



CULTURAL DIFFERENCES RELATED TO EATING DISORDERS AND OBESITY

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A fluctuating prevalence between regions of the globe

Throughout history, **eating disorders** mainly affected **developed countries** such as Europe or North America especially teenage girls and young adults. However, this distribution evolved in the last few decades and today, eating disorders affect **all continents of the globe**. Indeed, according to recent data, the prevalence of all broad categories of eating disorders is:

17% in America¹
13.7% in Europe²
11.5% in Asia³

America is the continent with the highest prevalence of eating disorders and especially binge eating disorders, which is very frequent. To the best of our knowledge, the prevalence of eating disorders in Africa has been few studied.

Regarding **obesity**, the prevalence is variable according to the country (*Figure 1*) depending on multiple factors such as lifestyle, diet... The actual prevalence is probably higher since those data were published in 2015 and a significant increase of obesity was observed these last few years.

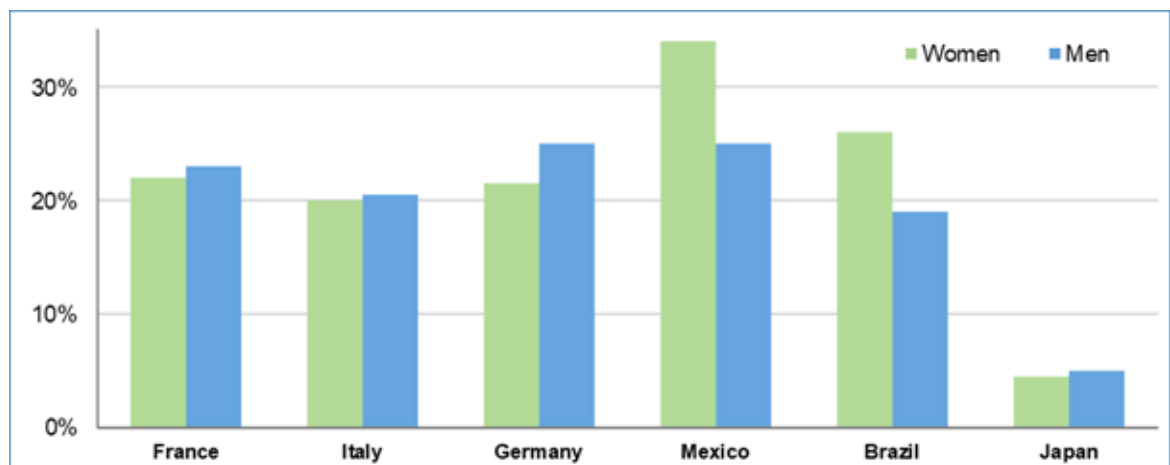


Figure 1 : Prevalence of obesity among adults over 20 years old **according to the country** in 2015 (Jaacks 2019)



The prevalence data must be **interpreted with caution**. Indeed the diversity of studies in terms of classification, assessment tools used and studied population can lead to multiple bias and make the comparison between studies difficult.

What trails for these prevalence ?

The scientific literature has identified several trails to explain the difference in prevalence for these two diseases. Here is an overview:

Cultural and social context



The **drive for thinness** and **body dissatisfaction** are usually more frequent in Western countries compared to other countries of the world, which can be linked to differences in **beauty standards**.⁴

Moreover, **the** recognition and acceptance of those pathologies, especially eating disorders, is **not the same depending on the country**. Even though eating disorders are still taboo throughout the world, they are better known and accepted in western countries in comparison to Asia, for example, where denial is much more common.⁴

Lifestyle

The different lifestyles between countries constitute another factor explaining **the disparity of prevalence**. Sedentary jobs or lack of physical activity can increase the risk of **developing those pathologies**. A sedentary lifestyle is more frequent in western countries but is beginning to expand to the rest of the world.



Social networks

The **excessive use of social networks** is a risk factor for eating disorders. **Moreover, social networks are increasingly accessible and used in developed countries, unlike in developing countries where they are less available.**



Food



The accessibility and quality of food vary across countries and can be a risk factor of eating disorders and obesity.

For example, access to **high fat and/or high sugar** diet (often-industrial food) can promote the onset of binge eating disorder or obesity. On the other hand, the **rejection of “junk food”** can induce orthorexic behaviours and so encourage the emergence of inappropriate restrictive behaviours.

Focus on nutritional labels in Chile

Different prevention actions and legislations have seen the light of the day **in some countries of the world** in order to reduce the consumption of industrial products. For example in Chile, neutral nutritional labels have been created with the sentence “Too high in...” followed by sugar, salt, saturated fats or calories depending on the product. Those labels had a massive impact **on eating habits of the population** and especially on the consumption of sugary drinks such as soft drinks.⁵ Indeed, in two years, these measures have led to a **23.7% reduction in the volume of soft drinks purchased.**



Figure 2 : Example of food labels in Chile ⁵

Sources :

1. Ward, Z. J., et al (2019). Estimation of eating disorders prevalence by age and associations with mortality in a simulated nationally representative US cohort.
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3. Pengpid, S., & Peltzer, K. (2018). Risk of disordered eating attitudes and its relation to mental health among university students in ASEAN.
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5. Taillie, L. S., et al (2020). An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study.