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Research Paper

The Role of Gender and Family Satisfaction in Development of Eating Disorders in Young Adults

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ABSTRACT

The aim of the present study was to study the role of gender and family satisfaction in the development of eating disorders in young adults. (16-25 years). Eating disorder is a mental and physical illness that involves impaired relationship with eating and body image concerns.it entails distorted beliefs and attitudes about a person's self-esteem and body image which leads to disturbance in eating related behaviors. Gender has a complex relationship with development of eating disorders.it is evident that women are more prone to developing eating disorders due to unrealistic societal expectations, hormonal imbalances, and body dissatisfaction. In this study a random sampling technique was used to collect a sample of 100 young adults (females n=50, males n=50). Eating attitudes test (EAT-26) and family satisfaction scale was administered through a google form online. Findings suggest that there was a significant difference in eating behaviors with females having higher mean difference than males (mean difference =-.38000). Negligible correlation was found between family satisfaction and the development of eating disorders as indicated by the Pearson correlation value of -0.022. Future findings should focus on the relationship between parenting styles and the development of eating disorders.

Keywords: *Eating Disorders, Family Satisfaction, Gender*

Eating disorder is a mental and physical illness that involves impaired relationship with eating and body image concerns. This disorder has been listed by DSM- 5 under the category of "Feeding and Eating disorders" and describes it as persistence disturbance in eating or eating habits that affect how much food is consumed or absorbed, which is bad for one's physical and mental well-being.

This category of disorder includes many different disorders such as anorexia nervosa, bulimia nervosa, pica, avoidant/restrictive food intake disorder, rumination disorder and binge eating disorder.

Anorexia nervosa is a disorder in which the individual has an abnormal level of fear of weight gaining and thus has a very restrictive diet. The individual engages in food restrictive behaviors and has an impaired perception of his own body weight.

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Bulimia nervosa on the other hand is a disorder in which the person has a recurrent episode of binge eating, he/she gets involved in inappropriate behaviors in order to prevent weight gain and has a distorted body perception.

Binge eating disorder is a disorder in which the person eats much more rapidly than he would normally do, eating food until the stomach is abnormally full. Even when not feeling hungry such people still tend to eat large amounts of food. They often eat alone because they feel embarrassed about eating in front of people. They are disgusted and feel guilty about the fact that they eat so much.

Here is an outline of the DSM-5 diagnostic criteria for binge eating disorder (BED), bulimia nervosa (BN), and anorexia nervosa (AN):

Anorexia Nervosa:

- A decrease in body mass that is appreciably below normal for age, sex, stage of growth, and physical health due to restricting calories.
- Severe anxiety related to gaining weight or ongoing actions to prevent weight increase. (even at a modest weight).
- Disturbance in one's body image, disproportionate influence of one's weight or shape on one's self-perception or downplaying the gravity of one's current low body weight.

Bulimia Nervosa:

- Recurrent binge eating episodes are typified by: Consuming a significant amount of food in a short amount of time compared to what most individuals would normally eat in a comparable situation.
- A feeling of being unable to control one's eating throughout the incident.
- Repeating unsuitable compensatory behaviours—such as self-induced vomiting, abusing laxatives, diuretics, or enemas—to avoid gaining weight, such as fasting, strenuous exercise, or laxative abuse.
- Over the course of three months, compensatory behaviours and binge eating both emerge on average once per week.
- Weight and physical type have an undue impact on how one feels about oneself.

Binge Eating Disorder:

Frequent episodes of binge eating, lasting no less than once a week for three months or more, are typified by:

- eating a lot more food in a short period of time than is normal.
- a feeling of losing control over one's food intake throughout the incident.
- Three or more of the following are connected to the episodes: Eating a lot more quickly than normal.
- Eating till discomfort is experienced.
- Consuming a lot of food even when not starving
- Eating by oneself because of guilt over one's food intake.
- Feeling terrible, unhappy, or dissatisfied with oneself after overindulging in food
- Substantial anxiety in relation to binge eating.

Binge eating does not just happen when a person has anorexia nervosa or bulimia nervosa; it is also not linked to the frequent use of improper compensatory actions (such as vomiting, intermittent fasting, or extreme exercise).

Relationship Between Gender and Eating Disorders

Gender has a complicated and multidimensional role in eating disorders, involving a few misconceptions, realities, and beliefs. Although eating disorders are commonly thought to predominantly affect adolescent females, they may really afflict people of all ages and genders. Nonetheless, there are subtle differences in the way that eating disorders present in the various genders.

One widespread misconception is that eating disorders are only passing stages and are not severe conditions. This false belief minimises the seriousness of these illnesses, which can have detrimental effects on the body, mind, and society. Furthermore, the notion that eating disorders exclusively impact adolescent females overlooks the reality that they impact people of all ages and genders.

Patterns become apparent when examining the gender distribution of individual eating disorders. Women are often more affected by bulimia nervosa and anorexia nervosa than males are. Many variables, such as gender standards and body image demands from society, may have an impact on this gender gap. However, illnesses such as binge eating disorder show a less obvious gender difference, suggesting that they impact people more equally across genders.

Crucially, stigma and underreporting of eating disorders are exacerbated by the misconception that eating disorders are largely "women's disorders," especially among men. The stigma associated with mental health and masculinity, as well as cultural expectations, may discourage men from talking about or seeking assistance for their problems. The misunderstanding that eating disorders mostly afflict women is reinforced by this underreporting.

Factors That Cause Eating Disorders in Females

It is a fact that both men and women can suffer from an eating disorder but many research have concluded that women are much more likely to develop an eating disorder.
Factors that cause eating disorders are:

- **Body dissatisfaction:** A study conducted by Preston examined the brains of 32 people which consisted of 16 males and 16 females. Every participant was shown a virtual reality of them being thin and obese and their brain activity was monitored through an MRI. Researchers found that women had a lot of change in their brain activity of the parietal lobe that shows emotions like fear and anger when they were shown their obese images. This concludes that body dissatisfaction is experienced more by women.
- **Gender disparities:** while men also have body image concerns but since centuries women have been depicted as thin and elegant. This depiction of women has divided the perception of the society in a way that being obese is considered a flaw. Low self esteem due to these pressures can lead to body image concerns which compels women to develop an eating disorder.
- **Societal pressures:** The media portrayal of unrealistic beauty standards such as flawless skin, thin waist and many more influences the body perception of an individual. Due to the pressure from society which includes our peers, friends and family leads people to conform to these societal expectations.
- **Hormonal changes:** Women right from her puberty to her menopause goes through many hormonal changes. These hormonal changes disturb the body regulations

which causes changes in appetite. These changes influence body weight which in turn can lead to the development of eating disorders.

Underdiagnosis of Eating Disorders in Males

Young women who struggle with eating disorders are frequently linked to their pursuit of extreme thinness. Although there is some truth to this caricature, it leaves out a sizable portion of the population, males who are afflicted with these debilitating conditions. Studies indicate that around one in three people suffer from eating problems, and men are not exempt from this problem. On the other hand, underdiagnosis is a serious issue that prevents many men from receiving the vital help they require.

This underdiagnosis is caused by several variables. First, the common misconception about eating disorders might cause medical providers to ignore symptoms in men. Males suffering from eating disorders might not display the typical symptoms of weight loss or obsession with becoming slim. Instead, they could place more emphasis on keeping a slim body or gaining muscle, disguising bad habits like exercising excessively.

Second, because of social expectations associated with being a man, males may be less likely to ask for assistance. Eating disorders may be viewed as a sign of weakness, which can cause embarrassment and make people reluctant to talk about them. The idea that eating disorders are predominantly a female issue is furthered by this silence.

Underdiagnosis has deadly implications. Significant health concerns associated with eating disorders include electrolyte imbalances, cardiac issues, and even death. These illnesses can have a devastating effect on a person's physical and mental health if appropriate treatment is not received.

It is imperative that we continue to spread the word about eating disorders in men going ahead. Healthcare practitioners must get training in order to identify the many ways in which these disorders might present. Campaigns for education aimed at young men and their families can aid in breaking down the stigma.

Gaps In Knowledge in Eating Disorders in Young Adults

Even while our knowledge of eating disorders (EDs) has advanced significantly, there are still large information gaps, especially with regard to young adults. These ambiguities make it more difficult for us to identify, prevent, and treat this complicated mental health condition in this crucial age range.

The long-term impacts of new social media influences represent one significant gap. On social media sites like Instagram and TikTok, the constant presentation of "perfect" appearances and the pressure to meet unattainable beauty standards may surely affect young people' self-perception and encourage disordered eating habits. However, further analysis is required to determine the precise nature and scope of this impact.

Moreover, there is a dearth of evidence on the efficacy of different treatment modalities for young people with eating disorders. Although cognitive-behavioural therapy (CBT) has demonstrated potential, it is imperative to investigate the effectiveness of other evidencebased therapies customised for this age range. Furthermore, not enough research has been done on how cultural and ethnic origin affects treatment outcomes.

Lastly, there is still much to learn about the long-term effects of untreated EDs in early adulthood. Further investigation is required to ascertain the likelihood of these diseases enduring into later life and the corresponding health hazards. Early intervention techniques and prevention interventions can benefit from an understanding of the long-term trajectory of EDs. By filling up these information gaps, we can improve how we treat EDs in young adults. Ultimately, funding more research will result in improved detection and support.

Family Dynamics and Development of Eating Disorders

Family dynamics play an important role in the development of eating disorders. Parenting styles and attachment styles influence the whole being of a person. Parental criticism, negligence, rejection are some factors which can lead to the development of eating disorders.

Mendez (2022) has explained in his study how **Parenting styles** can influence an individual's body image and self-esteem.

Authoritarian: These parents are not nurturing very strictly and control their children and are rule bounded. They may criticize their child which may create a negative body image and low self-esteem which in turn can lead to the development of such disorders.

Authoritative: such parents are nurturing, have clear boundaries and take disciplinary actions rather than punishing the child. Children with such parenting have higher self-esteem and thus fall less prey to developing eating disorders.

Permissive: such parents do not set boundaries and have no set rules. While such parents are very permissive and non-authoritative, they do not guide their child about the rights and wrongs. Such parenting styles can lead to children having disoriented moral principles and may have a higher chance of developing such disorders.

Uninvolved: such parents only help their child with their basic needs such as food, shelter, education, and money. They are very distant and do not spend time with their child at all. They are not emotionally or morally available to their child, which can lead to the child manifesting behavioral problems. Such parenting styles have a greater chance of developing such disorders.

Attachment Styles and Development of Eating Disorders

A child's vulnerability to developing an eating disorder can be greatly influenced by the kind of connection they have with their parents.

Secure Attachment style: Strong feelings of comfort and trust in the relationship between parents and child, having a secure attachment style, are often prophylactic against eating disorders. Kids who have a stable attachment style feel more in charge of their life and are less prone to turn to eating disorders to take control of their surroundings.

Avoidant Attachment Style: As opposed to this, eating disorders may become more likely in individuals with insecure attachment types, such as anxious or avoidant attachment.

Youngsters with anxious attachment styles are more likely to look to others for validation and acceptance, which increases their susceptibility to the symptoms of eating disorders such as anorexia nervosa and bulimia nervosa.

Avoidant patterns of attachment have been linked to increased risk of eating disorders due to symptoms of depression, anxiety, and drug addiction. Avoidant attachment may end up resulting in a pessimistic view of relationships and a propensity to shun intimate interactions, which can lead to a weak support network. As a coping strategy, people with avoidant attachment may turn to controlling other areas of their lives, such as their physical well-being and food intake, due to a lack of connection.

Parent Role Modelling of Food Related Behaviours

Parental role-modelling is commonly seen as a parent's deliberate and purposeful attempt to model healthy eating habits and food choices to promote like-minded actions in the child (Vaughan et al). Restricting a child's diet or modelling good or bad eating habits are two examples of parental modelling of food behaviours. Remarks a parent makes about their looks to a child in front of them is an example of how they are modelling appearance-related behaviours.

REVIEW OF LITERATURE

Giles (2022) conducted a review that brought light to the intricate nature of the bond between anorexic patients and their families. The intricate nature of the bond between anorexic patients and their families has been brought to light by this review. The research on paternal load, feelings, and cognitive processes as well as views about weight and form has been examined. It is evident that no persistent psycho-social disorder which has been proven to be causal exists in families. But studies over the past two decades have shown that showing compassion for an anorexic child who has weak mentalization abilities, unstable attachment, and inappropriate regulation of emotions can generate anxiety and disruption within the family.

Thaiposri and Reece (2022) compared how eating disorders-related intrusive thoughts (EDITs) affected people by gender, looking at factors such as frequency, content, emotional implications, and coping mechanisms. Six hundred and seventy-one individuals answered questions about their experiences with eating disorders, body dissatisfaction, and EDITs using self-report questionnaires. It was discovered that, in comparison to men, women suffered EDITs more frequently and with more anxiety. When it came to control tactics, males were more inclined to do nothing in reaction, while females were more likely to employ distraction and thought suppression. Compared to non-risk individuals, those in the at-risk group encountered EDITs more frequently, were more distressed, and reacted by engaging in obsessive-compulsive routines or following the intrusion's instructions far more frequently.

Eriiu et al (2020) reviewed the features of eating disorders in adolescence that relate to familial interactions. A study of the narrative literature on relationship problems in eating disorders in teenagers was conducted. The significance of relational factors in the formation and ongoing control of the condition is confirmed by empirical findings regarding family ties and eating disorders in teenagers. The relational-systemic approach makes a significant contribution, indicating that in order to comprehend the suffering of teenagers, one must take into account the familial environment. Furthermore, the conceptual model of developmental psychopathology's empirical contributions which emphasise the significance of risk and protective variables in familial relationships provides information regarding the complexity of the phenomena of eating disorders in teenagers. It is worthwhile to look at an integrated relational model designed to examine eating problems in teens in order to achieve particular change.

Kroplewski et al (2019) objective was to determine if there are any differences between individuals who have and do not have an elevated risk of eating disorders in terms of how well they score the family functioning and self-esteem dimensions. Furthermore, the associations among family functioning, eating disorders, and Self-esteem were confirmed, with an emphasis on identifying self-esteem's mediating function in connection to Family functioning and eating disorders. A total of 160 participants, ages 18 to 47, were studied, including 74 individuals who were more susceptible to eating disorders. The Family APGAR The Multidimensional Self-Esteem Inventory and The SCOFF Questionnaire were the instruments employed. The results of the analysis show that there are substantial differences between the compared groups with regard to Eating disorders, Family functioning evaluation, and all aspects of Self-esteem. Those who are not at higher risk of developing EDs are characterised by higher SE across every aspect and a more favourable FF evaluation.

Grillot and Keel (2018) looked at gender-based differences in self-awareness and treatment-seeking behaviours among individuals with suspected eating disorders who were taken from a larger community-based sample. The findings show that selfawareness does not explain the differences in help-seeking behaviours between men and women and instead acts as an obstacle to treatment for all genders. The results have consequences for treatments aimed at removing obstacles to eating disorder treatment seeking.

Leys et al (2017) investigated This study aims to investigate a concept of resilience skills-based mediator between eating disorders (ED) and the dynamics of families. A total of 143 young ladies were enlisted as a non-clinical sample. The Eating Attitudes Test, the Family Adaptability and Cohesion Scale III, and the Resilience Scale for Adults were the three valid surveys that all participants answered. The findings support this mediation paradigm by showing that resilient families have more harmonious relationships. The relationship between the dynamics of families and the prevalence of ED is mediated by resilience.

Lipson & Sonneville (2017) conducted a study to determine the overall and student specific differences in the occurrence of symptoms of eating disorders in a large sample of college students in the United States. In the study 9713 undergraduates from 12 universities and colleges took part. The Eating Disorder Examination Questionnaire served as the basis for the eating disorder outcomes. Binge eating was found to be more common in females than in males while compensatory behaviours were just as common. The most reliable indicator of eating disorder risk was a person's weight status, with overweight and obese people exhibiting noticeably more symptoms. Overweight people showed higher risk factors for eating disorders and binge eating.

Anastasiadou et al (2016) investigated the elements of dysfunctional family functioning that could be connected to the intensity of symptoms in teenage eating disorder (ED) patients., fifty individuals suffering from Eating disorders were chosen from an emergency room unit in Madrid and Spain out of which forty-eight were mothers and forty-five dads in all. Parents responded to self-report questionnaires about psychological health and family dynamics. In order to gauge the intensity of their symptoms, patients filled out a self-report questionnaire and participated in clinical interviews. The findings concluded that Mothers recognized both the good and undesirable parts of their experience as caregivers to a larger extent than fathers did, and they also displayed higher levels of stress and psychological excessive involvement.

Calam et al (2016) conducted the 3rd and largest of its kind study, comparing 242 comparable people with 98 patients who suffer from bulimic and anorexic eating disorders. The eating disorder subjects remembered that both of their parents were less caring and warm, which was consistent with the results of the first two trials. They also remembered that their dads were more overprotective, but not their moms. The latter seems like a promising discovery that needs more investigation.

Sepulveda et al (2016) conducted a study to determine the elements of problematic familial relationships that might be connected to the intensity of symptoms in teenage eating disorder patients receiving first-contact therapy. fifty patients with EDs were recruited from an ED unit: forty-eight mothers and forty-five dads in all. Parents responded to self-report questionnaires about psychological health and family dynamics. In order to gauge the intensity of their symptoms, patients filled out a self-report questionnaire and participated in clinical interviews. Mothers noticed both the good and negative parts of their experience as carers to a larger extent than dads did, and they also displayed higher levels of worry and emotional over-involvement.

Münch et al (2016) looked at the connections amongst personality traits, eating disorders, attachment style, and family dynamics. In this research, a total of 253 women were divided into four groups based on their self-reported diagnosis of eating disorders or by surpassing the cut-off points for clinically diagnosed eating disorders on the Short Evaluation of Eating Disorders or the Eating Disorder Examination Questionnaire. Individuals suffering from eating disorders had notably higher rates of insecure attachment, emotional instability, lower extraversion, and less positive interactions with their families. The findings indicated that neuroticism, extraversion, and family functioning operate as partial mediators for eating disorders and attachment disorders. The study identified potential links between these dimensions and discovered additional evidence of higher attachment, personality, and familial experiences difficulties in people with EDs. There was discussion on the repercussions for both study and practice.

Mallinckrodt et al (2015) examined adult's social skills, familial circumstances, and bonding throughout childhood in attempt to understand the link between eating disorders and sexual assault. Comparative questionnaires measuring parental ties, familial circumstances, and sexual abuse, as well as present self-worth, social assistance, relationships, attachment in adulthood style, and ED symptoms, were completed by 102 female college students and 52 female clients who had experienced sexual abuse as children. The ED rate for survivors of client incest was higher—47 percent—than for survivors of sexual abuse of clients, student sexual assault survivors, and non-abused students. Social competences, eating disorders, incest, and familial environment were shown to be significantly correlated. Compared to women who were not molested, sexual assault survivors possessed more unstable homes and worse social skills.

Davis et al (2014) examined the hypothesis that families of individuals with eating disorders are excessively fixated on their physical appeal and appearance in society by assuming that a measure of weight obsession would be interactively correlated with vulnerability to anxiety (neuroticism) and a family physical appearance focus, after controlling for body size. Analysis of 158 young, healthy female data was conducted. The theory was supported by statistical analysis in a model with multiple regression that explained 42% of the variation in weight preoccupation. The results corroborate the theory that young women who are prone

to anxiety are more vulnerable to the effects of family risk factors, maybe as a result of their increased sensitivity to or propensity to internalise pressures to uphold family values.

Cantrell and Ellis (2013) studied the association between gender role and eating dysfunction at-risk behaviors in a sample of 206 men and women. The assessments that were employed were the Eating Disorders Inventory and the Bem Sex Role Inventory. The psychocultural model predicted that gender and gender role will interact with each other across the risk factors. Several gender role identities contributed differently to distinct risk factors related to eating disorders, indicating an interplay between gender and gender role across these categories.

Reslan and Saules (2011) investigated gender interactions with binge eating disorder on a sample of 969 students using data from one university that participated in the 2010 Healthy Minds Study. Open-ended answers describing a "binge" were categorized into food and psychological/behavioural elements. Results indicate that among individuals lacking BED, women were far more likely than men to report mood, food type, and to participate in compensatory actions. The findings indicate that the focus on binge eating as a "loss of control" in the diagnostic process may result in a higher diagnosis of BED in women, whereas binge eating may have similar weight-related consequences for both sexes.

Elgin and Pritchard (2006) investigated gender disparities in the frequency of eating disorders and body image issues as well as in several risk factors, including perfectionist tendencies, a sense of self and mass media. Three hundred fifty-three college students answered questionnaires regarding their self-esteem, perfectionistic tendencies, accessibility to and influence from the media, eating disorders habits, and dissatisfaction with their bodies. women reported higher rates of disordered eating and body dissatisfaction than did men. The current study's findings suggest that there may be gender-specific risk factors for disordered eating and body dissatisfaction. These findings could have an impact on future treatment approaches as well as our knowledge of the ethology of these conditions.

Stoving et al (2011) conducted a study to examine how gender differed in weight restoration among various EDs.. The trial comprised 1015 patients in total. While they were noticeably lower in BN, the male fractions in AN and EDNOS were comparable Patients experiencing EDNOS had a mean duration to remission of 6 years for females and 3 years for males, which was comparable to that of AN patient. according to this study Males may fare more effectively than females in terms of body weight restoration and the cessation of purging behaviours.

Hodges et al (2010) examined 43 patients with BED according to DSM-IV criteria and 88 patients with an eating disorder diagnosis were given the Family Environment Scale (FES). Evaluation of variation revealed statistically significant differences between the groups regarding the communication, cohesiveness, and active-recreational subscales of the FES (ANOVA). anorexia nervosa and binge eating disorder showed significant differences on the cohesiveness subscale. Significant variations were seen between binge eating disorder and bulimia nervosa on the expressiveness subscale, with regard to the active-recreational subscale, binge showed distinct variations.

Roselli et al. (2009) conducted a study to examine the prevalence of eating disorder symptoms, such as binge eating, improper compensatory behaviors, and body image between different genders.they conducted an online mail based survey on a random sample

of health maintenance organisation. Items were selected from the Body Shape Questionnaire and the Patient Health Questionnaire. Men were more likely to report overeating among the 3,714 women and 1,808 men who replied, whereas women were more likely to support losing control when eating. Effect sizes, or "Number Needed to Treat," were small to moderate despite statistically significant gender differences being noted, with women substantially more likely than males to report such symptoms.

Humphrey (2008) observed the relationships between anorexic, bulimic-anorexic, bulimic, and normal households and compared them. 74 family triads—a father, mother, and adolescent daughter—participated in all. A 10-minute recorded interaction about the daughter's breakup with the family was conducted with each family. Benjamin's structural analysis of social behaviour (SASB) framework and empirical schema were used to code these recordings. The findings demonstrated that distinct patterns existed among eating disorder subtypes and that the SASB approach was able to distinguish between pathological versus healthy families. In particular, anorexic parents sent a mixed message to their daughter, valuing her desires for self-expression but also neglecting her need for nurturing attention. Conversely, anorexic daughters were conflicted about expressing their emotions to their parents instead of keeping them to themselves.

Melinda et al (2008) aimed to investigate the relationship between the relationship between an eating disorder signs and adherence to conventional feminine norms. Eight subscales of the Eating Disorder Examination-Questionnaire (EDE-Q) were used to test if they may be used as predictors of eating disorder symptomatology. Results show that a sizable amount of the variance in eating disorder symptomatology was predicted by the CFNI's Thinness subscale. The results of Mahalik and colleagues (2005) were not supported by the fact that any other CFNI subscale predicted eating disorder symptoms. There is discussion of the implications for the feminine theory of eating disorders.

Sepulveda et al (2008) aimed to study the university population at high risk of eating disorders as well as the frequency of unhealthy eating habits and mindsets among higher risk groups; gender as well, school, and academic year disparities were also investigated. The sample size consisted of A total of 2551 university students, aged between 18 and 26, who were enrolled in 13 different schools. the Body Shape Questionnaire (BSQ), the Symptom Check List 90-R (SCL-90-R), the Eating Disorders Inventory (EDI), and the Self-Esteem Scale (RSE) were among the tools used. Compared to male students, female students displayed undesirable weight-control behaviours such as vomiting on their own, medication use, and dieting. On the other hand, more men (11.6%) than women reported engaging in binge eating. There were statistically significant differences in prevalence rates based on gender, but not on school or academic year.

Latzer & Gaber (2007) conducted a study to investigate the relationship between disorders of eating and attachment types and the circumstances at home. At entry in an eating disorder facility, 37 identical in age female controls and 25 anorexic and 33 bulimic female patients were given the Adult Attachment Scale and the Family Environment Scale. Compared to control groups, family members of eating disorder patients have been shown to be less connected, vocal, and supportive of personal development. Uncertain attachment patterns and a lack of support for personal development might be signs that the family is having trouble guiding the kid.

Ringer & Crittenden (2007) evaluated the psychological attachment patterns of a group of women who had eating disorders to find out what kinds of self-defence tactics they employed and whether there was a particular correlation between the evaluation and the techniques. There was a total of 62 young women having eating disorders among the participants. The Adult Attachment Interview (AAI) was used to measure attachment, and Crittenden's Dynamic-Maturational Method was used to classify the results. The findings showed that nervous attachment characterised all eating disordered women. While most of the others paired coercive with an extreme dismissive Type A tactic, around half employed an extreme coercive Type C method. The information in the AAIs indicated that there was unresolved trauma or bereavement among the moms, as well as unspoken familial strife between the parents.

Lewinsohn et al (2005) study's main objective was to identify and contrast young men's problematic eating behaviours and mindsets with those of young women. The Drive for Thinness, Bulimia, and Body Dissatisfaction subscales of the Eating Disorder Inventory were among the questions that a sample of young adults taken from a community (n = 1,056) answered. Other questions probed inappropriate compensatory behaviours, excessive exercise, and episodes of binge eating. Male and female samples were both fitted by a five-factor framework. Apart from heavy activity, where men scored much higher, women had significantly higher scores on all of the criteria. There was a relatively small absolute percentage of men and women who desired or had sought treatment.

Rationale of the Study

The rationale of the study was to investigate the subtle relationship between gender, family satisfaction, and the genesis of eating disorders. There are many triggers and protective variables impacting susceptibility to such disorders by investigating the intersections between gender differences and familial dynamics, specifically with regard to satisfaction levels. Reducing stigma and encouraging better body image standards can be aided by a comprehension of how varied family settings and social expectations affect men and women differently. Furthermore, understanding how family happiness prevents or exacerbates eating disorders provides information about how to create supportive family environments. In the end, our research aims to close knowledge gaps by providing early identification, intervention, and support services that are customized to meet the specific requirements of people and families.

METHODOLOGY

Aim

To study the role of gender and family satisfaction in development of eating disorders in young adults.

Objective

- To study the relationship between gender and eating disorders in young adults.
- To study the relationship between family satisfaction and eating disorders in young adults.

Hypothesis

- **H1:** There is significant difference between eating behaviors between male and female respondents.

- **H2**: There is significant difference between eating attitudes between male and female respondents.
- **H3**: There is significant relationship between family satisfaction and eating behaviors.

Variables

- Independent Variable: gender, family satisfaction
- Dependent Variable: eating behaviors, eating attitudes.

Research Design

The correlational research design is the research design that is being adopted in this study to examine the role of gender and family satisfaction in developing eating disorders in young adults. The study's goal was to investigate the differences between male and female respondents in developing eating disorders and to investigate the relationship between family satisfaction and the development of eating disorders. The samples were assessed using eating attitudes scale and family satisfaction scale.

Size and Sample

The sample consist of 100 young adults (50 males,50 females). The age range of the participants was between 18- to 26-years-old. This study was conducted in Delhi NCR region using online surveys and the method used was simple random sampling.

Descriptive Tool

Eating Attitudes Test (EAT-26) developed by David garner is a self-report questionnaire consisting of 26 questions which evaluates the eating behaviors of a person including three subsets i.e. dieting, food preoccupation oral control.it includes four additional questions that evaluates risky eating attitudes of the participant.

Family Satisfaction Scale developed by David H. Olson is a self-report questionnaire consisting of 10 questions. It's a 5 Likert scale questionnaire. It aims to evaluate the family satisfaction of an individual.

Analysis of the Result

Table 1: T-Test

	Gender	N	Mean	Std. Deviation	t	Sig. (2-tailed)
Eating Behaviour	Male	50	14.2800	10.16203	.180	.858
	Female	50	14.6600	10.93321	-.180	.858
Eating Attitudes	Male	50	.4800	.50467	2.084	.040
	Female	50	.2800	.45356	2.084	.040

Table 1: shows the mean standard deviation and t-value for eating behaviors and eating attitudes between males and females.

Table 2: Pearson's Correlation correlations

	Family satisfaction	Eating behaviours
Family satisfaction	1	-0.22
Eating behaviours	-0.22	1

Table 2: represents the correlation between family satisfaction and development of eating disorders.

DISCUSSION

The aim of the research was to study the role of gender and family satisfaction in the development of eating disorders in young adults. To Fulfil this aim three objectives were prepared. The first one was to study the relationship between gender and eating behaviors. Second was to study the relationship between gender and eating attitudes. The last was to study the relationship between family satisfaction and the development of eating disorders.

Hypothesis one was there will be significant difference between eating behaviors between male and female respondents. Hypothesis two was there will significantly difference between eating attitudes between male and female respondents. Hypothesis three was there will be significant relationship between family satisfaction and eating behaviors.

The method used to collect data was random sampling method. The data was collected from a sample of 100 young adults (females n=50, males n=50). The scales administered were Eating Attitudes Test (EAT-26) and Family Satisfaction Scale. The goal and the aim of the study was explained to the participants and informed consent was taken. Participants were assured of the confidentiality of the test.

The explanation and interpretation of the result based on hypothesis formulated for the present study are as follows:
Hypothesis one states that there will be significant difference between eating behaviors between male and female respondents. An independent sample test was conducted to compare the eating behaviors for Males and Females. Findings suggest that there were significant differences (t (98) = -.180, p=0.014) in the scores with mean group score for females (M=14.6600, SD= 10.93321) higher than males (M=14.2800, SD= 10.16203), at a significance value of 0.858 which is less than 0.05 indication that there is a significant difference. Hence, **H1 is supported**.

Hypothesis two states that there will be significant difference between eating attitudes between male and female respondents. An independent sample t-test was conducted to compare the eating attitudes for Males and Females. There were significant differences (t (98) = -2.084, p=0.014) in the scores with mean group score for males (M=0.4800, SD= 0.07137) was higher than females (M=.2800, SD= 0.6414).), at a significance value of 0.40 which is less than 0.05 indicating a significant difference. Hence, **H2 is supported.**

Hypothesis three was that there will be significant relationship between family satisfaction and eating behaviors. The Pearson two tailed correlation was conducted to determine the relationship between family satisfaction and development of eating disorders. As indicated by the Pearson correlation value of -0.022 it's a negligible correlation because the value is less than 0.1. This means that there is a weak negative relationship. Hence the **H3 is rejected**. There is no significant relationship between family satisfaction and eating disorders.

Kluck (2008) evaluated a model of prediction that posits that family dynamics influence eating disorder development through food-related events inside the family, the current study expands on earlier studies. The revised versions of the following tests were completed by 268 single college women: the Family Influence Scale, , the Eating Attitudes Test, the Bulimia Test, the Family Adaptability and Cohesion Scales, the Parent Adolescent Communication Scale, and the Family Experiences Related to Food Questionnaire. According to the modelling of structural equations, there was a correlation between a rise in

eating disorders and both familial dysfunction and bad food-related experiences. The association between disordered eating and family dysfunction was found to be facilitated by unpleasant events connected to food in the family.

Hoeppner (2009) investigated how families transmit traditional beliefs about thinness to one another and how they moderate these views. Interviews with open-ended questions on body image and eating disorders were done with thirty-two White, middle-class women using a theoretically grounded method. The results show that a crucial familial setting, repressive authority by parents, and a prevalent weight-related discourse within the home are important factors. The specific ways in which these conditions exist are examined in relation to contemporary theoretical frameworks that explain how culture and family shape eating disorders.

CONCLUSION AND IMPLICATIONS

In Conclusion, the findings of this research demonstrate the substantial impact of gender on emergence of eating disorders in young people, as well as the insignificant correlation between eating habits and family satisfaction. The noteworthy distinctions in eating habits and perspectives between male and female participants underscore the need of taking gender into account while comprehending and managing eating disorders. These findings imply that gender-specific therapies may be more successful in reducing the likelihood of disordered eating behaviors. Nevertheless, prior theories about the direct influence of family dynamics on the emergence of eating disorders are called into question by the lack of a substantial correlation between eating behaviors and family pleasure.

These findings have implications for both clinical research as well as practice. Future research should investigate additional factors outside family satisfaction that contribute to the development of eating disorders, as well as the precise processes by which gender affects eating behaviors and attitudes. Clinical treatments should consider larger social and cultural impacts on eating habits and body image in addition to treating individual attitudes and behaviors.

Furthermore, the reducing impact of experiences associated with food and dysfunctional families on the association between gender, family satisfaction, and disordered eating might be investigated in further study. We can improve the preventative and intervention techniques now in use to better assist the mental health and general wellbeing of young people who are at risk of developing eating disorders by clarifying these intricate relationships.

Limitations and Future Scope

The study on the role of gender and family satisfaction in developing eating disorders has many limitations and future implications. It utilized a sample size of only 100 young people, evenly divided between the sexes. The complete range of eating habits and views across various demographic categories, including age, socioeconomic level, and cultural background, may not be fully captured by this sample size. Furthermore, the gender-neutral distribution may not fully reflect the incidence of eating disorders in the broader community, as girls are often more afflicted than males. Because not every young adult has an equal chance of being chosen, biases may be introduced using random sampling.

Future studies might use longitudinal designs to examine modifications to eating habits, beliefs, and relationships within families over time. They can also focus on how parenting

styles influence development of eating disorders rather than family satisfaction. This would make it possible to comprehend eating disorders' developmental trajectories and the possible long-term implications of gender and family satisfaction. To reduce or avoid the likelihood of eating disorders, future research may concentrate on creating and assessing treatments that enhance family relationships, communication, and contentment. In the context of the development of eating disorders, researchers might examine how gender intersects with other identification characteristics including race, ethnicity, sexual orientation, and disability. Being aware of the ways in which many social identities interact and impact an individual's experiences.

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Conflict of Interest

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