

Government intervention would be justified to prevent a potential epidemic of food disorders

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Joan Costa-Font and **Mireia Jofre-Bonet** argue that distorted perceptions of self-image influence health-related behaviours. Through their empirical research, they find that social pressure is a determinant of eating disorders and policy should compensate against damaging peer-effects and counter the spread of this epidemic.



Policy interventions to curb the parallel epidemics of excessive preoccupation with self-image and food disorders, such as bulimia and anorexia, are increasingly being used, including the regulation of the fashion industry and advertisements, as well as support campaigns through social networks and the media. In some European countries, there has been increasing debate over the conditions, especially since the Brazilian model Ana Carolina Reston died from anorexia in 2006.



More generally, it is becoming increasingly apparent that standards of physical appearance are important and powerful motivators of human behaviour, especially regarding health and food. Excessive preoccupation with self-image is regarded as a contributing factor to the proliferation of food disorders, especially among young women. Anorexia, together with other food disorders such as bulimia nervosa, can be characterised by a distorted body image accompanied by an eating obsession.

Social sciences regard social image as being continually under construction and essential in determining physical, psychological, and social equilibrium. Hence, one can expect a tension between aesthetic and other reactions to food ingestion. When applied to food disorders, this could explain some of the extreme forms of weight aversion – particularly those that require policy attention.

Our study argues that a distorted self-image influences health-related behaviours, specifically food disorders. We test our claims empirically using European data and find evidence, namely that those females with a distorted self-image choose a net caloric intake that is under the optimal net caloric intake. The distortion is explained by the influence of ‘peer weight’ (which is likely to influence self-image or social identity) on the likelihood of anorexia, and the influence of self-image on individual weight. We support the hypothesis that social pressure through peer shape is a determinant in explaining anorexia nervosa and a distorted self-perception of one’s own body.

Anorexia, as defined here, affects 3 per cent of women aged between 15 and 24, just slightly higher than severe anorexia. Both conditions follow a decreasing pattern until the age of 35, after which they remained relatively constant at about 1 per cent. We find that the prevalence of anorexia is just below 4 per cent for younger age groups, and just below 2 per cent among women aged 25-34. Therefore, women aged 34 or below are expected to present a different pattern from women aged over 34.

We find evidence that younger women are more likely to suffer anorexia as they are more sensitive to changes in the social environment that influence their self-image. Secondary education, or having been to university, all decrease the likelihood of being anorexic or severely anorexic, which indicates that policy interventions might need to take place between primary and secondary education to exert an influence.

The mechanisms that explain the proliferation of food disorders are still under study, but peer network effects appear very important.

Our policy implications suggest that government intervention to redress people's distorted self-image would be justified to prevent a potential epidemic of food disorders. The distorted self-perception of women with food disorders, and the importance of peer effects, may prompt governments to take action to compensate for social pressure on women driving the tension between ideal weight and health.

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