

The Effect of the Arabic Version of “In Favor of Myself”—A Wellness Program to Enhance Positive Self and Body Image Among Druze Adolescents

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Abstract

Background: Despite decades of research into prevention programs for youth and their implementation nationwide, publications describing ethnic differences in the impact of prevention programs among adolescents are scarce. Research related to well-being and prevention programs among Druze adolescents is totally lacking.

Aims: This study examined, for the first time in Israel, the Arabic modification of the program “In Favor of Myself”—a universal school-based wellness program to promote self-image, self-esteem and positive body image—among Druze youth.

Methods: A school-based classes randomized controlled trial was conducted with 176 adolescents in the 9th grade (mean age 13.97 ± 0.49 years). The 6 classes were randomly allocated to either an intervention group, which received nine weekly 1.5-hour long sessions of the modified program “In Favor of Myself”, or a control group which did not participate in the program. All participants completed self-report questionnaires before the program, at the program’s conclusion (after 2 months), and 3 months after program completion.

Results: Of the program participants, 84% reported a high level of satisfaction, and 95% reported that they would recommend it to their friends. A statistically significant improvement was observed in the intervention group compared to the control group for the following indicators: knowledge with regard to advertising tactics ($p < 0.005$), internalization of media messages ($p < 0.01$), body dissatisfaction ($p < 0.032$) and feelings about the body ($p < 0.008$). There was no statistically significant difference between boys and girls in the impact of the intervention on the studied variables. The information achieved via the focus groups reinforced the quantitative results with respect to participants’ satisfaction from the program and its impact.

Conclusions: The Arabic version of “In Favor of Myself” was received with enthusiasm among Druze youth. Findings show improvements in promoting positive self and body image, as well as media literacy, which are known as protective factors that may support the prevention of eating disorders and other risky behaviors among participants. This is the first study to examine a wellness program with Druze adolescents, and we hope that this initiative will be further developed and eventually established as a preventive policy in Druze high schools.

Keywords: *In Favor of Myself; Positive Self; Body Image; Druze Adolescents*

Introduction

Gaps in health and in prevention programs remain widespread among racial and ethnic minority groups [1]. This paper describes the cultural adaptation and evaluation of the wellness program “In Favor of Myself” delivered to Druze adolescents in Israel.

Druze minorities in Israel live, for the most part, in geographical areas separate from the Jewish population. They lead their lives based on their local and cultural norms. Nevertheless, Druze adolescents are no longer absolutely loyal and obedient to the values of the Druze community’s religion, family and history; instead, they are adopting values of liberalization, freedom, self-choice, gender equality, and respect for humanity [2].

Positive self-esteem and positive body image have long been viewed as essential components of good quality of life [3]. Cross-sectional studies indicate that people with high self-esteem have been found to be successful problem-solvers and to use information effectively to attain their goals [4]. Furthermore, they have been found to be in good mental health and well-adjusted [5]. Of concern to eating disorder clinicians and researchers is that low self-esteem is a hallmark of clinically diagnosed eating disorder populations and a known risk factor for the development of eating disorders [6]. Self-esteem is influenced by gender roles and cultural norms, and values change around achievements, family structure and appearance [5].

Self-esteem can be strongly influenced by appearance. The effects of body image on self-esteem can be especially powerful during the teenage years [7]. Cross sectional studies indicate that global self-esteem, satisfaction with appearance, and self-reported dieting are interrelated [8]. Preoccupation with dieting, a drive for thinness, and body dissatisfaction have all been identified in cross sectional studies as risk factors of the early development of eating disorders [9]. Longitudinal studies [9] further demonstrated that thin ideal internalization and body dissatisfaction at ages 13, 14, 15, and 16 predicted DSM-5 eating disorders onset in the 4-year period after each assessment. Thinness among Arabs is regarded as socially undesirable, whereas plumpness is considered a symbol of fertility and womanhood [10]. Thus, it is not surprising that low rates of eating disorders have been reported among Arab populations [11,12]. Nevertheless, the lifestyle of the Druze, particularly those in the Golan Heights, is closer to Western culture, in which the values of liberalism, individualism, advancement and openness to media have a greater influence than on the Israeli Arab Muslims [13]. Thus, similar to the values and attitudes in Western cultures, they relate to thinness as a requirement for a pleasing appearance and hence for better self-esteem. This perception is reinforced by the media, as well as by social interactions with peers and parents [14,15]. Given that the thin ideal in the media can cultivate normative beliefs and inaccurate estimations of thinness, those beliefs will influence body-image disturbances and might contribute to the onset of eating disorders [16]. Recently, Levin and Smolak [17] suggested to focus on promotion of protective factors in school-based programs to prevent negative body image and disordered eating.

Aziza, *et al.* [18] reported that 75% of assessed Druze female adolescents (out of 1141 girls aged 13 - 17) scored higher than 20 in Eating Disorder Test-26, indicating eating-behavior disturbances. A recent study of adolescents aged 15 - 18 years in seven Arab countries indicated that the risk of eating disorders among obese female adolescents is two to three times higher than that among non-obese adolescents [19].

Despite the indications of increased rates of modern problems among Druze adolescents, studies on the topic, as well as prevention programs are scarce. Gaps in health services in general, and in prevention programs in particular, remain widespread among racial and ethnic minority groups in Israel. In addition, previous research has shown that programs may have different impacts on participants due to baseline exposure to different sociocultural values, different risk factors, variations in self-esteem and body image, as well as other individual characteristics stemming from participants’ ethnic origin and values [1,20]. Herein, we describe the implementation and outcome of the preventive program “In Favor of Myself” for Druze adolescents in Israel.

Methods

Study Design and Population

This is a school-based class randomized control design study. The research protocol was approved by Tel Hai institutional review board. Informed consent was signed by all participants and their parents. All students in the 9th grade of the local junior high school at Magdal-Shams (northern Druze urban area in the north of Israel) were eligible to participate; 6 classes (similar size) were randomly allocated to intervention vs control conditions using the randomization function in Microsoft Excel. The six classes included 176 boys and girls, mean age 13.97 ± 0.49 years. The three intervention groups included 90 participants and the three control groups included 86 participants. All study participants filled a computerized questionnaire at baseline, post-intervention and 3-month follow-up, within the school setting (Figure 1). The program was delivered to a mixed-gender group of participants by a Druze clinical dietitian.

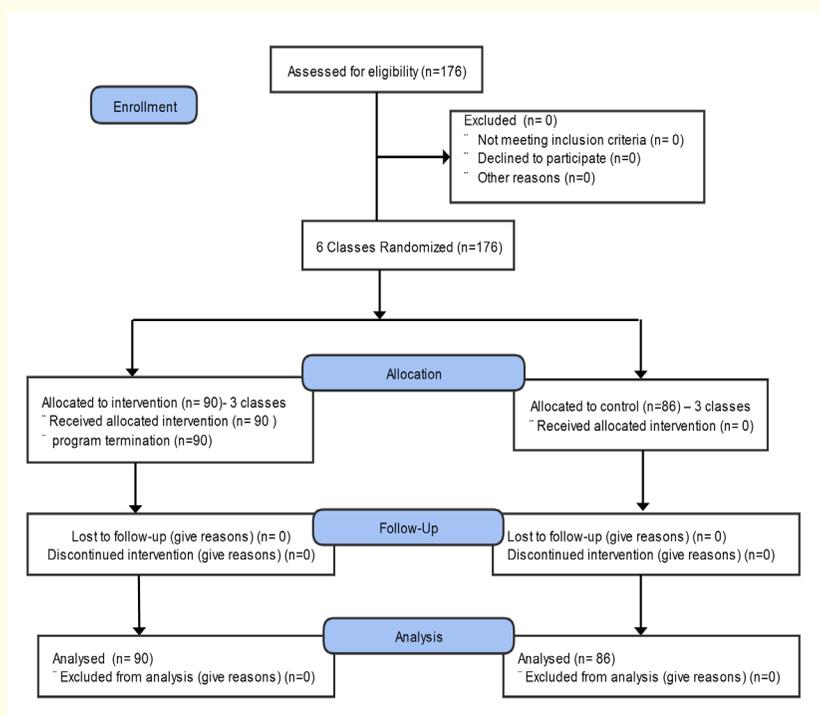


Figure 1: Participants flow diagram.

Program Description

“In Favor of Myself” is an interactive wellness program aimed at promoting positive self-image, self-esteem and positive body image among adolescents, teaching a range of coping strategies to promote adolescents’ ability to resist media and culturally inappropriate messages, and to promote the diversity of beauty and in the long run maybe prevent the development of disordered eating. The program, developed and implemented by a group of experts, was initiated by the Dove Self-Esteem Fund, originally written in Hebrew and available to the public. Its outcome among Jews were previously reported [21]. The Arabic version consists of nine weekly 90-min sessions delivered by a Druze clinical dietitian in the presence of the class teachers. The Arabic program is available upon request from the authors. Table 1 describes the objectives and contents of all session.

Session number	Topic	Description
1	Preliminary meeting: introduction and contract establishment	Becoming acquainted, discussing expectations; introducing the program and its goals; establishing a group contract.
2	Adolescence and self-esteem	Discussing Druze adolescence, changes and effects in the Druze society. Interactive activity on the component of self-esteem, its development and how it is influenced by communication.
3	Advertising – effect of mass media on self-esteem	Media literacy activities using video from Arabic culture.
4	Stereotypes – impact of stereotypes on self-esteem	Interactive activity and discussion about transmitted values delivered by famous Arab and international figures and stereotypes.
5	Beauty myth	Beauty in Arabic history, changes in beauty criteria, respecting differences and variety of sizes. Putting the modern beauty myth on trial and questioning the automatic association between beauty and happiness.
6	The power of words, intrapersonal communication, body image and self-esteem	Sharing personal stories with respect to self-esteem and body image. Exercising cognitive dissonance to challenge destructive perceptions and messages.
7	The power of words, interpersonal communication and self-esteem	Sharing and challenging negative interpersonal communication using role-play.
8	The self: external and internal	Creating art metaphor for ‘the self’ (internal and external). Sharing commonalities and differences.
9	Final meeting: where do we go next?	Summation of contents. Positioning future stance.

Table 1: Contents and description of sessions.

Measures

At baseline, participants completed demographic information. Process evaluation assessed program dissemination, attendance, relapse rates and participants’ satisfaction at program conclusion. We also measured the following outcomes:

Self-esteem was assessed using The Rosenberg Self-Esteem Scale. The scale consists of 10 items scored on 4 points (1) strongly disagreed (2) disagreed (3) agree (4) strongly agreed. The final score of this questionnaire ranged from 10-40. A higher score indicates higher self-esteem, while a lower score indicates lower self-esteem [22].

Thin-ideal internalization was assessed using the Internalization subscale of the Sociocultural Attitudes Towards Appearance Questionnaire-3. The questionnaire includes 7 items rated on a 5-point scale of agreement. A higher score indicates higher pressure from the media [8].

Contingencies of self-image by others’ approval and by appearance were assessed using subscales from the Contingencies of Self-Worth Scale. We used 2 sub-scales: Affirmed by others approval and affirmed by appearance. Each sub-scale contains five items rated on a seven points agreement: (1) strongly disagree (2) disagree (3) disagree somewhat (4) natural (5) agree somewhat (6) agree (7) strongly agree. A higher score indicates on stronger reliance on external affirmations by others and reinforcement by appearance [23].

Body dissatisfaction and drive for thinness were assessed using two subscales from EDI-2: body dissatisfaction (9 items) and the pursuit of thinness (7 items). Items were rated on a 6-point scale: (1) never, (2) rarely, (3) sometimes, (4) often, (5) usually (6) always. Higher scores indicate drive for thinness and/or higher body dissatisfaction [24]. Body image was measured using Contour Drawing Rating Scale

(CDRS) that contains nine silhouettes of body image. Participants choose the silhouettes that represent their concurrent and ideal body image [25]. The gap between scores of concurrent and ideal silhouette was calculated. A bigger gap represents higher body dissatisfaction. The psychometric properties of the scales in our study are described in Table 2 (test-retest were assessed prior to program delivery and internal validity was assessed at the three assessment times).

Questionnaire	Test re-test Current study	Cronbach’s alpha Current study		
		Time 1	Time 2	Time 3
Rosenberg Self-Esteem Scale (SES) [18]	0.93	0.71	0.71	0.71
Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3) [5]	0.87	0.780	0.768	0.764
Contingencies of Self-Worth Scale (CSW) [19]	0.8	Others’ approval: 0.807 Contingency by appearance: 0.652	Others’ approval: 0.646 Contingency by appearance: 0.646	Others’ approval: 0.546 Contingency by appearance: 0.546
Eating Disorders Inventory-2 (EDI-2) [20]	0.90	Drive for thinness:0.84 Body dissatisfaction: 0.74	Drive for thinness:0.87 Body dissatisfaction: 0.76	Drive for thinness:0.79 Body dissatisfaction: 0.802
The degree of internalization of media messages and advertisements	0.85	0.673	0.890	0.813
The effect of appearance on self-image	0.89	0.774	0.806	0.803

Table 2: Psychometric properties of the scales.

Statistical Analysis

Statistical analyses were conducted using SPSS software version 21. The sample size was calculated prior to the intervention according to the differences expected between groups in mean score of Rosenberg self-esteem scale (1.6 units) based on our pilot studies. SD 3.5 and 4.0 in the intervention and control groups respectively, with power of 80% and alpha of 0.05. The calculation yielded sample size of 88 in each group. Normal distribution analysis were found in respect to all variables. Chi square and t tests were conducted to compare groups at baseline. Changes between groups were tested using ANCOVA Mixed Design analysis, due to lack of significant differences in the LR tests, which intend to take into consideration the effects of the clusters (classes). Post-hoc Bonferroni tests were used to assess differences between time measurements in each group. To address contamination concerns, intraclass correlation coefficient (ICC) was calculated and ranged between 0.03 and 0.07. The effect size of the interactions is expressed by partial η^2 . In this study, gender was assessed as a moderator of intervention effects. Since the main differences between genders were only in respect to satisfaction from the program, the separated analysis were omitted.

Results

Characteristics of Participants at Baseline

No significant differences were found between the study groups (control vs. intervention) at baseline with respect to gender distribution, mean age, attitude to religion or family structure. Despite the randomization, statistically significant differences between the intervention and control groups was observed in mother’s education, father’s education, place of birth and socioeconomic status (Table 3). Thus, these variables were introduced as covariant in the statistical analysis.

Variable	Intervention (n = 90)	Control (n = 86)	p
Gender	Boys 44% Girls 65%	Boys 49% Girls 51%	NS
Age	13.97(0.49)	13.98(0.27)	NS
Number of siblings	1.25(3.65)	1.29(3.26)	p < 0.044
Mother’s education			
Elementary school	11%	2.5%	p < 0.006
High school	63%	52.2%	
Professional education	12%	19.7%	
BA	12%	12.8%	
MA	2%	12.8%	
Father’s education			
Elementary school	16.6%	4.6%	p < 0.021
High school	44.4%	36.0%	
Professional education	22.2%	23.2%	
BA	12.2%	24.4%	
MA	5.5%	10.4%	
Place in birth order			
Eldest	25.5%	49%	p < 0.006
Middle child	40%	27%	
Younger	30%	22%	
Single child	5.5%	1%	
Attitude to religion (%)			
Religious	1.1%	0%	NS
Traditional	54.4%	60.5%	
Secular	45.5%	38.4%	
Family structure (%)			
Parents married	99%	93%	NS
Parents divorced or separated	2%	6%	
Single-parent family	-	-	
Other	-	-	

Economic situation (%)			
Living with large profit	24%	48%	<i>p</i> < 0.001
Living comfortably	53%	43%	
Restricted living	23%	8%	
Barely getting by	-	-	

Table 3: Demographic description of studied population (% or mean ± SD).

Process Evaluation

The process evaluation revealed that 84.4% of the participants evaluated the program as excellent and 15.6% as good, while there was no one who did not like it. A significant difference was found between girls and boys with respect to program evaluation, with more girls reporting high satisfaction (92%) compared to boys (75%). High level of attendance active presence was noted in the current population, with 90% of the participants attending 8 – 9 sessions, 4.4% attending 6 – 7 sessions and 5.5% attending less than 5 sessions.

Intervention Effect

Media literacy. Means and associated standard deviation are displayed in Table 4. A significant effect on the interaction between group and time was found for level of participants’ knowledge about advertising strategies [F (2,348) = 72.422, *p* < 0.001, partial η^2 = 0.210] as well as feeling pressure from the media [F (2,348) = 4.384, *p* < 0.001, partial η^2 = 0.097]. The effect size of the improvement in both outcomes in the intervention group was large (Table 4).

Variable	Group	T1	T2	T3	F	P	Partial η^2
		Baseline	Conclusion	Follow-up			
Knowledge in relation to media tactics	Intervention (90)	1.88 ± 1.2	3.05 ± 1.6	4.31 ± 1.7	72.88	0.001	0.450
	Control (86)	1.76 ± 1.1	2.10 ± 1.4	1.67 ± 1.1	3.408	0.035	0.039
Perceived pressure from media	Intervention (90)	3.86 ± 0.8	4.43 ± 0.6	4.53 ± 0.5	31.576	0.001	0.260
	Control (86)	3.98 ± 0.8	4.04 ± 0.8	4.08 ± 0.7	0.515	0.559	0.006

Table 4: Media literacy.

Note: for partial η^2 , 0.05 is a small effect, 0.059 – 0.1 a medium effect and above 0.1, a large effect

Self-esteem and self-image: Means and associated standard deviations are displayed in Table 5. ANCOVA Mixed Model analysis did not reveal any significant differences in self-esteem change between intervention and control groups [F (2,348) = 9.839, *p* < 0.271]. However, when the analysis was performed to examine the changes within each group, a statistically significant five percent improvement was noted only in the intervention group.

Variable	Group	T1	T2	T3	F	p	Partial η ²
		Baseline	Conclusion	Follow-up			
Self-esteem	Intervention (90)	24.9± 4	25.3 ± 3.6	26.03 ± 3.4	3.708	0.026	0.040
	Control (86)	24.3 ± 4	24.62 ± 4.1	24.57 ± 4.1	0.441	0.644	0.005
Others’ approval	Intervention (90)	4.27 ± 2.2	3.90 ± 2.3	3.48 ± 2.1	3.090	0.048	0.033
	Control (86)	3.80 ± 1.9	3.78 ± 1.9	3.93 ± 2.2	0.207	0.813	0.002
Impact of appearance	Intervention (90)	2.57 ± 1.4	2.25 ±1.3	2 ± 1.1	6.141	0.003	0.064
	Control (86)	2.49 ± 1.3	2.48 ± 1.3	2.40 ± 1.1	0.225	0.799	0.003

Table 5: Self-esteem and self-image

Note: for partial η², 0.05 is a small effect, 0.059–0.1 a medium effect and above 0.1, a large effect

Contingency on others’ approval and on appearance: Means and associated standard deviations are displayed in Table 5. There was no statistically significant interaction between measurement time and group [F (2,348) = 9.4, p < 0.076, partial η² = 0.015; F (2,348) = 2.6, p < 0.086, partial η² = 0.014]. Nevertheless, a 20% reduction (small effect size) was noted in the intervention group participants’ reliance on others’ approval and a medium effect size on appearance, while an increase was observed in the control group. The difference between groups in these changes was not statistically significant.

Body image: concurrent vs. ideal perceptions: Means and associated standard deviations are displayed in Table 6. There was no significant effect of the interaction between group and measurement time on concurrent body image [F (2,2) = 0.403, p < 0.898, partial η² = 0.001], ideal body image [F (2,348) = 0.244, p < 0.657, partial η² = 0.002], or the relative gap between them [F (2,348) = 0.143, p < 0.826, partial η² = 0.001].

Variable	Group	T1	T2	T3	F	p	Partial η ²
		Baseline	Conclusion	Follow-up			
Concurrent body	Intervention (90)	3.94 ±1.3	3.85 ± 1.1	3.97 ± 1.4	0.495	0.611	0.006
	Control (86)	3.91 ± 1.3	3.90 ± 1.5	3.97 ± 1.5	0.203	0.816	0.002
Ideal body	Intervention (90)	3.46 ± 1.3	3.54 ± 1.1	3.65 ± 1.3	1.448	0.238	0.016
	Control (86)	3.37 ± 1.0	3.38 ± 1.1	3.64 ± 1.3	3.441	0.034	0.039
Gap between concurrent and ideal body	Intervention (90)	-4.22 ± 1.5	-0.30 ± 1.2	-0.50 ± 1.3	0.263	0.769	0.003
	Control (86)	-0.55 ± 1.5	-0.52 ± 1.6	-0.61 ± 1.8	1.190	0.307	0.013

Table 6: Perception of concurrent and ideal body image.

Note: For partial η², 0.05 is a small effect, 0.059–0.1 a medium effect and above 0.1, a large effect

Drive for thinness and body dissatisfaction: Means and associated standard deviations are displayed in Table 7. Prior to the intervention, the mean score of drive for thinness was similar to normal values (6.6) reported in the literature, as opposed to the average score for body dissatisfaction which was slightly lower than the average reported in the literature (8.4) [26]. With respect to drive for thinness, no significant effect was found for the interaction between group and measurement time [F (2,348) = 25.37, p < 0.367, partial η²=0.006]. However, when the analysis was performed to examine the changes within each group, only the intervention group showed a significant decrease in drive for thinness over time (small effect size), an improvement that was maintained at the follow-up measurement.

Variable	Group	T1	T2	T3	F	p	Partial η ²
		Baseline	Conclusion	Follow-up			
Drive for thinness	Intervention (90)	6.07 ± 5.2	4.58 ± 5.2	4.52 ± 4.3	3.51	0.032	0.038
	Control (86)	6.02 ± 5.8	6.04 ± 5.6	5.34 ± 5.8	0.438	0.035	0.039
Body dissatisfaction	Intervention (90)	7.31 ± 6.0	5.2 ± 4.8	4.67 ± 4.8	8.496	0.001	0.087
	Control (86)	6.12 ± 6.1	6.22 ± 6.0	6.39 ± 6.0	0.042	0.959	0.001

Table 7: Drive for thinness and body dissatisfaction.

Note: For partial η², 0.05 is a small effect, 0.059–0.1 a medium effect and above 0.1, a large effect

With respect to body dissatisfaction, a significant effect was found for the interaction between group and measurement time [F (2,348) = 100.840, p < 0.032, partial η² = 0.020]. In the intervention group only, we found a significant difference between T1 to T2 (p < 0.001) and T1 to T3 (p < 0.003), indicating achievement of maintenance with medium effect size.

Discussion

The Druze adaptation of the wellness program “In Favor of Myself” was well accepted, with high attendance rate and high expressed satisfaction, similar to that reported among Israeli Jews [27] and in similar programs in the literature [28-30]. Considering the different cultural backgrounds of participants in this study and its possible negative effect [31] the high attendance and satisfaction rates may indicate on the program quality and provide assurance to the cultural modifications made to tailor the program to participants’ traditional status as well as to overcome cultural discrepancies [20].

The Arabic modified program demonstrated improvements in participants’ knowledge about advertising tactics (large effect size) and a statistically significant reduction in the influence of the media on attitudes toward appearance, in contrast to no change in the control group. Others have also reported improvements in these variables following prevention programs [21,23]. Satisfaction rate was similar among Jewish [32] and Druze pupils [33].

In respect to self-esteem, although some researchers have reported low self-esteem among minority ethnic groups [34], among Druze adolescents, no significant inferiority has been reported by others [35], nor was it found in the current study. Nevertheless, when we examined the change in self-esteem in each group separately, only the intervention group demonstrated a statistically significant improvement. Considering the tendency of self-esteem to decrease during adolescence [36-38], this improvement might be important, particularly at this age. The intervention group was also found superior to the control group in terms of less reliance on others’ approval as well as less reliance on appearance. This may contribute to adolescents’ resilience to external risky influences, which are frequent at these

ages. Similar to past reports of this program’s impact on Jewish adolescents’ body image, in this study we did not find any statistically significant difference or improvement between the intervention and control groups [21,32]. This suggests the need to choose another assessment tool for assessing body image.

In respect to drive for thinness, Druze adolescents are reported to be in the normal range. Thus, it is not surprising that no significant improvements were found between control and intervention groups. However, when the analysis was performed to examine the changes within each group, only the intervention group showed a significant decrease in drive for thinness over time, an improvement that was maintained at the follow-up measurement. With respect to body satisfaction, a significant effect was found on the interaction between group and time, with the intervention group showing significant improvement between baseline and program termination as well as baseline and 3 months follow-up, indicating achievement maintenance. Others have also reported a significant improvement in body dissatisfaction among intervention group participants [33,39]. Nevertheless, when body image was measured using the nine silhouettes no change was observed across time points, probably due to the fact that most adolescents find it easier to address the issue of body dissatisfaction verbally, rather than define their body image via silhouettes. Silhouettes’ choice might be subjected to over or underestimation, based on the degree to which one overestimates or underestimates his body size [40]. Compared to the effect sizes reported in the program delivered to Jews, the effects sizes when delivered to Druze were a bit higher [27].

This is the first research study describing a randomized clinical trial among Druze adolescents. A wide review of the literature and telephone contact with investigators did not locate even one controlled intervention in the area of self and body image in its population. As reported, this was a group randomized controlled clinical trial with a reasonable sample size, high attendance and lack of dropouts. Compared to other published studies which were short term only, we managed to collect data 3 months after program completion [41,42].

A number of limitations in this study must be acknowledged. Despite randomization, a significant difference in the demographic variables between study groups at baseline was noted and addressed via the statistical analysis. We tried to address the problem of contamination between intervention and control groups but we could not ensure a lack of contamination. Nevertheless, the ICC values were in a good range. The greatest challenge, which should be managed in future programs, is to find a way to increase the effect size of the changes, which, for most of the variables, was small to medium, similar to others reports [43]. One should also take into account that the self-administered questionnaire might be a source of data biases as well [44].

Conclusions

This is the first clinical randomized trial of a wellness program delivered to Druze adolescents in Israel. Although the study limitations this is, an important step towards developing initiatives among minorities to prevent the disadvantages accompanied the transition from traditional to modern society.

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