

Study of Gender Difference in Eating Disorder among Adolescents

Seema Bajaj and Savita Sonam

Abstract

Aim: The aim of the study was to observe gender difference in eating disorder among adolescents. **Material and Method:** The sample of two hundred (N=200) adolescents (100 boys and 100 girls) were selected for data collection. Eating attitude test (EAT-26) by Gamer, Olmsted, Bohr and Garfinkel was used. **Results:** There is no statistical significant difference in the mean scores of eating disorder among adolescent boys and girls. **Conclusion:** It was concluded that there was no difference of eating disorder among adolescent boys and girls.

Seema Bajaj

Assistant Professor

Master Tara Singh Memorial College for Women

Ludhiana (Punjab) India

E-mail: seemabajaj74in@yahoo.co.in

Savita Sonam

M.A. Student

Indira Gandhi National Open University, New Delhi

E-mail: sonamsavi2291@gmail.com

Key Words: Eating disorder, Adolescents, Gender difference

DOI: 10.18376/jesp/2021/v17/i2/167264

Introduction

Eating disorders identify diseases marked by abnormal eating habits, and extreme pain or body weight or shape issues. Eating disorders can include insufficient or excessive intake of food which can eventually harm the well-being of a person. Problems with disordered eating can develop during any stage of life, but usually occur during teen years or young adulthood (Whitaker 1992). While these conditions may be treatable, if not addressed, the symptoms and consequence may be detrimental and deadly. Eating disorders are commonly associated with other conditions, such as anxiety disorders, drug abuse or depression. Eating disorders are a range of psychological conditions that cause unhealthy eating habits to develop (Whitaker 1992). They might start with an obsession with food, body weight, or body shape. In severe cases, eating disorders can cause serious health consequences and may even result in death if left untreated (Alina 2019). Eating Disorders describe illnesses that are characterized by irregular eating habits and severe distress or concern about body weight or shape. Eating disturbances may include e inadequate or excessive food intake which can ultimately damage an individual's well-being. The most common forms of eating disorders include Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder and affect both females and males (Hudson et al., 2007). Weight obsession affects millions of adolescents today, especially girls (Kinchen et al., 2004). At any given time, one out of every seven women has or is struggling with an eating (Alina 2019). One study a few years ago found that 36% of adolescent girls - more than one out of every three -believed they were overweight, while 59% were trying to lose weight (Rahul et al., 2019). More than 90% of people with an eating disorder are girls in comparison of adolescent boys, though, also have body image concerns (Rahul et al., 2019). Many boys strive for the perfect body by dieting or by doing compulsive exercise (Merikangas et al., 2010). Anorexia nervosa affects as many as one in every 100 females (Rahul et al., 2019). Adolescent with anorexia fear gaining weight and are at least 15% below their ideal body weights. They believe the main gauge of self-worth is

their body image (Kinchen et al., 2004). Experts believe many American girls are bulimic and have kept the problem a secret (Rahul et al., 2019). Bulimia often starts in the late teens and early adulthood. People with bulimia go through cycles of eating enormous amounts of foods followed by purging by vomiting, using laxatives, or diuretics or hours of aerobic exercise (Hudson et al., 2007). Experts link eating disorders to a combination of factors, such as family relationships, psychological problems, and genetics (Hudson et al., 2007). The teen may have low self-esteem and be preoccupied with having a thin body. Sometimes, being part of a sport such as ballet, gymnastics, or running, where being lean is encouraged, is associated with eating disorders in teens (Grunbaum et al., 2004). In one study, researchers linked anorexia with an obsession with perfectionism -concern over mistakes, high personal standards, and parental expectations and criticism (Alina 2019). Formally classified by Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the term "eating disorders" represents a group of complex mental health conditions that can seriously impair health and social functioning. Symptoms of eating disorders may include a distorted body image, skipping most meals, unusual eating habits (such as eating thousands of calories at one meal or skipping meals), Frequent weighing, Extreme weight change, Insomnia, constipation, skin rash or dry skin, dental cavities, erosion of tooth enamel, loss of hair or nail quality, hyperactivity and high interest in exercise (Grunbaum et al., 2004). Adolescents with eating disorders are often in denial that anything is wrong. They may be moody, anxious, depressed. They may withdraw from friends, and become overly sensitive to criticism. The problem arises when parents are not aware of these symptoms because the teen keeps them hidden just like the trauma, insecurities, depression, or low self-esteem that may help trigger the disorder (Merikangas et al., 2010). Eating Disorders in Adolescents can be treated although there is no easy treatment for eating disorders. A combination of treatments, including cognitive behavioural therapy and antidepressant medication, can be used to help teens overcome bulimia (Alina 2019). Cognitive behavioural therapy helps by identifying and replacing inaccurate thoughts to help change behaviour and emotional state (Grunbaum et al., 2004). Anorexia treatment usually involves nutritional feeding, medical monitoring, and psychological treatment (Rahul et al., 2019). Along with the lower body weight, girls with anorexia nervosa can lose their menstrual periods (amenorrhea). The loss of periods is associated with osteopenia, early bone loss that can lead to painful fractures (Hudson et al., 2007). Eating disorders are also linked to other serious health problems, such as kidney disease and heart disease. Each of these health problems requires specific tests and treatment (Howland 2021). The findings of the study supported the belief that men are becoming the targets of media images which emphasize the muscular ideals. It is found that dietary habits appear to be established in the mid-teens, by the age of 15 years, and are closely associated with lifestyle. It can be said that if habits acquired in adolescence persist into adult life, behaviours established in young people may have important long-term consequences for health (Howland 2021). Knowledge about healthy food choices and food safety can be predisposing factors for improving eating habits and adopting a healthy diet, although it is insufficient to motivate healthy eating. Factors influencing eating behaviours need to be better understood to develop effective nutrition. Therefore, habits, attitudes, self-efficacy, barriers to change and the meaning of "healthy" and "unhealthy" diet and food must be considered (Hudson et al., 2007). A adolescents body is constantly changing and growing. The foods adolescents eat will directly reflect how they feel, focus and the ability for our body to function. Understanding what types of nutrients is needed will make it easier to fit these foods into diet on a regular basis. A balanced diet is the best kind of diet. Hautala anneli et al., (2008) investigated Gender differences in disordered eating are relatively small in adolescence. This study was conducted on 1036 subject by using the SCOFF and the R-BDI questionnaires (14–15years old) attending the eighth grade of secondary school. Self-reported eating disorder symptoms were prevalent in 24% of the girls and 16% of the boys. Girls reported many of the health-risk factors studied at a higher rate than boys. However, there were no gender differences in susceptibility to

these factors. Lalonde and Bain (2010) reported that gender plays an inevitable role in determining the nature of body image and in adjustment ability. The researchers have shown that females exhibiting higher level of body dissatisfaction as compared to their male counterparts and also have more adjustment ability in comparison of male adolescents. Brennan and Bain (2010) reported the occurrence of similarity and differences taking place in the body image perceptions of men and women. Body image dissatisfaction is more prevalent among women rather than men. Assari (2018) reported that men and women did not differ in prevalence of binge eating disorder. This study included 3516 African Americans who identified as male (N = 1271) or female (N=2245). Compared to men, women reported lower PD. Women also had a higher prevalence of obesity. Men and women did not differ in prevalence of Binge Eating Disorder (Assari 2018).

Material and Method

The present study was conducted on 200 adolescents (100 boys and 100 girls) from Phagwara city, Punjab. For data collection, an Eating Attitude Test (EAT-26) by Gamer, Olmsted, Bohr and Garfinkel from websites <https://www.seattlechildrens.org> was used.

Result and discussion

Table1 shows mean, median, mode of the scores of adolescent boys and girls on the variable of eating disorder is 9.5 ,9.25 and 9 respectively which are quite proximate to each other. The value of skewness and kurtosis was 1.11 and 1.095 respectively that showing the distribution is positively skewed and platykurtic. But these are quite small. Therefore, the distribution taken as normal.

Table 1. Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis scores of Eating disorder of Adolescents Boys & Girls

Variable	Mean	Median	Mode	S.D	Skewness	Kurtosis
Adolescents (Boys and Girls)	9.5	9.25	9	6.43	1.11	1.095

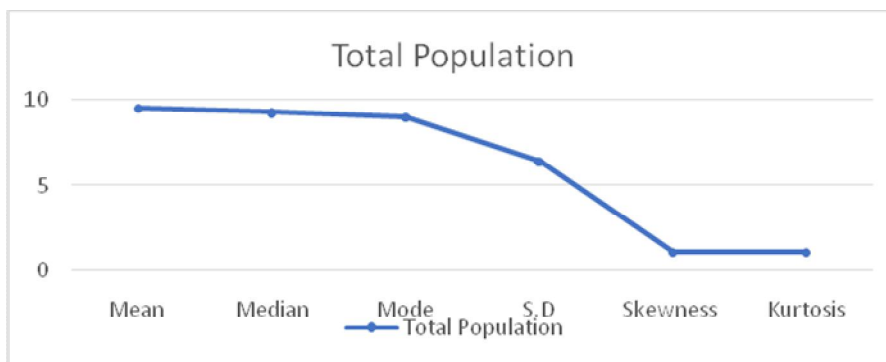


Figure 1. Mean, Median, Mode, S.D, Kurtosis and Skewness of Eating disorder of Adolescent Boys & Girls

Table 2. Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis scores of Eating Disorder of Adolescent Boys

Variable	Mean	Median	Mode	S.D	kurtosis	Skewness
Adolescents Boys	9.47	9.55	8.99	6.617	0.837	0.247

The variable of eating disorder among male adolescents was tested for normalcy and Table 2 shows that the value of mean, median and mode of the scores of the adolescent boys on the variable of eating disorder is 9.47, 9.55 and 8.99 respectively which are quite proximate to each other. The value skewness and kurtosis in case of male adolescents are 0.837 and 0.247 respectively showing the distribution as positively skewed and platykurtic. Therefore, the distribution can be taken as normal.

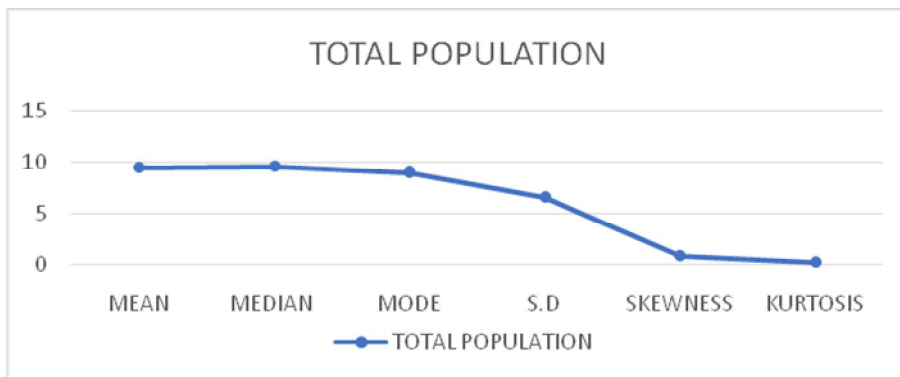


Figure 2. Mean, Median, Mode, S.D, Kurtosis and Skewness of Eating disorder of Adolescent Boys

Table 3. Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis scores of Eating Disorder of Adolescent Girls

Group	Mean	Median	Mode	S.D	Skewness	kurtosis
Total Population	9.5	10	9.09	5.817	1.249	5.663

The variable of eating disorder among adolescent girls was tested for normalcy and Table 3 shows that the value of mean, median and mode of the scores of the adolescent girls on the variable of eating disorder as 9.5, 10 and 9.09 respectively which are quite proximate to each other. The value skewness and kurtosis in case of adolescents are 1.249 and 5.663 respectively showing the distribution as positively skewed and platykurtic. Therefore, the distribution can be taken as normal.

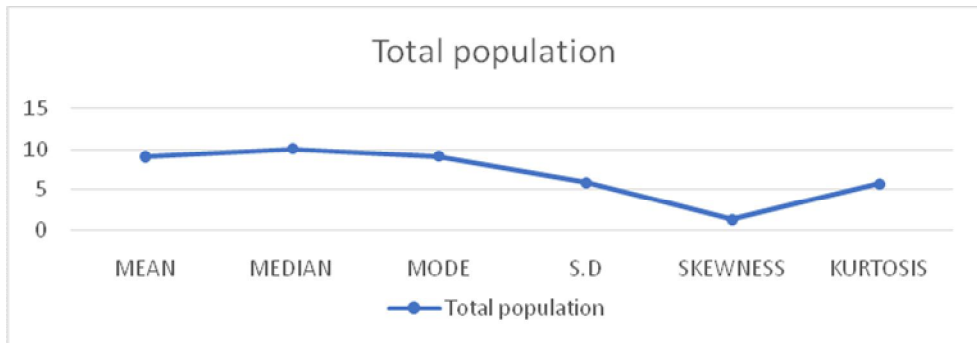


Figure 3. Mean, Median, Mode, S.D, Kurtosis and Skewness of Eating disorder of Adolescent Girls

As the present study is intended to find out the relationship between eating disorder and adjustment, Pearson’s Product Moment correlation technique was employed.

Table 4 .Comparison of difference between the mean scores of Eating Disorder among Adolescents Boys & Girls

Group	Variables	N	MEAN	S.D	SEM	T-RATIO	SIG/NOT SIG
Adolescents Boys	Eating Disorder	100	9.47	6.617	0.66	0.034	Not significant
Adolescents Girls		100	9.5	5.817	0.58		

Table 4 shows that the secondary school boys show significantly less eating disorder problem as compared to the girls ($t= 0.034$) which is found not significant at 0.05 and as well as at 0.01 level . These differences are found to be not significant in eating disorder among adolescent boys and girls.

Conclusion

It was concluded that there was no difference of eating disorder among adolescent boys and girls.

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Conflict of Interest: None declared