Body Image and Self-Esteem Among Asian, Pacific Islander, and White College Students in Hawaii and Australia

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Body Image and Self-Esteem Among Asian, Pacific Islander, and White College Students in Hawaii and Australia

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Body image and its relationship to self-esteem was examined among Asian, Pacific Islander, and White women and men from Hawaii and Australia (n = 172). Although Pacific Islander and White participants had higher body mass indices than Asians, Pacific Islanders were more satisfied than Asians with their health and more satisfied than Asians and Whites with their appearance. Thus, higher body weight and greater body satisfaction may co-occur among Pacific Islanders, whereas lower weight and lower body satisfaction may co-occur among Asians. The findings suggest different levels of risk for body image dissatisfaction, and its associated psychological consequences, across ethnic groups.

Body image is a multi-dimensional construct that includes cognitive, affective, and behavioral components (Cash, 2002). Body image dissatisfaction is regarded as an “essential precursor” to eating disorders (Polivy & Herman, 2002, p. 192). Across cultures, poor body image is associated with low self-esteem and impairments in other psychological and social domains (Koff, Benevage, & Wong, 2001). However, it is important to understand cross-cultural variations in both the satisfaction with and the importance placed on appearance, fitness, and health, and how these variations affect overall self-evaluation. The present study examines these facets of body image across three ethnic groups: Asians, Whites, and Pacific Islanders.

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In research on body image among Asian and Asian-American individuals, findings have been mixed. Some studies have shown lower body image dissatisfaction among Asian men and women than among Anglo- or Hispanic-American men and women (Altabe, 1998; Akan & Grilo, 1995; Cachelin, Rebeck, Chung, & Pelayo, 2002). Results have indicated that the lower body dissatisfaction among Asian women compared to White women might be better accounted for by BMI rather than ethnicity (Gluck & Geliebter, 2002; Wardle, Bindra, Fairclough, & Westcombe, 1993). In contrast, other research has suggested that Singaporean Chinese women have body dissatisfaction as elevated as that of women with eating disorders and higher than comparison groups of Anglo-Australian and Chinese-Australian women (Soh et al., 2007). Both Chinese and Indo-Asian women have reported greater body dissatisfaction than Whites (Kennedy, Templeton, Gandhi, & Gorzalka, 2004), and Japanese women expressed greater body dissatisfaction than did predominantly White American women (Mukai, Kambara, & Sasaki, 1998). Similar results have been demonstrated in preadolescent girls, with 12-year-old Asian girls having greater body dissatisfaction than White girls (Robinson et al., 1996). Similarly, despite a low prevalence of obesity (relative to the general US population), many Asian American adolescent girls reported body dissatisfaction and extreme weight control behaviors (Neumark-Sztainer et al., 2002). Finally, one study demonstrated some similarities between Asian and White women, with both groups reporting an ideal weight that was similarly lower than their current weight (Barnett, Keel, & Conoscenti, 2001).

Researchers have attempted to clarify the differences among past studies, which used diverse samples and methodology, through the use of a meta-analysis comparing Asian and White women’s body image (Grabe & Hyde, 2006). This meta-analysis found an effect size of .01, equivalent to no effect, across 34 studies (Grabe & Hyde, 2006). Asian men and women have lower mean BMI levels (23.4 and 22.5, respectively) than White men and women (25.1 and 23.9, respectively; Wang et al., 1994). Given the lower BMI of Asians compared to non-Asians, the fact that these groups demonstrate similar body image dissatisfaction is striking (Hill & Bhatti, 1995). One theory uses the construct of perfectionism to explain the presence of body dissatisfaction among Asian women: Hall (1995) proposed that a heavy burden of perfectionism may influence the body image ideals and pursuits of Asian and Asian American women. Hall suggested that this perfectionism may stem from efforts to combat negative social stereotypes in light of their collectivist feelings of representing others from the same culture. Similarly, for Asian women surrounded by a population of relatively low-BMI Asian peers, the pressure to remain thin may be even higher for them than for White women surrounded by peers of more heterogenous and heavier weights (Hall, 1995).

Although body image is a multi-dimensional construct, most previous studies have not separately examined and compared different components
of body image across Asian and White participants. An exception is Koff et al. (2001), who examined multiple aspects of body image and found greater satisfaction with certain body parts (e.g., stomach, shoulders, arms, hair, face, height) among White women than among Asian women, for whom satisfaction with weight was a stronger predictor of global body satisfaction than for Whites. Similarly, White women reported greater satisfaction than Asian-American women with particular body areas, such as arms, breasts, height, and facial features (Mintz & Kashubeck, 1999). In cross-cultural examinations of body image, multi-dimensional assessment measures are needed to detect potentially complex patterns of cultural differences. Such research also is needed to better understand the contribution of different aspects of body satisfaction—such as satisfaction with appearance, health, and fitness—to overall self-evaluation.

Another ethnic group on whom more body image research is needed is Pacific Islanders. Among Pacific Islander men and women, rates of obesity are higher than rates in other ethnic groups such as Whites and Asians (Davis et al., 2004; Grandinetti et al., 1999). For example, Samoans aged 25–54 years have a mean BMI of 30–32 for males and 32–36 for females; among Native Hawaiians, the mean BMI is 31 (Davis et al., 2004). However, some research suggests that Pacific Islanders are more accepting of high body weight than other groups. For example, obese Samoan men and women did not characterize themselves as obese, felt positively about their body size and health, and were not trying to lose weight more often than their non-obese peers (Brewis, McGarvey, Jones, & Swinburn, 1998). Pacific Islander men and women who consider themselves the “right weight,” “slightly overweight,” or “moderately overweight” had higher BMI levels than Caucasians at these levels of self-perceived weight (Metcalf, Scragg, Willoughby, Finau, & Tipene-Leach, 2000). Even though obesity was more common in Pacific Islander adolescents than Asian or Caucasian girls, obese girls from the Islander population were less likely than other obese girls to consider themselves “too fat” (O’Dea, 2008). Finally, Pacific Islander and Native Hawaiian women and men, when asked to select the image closest to their culture’s ideal, selected a significantly higher ideal body image than when asked to choose one based on Western culture’s ideal (Wang, Abbott, Goodbody, & Hui, 2002). However, it is possible that the increasing awareness and prevalence of obesity among Pacific Islander populations may be increasing their level of body dissatisfaction (Yates, Edman, & Aruguete, 2004). For example, recent research suggested that while nearly all Australian adolescent girls interviewed expressed satisfaction with their bodies, over half of Fijian girls expressed dissatisfaction with their body or weight (Williams, Ricciardelli, McCabe, Waqa, & Bavadra, 2006).

Few studies have compared body image across participants from the US and Australia. Previous findings have suggested significantly greater
concern about weight and body consciousness among US young women and men than among Australian young women and men (Tiggemann & Rothblum, 1988). Similarly, US male and female adolescents were less likely to report satisfaction with their body weight than were Australian male and female adolescents (57% vs. 69%; Savage & Holcomb, 1998). On the other hand, cross-cultural comparison found that Australian adolescent girls scored slightly, but not significantly, higher than US adolescent girls on a measure of the internalization of societal ideals of appearance and thinness (Keery, Shroff, Thompson, Wertheim, & Smolak, 2004). However, no studies have compared Asian, Pacific Islander, and Caucasian body image from these countries. More research is needed to examine possible cross-cultural and international differences.

The purpose of the present study was to examine cross-cultural and international differences in body image among Asian, Caucasian, and Pacific Islander women and men across two diverse international locations, Hawaii and Australia. We hypothesized that Pacific Islanders would have more positive attitudes towards their bodies than Asian and Caucasian participants, whose body image was predicted to be similar. This study investigated multi-dimensional aspects of body image, including appearance, fitness, and health evaluation across groups. This study also explored differences in levels of investment in appearance, fitness, and health, between groups. This research also examined the relationships of these different aspects of body image to self-esteem, across cultures, countries, and sex.

METHOD

Participants

A total of 172 undergraduate students participated in the study, 87 from Deakin University Australia and 85 from the University of Hawaii. Participants were recruited from psychology courses, and all students in several large courses were invited to participate. Participants were offered extra credit in their courses for their participation. Participants were administered the study questionnaires to complete at home and to return in an envelope provided by the investigators. No identifying information was recorded on the questionnaire. Ethical approval was obtained from both the Deakin University Human Ethics Committee and the University of Hawaii Institutional Review Board, and all participants gave informed consent.

Measures

The study used two primary instruments, one to assess the components of body image, the other to assess self-esteem. For the first, six subscales of the Multidimensional Body Self-Relations Questionnaire (MBSQR; Cash,
Cross-Cultural Body Image Perceptions

1990) were used. For the second, the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used. Demographic information, including height, weight, ethnicity, and nationality (country of residence), were collected via self-report.

The six subscales of the MBSRQ (i.e., scales related to evaluation of and orientation towards appearance, fitness, health) included items measured on a 5-point Likert scale (1 = Definitely disagree to 5 = Definitely agree). The Appearance Evaluation (AE) subscale measures feelings of physical attractiveness or unattractiveness. High scorers feel mostly positive and satisfied with their appearance, while low scorers have a general unhappiness with their physical appearance. The AE subscale is composed of seven items such as, “My body is sexually appealing,” and has a reported reliability coefficient of 0.88 (Brown, Cash, & Mikulka, 1990). Scores on the AE scale can range from 7–35.

The Appearance Orientation (AO) subscale assesses the degree of investment in appearance. High scorers place more importance on how they look, pay attention to their appearance, and engage in extensive grooming behaviors. Low scorers are less invested in their appearance; their looks are not especially important to them, and they do not expend much effort in enhancing their appearance. The measure is composed of 12 items such as, “It is important that I always look good,” and has a reported reliability coefficient ranging between .84 (females) and .88 (males; Brown, Cash, & Mikulka, 1990). Scores on the AO subscale can range from 12–60.

The Fitness Evaluation (FE) subscale assesses feelings of being physically fit or unfit. High scorers regard themselves as physically fit or athletically active and competent. Low scorers feel physically unfit or athletically unskilled. The FE subscale is a 3-item measure (e.g., “I am very well coordinated”) with a reported reliability coefficient of 0.76 (Brown et al., 1990). Scores on the FE subscale can range from 3–15.

The Fitness Orientation (FO) subscale assesses the degree of investment in being physically fit or athletically competent. High scorers value fitness and are actively involved in activities to enhance and maintain their fitness. Low scorers do not value physical fitness and do not regularly incorporate fitness activities into their lifestyle. The measure includes 13 items, (e.g., “I do things to increase my physical fitness) with a reported reliability coefficient ranging between .89 (females) and .91 (males; Brown et al., 1990). Scores on the FO subscale can range from 13–65.

The Health Evaluation (HE) subscale assesses the feeling of physical health and freedom from physical illness. High scorers feel that they are in good health, and low scorers feel unhealthy and experience body symptoms of illness or vulnerability to illness. The HE subscale has six items, (e.g., “I’m seldom physically ill”) with a reported reliability coefficient ranging between .83 (females) and .80 (males; Brown et al., 1990). Scores on the HE subscale can range from 6–30.
The Health Orientation (HO) subscale assesses the extent of investment in a physically healthy lifestyle. High scorers are health conscious and try to lead a healthy lifestyle. Low scorers are less invested in their health. The HO subscale has eight items, (e.g., “I have deliberately developed a healthy lifestyle”) with a reported reliability coefficient ranging between .78 (females) and .77 (males; Brown et al., 1990). Scores on the HO subscale can range from 8–40.

The RSES (Rosenberg, 1965) was used to measure self-esteem. The instrument comprises ten first-person cognitive/perceptual statements of self-satisfaction, self-worth, and self-respect (e.g., “On the whole, I am satisfied with myself”). Participants responded on a 1–5 scale, ranging from 1 = Definitely disagree to 5 = Definitely agree; thus, possible scores ranged from 10 to 50, with high scores indicating high self-esteem. The RSES has a two-week test retest reliability of .85 and an internal consistency as measured by Cronbach’s alpha ranging from .76 to .87 (Curbow & Somerfield, 1991).

Statistical Analyses

Two-way multivariate analysis of variance (MANOVA) was conducted to compare variables across country of residence and sex. The MANOVA included as dependent variables the six MBSRQ subscales, self-esteem, and BMI. Participants’ mean scores on body image subscales were also compared to normative scores (Cash, 1990) using one-sample t-tests. Cross-cultural comparisons were conducted across the three largest ethnic groups among the two countries’ samples, Asians, Whites, and Pacific Islanders. Finally, in order to determine which aspects of body image evaluation contribute to the variance in self-esteem across groups, regression analyses were conducted with participants of different nationality, sex, and ethnicity. Each of the body image evaluation subscales (appearance, fitness, and health) were entered into regression analyses to predict self-esteem. Because only the body image evaluation subscales, and not the body image orientation subscales, measure participants’ evaluative assessment of their bodies, the orientation subscales were not included in this regression analysis.

RESULTS

Participant Characteristics

A majority (62.6%) of the sample was female (53.9% of participants from Australia and 71.8% of participants from Hawaii). Participants’ mean age was 22.24 years ($SD = 1.61$), with no differences in age between Australia and Hawaii participants. A majority (63.4%) of the sample was in the normal weight range (BMI = 18.5 to 24.9), 10.5% were underweight (BMI < 18.5),
18% were overweight (BMI = 25 to 29.9), and 8.1% were obese (BMI ≥ 30; National Heart, Lung, Blood Institute, 1998). Among participants from Australia, 42.7% were white, 41.6% were Asian, 6.7% were Pacific Islander, and 9.0% did not indicate their ethnicity. Among participants from Hawaii, 16.5% were white, 40.0% were Asian-American, 21.2% were Pacific Islander, 4.7% were Hispanic, and 17.6% did not indicate their ethnicity. For participants indicating mixed ethnic backgrounds, the ethnic identification listed as primary was used. (When discussed across both countries combined as a group, Asian-American and Asian-Australian participants will be referred to as Asian.)

Country of Residence and Gender

MANOVA indicated a significant main effect of gender on Appearance Orientation \( (F(1, 163) = 17.50, p < .001) \), with women from both countries placing more importance on their appearance than men. In contrast, main gender effects for Fitness Evaluation \( (F(1, 163) = 7.82, p = .01) \) and Fitness Orientation \( (F(1, 163) = 9.16, p = .005) \) indicated that men in both countries evaluated themselves as more physically fit, and placed more importance on their physical fitness, than women in both countries. A main effect of country of residence on Appearance Evaluation \( (F(1, 163) = 5.82, p < .05) \) indicated that participants from Australia were significantly less satisfied with their physical appearance than were participants from Hawaii. Main effects also emerged for self-esteem and BMI \( (F(1, 163) = 7.73, p < .01; F(1, 163) = 4.00, p < .05) \), which were both significantly lower among participants in Australia than participants in Hawaii. BMI was greater among men than women \( (F(1, 163) = 10.70, p < .005) \).

A significant interaction between gender and country on Health Evaluation \( (F(1, 163) = 4.98, p < .05) \) indicated that Australia men considered themselves to have better physical health than did Australia women, while no such difference existed between men and women in Hawaii. Results of this MANOVA remained the same when BMI was included as a covariate (MANCOVA), with the one exception that Health Evaluation became significantly higher among men than women across both locations.

Mean body image scores of participants in both countries are shown in Table 1, which also shows normative scores provided by Cash (1990). Appearance Evaluation, Appearance Orientation, and Health Orientation among Australian men and women were lower, and Health Evaluation among Australian women was lower than normative scores. Relative to normative scores (collected from a predominantly European American sample), Appearance Orientation among Hawaiian men and women and Health Orientation among Hawaiian women were lower, whereas Fitness Orientation among Hawaiian men and women was higher.
TABLE 1 Normative Data (Cash, 1990) and Mean Scores in Present Sample on 6 MBSRQ Subscales for Australia and Hawaii Participants. Asterisks Indicate Significant Differences From Normative Means

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Normative means</th>
<th>Australia means</th>
<th>Hawaii means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>Appearance evaluation</td>
<td>3.49</td>
<td>3.36</td>
<td>3.27*</td>
</tr>
<tr>
<td>Appearance orientation</td>
<td>3.60</td>
<td>3.91</td>
<td>3.05*</td>
</tr>
<tr>
<td>Fitness evaluation</td>
<td>3.72</td>
<td>3.48</td>
<td>3.73</td>
</tr>
<tr>
<td>Fitness orientation</td>
<td>3.41</td>
<td>3.32</td>
<td>3.57</td>
</tr>
<tr>
<td>Health evaluation</td>
<td>3.95</td>
<td>3.86</td>
<td>3.80</td>
</tr>
<tr>
<td>Health orientation</td>
<td>3.61</td>
<td>3.75</td>
<td>3.05***</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .005.

Ethnic Background

MANOVA examined differences across three ethnic groups, Asians (n = 69), Whites (n = 49), and Pacific Islanders (n = 23). To explore possible interaction effects between ethnic background and gender and ethnic background and country of origin, two 2-way MANOVAs were first conducted with ethnicity and gender, and then with ethnicity and country of origin as independent variables. No interaction effects were found. Therefore, one-way MANOVA including ethnicity as the only independent variable was used. As several significant effects for ethnicity emerged, post-hoc tests (Least Significant Difference) were conducted.

Significant differences across ethnic groups were found for Appearance Evaluation, Fitness Evaluation, Fitness Orientation, and Health Orientation ($F(16,264) = 1.97, p < .05$). Post-hoc tests revealed that Pacific Islanders had significantly higher scores than Asians on Appearance Evaluation, Fitness Evaluation, Fitness Orientation, and Health Orientation scores, and Pacific Islanders had significantly higher scores than Whites on Appearance Evaluation and Health Orientation. Differences between groups are shown in Table 2. These findings remained the same when BMI was included as a covariate (MANCOVA), with the one exception that Fitness Evaluation was no longer significantly different across ethnic groups. BMI differed significantly among the groups, with Pacific Islanders and Whites having higher mean BMIs than Asians. Self-esteem did not differ significantly among groups.

Contributions to Self-Esteem Across Groups

First, different types of body image evaluation contributed to the variance in self-esteem among men versus among women, as shown in Table 3. While Appearance Evaluation, Fitness Evaluation, and Health Evaluation each significantly predicted self-esteem in women, only Appearance Evaluation and...
TABLE 2  Mean Scores on Measures Among Islander, White, and Asian Participants. Different Superscripts Indicate Post-Hoc Significant Differences ($p \leq .05$) Within Rows

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Asian</th>
<th>White</th>
<th>Pacific Islander</th>
<th>$F$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance evaluation</td>
<td>3.15 (0.54)$^a$</td>
<td>3.22 (0.75)$^a$</td>
<td>3.53 (0.53)$^b$</td>
<td>3.22$^*$</td>
</tr>
<tr>
<td>Appearance orientation</td>
<td>3.31 (0.66)</td>
<td>3.33 (0.66)</td>
<td>3.27 (0.62)</td>
<td>.07</td>
</tr>
<tr>
<td>Fitness evaluation</td>
<td>3.39 (0.65)$^a$</td>
<td>3.63 (0.82)$^{ab}$</td>
<td>3.78 (0.81)$^b$</td>
<td>3.16$^*$</td>
</tr>
<tr>
<td>Fitness orientation</td>
<td>3.24 (0.75)$^a$</td>
<td>3.48 (0.76)$^{ab}$</td>
<td>3.68 (0.77)$^b$</td>
<td>3.42$^*$</td>
</tr>
<tr>
<td>Health evaluation</td>
<td>3.60 (0.64)</td>
<td>3.59 (0.70)</td>
<td>3.73 (0.59)</td>
<td>.44</td>
</tr>
<tr>
<td>Health orientation</td>
<td>3.12 (0.66)$^a$</td>
<td>3.12 (0.67)$^a$</td>
<td>3.49 (0.55)$^b$</td>
<td>3.17$^*$</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>35.83 (0.28)</td>
<td>37.22 (7.41)</td>
<td>39.65 (6.58)</td>
<td>2.48</td>
</tr>
<tr>
<td>Body mass index</td>
<td>21.81 (3.44)$^a$</td>
<td>23.83 (4.65)$^b$</td>
<td>25.88 (5.77)$^b$</td>
<td>8.53$^{**}$</td>
</tr>
</tbody>
</table>

$^a p < .05, ^{**} p < .001.$

TABLE 3 Regression Analysis Results Across Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>$R^2$</th>
<th>$F$</th>
<th>Appearance evaluation</th>
<th>Fitness evaluation</th>
<th>Health evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Beta</td>
<td>$t$</td>
<td>Beta</td>
</tr>
<tr>
<td>Men</td>
<td>.52</td>
<td>21.63$^{****}$</td>
<td>.48</td>
<td>4.58$^{****}$</td>
<td>.11</td>
</tr>
<tr>
<td>Women</td>
<td>.43</td>
<td>25.35$^{****}$</td>
<td>.45</td>
<td>5.52$^{****}$</td>
<td>.19</td>
</tr>
<tr>
<td>Australia participants</td>
<td>.37</td>
<td>16.29$^{****}$</td>
<td>.37</td>
<td>3.82$^{****}$</td>
<td>.08</td>
</tr>
<tr>
<td>Hawaii participants</td>
<td>.59</td>
<td>35.95$^{****}$</td>
<td>.52</td>
<td>6.50$^{****}$</td>
<td>.29</td>
</tr>
<tr>
<td>Asians</td>
<td>.57</td>
<td>29.16$^{****}$</td>
<td>.51</td>
<td>5.71$^{****}$</td>
<td>.06</td>
</tr>
<tr>
<td>Whites</td>
<td>.39</td>
<td>9.77$^{****}$</td>
<td>.44</td>
<td>3.43$^{****}$</td>
<td>.17</td>
</tr>
<tr>
<td>Pacific Islanders</td>
<td>.47</td>
<td>6.92$^{**}$</td>
<td>.53</td>
<td>3.11$^{***}$</td>
<td>.20</td>
</tr>
<tr>
<td>Total sample</td>
<td>.47</td>
<td>47.51$^{****}$</td>
<td>.45</td>
<td>7.21$^{****}$</td>
<td>.17</td>
</tr>
</tbody>
</table>

$^* p < .05, ^{**} p < .01, ^{***} p < .005, ^{****} p < .001.$

Health Evaluation significantly predicted self-esteem in men. Similar differences emerged across the two countries: while all three body image evaluation subscales predicted self-esteem in Hawaiian participants, only Appearance Evaluation and Health Evaluation predicted self-esteem in Australian participants. Separate regression analyses across Asian, White, and Pacific Islander ethnic groups revealed that among Pacific Islander and White participants, only Appearance Evaluation significantly predicted self-esteem, while among Asian participants, both Appearance Evaluation and Health Evaluation significantly contributed to the variance in self-esteem. In the overall sample, all three aspects of body image evaluation contributed significantly to the variance in self-esteem.

DISCUSSION

This study examined cross-cultural and international differences in body image evaluation and orientation and the relationship between components of body image and self-esteem. A clear pattern of findings demonstrated that Pacific
Islanders had more positive evaluations of their bodies and appearance than Asians and Whites. This finding is especially interesting in light of the simultaneously higher BMI in these Pacific Islanders. It is possible that both higher BMI and higher body satisfaction result from a greater acceptance of larger bodies and low levels of cultural stigma and fear of overweight. Consistent with the present results, Wang et al. (2002) found greater acceptance of larger body sizes among Pacific Islanders. In addition, some Fijian girls have reported satisfaction with their weight despite recognizing that they were overweight (Williams et al., 2006). The higher weight in this group is also consistent with the greater prevalence of obesity in Islander populations (Grandinetti et al., 1999; Ochner, Salvail, Ford, & Ajani, 2008).

On the other hand, across both genders, Asians had relatively low scores on measures of body image evaluation, demonstrating greater body dissatisfaction than Pacific Islanders. Asians and Whites did not differ significantly on body image evaluation or orientation measures. This finding is consistent with the meta-analysis comparing Asians’ and Whites’ body image (Grabe & Hyde, 2006) that found an effect size close to zero. It is noteworthy that body satisfaction levels were similar among Asians and Whites despite the significantly lower BMI among Asians than Whites, consistent with past findings (Hill & Bhatti, 1995). This suggests that a different body image ideal or norm may exist among Asian individuals, where a stricter standard of thinness needs to be achieved to reach the same level of satisfaction as heavier, but equally satisfied, counterparts from other cultures. These different patterns of body image across cultures occurred among ethnic groups in two distinct locations, as ethnicity did not interact with country of origin.

The present findings of lower satisfaction with appearance and lower self-esteem among Australian participants than among Hawaiian participants contrast with findings from older studies (Savage & Holcomb, 1998; Tiggemann & Rothblum., 1988). Interestingly, these results were found in the presence of significantly lower BMI levels among Australian participants. This might be explained by the presence of a greater number of Pacific Islanders in the Hawaii sample. However, it might also reflect, as suggested above, a convergence of physical and attitudinal factors, where higher BMI accompanies greater cultural acceptance of larger body types, which may result in more body satisfaction and higher self-esteem at a higher weight.

Cultural differences may also determine which aspects of body image evaluation contribute to the variance in global self-evaluation. Fitness evaluation, in particular, was not universal in predicting self-esteem. It predicted self-esteem in women but not men, and in participants in Hawaii but not participants in Australia. Among Whites and Pacific Islanders, only appearance evaluation contributed significantly to overall self-esteem, but for Asians, both appearance evaluation and health evaluation contributed to self-esteem. This result merits further investigation and may reflect a greater emphasis on health and internal, in addition to external, well being in some Asian cultures.
It is important to note that although this study categorized participants according to broad ethnic groups, the sample most likely represented diverse, rather than uniform, cultures with participants from different specific ethnic backgrounds from within the broader categories of Asian, Pacific Islander, and White. Groupings by ethnicity and nationality may not have been fully independent of each other, due to the larger number of Asians and Pacific Islanders in the Hawaii sample. In addition, although there were Hispanic participants in the study, this group was too small to examine separately and were excluded from the MANOVA. The samples studied here were not representative of the mainland US or other countries not included in the present study. Another limitation of this study was its cross-sectional design. It is not possible to determine whether body image evaluation prospectively contributed to self-esteem, whether the reverse was true, or whether a third variable (e.g., cultural factors), led both body-specific and global self-evaluation to covary differently across groups. Participants in this sample were from a college population, limiting the generalizability of the findings. Finally, this study also did not assess levels of acculturation, which could potentially influence body image (Lau, Lum, Chronister, & Forrest, 2006).

There is a widespread attempt to combat obesity in many populations, including minority populations. However, it is also important that we increase our understanding of the factors that influence the acceptance of heavier body weight, such as culture, gender, and country of origin (Knight, Latner, & Illingworth, 2010). This study suggests that there are protective factors that permit many Pacific Islanders and other individuals to maintain a positive body image in the presence of heavier weight. Understanding these factors could help to reduce the high prevalence of body dissatisfaction in the general population, and prevent eating disorders and the numerous problems associated with body dissatisfaction. The study identified differences between Pacific Islanders and Asian participants, and participants across countries. The findings of this study contribute to existing literature on cross-cultural differences in body image by suggesting that there may be complex patterns of differences in aspects of body image importance and evaluation across different cultures. Future research is needed to explain why there may be a stronger link between health evaluation and self-esteem in Asian cultures than in other cultures. Studies are also needed to determine the potential effects of acculturation level on different components of body image.

REFERENCES


