Fall 2006

"Il Faut Manger" : Eating Disorders in Cameroonian Women

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SIT Study Abroad

“Il faut manger”

Eating Disorders in Cameroonian Women

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(709, 901, 906)

Abstract

The purpose of this study is to investigate unhealthy eating attitudes and negative body images in young Cameroonian women. The study will center around a standardized questionnaire that covers eating attitudes. The research will also focus on the traditional Cameroonian idea of beauty, versus the more Western, "modern," body image that is popular today. By exploring cultural factors through observation, as well as interviews, and analyzing key statistics from the questionnaire, this paper has come to the conclusion that though the problem of eating disorders and body dissatisfaction are not as high in Cameroon as they are in the United States, young women today are having an increasing amount of trouble avoiding problems with eating disorders and body dissatisfaction.

Sources

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Dedication

This project is dedicated to my family in San Diego, who let me go halfway around the world just because I thought it was a good idea.

It is also dedicated to my host mothers in Ngaoundere and in Dschang, who are, without a doubt, the best moms in Africa.

Acknowledgements

I would like to acknowledge the invaluable help from Professor Ebale, head of the Psychology Department at the University of Yaoundé I, and Professor Echu, head of the Biligual Studies Department at the University of Yaoundé I. Without their help, the most important part of this paper, the standardized questionnaire, could not have happened.

I would like to thank Noumbissie, who helped me give my first set of questionnaires and let me know it is possible to stand in front of a class of two hundred Cameroonian students and get them to pay attention to you.

I would like to thank Boubbakari for all of teaching me how to actually live in Cameroon.

I would like to thank Erica and Julia for their patience, and for listening to me talk about eating disorders for three weeks in a row.

I would like to thank Christiane, for finding Maureen, the nicest girl in Cameroon, and for allowing me to live with Erica and Julia, against her better judgment.

I would like to thank Viviane and Linda, the two best bartenders in Cameroon, for all their love and support, and I'm very sorry they didn't like the hamburgers.

I would like to thank Nadine, my favorite woman in Cameroon, and I hope that someday she will come to the United States, and marry my brother Mike.

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Introduction

Up until the 1990's, there was a general consensus that many countries who were neither wealthy or influenced by Western culture, had a kind of immunity to eating disorders. The initial purpose of the study is to quantify the prevalence of eating disorders in young Cameroonian women. The second is to observe and document the effects of Westernization on the image of beauty in Cameroon. A standardized eating attitudes questionnaire will be used to gain an understanding of the number of eating disorders in Cameroon. Interviews and cultural observations will be used in order to link 'development' of Cameroon and the appearance of occidental culture, and will try to evaluate the effects of that culture on Cameroonian women's self-image and self-acceptance.

The study will document personal accounts of cultural influences on eating and body image, and the struggle between traditionalism and modernism in general life, as well as in terms of beauty through interviews and a cultural case study of a beauty pageant. The study will attempt to classify what qualifies as beauty in Cameroonian terms. This study will also explore Cameroonian values that could encourage or discourage eating disorders, and try to locate those positive values and evaluate the possibility of exporting those values to Western society.

Finally, the study will describe treatment options for eating disorders in Cameroon, and contrast them with treatments available in the United States. This will include a general overview of the psychological practices that are applied to general mental illnesses, and then specifically eating disorders. The purpose of this section is to

gain insight into treatments and preventions that may be lacking in other parts of the world, that may or may not be more at risk.

The study was conducted in Yaoundé, the capitol of Cameroon. The participants who have filled out the questionnaire were recruited at the University of Yaoundé I. The advisor, Dr. Ebale, is a professor in the Psychology Department at the University of Yaoundé I. The main contact for the Analysis of Treatment section is Dr. Ntone, who can be found at the General Hospital of Yaoundé.

Literature Review

Given the lack of research on Cameroonian women in the eating disorders field, it was necessary to locate articles and books covering those societies that are currently "developing," or that do not experience heavy influence from Western culture. These cultural protective factors, among others, have been the explanation for lower eating disorder rates in certain societies (Striegel-Moore 1986).

These protective factors included race, which was studied that through a comparison of the fequency of eating disorders in white versus black Americans (Bruch 1965). There was in fact an ignorance of eating disorders in African-American women as late as the 1970's (Garner and Garfinkel 1982). In a 1976 survey in Monroe County, New York, Jones, Fox, Babigan and Hutton (1980) concluded a .42 incidence in every 100,000 non-white women, versus 3.26 women in every 100,000 white women in the region. The use of race as a specific protective factor is not, however, an undisputed idea. Buchan and Gregory (1984) found in their cases of anorexia nervosa in Zimbabwe, that biological factors are in fact less important that psychological factors.

The protective factors identified in the past are now coming into question, although serious research in non-Western countries remains scarce. For instance, there is no published empirical study of eating disorders in Cameroon. There are however, some studies pertaining to non-Western cultures and eating disorders, developing countries and eating disorders, and cultures in transition, or who are undergoing Westernization and eating disorders. Pike and Borovoy (2004) note that not only being female, but also industrialization, intense social change, and even democratization may all qualify as potential risk factors for eating disorders. All of these elements are present in the subjects studied in this particular paper.

As this paper concerns whether or not Westernization is influencing rates of eating disorders in Cameroon, one can find a base of knowledge in other developing countries or countries undergoing equally dramatic social change. DiNicola (1990) sites "culture change," as a major risk factor for eating disorders. As traditions and cultural norms are changing due to outside pressure and a progressive system, as they are today in Cameroon, the young people of that society feel less secure in their roles and selves within this changing society.

For example, the social change from collectivist societies to individualist societies has been sited as a product of Westernization in South Africa (Stevens and Lockhat 1997). This would be a significant and dramatic change for Cameroon, but could be rapidly approaching as development continues. As the society is forced into a more competitive and productive way of life, clashes between the traditional way and the modern way will leave new generations lost in their own culture and torn between two poles. Bulhan (1980) cites this kind of stress as "psychological tension." Though there is

no direct study correlating Westernization with psychological tension, and then with eating disorders, it is not hard to see that the association is not far off, at least in general theory.

The stress of cultural change may occur outside of the "protected" society as well as within the original country. Two separate studies compared Japanese women living in the United States and England to Japanese women still residing in Japan. A higher rate of eating disorders was found in those Japanese women living in the United States or England in both studies (Furukawa 1994; Furnham and Alibhai 1983). In addition to the studies of Japanese women, Nasser (1986) conducted a study comparing Arab students in London versus Arab students in Cairo. Using the EAT (Eating Attitudes Test) (Garner, Olmstead, Bohr, Garfinkel 1982) Nassar found 12% of the Cairo group scored above the clinical cutoff, against a 22% rate in those Arab women studying in London. Nassar notes the high level of Westernization in the London group, including Western dress, as opposed to the women in the Cairo group, who dressed relatively traditionally, with some of the women wearing veils. Bulik (1987) points to the same distress related to immigration to a Western country as he describes two Russian women suffering for anorexia nervosa, but only after living in the United States for two years. Neither woman had a previous history of eating problems.

In addition to the stress of a society undergoing heavy economic and cultural change, one must also look at the particularities of the cultural change. In 2006, when a country is becoming "developed," and gaining wealth, it is Western culture that invades its borders. It has long been established that the Western ideal of an extremely thin, and therefore beautiful woman, is a driving force for a lot of women who end up with

anorexia nervosa or bulimia nervosa (Brownell 1991; Garner and Garfinkel 1980). Furnham and Alibhai (1983) studied three groups of women and their body preferences, using a chart of various body types, each with an increasing degree of weight. The three groups of women were British Caucasian, Kenyan Asian, and Kenyan Asians who had immigrated to Britain. The Kenyan Asian women gave their most preferable scores to the plumper figures on the page, while the British Caucasian women chose smaller figures as their highest scorers. The Kenyan Asian immigrants to Britain seemed to overcompensate from their original "plumpness is good," values and chose figures that were actually thinner than those which the British Caucasian women chose. Furham and Alibhai concluded a heavy cultural influence as the explanation for why the Kenyan Asian immigrants made such a dramatic switch from their traditional values, to modern, Western values.

Hsu and Lee (1993) have also noted that anorexia nervosa and bulimia nervosa become a problem as this thin ideal coincides with increasing average Body Mass Index (BMI) in the country's population. Cameroon recently appeared on the WHO's list of countries where obesity is a problem, as noted in the Cameroonian newspaper

As the counter to this element of developing an eating disorder, it should be noted that studies have pointed to alternatives such as the "fear of loss of control" as a more indicatory factor than the "fear of fatness" (Lee 2001; Patton and Szmukler 1995). Another explanation would be Crisp's (1980) view of patients using disorders to delay taking on life responsibilities and maturity. The essential problem arising in Cameroon today is that body image concerns and fear of maturity both exist in this newly developing and rapidly changing society. The stress on young women appears to be

growing exponentially as Cameroon is coming to value thinness as a sign of wealth and integrity.

Other factors that will be addressed through this study also have some foundation in similar development periods for other countries. For instance, Nadaoka (1996) cited urbanization as a possible risk factor during a study conducted in Northern Japan. Azuma and Henmi (1982) conducted an epidemiological survey of anorexia nervosa that revealed .5% prevalence in urban areas, and only a .05% prevalence in rural areas. Pike and Borovoy (2004) claim, "[w]ithout question, the rise in eating disorders in Japan correlated with increasing industrialization, urbanization, and the fraying of traditional family forms." The question of urban versus rural upbringing is addressed in a supplemental questionnaire written by the researcher.

One can somewhat track the increase of eating disorders in young women in Japan, along side industrialization of the country. The first cases of eating disorders in Japan were recorded in the literature in the 1970's (Bannai et al.1988: Miyai et al. 1975). In the years 1976 to 1981, Japan's diagnosed eating disorder rates actually doubled in the country (Suematsu et al. 1985). From 1988 to 1992 eating disorders in Japan quadrupled in percentage of the population (Nadaoka et al. 1996). In addition to changes in eating disorder frequency, the average body mass index (BMI) of Japan was in rapid decline. Between 1991 and 2001, the percentage of women with a BMI below 18.5 kg/m^2 doubled, from 10% of women in their 20's and 16% of women in their 30's (Ministry of Health, Labor and Welfare 2001). This low BMI is actually remarkably close to the BMI threshold for anorexia nervosa (Pike and Borovoy 2004). This increase in eating

disorders and decrease in average BMI over the years has an obvious correlation with the industrialization and urbanization that was taking place during these two decades.

Socioeconomic status remains an elusive factor but will also be addressed in this study. Dolan (1991) points out that "eating disorders in non-white women do not seem limited to a particular social stratum. They have been described in all social classes and in both traditional and Western influenced families." Le Grange et al. (2004) considered correlations between socioeconomic status and prevalence of eating disorders essential and viable, and provided a measure for their epidemiological study. The study measured socioeconomic status by asking participants each parent's occupation. The author of this paper used the same method to place participants in certain socioeconomic classes in order to determine if there is any relation between socioeconomic class and eating disturbances in Cameroonian women.

In addition to the rate of anorexia nervosa and bulimia nervosa in Cameroon, researchers must also be aware that not all women with these problems will self-present. Pike and Borovoy (2004) cite that women in Japan had a low rate of presenting for treatment because there is so much societal pressure for women to cope, and possibly conceal symptoms. This can result in a more dangerous situation for the person with the eating disorder, as the disorder could go a long time without receiving proper attention and could threaten the individual's life. In terms of racial statistics, two studies did note that nonwhite patients receive first-time treatment in emergency clinics more frequently than their white counterparts (Robinson and Anderson 1985; Holden and Robinson 1988) but these studies were completed in Westernized countries. This paper is concerned with the possibility of Cameroonian women hiding symptoms and "coping" with the disease.

Methodology

Questionnaire

The initial phase of this paper's research is a standardized test called the EDI-2. This is an internationally recognized and respected attitudes test that measures concern over eating habits, weight, confidence, and fear of maturity and responsibility. The EDI-2 consists of ninety-one items, and the participant must choose on a scale from 1 "Always," to 6 "Never," of how often this item affects their lives.

The EDI-2 does not diagnose an eating disorder. It will, however, give a general total score on eating habits and attitudes, as well as specific breakdowns of particular subscales, such as Restraint, Eating Concern, and Shape Concern. It should be noted that this is a self-report test and the overall score will not diagnose any specific eating disorder without a follow-up interview (Le Grange et al. 2004) .

The sample population was 100% female college students at the University of Yaoundé I in Yaoundé, Cameroon. This study focuses on female college students because eating disorders are most commonly found in women and not men, and usually develop in adolescence or early adulthood (American Psychiatric Association 1994). The population was 100% black, but was regionally diverse. These women were first, second and third year students in either the Psychology Department, or the Bilingual Studies Department of the University of Yaounde. The age range was seventeen to twenty-eight. The dates of the field research ranged from December twenty-third to December thirtieth. Sampling within the classes was random.

In addition to the EDI-2, the researcher composed an additional questionnaire to gain further knowledge about the sample population. Each participant filled out this questionnaire before filling out the EDI-2. The questionnaire asked the participants' age, where they were born in order to determine rural vs. urban upbringing, and their mothers' and fathers' professions, in order to determine socioeconomic status.

The EDI-2 was not found in French, and cannot be translated without losing some of the test's academic integrity (Brislin, Lonner, & Thorndike 1973), so the researcher chose to give the test in English, instead of translating it into French or any other of the number of local languages present in Cameroon. This factor was one of the leading limitations of the study, in that the number of qualified participants dropped sharply because of the language requirement.

Though Cameroon is a bilingual country, only 20% of its population is Anglophone and has grown up with English as the only language of instruction in schools and as the language of business and government. The rest of the country has access to English and has it as a choice of foreign language in school, but this population is not necessarily fluent, and there was concern that the questions in the test would be misinterpreted. To deal with this problem the researcher attached a number of supplementary questions to a separate questionnaire in order to determine the level of English proficiency of each participant. These questions included whether the participant was Francophone or Anglophone, their level of English (i.e. conversational, fluent), and the number of years the participant has studied English if she has studied English as a foreign language. There was also an oral explanation, and a sentence in the Informed

Consent sheet, which explained that if the participant felt that she did not understand a question, she should stop the test.

The lack of access to Francophone students, or those students who have not received extensive training in English, does limit the accuracy of the study. Many students who do not speak English in Cameroon were born in the North, the poorest region of the country. Bilingual schools which teach in both English and French are almost exclusively private, which created a further limit to the socioeconomic disparity within this study. However, the researcher decided to give the EDI-2 as it was written in order to keep the complete intellectual integrity of the test. The results that can be taken from this somewhat limited population are exact and accurate and can be compared with any number of other populations from other countries who have completed the same questionnaire. The vast majority of the students who participated in this study were majors in Bilingual Studies at the University of Yaoundé I, and therefore have extremely advanced English proficiency. At the end of the study it became obvious that the vast majority of participants were Anglophone.

Limitations to this study include availability of English-speaking students, and where to find such participants. This is why the study was moved from the Psychology Department, where the study found around twenty participants, to the Bilingualism Department, where the study gained over one hundred. The other drastic limitation to this part of the project was time allotted for analysis. The actual fieldwork took an extremely long time, and there was not enough supplementary work time to do a full statistical analysis of the demographic information, such as socioeconomic status.

Instead, a comparison between eating disturbance characteristics and subcategories was done between American women and Cameroonian women.

Interviews

In addition to the EDI-2, the researcher also decided to conduct a series of follow-up interviews in order to obtain a more complete understanding of the results of the questionnaire. Other sources of information about eating disorders in Africa have pointed out the lack of 2-phase studies in order to validate and clarify the findings from initial questionnaires (Le Grange, 1998).

Interviewees were chosen based on their total score on the EDI-2. In order to get a view of both ends of the scale, women were contacted who scored the highest and the lowest on the questionnaire. There was a small limitation in that participants could leave their phone numbers voluntarily, so it was not certain that the most extreme cases would be interviewed. This did not, however, turn out to be a problem, as the researcher had the contact information for each participant who was chosen as an ideal candidate to interview.

Cultural Case Study

This paper will not rely only on information gathered through standardized testing or interviews. The researcher wished to have a more widespread idea of what is beautiful according to Cameroonian standards. The most straightforward and far-reaching example of this is a beauty pageant. Before coming to Cameroon this researcher was unaware that beauty pageants even existed in Africa, let alone outside of the United

States in general. The beauty pageant that was accessible during the ISP period in Cameroon was the Miss Central Africa Pageant, which was re-aired on November 7th, 2006. Various aspects of the pageant will be analyzed in terms of Westernization, modern culture versus traditional culture, as well as traditional versus Western body ideals, as determined by those contestants who make the finals, and the final Miss. Central Africa herself.

Analysis of Treatment

In addition to a largely distributed questionnaire, as well as individual and cultural case studies, this paper seeks to shed light on the general acceptance and effectiveness of the treatment of eating disorders in Cameroon. For this purpose the researcher sought out Dr. F. Ntone Enyime, the chief psychiatrist at Yaounde's General Hospital. Dr. Ntone has worked in Cameroon's Administration for Public Health for over twelve years. Dr. Ntone is also Cameroon's delegate to the World Health Organization.

The researcher shadowed the doctor for rounds at the hospital, sat in on a meeting of general physicians who presented their patients to Dr. Ntone to try and identify any psychological maladies as well as general illnesses. The researcher also conducted multiple private interviews with Dr. Ntone to try and understand the Cameroonian viewpoint on eating disorders: their prevalence, their social stigma, and their root causes.

Findings

Questionnaire

The test used in this study, the EDI-2, yields subscores for various psychological elements that may contribute to the likeliness of an eating disorder, as well as an overall "eating disorder risk composite," to define the general tendency towards unhealthy eating habits. As the EDI-2 does not directly diagnose an eating disorder, the researcher thought it would be prudent to analyze each of these subcategories and observe the difference between a sample of average American women, and the random sample of one hundred Anglophone college women in Cameroon. American women were chosen as the control because of the high incidence of eating disorders in the United States, and the fact that the United States is a developed country. The theory is that if average Cameroonian women score higher in eating disturbances than average American women, it would be certain that eating disorders are prevalent in Cameroon. The subcategories are as follows: drive for thinness, bulimia, body dissatisfaction, eating disorder risk composite, low self esteem, personal alienation, interpersonal alienation, interoceptive deficits, emotional dysregulation, perfectionism, asceticism, maturity fears, ineffectiveness, interpersonal problems, affective problems, over-control, and general psychological maladjustment. The statistics are shown below in Graph 1.

Graph 1: Results of EDI-2 in Female Cameroonian Population vs. Female American Population

Category	Percent Above US Threshold	Percent Below US Threshold	Percent Within US Threshold
Drive for Thinness	28%	6%	66%
Bulimia	19%	32%	49%
Body Dissatisfaction	4%	68%	28%
Eating Disorder Risk Composite	9%	35%	56%
Low Self Esteem	27%	23%	50%
Personal Alienation	22%	19%	59%
Interpersonal Insecurity	42%	23%	35%
Interpersonal Alienation	47%	7%	46%
Interoceptive Deficits	47%	8%	45%
Emotional Dysregulation	67%	11%	22%
Perfectionism	78%	1%	21%
Asceticism	83%	0%	17%
Maturity Fears	60%	9%	31%
Ineffectiveness	12%	21%	67%
Interpersonal Problems	43%	10%	47%
Affective Problems	59%	11%	30%

Over-control	79%	0%	21%
Alienation	83%	0%	17%
General Psychological Maladjustment	56%	5%	39%

If one looks at the statistics, there are clear trends that show that Cameroonian women do have a much higher percentage of some of the contributing factors to eating disorders, such as asceticism, perfectionism, over-control and alienation. In the asceticism subcategory, one can see that eighty-three percent of Cameroonian women score above the threshold for normal American women, while none of the women tested scored below. Seventy-eight percent of Cameroonian women scored above the normal American threshold for perfectionism, while only one percent scored below. In the subcategory of over-control, another risk factor for the presentation of eating disorders, a startling seventy-nine percent of Cameroonian women scored above the average American threshold, and none scored below. Finally, alienation, a contributing factor to stress, depression, and eating disorders, found eighty-three percent of Cameroonian women scored above the threshold, while none scored below.

Remarkably, is though the majority of participants scored above the average American threshold for various negative subcategories – this occurred in seven out of the fifteen subcategories – the percentages of Cameroonian women who scored above the threshold for bulimia and eating disorder risk composite are remarkably lower than the averages for American women. Thirty-two percent of Cameroonian women scored below the average American threshold for the bulimia subcategory, with only nine percent above the American threshold. Meanwhile, thirty-five percent of Cameroonian

women scored below the American threshold for the eating disorder risk composite, the most encompassing category used by the EDI-2, and only nine percent of Cameroonian women scored above the Americans.

These statistics, shown below, give evidence that many of the psychological problems that plague women of the world, including the United States, Europe, and Japan, are present in Cameroon just as often if not more so than in the more "developed" nations. However, the research also points to the fact that Cameroonian women do not seem to turn to eating disorders as a coping mechanism to deal with these problems.

Interviews

Nani:

Nani is a 26 year old psychology student at the University of Yaoundé I. She is in her third year of studies. Nani was born in Yaoundé, and completed all of her primary and secondary schooling in Yaoundé public schools. She attempted to pass the Baccalaureat, but failed twice. At age eighteen she decided to move to Bamenda, a small city in the Anglophone region of Cameroon, in order to join a convent and become a nun. She pursued her training for five years in Bamenda, before deciding to return to Yaoundé, passed the BAC, and pursue training in psychology.

When she was a child, both of Nani's parents were tailors. Nani's father died when she was thirteen years old. She describes her father as traditional but not closed minded, and she describes her mother as a relatively modern woman. Despite her mother's modernity, there was always extreme respect for traditions within the household. When Nani's father died, her mother decided to go through the traditional

passage of a widow, which signifies the end of her life with her husband. This ceremony occurs in the father's paternal village, and the entire village is present as the widow stands naked in the central area, where she must cover herself in dust in order to mourn the passing of her husband. Nani expressed her happiness that her mother would do this out of respect for her father's family and the ways of traditional life. Her mother is Catholic as is Nani, but her father is maintained his traditional religious viewst. However, Nani pointed out that this ceremony is not all good, and that there are bad people in the village who abuse the opportunity to see a woman naked in mourning. Nani also confessed her concerns about sorcerers in the crowd who could have done her mother harm.

Growing up, Nani enjoyed studying, eating and relaxing. She never cared very much about whether her hair or nails were done. Her mother would try and tell her to dress a certain way, especially after Nani had decided to leave the convent. Her mother told her that leaving that life was the beginning of a new life, which would include a husband. Her mother took time and care to teach Nani how to cook and take care of housework so that she would be a more desirable spouse. Nani is the only girl in her family; she has one younger brother. She believes that her mother would never force her to marry, yet Nani feels that deep inside her mother very much wants to see her only daughter get married.

Nani is currently engaged, although she lives with her mother and will not move in with her *fiancé* until after they wed. She has a ten month old son with her *fiancé*. She feels anxious about getting married because she knows that afterwards she will have to take care of her husband as well as her son, and her husband will probably not help out

with their child. Nani also stressed that in African societies, it is not only the husband, but the entire husband's family that one must consider and care for. Currently she uses her mother and employs a babysitter so she can have time to study. But the system is not perfect and Nani missed two days of classes this week because her baby was sick.

Nani says her fiancé will not mind if she works. She also understands what it is like to have a household where both parents worked, which she describes the situation of her parents both working as difficult but not impossible for the family.

Nani has confidence in herself academically. When she experiences anxiety, Nani tends to close herself off from other people, and prefers to be left alone than to talk out her problems. Nani says that she is sometimes confident about her looks, but not al the time. Her friends used to warn her she would get fat, but as she has aged she has realized that this is not going to happen to her, and so she is not anxious about her body. She is on a diet, but it is not because she is concerned about her shape, it is in order to stay healthy. Nani says that many of her friends, however, complain they are, "always getting fat," according to them, and are always dieting for the sake of looking thin. She has friends who use laxatives or vomit in order to lose weight and claims that there are many women like this around her age. Nani says that these girls are dieting for the attention of men and not for themselves. This is odd because in traditional society men hated when women became skinny. But Nani says that now that older men see young women who are very thin, they now want that ideal and not the traditional body type. Nani believes that these images are the result of globalization and modernism that have affected Cameroonian culture. It is the European and American stars that come from outside Cameroon that are promoting this image of beauty.

Nani believes that getting thin for your own health is a good thing, but dieting so that men will find you more attractive is very bad, because the motivation to lose weight is not coming from you; there is something outside of you telling you that you are not beautiful. Nani says that she knows that the women who diet to be thin now would try to gain weight if that was the fashionable thing to do. She describes these women as "unstable." Her priority is confidence in yourself.

Nani describes the traditional ideal body type to be essentially similar in all regions of Cameroon with the exception of the North, which has a separate culture and is made up of very different ethnicities. Her account of the ideal beauty in the Southern provinces is that of a "queen mother." This woman is never thin; she has to be fat. She is very strong, and in some regions, especially the Southwest and Western provinces, she is also quite tall. This woman's role is usually very powerful within the household, as she must oversee responsibilities for her family's house and the extended families' houses as well. She is the figure in the family who gives advice, who must solve problems. There is usually a queen mother for each family, and there is also the queen mother of the village, who is the chief's wife. In polygamous families, the queen mother is almost always the first wife.

In the North the standards change slightly because women are naturally built differently. Nani describes these women as naturally thin, but, "beautiful in their thinness." The beautiful women in this society have the appeal of appearing "statuesque." Nani also believes the beautiful women in the Northern provinces are also more prone to using jewelry to accentuate their beauty.

Nani describes the modern image of a beautiful woman as completely different that the traditional version. "Everyone wants to be thin," she says, citing even those women who were heavy their whole lives, are now trying to change even though many of them are already in their thirties and have been married for years. She says the exception to the rule of "thin is beautiful" is in the Western province, where you still must be fat, as it represents strong youth and beautiful young mothers.

Nani herself ascribes to the notion of traditional Cameroonian beauty. She describes arriving at this viewpoint due to personal experiences with traditional women. She says, "[w]hen I look back I see they are beautiful not because they are fat, but other things . . . how they live, how they act, how they treat others . . . what they know."

As far as traditional culture in general, Nani says that she likes many traditional things but not all. Her explanation is that "[t]raditions make you feel like you belong to family, a society, a tribe." You don't feel isolated when you continue the traditional lifestyle. She describes having tradition in your life as having roots and a healthy equilibrium. However, Nani cites that radical traditionalists don't give their families or friends any choice or opportunity to discover what else is out there in the world. She believes that maintaining tradition must be a choice, and not a forced endeavor.

Nani says that she would be worried about raising her children to benefit from both traditional and modern aspects of Cameroonian life. She says it would be very important for her daughter to learn traditions, as the number of people who protect their traditions is becoming fewer and fewer. Her fiancé's family is very traditional, and Nani thinks that this will help her a lot in raising her children. Nani remarks that the influence of occidental culture is very strong, especially in terms of what women and men consider

beautiful. She says that when she looks at magazines she has to stop herself from thinking, “I want that life.”

Angela:

Angela is a 26 year old psychology student at the University of Yaoundé I. She was born in the small city of Bamenda, located in the Anglophone region of Cameroon. Her father was a contractor, and was successful enough to support two wives, their twelve children, as well as two other women he romantically involved with, and their three children. Angela is the fourth of five daughters who were born to her father’s first wife. Normally the first wife of a family is the head of the family, but in this case the second wife was given constant preference. Angela believes this is because her father’s second wife is educated, and her own mother is illiterate. She says her father would never have conversations with her mother; he would only talk to his second wife. Angela’s mother is thin, and enjoys being thin, while Angela describes her father’s second wife as fat. Angela says that being fat within a Cameroonian family is not only a sign of beauty, but also a sign of power, and this is extremely true in her own household.

Growing up, other children made fun of Angela for being heavy. She said that the worst period for this was when she was about thirteen. From age nine to age fourteen, Angela was sent to live with her uncle’s family while she attended primary school. Though Angela said that this is normal in many Cameroonian households, out of fifteen children, Angela was the only one to ever be sent away from the house. She was extremely unhappy at her uncle’s house, and remains convinced that there is some reason she was sent away which her mother will not reveal to her, even now. While she was

living with her uncle, she was gaining weight, and the body of a heavy young woman. Her aunt once accused Angela of eating all the food in the house and growing fat, while her own children grew thin. Angela said that this era was the only time in her life that she minded being fat. She speculates that maybe she was eating a lot, but does not remember anything particularly abnormal about her eating habits at the time.

All of Angela's sisters have her same body type. Some of them are unhappy with their shape, but she says that most of the girls in her family have adopted an attitude that if someone doesn't like how they look, that person should just leave them alone and not make fun of them.

Angela's mother never emphasized marriage. She told Angela that she should have a dream and become educated because she did not have the chance. Angela describes her mother's marriage as abusive. Angela also feels removed from her mother because her mother did not attend school. Angela's father was always very supportive of educating all of his children, and even put his daughters in academic competition with his sons. Angela's mother never commented on her weight, and the only time her father said anything about how she should look, he told her that she should look healthy.

Angela is currently struggling in school. She is having a difficult time learning and understanding French, and psychology classes are mostly offered in French at her university. Angela is very anxious about her future. She says she thinks about marriage all the time, but is scared because she knows that she will have to be subservient to her husband and she is not ready for that yet. She also realizes that it is very difficult for someone as heavy as she is to find a husband. The only person with whom she feels comfortable sharing her problems is her fiancé. She says she does not have friends.

Angela says that she is not close with any of her older sisters, because she had to be so respectful to them growing up, so their relationships are too formal. She is close with her one younger sister, and her mother. She says she loves her father very much and is close with him as well. Angela attempts not to show her anxiety. She laughs off ridicule and stress. She says she is depressed, but there is no real access to counselors unless you are very, very rich. She said she had a counselor in secondary school, but since then she has not been able to talk about her problems. Angela says it is hard to find people she trusts to open up to; she says she turns to alcohol and not food when she feels depressed

Angela describes traditional Cameroonian beauty as looking healthy, which includes being fat. This is an extremely practical outlook in Cameroonian society, as fat is a guard against disease. Angela points out that if you are fat when you get sick, it is less likely that you will have to go to the hospital, or die, if you have that extra line of defense. She says it is extremely common for parents to overfeed their children because of health concerns such as these. Angela notes that especially with older generations, one can see that heavy is beautiful. However, this is not necessarily a good thing for younger women, because young Cameroonian culture believes that, “being fat is not modern,” according to Angela.

Modern culture does not respect obese people. Older people still admire heavy women, but being heavy is also associated with being older. Angela says that it is very hard to find a husband when you are heavy. A man’s friends will even make fun of him for dating someone who is overweight, because she looks old. She says that because of development, young Cameroonians are forgetting traditional ways, including body types. Culture is thrown out in order to make room for the European ideal of the extremely thin

woman. Angela says that young people have to conform to this if they want to wear modern clothing, otherwise they will be harassed. She has experienced a lot of verbal abuse for wearing revealing clothing even though she is heavy. The view is that large women who expose themselves are ugly. She says that friends and family remind her constantly that she is overweight; she also points out that they do not do this because of health concerns, but because they would prefer how she looked if she were thinner.

Angela does not have a problem with her body. She says she wouldn't like being thin in particular, she likes being flexible. She is happy as she is, and isn't sure what other people want from her. She loves her body without any encouragement from men. Occasionally she likes male attention, but she does not like attention that only concerns her body or what she is wearing. Although Angela does not diet, she respects people who diet because of their health, and admits that this phenomenon is more rare in African culture than it is in European culture. She says it is difficult to educate older generations about nutrition and health concerns, and it is the older women in the family who usually have control over what the entire family eats. Angela tries to work out every day, and usually does. She eats in the morning when she is hungry, and eats a healthy lunch and dinner, but tries not to eat after seven in the evening.

Angela believes that eating disorders are common in her generation. She accounts for this problem by the fact that men don't find heavier girls attractive. Angela says that occidental culture has had enough of an impact to actually change what Cameroonian men look for in women. Now that men are exposed to the young, thin and beautiful women of Western culture, they now think that all women need to be thin in

order to be beautiful. In Angela's opinion this change began to come about in the early 1990's.

Angela believes that Cameroonians are aware that eating disorders are a problem, and supports anti-eating disorder education in schools. Angela knew a young woman who actually died due to an eating disorder. Her friend's younger sister was always heavy, and decided to use traditional medicine in order to lose weight. When she was twenty-eight years old, this girl decided to take a traditional laxative for two days. She subsequently spent two weeks in the hospital before she died. During the two weeks she became extremely thin, but insisted on wearing extremely baggy clothing nonetheless.

Angela believes that Western culture has a huge influence on Cameroonian life, in terms of body image and many other aspects of culture. She realizes that the different effects of Western culture as both good and bad. Angela laments the fact that many young Cameroonians are forgetting their culture and traditions, and that some young people never learn these things at all. Where as young people used to give their parents unquestioning respect and took all the traditional advice, now there is a wave of young people who wish to learn from their own, usually modern experiences, and shape their own view from that which they've experienced within their own lifetimes. Angela does not write off modernization as a bad thing. She regards Westernization as good because any tradition or culture must be adaptable and accommodating to new things. Technology and development are now a part of Cameroonian life, and Cameroonians must learn to marry these two very different aspects of their modern lives.

Cultural Case Study

The Miss. Central Africa Pageant was comprised of fourteen contestants from seven different Central African nations: Chad, Gabon, Democratic Republic of the Congo, Congo, Equatorial Guinea, Central Africa Republic, and Cameroon. Each contestant first appeared onstage with the other contestant from her country, and the two danced wearing traditional clothing from each distinct country. After each pair had finished its traditional dance, the audience was shown a video of each contestant in which they spoke about what mattered to them the most. The majority of the contestants spoke about AIDS and poverty in Africa. While the images on the screen were playing, white letters depicting the contestant's name, age, height, and profession came on as well to accompany her. Only one of the fourteen contestants was Anglophone (Number Twelve from Cameroon) every other contestant spoke in English. Only one of the contestants was still in lycee; the rest had either stopped their education or were currently attending university.

By the time each contestant's minute long video had been played, the girls had changed into matching white one-piece bathing suits with cutouts in the sides so you could see their stomachs. They were all in black high heels as well. Each contestant walked up to the front of the stage in a small group, and then would walk and pose individually for roughly thirty seconds each. During this time, Western music, Shakira, was playing as the accompaniment.

The next event was formalwear, which contained a mix of traditional and occidental clothing. Six of the women were wearing traditional African attire, six were in occidental styles made of traditional peigne, and two women were wearing classic

Western ball-gowns. After this presentation there was an elimination, and the final five women were interviewed briefly on their lives before the final decision was made. During this round, the women chosen for the final five changed into different formalwear outfits. The makeup of this group consisted of one completely occidental gown, four occidental style gowns that were clearly influenced by African colors and themes, and one contestant in peigne.

General observations of the pageant swung back and forth between traditional and occidental sentiments. Only one of the three judges present was African. The master of ceremonies for the night was an African man, but he wore a European-style three piece suit. As the camera panned the audience over and over again, after over ten shots of the audience, one could only find two people in traditional clothing. Both were men, sitting together, in traditional long African robes. Of the fourteen contestants, five were wearing modern hairstyles, including four with distinctly European-influenced hairstyles. These included completely ironed straight hair, as well as hair pieces with sausage curls or waves.

Body types ranged much more than they normally do in beauty pageants in the United States; however, one could clearly see that a thinner silhouette was desired in order for a contestant to even participate in the pageant, let alone proceed to the final elimination. Of the fourteen girls, only two would be considered a “normal” weight for their size. The rest were either noticeably thinner than average, and two girls would probably qualify as “severely underweight” if their body mass indexes (BMIs) were readily available. During the first elimination, one of the normal sized women was eliminated, and both extremely skinny women proceeded to the next round, which only

consisted of five contestants. In the final elimination, the pool was narrowed down to three, and the final normal sized woman was eliminated, while both of the extremely skinny women made the final cut. Miss. Central Africa turned out to be one of the extremely thin women, who also was the only contestant to choose entirely occidental formalwear for both rounds of competition.

The fact that the "ideal" woman in Central Africa is an extremely thin woman who wears occidental clothing shows how the cultures of Central Africa, including Cameroon, are changing. It is easy to see young girls' motivation to diet and dress more "modern" as these types of behavior are clearly rewarded.

Analysis of Treatment

Dr. Ntone's practice ranges across various duties and locations throughout Yaoundé. The researcher's first meeting with Dr. Ntone occurred in the General Hospital of Yaoundé, and the researcher sat in on a doctor's meeting regarding patients in the internal medicine ward. During this meeting, three doctors presented their various cases to Dr. Ntone, so that he could consult over whether or not there was also a psychological problem. Five medical interns were present to observe and offer their consultations as well; two nurses were across a small divider working, but also listening to the meeting. Dr. Ntone sees a variety of cases, many of which do not originally present at the hospital with a psychological disorder.

In addition to the patients that were primarily on the ward for internal medicine problems, there were also psychological patients mixed in with the rest of the population. Dr. Ntone explained this as an active movement in Cameroonian medicine to reduce the

stigma of psychological diseases and their treatment, including those of eating disorders. Dr. Ntone pointed out that this is not only beneficial for the patients, but also for future doctors doing their residencies. By dealing with both types of patients from the start, doctors will be more likely to notice psychological abnormalities, and will hopefully be more prone to contacting a psychiatrist for an official diagnosis. With experience observing both types of illnesses and treatments, the hope is that fewer maladies will go unnoticed and untreated.

Dr. Ntone has had experience with eating disorders patients in Cameroon before. Unfortunately, the doctor noted that out of all the patients that he has treated who presented signs of an eating disorder, none of these people had come to him thinking that they had a problem with eating. His two major experiences with patients with eating disorders (the personal details of which he could not disclose to the researcher, out of respect for the clients' privacy) both came to the doctor because of symptoms of depression.

Dr. Ntone lamented the fact that there are not established statistics for Cameroon, and that this kind of base knowledge is going to be necessary in order to detect major changes that may come about in the future. He recognized the difference between eating disorders as a social problem and a mental problem. There may be an influence from culture and Occidentalism that has a negative effect on the prevalence of eating disorders, but that is only within the social realm. Eating disorders as a product of depression or anxiety is a separate entity that must be dealt with separately.

Dr. Ntone pointed out that there are no facilities in Cameroon that specialize in the treatment of eating disorders. At first, one would consider this a negative aspect of

treatment, but there are advantages to such a system. Cameroon's new policies that attempt to actively integrate psychological patients in normal medical wards could actually benefit eating disorders patients more than an isolated treatment center. The psychological community is currently debating the merit of such specialized eating disorder institutions. Many people believe that putting only eating disorders patients together fosters a sort of support group for those trying to continue the disease, and could even be the grounds for competition to see who can eat the least. The researcher finds the treatment Dr. Ntone described as superior to the American system of treating eating disorder patients separately from the rest of the population.

Conclusions and Insights

The findings of this study have made it clear that Cameroon does not remain untouched by eating disorders, although there may be some cultural protective factors that could be useful in formulating strategies for preventing eating disorders around the world.

The statistical analysis showed intense differences between the general American female population and Cameroonian college women. Though there are intense psychological tensions in both populations, it is clear that each culture deals with these difficulties in separate ways. It is the hope of this researcher that more research can continue in Cameroon in order to pinpoint the cultural factors that produce women with such a healthy outlook on body image and eating, so that eventually such protective factors could be exported to other countries, such as the United States.

Personal interviews revealed that some women were having psychological issues including, in one case, depression, but in neither of the interviewees did these problems manifest themselves in eating disorders. Angela, especially, was given constant harassment about her weight, but never lost sight of the fact that she herself loved her body and felt no need for it to change because of how she looked. Nina had an equally healthy outlook, but both women were well aware of personal friends who had problems with eating.

Through the cultural case study of the Miss. Central Africa Pageant, it became clear that traditional ideas of African beauty are being influenced by Western culture. Even if one thinks of the thin women who progressed so far in the pageant as naturally thin and attractive to their traditional culture as such, there is still the issue of Western clothing. After observing the contestants' hairstyles and choice of dress, it is clear that the modern African woman must somehow fuse traditional African beauty with modern Western beauty in order to be appealing to everyone. Although this is a wonderful development in globalization of culture and breaking down cultural barriers, one must note the psychological stress that this kind of requirement puts on young girls who must find themselves in between these two cultures.

The analysis of treatment options allowed the researcher a closer look at the options for a Cameroonian person who has already been diagnosed with an eating disorder. Although Dr. Ntone was personally very well educated and competent in his ability to treat such disorders, the main problem with psychological treatment in Cameroon did not come up in the interview with the doctor, but with one of the participants, Nina. Nina was the person who pointed out how extremely difficult it is to

get psychological care in Cameroon, both because of the cost of treatment, and because many people do not understand that one can be sick without showing physical signs of illness.

The question of eating disorders in Cameroon has not been answered. It is clear that this sort of problem does concern many women within this culture. However, either Cameroonian women seem to deal with body image problems and eating disturbances better than American women, or Cameroonian women do not allow their psychological troubles to progress to the area of eating disorders, and they have alternative routes to dealing with personal issues. This project is only the beginning of what could be a wealth of information that could become helpful to a world full of young women who have trouble with body image and eating tendencies.

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