When her study findings suggested an abrupt increase in eating disorder symptoms in the South Pacific archipelago of Fiji between 1995 and 1998, anthropologist and psychiatrist Anne Becker noted one likely suspect: the recent arrival of television. Indeed, girls were trying to be thin, she would later learn, to match their peers’ changing ideals for body shape based on television actresses, including soap opera stars from nearby New Zealand, in the hopes that it would help them find jobs. In a culture that traditionally valued large body size – along with a robust appetite – the girls were not just learning to diet unexpectedly. Rather, they were also using local herbal purgatives to induce vomiting and diarrhea as a way of losing weight, sometimes even with their mothers’ help. According to a 2007 survey, Becker found, 42 percent of the 523 girls reported purging or using herbal purgatives in the past month. Nearly a quarter said they had been suicidal. “What can we do for Fiji?” Becker thought. She recently discussed her research at the Harvard Global Health Institute in an April 8 roundtable session, part of the Institute’s Informal Conversation Series. The series offers faculty and students the opportunity to engage in dialogue on cutting-edge, cross-disciplinary issues. Becker is the Maude and Lillian Presley Professor of Global Health and Social Medicine and Vice Chair of the Department of Global Health and Social Medicine at Harvard Medical School. She is author of Body, Self, and Society: The View from Fiji.

Eating disorders are often wrongly viewed as a “disease of the rich.” As such, they have been missing from global burden of disease research until recently. But in fact, eating disorders have among the highest mortality rate among all mental disorders, their effects not dependent on social class. Eating disorders usually start during adolescence and while usually associated with female gender, they also occur among males. Because the problem can be invisible to parents, teachers, or clinicians until it is too late, Becker said, a large percentage of individuals with an eating disorder do not get the help they need even if mental health services are available. Serious health impacts are associated with eating disorders; these can include malnutrition, heart problems, and other organ complications.

Like many other middle-income countries, Fiji lacks adequate mental health resources to meet local needs. “Here we are exporting media content that for reasons we don’t understand well enough yet appear to be potentially harmful and we see a small island nation,” she noted, that “suddenly has an emerging problem with eating disorders that one could almost call a social
hazard of globalization. We want to be responsible global citizens. Eating disorders we know now have global reach, global scope. And yet, they are off radar, invisible in some cases. They afflict vulnerable populations. I'd like to think that solutions we can find here in the United States can generalize to helping young women who suffer in regions all over the world.”

Two approaches may help address the problem across national boundaries, said Becker. Engaging political will is vital. Given evidence for the “second-hand” effects of mass media exposure, which influences girls through their peers’ viewing practices, changing personal media consumption habits would not necessarily be adequate protection against the potentially harmful impacts of mass media. For this reason public policy may be needed to control and eliminate media content – such as digitally altered images that perpetuate unreal and unrealistic body shape ideals – that may have a harmful impact on vulnerable individuals. Becker praised recent Israeli legislation that now mandates a label on ads that have altered images to make models appear thinner, and is encouraged by similar action here in the United States. For example, she recently spoke at a Congressional Briefing in Washington, D.C., for a new bipartisan bill, the Truth in Advertising Act of 2014, which calls for a regulatory framework with respect to face and body alterations in advertising that, she says, can induce body dissatisfaction for vulnerable individuals.

Another, equally vital solution, she suggested, is one that promotes access to mental health services for youth with an eating disorder. Because there are not enough clinicians with specialized knowledge in mental health in low resource regions, a strategy such as task-sharing can extend the reach of mental health services into the community. For example, with colleagues, Becker developed a pilot project in the Fijian schools participating in their study to train teachers in “the ABCs” of mental health to equip them to help students with signs of mental illness, such as depression or an eating disorder, in navigating local supports and health services. “The teachers were very interested,” she said; “They had a front-row seat, knew a lot about the kids, and wanted to help.” This model of mental health outreach was promising and inspired a similar pilot intervention in Haiti, where she is now working together with Haitian colleague Père Eddy Eustache, Director of Mental Health and Psychosocial Services for Zanmi Lasante. Together with their research team, they are evaluating whether a school-based screening and teacher-training program can promote access to care in Haiti, where youth face the mental health risks of post-traumatic stress disorder (PTSD) and depression.

“The solutions to this gap between burden of illness and need can’t be just focused on the health care sector,” Becker concluded. “The ideal solution will really be multisectoral – and we’ll want to think about how you engage, not just the ministry of education, ministry of health, ministry of finance, and ministry of youth, etcetera. We need to think about what are the resources needed, and then mobilize the political will to engage these many sectors in conversation. For example, if through the same program teachers can be trained to manage their classroom more effectively and kids can be screened and helped to find care they need, you can see benefits in both sectors. So that’s the conversation we need to be having.”

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