A Critical Analysis of Acculturation, Sociocultural Pressures, Body Image, and Disordered Eating among Asian Immigrants in Australia, Canada, and the United States

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Abstract
Asian immigrants are an emerging ethnic minority in the United States, Australia, and Canada. Previous literature has examined how immigration to Western countries and the sociocultural pressures associated with a new host country, particularly the United States, impacts Asian immigrants’ body image and dietary regimen. However, there has been less of a focus on the level of acculturation of Asian immigrants in Canada and Australia and its relationship with body image dissatisfaction, disordered eating, and sociocultural pressures. The paucity of cross-cultural analysis and the inconclusive knowledge of how acculturation and sociocultural pressures may serve as predictors of poor body image and disordered eating warrant further investigation. An overview of Asian immigrants’ acculturation experiences and an in-depth analysis of existing literature with regard to acculturation, body image, sociocultural pressures, and disordered eating are provided.

Method and Results

A quantitative, systematic literature review of acculturation, immigration, body image, eating disorder symptomology, and sociocultural pressure among Asian immigrants currently residing in Australia, Canada, and the United States was conducted. The literature review focused specifically on individuals of Asian descent in South and Eastern Asian countries living in Australia, Canada, and the United States. Referring to methods of evaluating the literature developed by Cooper (1998), which included choosing key words and analyzing scales and measures in the articles, studies were identified using three different methods: database searches, references of articles selected, doctoral dissertations, and published literature reviews. An exhaustive search of the literature was conducted on the EBSCO database PsychInfo. PsychInfo is a notorious database containing approximately 3 million full-text and citations of peer-reviewed journals, dissertations, books, and chapters in the fields of psychology, social work, and criminology. The following keywords were utilized in the search: Asian, acculturation, migration, sociocultural pressure, eating disorder symptomology, and body image. The results of the literature search yielded 29 published articles that were inclusive of the key terms. Of these articles, the vast majority (62%) focused on Asian immigrants in the United States, with only 20% of articles relating to immigration in Canada and 17% in Australia. In regards to different Asian groups (e.g., East/Southeast Asians or South/Indo-Asians), 17 of the 29 articles specified regions in which the participants or population were reviewed, with the rest of the studies grouping Asian populations as a whole community.

Discussion
This section first highlights preliminary information on the diet and acculturation of Asian immigrants pre- and post-migration. It then describes existing literature on acculturation and its impact on the body image, disordered eating, and sociocultural pressures of Asian immigrants in the United States, Canada, and Australia.
Asian Diet

Dietary regimen can be broadly defined as the choices an individual makes regarding food preferences (Le, 2014). According to Le (2014), three traditional diets exist in Asian cultures: the southwest, northeast, and southeast food traditions. The southwest style consists of food from India, Pakistan, Sri Lanka, and Burma, which includes flat bread, mutton, kebabs, hot peppers, beans, rice, and curry. This specific Asian culture utilizes strong spices, such as cloves and black pepper. Secondly, the northeast style, which pertains to China, Korea, and Japan, values fats, oils, and sauces. Individuals who are of northern Chinese descent incorporate oils and garlics into their dishes while individuals of southern Chinese descent insist on freshness and tenderness. The Japanese culture typically integrates deep fried food into their meals, such as sushi and sasami while the Korean culture holds a strong preference for grilling and sautéing, particularly using hot chili spices. Thirdly, the southeast style, which consists of Thailand, Laos, Cambodia, Indonesia, Malaysia, Singapore, and Brunel, fuses a mixture of stir-frying, steaming, and boiling, which typically includes citrus juices and numerous herbs, such as basil, cilantro, and mint (Le, 2014).

Acculturation

The acculturation process of Asian immigrants varies depending on the age at migration, length of time in host country, educational status, previous experience with a Western-focused society, cultural pride, socioeconomic status, and immigration status (Berry, 1990). As evidence of this, Gong, Takeuchi, Agbayani-Siewert, and Tacata (2003) posit that immigrants who arrive at a younger age to a new host country experience a higher level of acculturation, which warrants the opportunity to become educated about the new culture and to develop social networks. In addition, Berry (1990) asserts that immigrants may experience assimilation, separation, biculturalism, and/or marginalization tendencies post-migration. Each acculturation mode describes an immigrant’s experience in a new host culture. Most Asian immigrants tend to engage in assimilation, which occurs when individuals solely identify with and adopt the host society’s cultural values and customs (Choi & Madhavappallil, 2009). Asian immigrants also adopt biculturalism, a process in which an individual incorporates both their native culture and the new culture into their value system. Biculturalism has been deemed as the preferred mode of acculturation for individuals of Asian descent (Choi & Madhavappallil, 2009).

Asian Immigrants in the United States

Among U.S. studies on the acculturation of Asian immigrants, Lee (1997) provides a detailed explanation of the stressors and cultural issues impacting Asian immigrants post-migration. Although cultural integration may facilitate social and economic mobility (Hays & Erford, 2010), Lee (1997) reports that migration is a significant stressor for Asian immigrants who may need to modify or disregard their cultural values to adhere to the American culture. Lee (1997) stresses that the acculturation process of Asian immigrants in the United States varies per individual. Nonetheless, Lee (1997) proposes that first-generation Asian immigrants in the United States experience four acculturation orientations: the traditional, cultural conflict, bicultural, and “Americanized” orientations (Lee, 1997). The traditional Asian immigrants residing in the U.S. are usually older adults who arrived in the United States accompanied by their families. Traditional Asian immigrants have minimal exposure to the Western culture pre-migration and tend to primarily reside near other Asian communities in the United States (Lee, 1997). Traditional Asian immigrants also tend to possess a strong emphasis on interpersonal relationships, the family unit, and interdependence. In particular, the family as a whole is regarded as more pertinent than the individual, with the husband serving the role of a protector, provider, and breadwinner while the wife acts as the homemaker and the child-bearer (Lee, 1997). The cultural conflict family tends to be highly acculturated and to experience a substantial amount of stress post-migration due to varying cultural viewpoints on dating, marriage, and educational endeavors (Lee, 1997). Moreover, the bicultural Asian immigrant family consists of well-acclimated parents who traveled to the United States several years prior and have successfully adapted to the Western society (Lee, 1997). Immigrants who identify as bicultural come from well-known Asian regions and are quite accustomed to Eastern and Western cultures (Lee, 1997). Lastly, the “Americanized” family consists of Asian immigrants who tend to shift away from their own cultural identity and embrace a more individualistic orientation (Lee, 1997).

Moreover, dietary acculturation, the process by which immigrants take on the dietary practices of the host country commonly impact Asian immigrants post-migration (Sanou et al., 2013). Serafica, Lane, and Ceria-Ulep (2014) report that the diet of Asian immigrant groups in the United States shifts the longer they reside in the United States. In particular, many Asian immigrants residing in the U.S. are likely to eat less fruits and vegetables and to adopt diets rich in fat (Satia-Abouta & Neuhausner, 2002). As part of the dietary acculturation process, Asian immigrants discover novel ways to incorporate traditional foods, disregard certain culinary styles, and consume new cuisine (Satia-Abouta & Neuhausner, 2002). For example, rice is a common cuisine among many Asian immigrants; however, cereal and milk may supersede other traditional Asian foods (Satia-Abouta & Neuhausner, 2002). Asian immigrants may also utilize accessible foods in the United States to concoct traditional Asian cuisines (Satia-Abouta & Neuhausner, 2002). Likewise, a study conducted by Yang and Fox (1979) determined that Chinese immigrants in Nebraska incorporated canned vegetables into traditional Chinese dishes. On the other hand, numerous studies have demonstrated that recent immigrants are more likely to adhere to the Western culture (Satia-Abouta & Neuhausner, 2002; Yang & Fox, 1979). For example, highly acculturated Japanese immigrants who resided within the United States were more likely to include cheese, salty snacks, and soft drinks in their diet (Pierce et al., 2007). A more recent study by Serafica et
Asian Immigrants in Canada

Fewer studies have focused on the acculturation of Asian immigrants outside of the United States (Sanou et al., 2013). Gaps in the literature are apparent when investigating the immigration experiences of Asian immigrants in Canada. However, what we do know about Asian immigrants in Canada is that their dietary regimen is affected post-migration (Sanou et al., 2013). For example, upon arrival in Canada, first-generation immigrants experience the “healthy immigrant effect” (Sanou et al., 2013). The healthy immigrant effect posits that immigrants tend to have minimal chronic illnesses and are healthier than Canadian born individuals upon arrival (Sanou et al., 2013). Despite this claim, Asian immigrants may encounter a decline in their dietary habits over time in Canada, which may be due to the change in nutrition. Sanou et al. (2013) determined that minimal exposure with Canadian cuisine and cooking techniques prevented Asian immigrants, specifically Chinese women, from preparing food. A later study conducted by Lesser, Gasevic, and Lear (2014) concluded that South Asian immigrants in Canada reported an array of positive dietary habits, which consisted of an increased consumption of fruits and vegetables and healthier food preparation methods with substituting deep frying with grilling. Despite the adoption of some robust dietary practices, consumption of convenience foods (40.5%), soft drinks (35.5%), and desserts and candy (34.9)% increased post-migration (Lesser et al., 2014). Evidently, the acculturation process affects Asian immigrants differently as indicated by the discrepancy between healthy and unhealthy eating behaviors. Researchers have also concluded that the longer a Chinese immigrant resides in Canada, the more likely they are to consume soft drinks, fruit juice, and chips (Lesser et al., 2014). These findings may allude to Asian immigrants’ lack of awareness of the nutritional value and healthy cooking methods of Canadian cuisine.

Asian Immigrants in Australia

Asian immigrants who relocate to Australia also experience significant dietary changes. Delavari, Farrelly, Renzaho, Mellor, and Swinburn (2013) reported that drastic changes in the physical environment of Asian immigrants impacted their eating habits. Half of the participants in Delavari et al. (2013)’s study indicated that food in Australia was of dismal quality, which made it arduous to select nutritious foods. On the contrary, the other 50% of the participants stated that they experienced a strong desire to consume new food and gained in greater self-awareness of their own nutritional regimen. These participants also revealed that they adopted a healthier attitude post-migration. Delavari et al. (2013) concluded that Asian immigrants experience short-term weight gain immediately after migration. Weight gain seems to decrease once the individual becomes more integrated into the host culture and/or establishes connection with other Asian immigrants (Delavari et al., 2013). Overall, the incongruity between healthy and unhealthy eating behaviors demonstrates the need for additional research in order to accurately conclude that Asian immigrants who move to Australia will or will not adopt unhealthy eating habits.

Body Image and Disordered Eating Pre-Migration

Body image, (one’s perceptions and feelings toward one’s body), is mostly determined by family socialization, the media, and sociocultural pressures (Cash & Smolak, 2011). Disordered eating exists on a continuum, from dieting, to occasional binging and purging, to eating disorder diagnoses (Jackson, Keel & Lee, 2006). Lee, Ho, and Hsu (1993) denote a preference and promotion of extreme thinness among Eastern Asian cultures. Leung, Lam, and Sze (2001) conducted a study that involved measuring the hip-to-waist ratio of the Miss Hong Kong beauty pageant contestants from 1975-2000. The researchers discerned that each beauty pageant contestant possessed a high hip-to-waist ratio, which was indicative of a narrow waist and full hips. It can be concluded that strict cultural norms and the emphasis that is placed on physical appearance may lead to the emergence of self-restrictive behavior and a prevalence in compulsive weight control and disordered eating (Lee, 1997).

Smart & Tsong (2014) warns of the prevalence of disordered eating among Asian immigrants. Although eating disorder rates are lower in Asian countries, except in Japan, eating disorders are beginning to increase due to conformity with Western societies’ thinness ideal, specifically in South Korea, Taiwan, Singapore, China, and Indonesia (Smart & Tsong, 2014). Eating disorders in the Asian cultures are also on the rise due to a culture clash between novel economic opportunities and traditional Asian value systems (Reddy & Crowthers, 2007). Smart and Tsong (2014) claim that eating disorders may serve as a way for Asian women to combat the personal stress that is associated with being a certain individual who adheres to stringent gender roles. Ultimately, Asian immigrants’ traditional cultural beliefs and focus on thinness likely places these individuals at a high risk of eating disorders (Smart & Tsong, 2014).

Body Image and Disordered Eating Post-Migration

Researchers have discovered that the level of acculturation to a dominant host culture is positively correlated with disordered eating in the United States and Canada (Soh et al., 2007). This finding supports the indication that highly acculturated Asian immigrants possess a greater risk of disordered eating and eating disorders (Soh et al., 2007). Despite the evidence that Asian immigrants are often acknowledged as being underweight, one study reveals that a strong desire for thinness and a pronounced fear of ovesogenic behaviors exist among Asian immigrants in the United States (Lee, 1993). A survey of Chinese immigrants revealed that 78% of Asian immigrant women displayed
an explicit fear of an increase in weight gain (Chun et al., 1992). Overall, relocating to Western countries, particularly in the United States and Canada, can result in poor body image and a greater propensity in disordered eating (Soh et al., 2007).

Unfortunately, minimal research exists on the specific perceptions of body image in Australia and Canada. Olmstead and McFarlane (2004) claim that Canada and Australia are well known as countries that deeply value health status and self-evaluation. These countries have also gained substantial attention for their emphasis on weight loss (Olmsted & McFarlane, 2004). Olmsted and McFarlane (2004) found that Asian immigrants were more preoccupied with their physical appearance and dissatisfied with their bodies than Canadians and Australians. However, another study conducted in Australia revealed that over time, Asian immigrants’ dietary regimen and body image closely aligned with those of the Australian-born residents (Ball & Kendary, 2002). Overall, mixed findings exist regarding body image, sociocultural pressures, and disordered eating among Asian immigrants in Australia and Canada.

**Sociocultural Pressures Post-Migration**

The sociocultural approach of eating pathology asserts that women encounter sociocultural pressures to fit within a thinness ideal, which may lead to increased body dissatisfaction (Pelletier, Dion, & Levesque, 2004). Common sociocultural pressures experienced by Asian immigrants include societal beliefs related to thinness and gender roles of body image (Chen, 2014). Sociocultural pressures may exacerbate Asian immigrants’ dissatisfaction with their physical appearance by promoting unrealistic and unattainable body image ideals (Xu, Mellor, Kiehne, Ricciardelli, McCabe, & Xu, 2010; Phan & Tylka, 2006; Lake et al., 2000). Stice (1994) proposes three factors responsible for sociocultural pressures experienced by Asian immigrants: 1) the thinness ideal, 2) the emphasis placed on physical appearance, and 3) the correlation between physical appearance and personal success. Phan and Tylka (2006) claimed that sociocultural pressures to ascribe to a thin body figure are exacerbated by the over-representation of thinness in the media, familial pressure to diet, and conformity with a social network engrossed with monitoring their weight. Asian immigrants’ acculturative diet may become affected which subsequently can lead to disordered eating behaviors (Xu et al., 2010). Ultimately, the inconsistency between disordered eating, body image, and acculturation led Reddy and colleagues (2007) to conclude that sociocultural pressures were responsible for the increase in body image and disordered eating.

**Sociocultural Pressures Post-Migration in the United States**

Phan and Tylka (2006) report that sociocultural pressures are common causes of disordered eating and body image dissatisfaction. More specifically, they assert that immigrants who are negatively impacted by the sociocultural pressure to attain a smaller body size are more likely to internalize the thinness ideal. They also claim that sociocultural pressures do lead to body image dissatisfaction because the thinness ideal is unattainable for the average woman (Phan & Tylka, 2006). Overall, it can be concluded that Asian women in the United States are likely to experience body image dissatisfaction due to societal pressure to be thin from the Asian and the American culture (McCabe & Ricciardelli, 2001).

**Sociocultural Pressures Post-Migration in Australia**

Although an abundance of literature exists on how sociocultural pressures lead to body image dissatisfaction (Jackson et al., 2006; Lake et al., 2000; Humphry & Ricciardelli, 2003), little research has investigated weight-related attitudes and body image dissatisfaction in Australia. One study conducted by Lake, Staiger, and Glowinski (2000) surveyed Hong Kong immigrants in Australia about attitudes towards eating and body image dissatisfaction. However, most immigrants reported low compulsive eating tendencies on an eating attitude measure, which prevented interpretations on the association between sociocultural pressures, body image dissatisfaction, and length of time in Australia. A later study conducted by Humphry and Ricciardelli (2003) further concluded that high levels of sociocultural pressures from the Australian culture led to disordered eating behaviors. Overall, further investigation is needed to determine whether or not sociocultural pressures lead to body image dissatisfaction and disordered eating behavior in Australia.

**Sociocultural Pressures Post-Migration in Canada**

Numerous gaps exist in the literature on sociocultural pressures being a contributor of body image dissatisfaction in Asian immigrants in Canada. Although 85% of Canadian women are dissatisfied with their bodies (Government of Saskatchewan, 2014) and 15%-20% of Canadian women experience eating disorder symptomatology (Government of Saskatchewan, 2014), it is unknown whether Asian immigrants who relocate to Canada are equally affected. Ultimately, further investigation on how sociocultural pressures in Canada can lead to poor physical and psychological outcomes is warranted.
This paper is the first systematic review of literature conducted on the association between acculturation, sociocultural pressures, disordered eating, and body image among Asian immigrants. Overall, there is limited research on the impact of acculturation on body image, disordered eating, and sociopolitical pressures on Asian immigrant populations. Existing studies on the topic have primarily focused on a few Asian communities (e.g., Chinese, Korean). Studies have also utilized the term “Asian” to represent all regions of the Asian continent. The term “Asian” describes multiple communities with diverse cultural expectations and backgrounds (Lucero, Hicks, Bramlette, Brassington, & Welter, 1992). Further research is needed to identify how Asian subgroups vary pertaining to body image, eating habits, and sociocultural pressures.

The conducted literature review leads to concern regarding the eating habits and dieting of Asian women post-migration. Asian immigrants may display unhealthy dietary habits due to their lack of awareness of their new host country’s food and of available nutritional resources (Sanou et al., 2013). Emerging unhealthy eating habits may lead to diagnosis of eating disorders and poor physical outcomes. It is hoped that Asian immigrant females will receive greater assistance regarding nutrition in their host country (Islam, Khanlou, & Tamim, 2014).

Unfortunately, eating disorder symptomology and problematic attitudes often go unrecognized in Asian women (Cummins, Simmons, & Zane, 2005). As mentioned previously, while research is advancing in identifying treatments for disordered eating behaviors and body dissatisfaction (Cummins et al., 2005), few studies include newly arrived Asian immigrant women. Asian immigrant women are at risk for developing eating disorders due to several factors, including adhering to the new country’s idealized standard of beauty and sociocultural pressures to become thinner (Phan & Tylka, 2006). Because disordered eating symptomology of numerous Asian women differs from the host country’s main conceptualization of eating concerns, attention to research on diagnostic criteria of disordered eating is needed (Smart & Tsong, 2014). It is also advised that clinicians and mental health professionals consider the impact of migration and previous cultural experiences in the development of culturally-sensitive treatment for this population (Cummins et al., 2005). Moreover, it is recommended that future research will identify how level of acculturation and sociocultural factors influence body image dissatisfaction as well as the presentation of disordered eating patterns specifically with this population.

Finally, future researchers interested in cross-cultural studies may consider using multiple resources to access literature on this topic. The potential limitation of this review concerns the use of the database PsycINFO as the sole source of information gaging. Other databases and keywords may lead to the accumulation of additional studies conducted in the United States, Australia, and Canada about the acculturation, body image, disordered eating, and sociocultural pressures of Asian female immigrants. Nonetheless, a secondary investigation, which included other databases (PsycARTICLES, MEDLINE, and PubMed) revealed similar gaps in the literature on the association between acculturation, body image, disordered eating, and sociocultural pressures. To conclude, with the increased fluctuation in the global climate, it is hoped that cross-cultural psychology researchers will attend more to the social disparities of the health of increasingly diverse Asian communities.

**Summary and Conclusions**

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