. T., Hagan, K. E., & Lockwood, C. (2023). A systematic review comparing atypical anorexia nervosa and anorexia nervosa. *International journal of eating disorders*, 56(4), 798-820.
5. Meytin, D. (2021). Bulimia nervosa: literature review. *Journal of Medical Sciences*, (7), 123-129.
6. Giel, K. E., Bulik, C. M., Fernandez-Aranda, F., Hay, P., Keski-Rahkonen, A., Schag, K., ... & Zipfel, S. (2022). Binge eating disorder. *Nature reviews disease primers*, 8(1), 16.
7. Levinson, C., & Brosnoff, L. (2016). Cultural and ethnic differences in eating disorders and disordered eating behaviors. *Current Psychiatry Reviews*, 12(2), 163-174.
8. Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. American Psychological Association.
9. Salk, R. H., & Engeln-Maddox, R. (2011). "If you're fat, then I'm humongous!" Frequency, content, and impact of fat talk among college women. *Psychology of Women Quarterly*, 35(1), 18-28.

## References (continued):

10. Reddy, S. D., & Crowther, J. H. (2007). Teasing, acculturation, and cultural conflict: psychosocial correlates of body image and eating attitudes among South Asian women. *Cultural Diversity and Ethnic Minority Psychology, 13*(1), 45.
11. Vaidyanathan, S., & Menon, V. (2023). Eating disorders in South Asia. *Eating Disorders: An International Comprehensive View* (pp. 1-20). Springer.
12. Griffiths, S., Hay, P., Mitchison, D., Mond, J. M., McLean, S. A., Rodgers, B., Massey, R., & Paxton, S. J. (2016). Sex differences in the relationships between body dissatisfaction, quality of life and psychological distress. *Australian and New Zealand Journal of Public Health, 40*(6), 518-522.
13. Goel, N. J., Thomas, B., Boutté, R. L., Kaur, B., & Mazzeo, S. E. (2023). "What will people say?": Mental health stigmatization as a barrier to eating disorder treatment-seeking for South Asian American women. *Asian American Journal of Psychology, 14*(1), 96.
14. Sahay, S., & Piran, N. (1997). Skin-color preferences and body satisfaction among South Asian-Canadian and European-Canadian female university students. *The Journal of Social Psychology, 137*(2), 161-171.
15. Dadzie, O. E., & Petit, A. (2009). Skin bleaching: highlighting the misuse of cutaneous depigmenting agents. *Journal of the European Academy of Dermatology and Venereology, 23*(7), 741-750.
16. Reddy, S. D., & Crowther, J. H. (2007). Teasing, acculturation, and cultural conflict: psychosocial correlates of body image and eating attitudes among South Asian women. *Cultural Diversity and Ethnic Minority Psychology, 13*(1), 45.