Facets of acculturation and their diverse relations to body shape concern in Fiji

Ruth Striegel Weissman
Facets of Acculturation and their Diverse Relations to Body Shape Concern in Fiji

Anne E. Becker, MD, PhD, ScM1,2*
Kristen Fay, BA1,3
Stephen E. Gilman, ScD4
Ruth Striegel-Moore, PhD5

ABSTRACT
Objective: The present study examines the relation between acculturation and body shape concern in Fiji—a society undergoing rapid social change.
Method: Data were from two cohorts of ethnic Fijian girls and women collected in 1998 (n = 115). A factor analysis was performed to identify dimensions of acculturation. The association of these with body shape concern was examined with linear regression.
Results: Three dimensions of acculturation were identified. Multiple linear regression models demonstrated that each of these dimensions of acculturation had a unique relation to body shape concern. The adjusted R² for the fully adjusted model relating acculturation to body concern was 0.63, indicating a substantial degree of shared variation between measures of body shape concern and measures of acculturation.
Conclusion: Acculturation may have a strong impact on body shape concern in Fiji. However, acculturation is a multidimensional construct and does not likely have a monolithic relation to body shape concern.

Keywords: acculturation; assimilation; tradition; body shape concern; Fiji

Introduction
Numerous studies suggest that young women in populations undergoing transnational migration, urbanization, westernization, and modernization may be at increased risk for disordered eating.1–12 Potential mediators between social change and risk for disordered eating are incompletely understood. They include a new relative abundance of food,7 greater exposure to mass media,13 and acculturataion. Acculturation may promote risk for disordered eating in two key ways. First, undergoing major cultural change may promote generic risk for mental illness via a diathesis-stress model14–17; this, in turn, could increase vulnerability for disordered eating, among other disorders. Second, assimilation to a global culture may promote attitudes and behaviors that increase risk for an eating disorder. Specifically, the revision of cultural body ideals may promote risk by increasing body concern and dissatisfaction.18–21

The construct of acculturation has been inconsistently defined and operationalized as it relates to risk for eating disorders.22 Acculturation is formally and classically defined as changes in the original cultural patterns subsequent to contact between different cultures.23 This definition suggests that acculturation, its assessment, and its impact are all relative to a specific cultural context. This cultural specificity, in turn, poses challenges to the development of assessments for understanding how acculturation contributes to risk in particular cultural environments. Although the process of acculturation was initially understood as a linear trajectory from traditional to modern values, attitudes, and practices, others have advocated a more nuanced and multidimensional understanding of the process.24 Among these models include distinguishing

1 Eating Disorders Clinical and Research Program, Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts
2 Department of Social Medicine, Harvard Medical School, Boston, Massachusetts
3 Eliot-Pearson Department of Applied Child Development, Tufts University, Medford, Massachusetts
4 Department of Society, Human Development, and Health and Epidemiology, Harvard School of Public Health, Boston, Massachusetts
5 Department of Psychology, Wesleyan University, Middletown, Connecticut

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Supported by K23 MH68575 from National Institute of Mental Health.
*Correspondence to: Dr. Anne E. Becker, Massachusetts General Hospital—WAC B16C, 15 Parkman Street, Boston, MA 02114.
E-mail: abecker@partners.org

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between personal and group levels of acculturation, and between comfort with tradition and comfort with the new contact culture. Indeed, it is likely that acculturation may have unique properties across cultural contexts. It appears, therefore, that multiple dimensions of acculturation, including assimilation, adherence to tradition, and exposure to an acculturated milieu might influence response and adaptation to new cultural ideas, values, and images.

Previous research among ethnic Fijian girls and women has demonstrated that disordered eating is becoming more prevalent in Fiji in the setting of the introduction of Western televised programming and concomitant rapid social and economic change. One causal mechanism for this is suggested by narrative data that link television exposure to revision of body ideals and body shape concern. Other research from Fiji supports an increase in body dissatisfaction over time as well, but the specific impact of acculturation on body shape concern has not yet been explored with quantitative data in this population.

The Republic of Fiji is located in the Western Pacific on the geographical barrier between Melanesia and Polynesia. Ethnic Fijians—the major ethnic group residing in Fiji—comprise a small-scale indigenous society undergoing rapid political, economic, and social transition. Previously, eating disorders had been rare in Fiji and ethnic Fijian cultural traditions had supported a strong preference for robust appetites and body size. Participation in feasting traditions was central to maintaining social relationships and a robust body size was perceived as reflecting both physical health and a dense and thriving social network. Moreover, ethnographic data suggested a disinclination to try to lose weight or reshape the body.

The present study builds on previous research in ethnic Fijian girls and women by investigating the relation between several facets of acculturation to body shape concern. We chose to assess acculturation by probing both adherence to tradition and exposure to acculturated attitudes relating to eating and body shape ideals. These particular facets of acculturation were selected because of their local high cultural salience as well as their relevance to body shape concern. We hypothesized that exposure or assimilation to a rapidly changing social environment in which thinness is valued might decrease body satisfaction, previously characteristic of Fijian women. We thus expected that greater acculturation would be associated with greater body shape concern in this study population.

Method

Study Site

Rural Fiji was selected as a study site given its rapid social and economic transition from a subsistence agriculture based economy to a cash economy. In addition, the ongoing electrification of rural communities over the past decade has promoted exposure to images and values from Western television programming.

Study Participants

Study participants (n = 115) for this analysis were drawn from two separate cohorts of ethnic Fijian females enrolled in other studies relating to social change and disordered eating in 1998. These included a school-based sample (n = 65) comprised of ethnic Fijian adolescent girls aged 16–20 enrolled in Forms 5–7 at two secondary schools in Nadroga and a community based sample of Nadroga-language speaking ethnic Fijian women aged 19–63 years (n = 50); data for each of these cohorts were collected in 1998. Recruitment of these cohorts and data collection have been described elsewhere.

Procedure and Assessments

Data available from both cohorts included demographic information, height and weight, as well as responses to the Questionnaire on Eating and Weight Patterns-Revised (QEWPR; see Refs. 33–36) and to a self-report measure developed for an ethnic Fijian population that included items relating to body shape concern, eating attitudes, and adherence to traditional Fijian cultural values and practices. The latter items posed several specific questions concerning attitudes and practices referencing the Fijian indigenous illnesses, macake (a loss of appetite) and “going thin” (an acute weight loss). Both of these illnesses reflect traditional concerns with maintaining a healthy and robust body weight as well as concerns about the integrity of the sufferer’s social network.

Both measures were translated into the Nadroga dialect of Fiji, backtranslated into English, and then reviewed by a native speaker for appropriate syntax and grammar. The English language version was administered to schoolgirls in a setting where English had been the formal language of instruction since elementary school. The Nadroga language version was administered to the community sample. A native Nadroga language speaking research assistant was present throughout data collection to respond to subject questions about linguistic and conceptual content. The study protocol for each of the previous studies was approved by both the Fiji Research Committee and the Harvard Medical School Committee on Human Studies. The present study protocol for a secondary data analysis was approved by the Partners Human Research Committee (Boston, MA).
Measures

Body Shape Concern. Responses to six items (see Table 1) that reflected body shape and weight concern and dissatisfaction were averaged to create a score for body shape concern. Response categories for five of the six items ranged from 1–4, with higher values indicating greater body shape concern and dissatisfaction. The remaining item, "Have you ever tried to gain or lose weight?" was coded as either 1 (tried to gain weight, or never tried to change weight) or 4 (tried to lose weight).

Acculturation. Acculturation was measured using items from the questionnaire described earlier, which assessed both adherence to traditional behaviors and perceptions in the domains of appetite, body type preferences, and feasts as well as exposure to acculturated (Western) attitudes about ideal body shape. Selections among items were guided by previous ethnographic research in Fiji conducted by the first author.31 A total of 30 items with 3–6 response categories each were included. The dimensions of acculturation reflected by these items were investigated using exploratory factor analysis, the results of which were used to construct composite measures reflecting several domains of acculturation.

The factor analysis of the 30 acculturation items proceeded as follows. First, the number of factors to retain was determined by examining the scree plot,37 the number of factors with eigenvalues >1.38 and the interpretability of solutions containing between 2–6 factors. Second, the final factor solution was rotated using an oblique rotation, allowing the factors to be intercorrelated. Third, we examined the loadings (i.e., standardized regression coefficients) of each item on each factor, the relative magnitude with respect to the loadings of the same items on other factors, and the conceptual cohesiveness of the items and factors. Items with high loadings on one factor (generally approximately >0.4) and low loadings on the remaining factors were retained for further analysis (e.g., simple factor structure39); items with moderate to high loadings on more than a single factor were omitted. Finally, composite scores for each factor were calculated by taking the mean of the items that loaded highly on that factor.

Analyses of the Relation Between Acculturation and Body Shape Concern

Ordinary least squares (OLS) regression was used to investigate the relation between the composite measures of acculturation and body shape concern. For each dimension of acculturation we estimated a model without any other covariates and a model adjusting for participants' age, cohort (i.e., place of recruitment), and BMI. We also estimated a model that included all three measures of acculturation simultaneously plus the demographic controls. We used interaction terms to evaluate cohort differences in the relation between acculturation and body shape concern. The analysis sample included participants with complete data on all variables (n = 96).

Results

Sample Description

By study design, the sample was comprised solely of ethnic Fijian females. The mean age of the sample was 25 years (SD = 12 years). The mean

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the past six months, how important has your weight or shape been in how you feel about or evaluate yourself as a person—as compared to other aspects of your life, such as how you do at work, as a parent, or how you get along with other people?*</td>
<td>2.4 (1.3)</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How important is it to you that you weigh what you would like to weigh?</td>
<td>2.9 (1.1)</td>
<td>0.48</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Would it bother you if you were too heavy?</td>
<td>3.2 (1.1)</td>
<td>0.29</td>
<td>0.38</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever tried to gain or lose weight?*</td>
<td>2.4 (1.5)</td>
<td>0.41</td>
<td>0.31</td>
<td>0.16</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you ever think that you look too big or fat?</td>
<td>2.0 (0.9)</td>
<td>0.29</td>
<td>0.40</td>
<td>0.31</td>
<td>0.26</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>6. Do you ever think that you should eat less?</td>
<td>2.4 (0.9)</td>
<td>0.23</td>
<td>0.37</td>
<td>0.22</td>
<td>0.12</td>
<td>0.65</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note: All items and respective anchor (see below) appear with original wording. All but one of the items (*) were ordinal variables with a range from 1 (high body satisfaction) to 4 (relatively low body satisfaction). One item (*) was dichotomous, and was coded here as 1 (tried to gain weight, or never tried to change weight) and 4 (tried to lose weight). Values in parentheses indicate Standard Deviation.

*From item #17 in the QEWP-R.36

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BMI was 26.5 kg/m$^2$ (SD = 4.1 kg/m$^2$). Fifty-nine percent ($n = 57$) of the total sample had a BMI of 25 kg/m$^2$ or greater, thus meeting the WHO criterion for overweight.\textsuperscript{40} By definition, all of the participants from the school-based sample had some secondary school education; of the community-based sample, among the 39 respondents reporting educational attainment, the majority, 69\% ($n = 27$), had received some secondary school education. Of these 27 women, only one had received some post-secondary school education. Seventy-five percent ($n = 72$) of respondents resided in a household with a television, suggesting opportunities for exposure to values and images inherent to Western programming.

**Body Shape Concern Measure**

Means, standard deviations, and intercorrelations of the 6 items comprising the measure of body shape concern and dissatisfaction are presented in Table 1. The intercorrelations of the items with one another were moderate, mostly ranging from 0.3 to 0.4. These items were highly internally consistent ($\alpha = 0.74$). The mean body shape concern score for the sample was 2.6 (SD = 0.75, range = 1–4).

**Factor Analysis of the Acculturation Items**

Results of the exploratory factor analysis of the 30 items relating to acculturation are shown in Table 2. On the basis of the screen plot and number of eigenvalues $>1$, a three-factor solution was supported. Factors 1 and 3 comprised of items assessing participants’ adherence to Fijian traditions. Specifically, items on factor 1 related to both conformity and sensitivity to social cuing regarding the respondent’s participation in Fijian feasting and weight-related traditions (e.g., “When you attend magisi [feasts], how much do other people usually try to get you to eat?” “If you eat too little at the magisi [feasts], do other people comment/talk about it?” “How often do you take dranu [traditional herbs] to prevent macake [appetite loss]?” etc.). Items on factor 3 related to respondents’ and respondents’ parents’ perceived adherence to traditional concerns with macake and “going thin”—indigenous syndromes that index a traditional concern with appetite and weight loss (e.g., “How serious a problem do you think macake [appetite loss] is?” “How serious a problem do you think going thin is?” etc.). Higher scores on factors 1 and 3 reflected relatively greater adherence to tradition (and imply, by extension, less acculturation). Finally, items on factor 2 also demonstrated conceptual coherence and reflected the respondent’s being in a social milieu with expressed attitudes toward body size and appetite that depart from Fijian traditional valuation of robust body size and appetite (e.g., “Do your parents or family ever say that you look too big or too fat?” “Do your friends ever say you look too big or too fat?” “Do your parents or family ever say that you should eat less?”). Whereas the loadings of the first 2 items on factor 2 (0.70 and 0.62, respectively) were quite high, they were not as differentiated as would be ideal from the loadings of these items on factor 1 (0.39 and 0.43, respectively). We retained these items as components of factor 2 because of their conceptual coherence with the remaining factor 2 items. A higher score on this factor reflected relatively greater acculturation with respect to the social milieu.

On the basis of our hypothesis that higher levels of acculturation would predict greater concern over one’s body shape and a higher degree of body dissatisfaction, we expected to observe that scores on factors 1 and 3 would be inversely related to the measure of body shape concern, and that scores on factor 2 would be positively related to body shape concern.

Prior to calculating composite scores for each factor, two items were reverse-coded (see footnote to Table 2). Means and standard deviations of factors 1–3 were 2.33 (0.59), 2.56 (0.75), and 2.95 (0.59), respectively. The three factors were highly internally consistent, as demonstrated by Cronbach’s alphas of 0.72, 0.77, and 0.70 on factors 1, 2, and 3, respectively. The factors were only weakly correlated with one another (factors 1 and 2: $r = 0.17$; factors 1 and 3: $r = 0.04$; factors 2 and 3: $r = 0.14$).

**Linear Regression Models**

Results of linear regression models of the relation between the three dimensions of acculturation and body shape concern are shown in Table 3. The unadjusted association between each factor and body shape concern is shown in Column 1, as obtained from 3 separate regression models. Associations adjusted for age, place of recruitment, and BMI are in Column 2; a final, combined model was then estimated with all of the factor scores together plus age, place, and BMI (column 3).

In contrast to our expectation, the models for factor 1 indicated that greater conformity and sensitivity to social cuing around Fijian feast and weight-related traditions were significantly related to higher levels of body shape concern (unadjusted regression coefficient = 0.88; adjusted regression coefficient = 0.52). We consider these effects to be substantial: a 1-unit difference in scores on factor 1 was associated with a difference in the measure of body shape concern of nearly 3/4 of a standard deviation.

With respect to factor 2, higher scores (i.e., reflecting more acculturation) were significantly
Factor 2: Exposure to a social milieu with non-traditional
Items not retained from factor analyses

Factor 3: Personal and parental perceived adherence to traditional
concerns about appetite and weight loss

Factor 3: Personal and parental perceived adherence to traditional
body size and appetite attitudes

related to greater body shape concern in both the
unadjusted and adjusted models (Table 3, columns
1 and 2). These effects were also pronounced, as a
1-unit difference in factor 2 scores was associated
with a difference in the measure of body shape
center of approximately ½ of a standard devia-
tion. Scores on factor 3 were unrelated to the out-
come in this sample.

The final model simultaneously estimated the
effects of factors 1–3 on body shape concern (Table 3,
Column 3). The significant effects of factors 1 and 2,
oberved in column 2 (Table 3) remained significant,
and were only slightly attenuated. This suggests that
the dimension of adherence to tradition (factor 1)
and more exposure to an acculturated environment
(factor 2) are independently related to body shape
concern. In addition, contrary to our expectation, these two dimensions of acculturation were related to body shape concern in opposite directions. We note that neither BMI nor age is related to body shape concern in this model, whereas membership in the secondary school cohort is significantly related to high body shape concern (data not shown). Because we observed a significant association between cohort and greater body shape concern (data not shown), suggesting a higher degree of body shape concern in the school cohort, we explored whether the association between acculturation and body shape concern also varied between the two cohorts in a post hoc analysis. We added interaction terms between cohort and scores on the 3 factors to the final model. The interaction of cohort and factor 1 was significant \( p = 0.023 \), and indicated that the relation between factor 1 and body shape concern was more pronounced in the school than in the community cohort.

The adjusted \( R^2 \) of the final model which included age, cohort, BMI, and factors 1–3 (but not the interaction term) was 0.63 indicating a substantial degree of shared variation between measures of acculturation and of body shape concern.

### Conclusion

Our findings support that acculturation is associated with body shape concern in this study sample of ethnic Fijian adolescent and adult women. They also suggest that diverse facets of acculturation (i.e., adherence to tradition and exposure to acculturated milieu) may impact on body shape concern in distinct ways. Our exploratory factor analysis of items probing traditionality and acculturation suggested a solution with factors relating to distinctive dimensions of adherence to tradition and acculturation: (1) conformity to and sensitivity to social cuing around Fijian feast and weight-related traditions (i.e., arguably reflecting greater adherence to tradition and less acculturation) were significantly associated with greater body shape concern. This was counter to our expectation that less acculturation would be associated with less body concern. On the other hand, as expected, higher factor-2 scores suggestive of being in a milieu with expressed acculturated attitudes (i.e., reflecting more acculturation) were significantly associated with greater body shape concern. The magnitude of these effects was relatively pronounced. Finally, greater factor 3 scores, indicative of adherence to specific traditional con-

<table>
<thead>
<tr>
<th>Predictor(s)</th>
<th>1: Unadjusted</th>
<th>2: Age, place, BMI adjusted</th>
<th>3: Fully adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1: Sensitivity and conformity to social cuing around Fijian feast and weight-related traditions</td>
<td>.88</td>
<td>.52</td>
<td>.46</td>
</tr>
<tr>
<td>Factor 2: Exposure to a social milieu with non-traditional body size and appetite attitudes</td>
<td>.52</td>
<td>.36</td>
<td>.31</td>
</tr>
<tr>
<td>Factor 3: Personal and parental perceived adherence to traditional concerns about appetite and weight loss</td>
<td>.11</td>
<td>.15</td>
<td>.07</td>
</tr>
</tbody>
</table>

\(^a\) Linear regression models of body shape concern estimated for each factor individually (3 "unadjusted" models, column 1; 3 "adjusted" models, column 2) and all factors simultaneously (column 3).

\(^1\) F(1,94) = 85.22, \( p < 0.001 \).

\(^2\) F(1,94) = 25.56, \( p < 0.001 \).

\(^3\) F(1,94) = 69, ns.

\(^4\) F(4,91) = 37.22, \( p < 0.001 \).

\(^5\) F(4,91) = 34.22, \( p < 0.001 \).

\(^6\) F(4,91) = 29.08, \( p < 0.001 \).

\(^7\) F(6,89) = 29.50, \( p < 0.001 \).
cens with weight and appetite loss were not significantly associated with the body shape concern.

For the most part, previous studies have reported a positive association between acculturation and risk for disordered eating or body dissatisfaction. For example, in a nation-wide longitudinal study of immigrants to Australia, greater acculturation predicted greater weight dissatisfaction among young women. For this study, years since arrival in Australia with the intention of staying was used as a proxy for acculturation. Similarly, in a community-based study of Mexican American women, acculturation (assessed by the Acculturation Rating Scale for Mexican Americans) was significantly related to higher factor III scores on the EAT-26. Likewise, in a study of Chinese University students living in the United States, highly acculturated individuals (as measured by the Suinn-Lew Acculturation Scale) reported higher total scores on the Eating Disorders Inventory than respondents with low acculturation. A direct positive relationship between acculturation (assessed with the Culture Questionnaire) and disordered eating and body dissatisfaction outcomes were further supported in studies of White and Guatemalan-American women, and two urban school-based samples of Hispanic females.

By contrast, some data have suggested an association between greater adherence to tradition and disordered eating. For example, in one study of Hong Kong-born female immigrants to Australia, higher scores on the Ethnic Identity Scale (EIS) were associated with higher EAT scores. In addition, Mumford et al. found that Asian girls in the U.K. who made the greatest use of Asian language and dress reported the highest mean BSQ and EAT scores. Similarly, they found that Asian girls diagnosed as having bulimia nervosa (according to DSM-III-R criteria) reported significantly higher traditionality scores than their Asian counterparts. Relatedly, Altuğ et al. found higher greater disordered eating attitudes and behaviors (on the EAT-40) among Turkish university females who perceived greater traditionality among their parents.

The present study focuses on the distinct relations that three facets of acculturation have to body shape concern within the same population. These findings suggest that multiple dimensions of acculturation may impact upon body image in diverse ways, even within a population. Sensitivity to the complexity of the impact of acculturation and assimilation on body dissatisfaction may be helpful in clinical encounters as well as in conceptualizing strategies for prevention of eating disorders across culturally diverse populations coming into contact with ideas, images, and values disseminated by globally available mass media. These results also suggest that it may be useful to distinguish between personal assimilation to changing cultural values and being situated in an acculturated milieu for future studies of the impact of acculturation on disordered eating and body image. Although previous research has suggested that intergenerational conflict may be associated with greater risk for disordered eating, we could not identify studies that specifically investigated the impact of personal assimilation to a new cultural environment versus being situated in an acculturated milieu.

Our results also suggest that adherence to tradition and exposure to acculturated attitudes may exert impact in age-cohort specific ways. Sensitivity and conformity to tradition were more strongly related to body shape concern among school cohort respondents than among community cohort respondents in the fully adjusted model. A possible explanation for this finding is that school cohort respondents encounter stronger peer pressure to relinquish food and feasting-related traditions than do village residents. As a consequence, respondents who perceive themselves to be more traditional than socially desirable in their peer school cohort might compensate with enhanced sensitivity to evolving peer cultural body shape ideals.

This study may be limited by its primary focus on adherence to Fijian traditions specific to feasting and protection against weight and appetite loss. This focus was chosen based on expert subject matter knowledge gleaned from ethnographic research, but captures only a narrow range of factors relating to social change in Fiji. Moreover, other facets of personal assimilation in this environment—adoption of Western clothing, viewing Western television, use of the English language—that were not specifically measured may have had a different association with body shape concern. In addition, our interpretation of findings rests upon a correct interpretation of the latent constructs measured in factors 1–3. Although the items drew on previous ethnographic work in Fiji and were intended to capture aspects of acculturation and adherence to tradition, we considered the possibility that the latent constructs measured respectively by factors 1 and 2 instead reflected sensitivity to weight and eating related surveillance and criticism, which in turn were associated with high body concern. However, even if this was the case, we argue that it would still be quite interesting that comments and practices relating to adherence to tradition (factor 1) and comments reflecting the subject’s being in a milieu where acculturated
attitudes about body shape are expressed (factor 2) are both positively associated with body shape concern. It is notable that factor 3, adherence to traditional attitudes and practices concerning appetite and weight loss was not associated with body shape concern. This may relate to the cultural meaning of macake and “going thin” as illness phenomena indexing concern with social disconnection rather than with appearance.

The cross-sectional study design limits causal inferences that can be drawn from the association between acculturation and body shape concern. In particular, Fijian women who are dissatisfied with their bodies may resist embracing Western standards of beauty when traditional Fijian standards are more validating. Moreover, ability to adapt to the changing social environment may reflect personal strengths and self-confidence that are also reflected in body satisfaction. A longitudinal study will be required to establish a causal link between acculturation and body shape concern. We also considered the possibility that weight-related items within factors 1 and/or 2 may have driven their association with body shape concern. Although previous ethnographic data support that these factors do reflect latent constructs relating to adherence to tradition and exposure to an acculturated milieu, distinguishing the impact of aspects of those questions related to weight, shape, and appetite and those related to traditional adherence and an acculturated milieu is not possible in this study. We note, however, that the associations between dimensions of acculturation and body shape concern were independent of BMI in this sample, suggesting that body shape concern relates here to something besides weight—that is, adherence to tradition and being in an acculturated milieu. Finally, our conclusions are limited to the impact of acculturation on body shape concern. Further research in this study population is required to clarify whether facets of acculturation measured in this study also have impact on disordered eating.

In sum, our study demonstrated a robust relation between facets of acculturation and body shape concern in this study population in Fiji. Our findings also support that different facets of acculturation may relate to body shape concern in distinct ways. Moreover, even within a population, the impact of acculturation may be specific to a particular cohort that shares a subculture, such as the adolescent schoolgirls in our school-based cohort. These findings also more generally suggest that a unidimensional exploration of the relation between acculturation and body image may not effectively exhaust the possibilities for the impact of social transition on body image in any given cultural context. For this reason, narrow definitions of acculturation or simple proxies for it may miss opportunities to understand and intervene in the pathogenesis body image disturbance in populations undergoing social transition. We suggest that future research investigating the impact of acculturation on body image seek to replicate these findings as well as explore multiple dimensions of acculturation within its social context.

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