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Research Paper

Gender Differences in Susceptibility to Eating Disorders among Youth

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ABSTRACT

This research delves into the exploration of gender disparities in the predisposition of youth towards eating disorders. It aims to investigate potential variations in attitudes and behaviours related to disordered eating between males and females. Utilizing purposive sampling, 120 young adults aged 20-25 years (60 males and 60 females) participated in the study. The Eating Attitudes Test (EAT-26) was employed to assess attitudes and behaviours related to eating disorders, with higher scores indicating more severe symptoms. The results of the t-tests conducted on the data unveiled no significant differences in eating attitudes related to dieting, bulimia, food preoccupation, and oral control between males and females within the sample. Consequently, the null hypothesis was accepted for all dimensions, suggesting that gender does not significantly influence attitudes towards eating behaviours among youth in this population. This research challenges the notion that gender plays a prominent role in predicting vulnerability to eating disorders among youth. The findings imply that other factors beyond gender might contribute significantly to the development or manifestation of eating disorders in young individuals. Further exploration into these variables is crucial for a comprehensive understanding of the complexities surrounding eating disorders in the youth demographic.

Keywords: *Eating Disorders, Youth, Gender Differences*

What are Eating Disorders?

Eating disorders are behavioural issues characterized by critical and continuous disturbances in eating behaviours, in conjunction with the negative contemplations and sentiments that go together with them. These can be extremely perilous disorders that meddled with social, mental, and substantial functions.

Unusual eating behaviours, a distorted body picture, and a fixation with nourishment, weight, and shape are trademarks of eating clutters, which are complex mental wellbeing ailments. These conditions can have genuine negative impacts on one's physical, mental, and social well-being. They regularly appear up as serious eating disarranges. Analysing eating disorders' numerous appearances, fundamental causes, risk factors, and impacts on individuals and society is fundamental to comprehend what they infer.

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In a general sense, an eating clutter may be a maladaptive way to bargain with basic mental issues, interpersonal issues, or enthusiastic enduring. It includes a extend of behavioural and mental indications that show extreme inconvenience and brokenness and goes past fair eating issues.

What are the Various Types of Eating Disorders?

Eating disorders encompass a range of mental health conditions characterized by unhealthy eating patterns, distorted body image, and significant distress or impairment in daily functioning. These disorders often involve an extreme obsession with food, weight, and body image, leading to harmful behaviours that adversely affect both physical and mental health.

Anorexia nervosa is marked by a distorted body image and an intense fear of gaining weight, leading individuals to severely restrict food intake, often accompanied by compulsive exercising and other weight-controlling habits. Severe physical health consequences such as electrolyte imbalances and cardiovascular issues can result from prolonged malnutrition.

Bulimia nervosa involves frequent episodes of binge eating followed by compensatory behaviors to avoid weight gain, such as self-induced vomiting or misuse of laxatives. Individuals with bulimia often experience feelings of shame and guilt about their eating habits, and medical complications such as electrolyte imbalances and gastrointestinal disorders can arise.

Orthorexia nervosa is characterized by an obsession with consuming "pure" or healthful foods to the point of hindering daily activities and overall well-being. While not formally recognized in the DSM-5, orthorexia can still have significant social, physical, and psychological impacts on individuals.

Binge-eating disorder (BED) entails recurrent episodes of binge eating without compensatory behaviours, leading to feelings of loss of control and often resulting in weight gain and emotional distress.

Other specified feeding and eating disorders (OSFED), previously known as Eating Disorder Not Otherwise Specified (EDNOS), encompass various eating disorders that do not meet the diagnostic criteria for anorexia, bulimia, or BED but still cause significant distress or impairment. Examples include atypical anorexia nervosa and night eating disorder.

Beyond their diagnostic criteria, eating disorders are influenced by a wide range of biological, psychological, and social factors. Biological factors such as neurobiological abnormalities and genetic predisposition increase the risk of developing eating disorders, while psychological factors such as low self-esteem and difficulty regulating emotions contribute to their development and maintenance. Social factors, including societal pressures and cultural ideals of beauty, also play a role in the development of disordered eating patterns.

Overall, eating disorders are complex conditions with multifaceted origins, emphasizing the importance of comprehensive treatment approaches addressing biological, psychological, and social factors.

Why do People Suffer from Eating Disorders?

Disorders relating to eating propensities, body picture, and enthusiastic control are trademarks of eating disorders, which are multifaceted mental wellbeing ailments. Eating disorders are caused by a conversion of natural, mental, social, and natural factors. These maladies happen as a result of a combination of variables counting negative life occasions, social weights encompassing body picture, mental vulnerabilities, and hereditary inclinations. For fruitful avoidance, early intercession, and treatment procedures cantered at tending to the fundamental causes and cultivating all encompassing well-being, it is basic to comprehend the multidimensional nature of eating disarranges.

The following are some of the many reasons why people develop eating disorders:

- Biochemical Factors: Genetic susceptibilities may contribute to the emergence of eating disorders. A genetic predisposition may exist in certain people that increases their risk of developing an eating problem in response to specific environmental stimuli.
- Psychological Factors: Eating disorders can develop and persist as a result of psychological variables such low self-esteem, perfectionism, body dissatisfaction, and trouble regulating emotions. Some people turn to dieting or weight loss as a coping mechanism for underlying mental pain or as a means of regaining control over their life.
- Sociocultural Influences: Eating disorders can be greatly impacted by societal norms and cultural influences related to body image and appearance. Unrealistic beauty standards portrayed in the media, peer pressure, and cultural standards of muscularity or thinness can all fuel disordered eating behaviours and lead to body dissatisfaction.
- Family Dynamics: Eating disorders may arise as a result of family dynamics such as dysfunctional communication styles, entanglement, criticism, or an emphasis on physical beauty and weight. A history of trauma or unfavourable early circumstances may also raise one's chance of later developing an eating problem.
- Dieting and Weight-Control Behaviours: Dieting can raise the chance of developing an eating disorder, particularly in the setting of a culture that encourages drastic weight reduction and restricted food. Dieting or efforts to manage weight through restricted eating are common histories among people with eating disorders, and these behaviours can develop into disordered eating practices.
- Personality qualities: Eating disorders are frequently linked to specific personality qualities, including impulsivity, perfectionism, and obsessive-compulsive tendencies. These characteristics may be linked to inflexible and repetitive eating and exercise habits, as well as an increased susceptibility to criticism or perceived shortcomings.
- Traumatic Events: Disordered eating behaviours can be a adapting instrument for injury or a strategy for casualties of physical, mental, or sexual mishandle to recoup control over their bodies. Injury can moreover play a part within the improvement of eating disarranges.

It's critical to understand that eating disorders are intricate, multidimensional illnesses, and that individual differences in the elements that contribute to their development exist. A holistic strategy that incorporates medical, dietary, psychological, and social therapies customized to the patient's unique requirements and circumstances is usually used to address these elements in effective therapy.

EATING DISORDERS AND YOUTH

Adolescent eating disorders represent a critical public health concern, impacting individuals physically, mentally, and societally. Teenagers, navigating a period of heightened vulnerability to societal pressures and body image concerns, are particularly susceptible. Influences such as media portrayal of beauty ideals, social media dynamics, and academic or athletic demands contribute to the onset of disordered eating behaviours. Moreover, adolescence, characterized by identity exploration, sees some individuals turn to food and body image as means of self-expression or coping.

Research underscores the prevalence of eating disorders among youth, with anorexia nervosa affecting 0.3% to 0.9% and bulimia nervosa impacting 1% to 3% of adolescents, predominantly females. Binge-eating disorder, affecting 1% to 4% of youth, presents similarly in boys and girls. Additionally, various unspecified feeding or eating disorders are more common in this demographic.

These disorders exert profound negative effects on teenagers' overall well-being, academic performance, physical health, and social interactions. Complications such as malnutrition, electrolyte imbalances, gastrointestinal disturbances, depression, anxiety, and suicidal tendencies are associated with eating disorders. Sadly, stigma and shame surrounding these conditions often deter affected individuals from seeking timely assistance, leading to delayed diagnosis and treatment.

Addressing youth eating disorders necessitates a comprehensive approach encompassing early intervention, prevention, education, and accessible evidence-based treatment programs. Strategies include promoting a healthy body image, challenging conventional beauty standards, fostering resilience and coping mechanisms, and providing support to affected individuals and their families. Raising awareness, reducing stigma, and implementing effective interventions are crucial steps in safeguarding adolescent health and preventing the devastating consequences of eating disorders.

Gender Differences in Eating Disorder Susceptibility

There are sexual orientation incongruities in eating disorder defencelessness due to a complex interaction between natural, social, and mental factors. Comprehending these factors is basic to clarifying why certain individuals, particularly ladies, are more likely to create eating clutters such as binge-eating clutter, bulimia nervosa, or anorexia nervosa. Moreover, understanding how these characteristics appear up in an unexpected way in men and ladies might offer assistance create gender-specific preventative and treatment plans.

Biochemical Factor

Male and female differences in biology have a role in the vulnerability to eating disorders:

1) **Hormonal Influences:** In both males and females, hormonal changes, especially throughout puberty, can have distinct effects on eating habits and body image perception. The distribution of body fat, metabolism, and appetite management are all influenced by estragon, progesterone, and testosterone. For example, a woman's estragon levels may change her appetite and mood, which may affect her susceptibility to certain eating disorders.
2) **Genetic Predisposition:** An eating disorder's vulnerability is greatly influenced by genetic factors. Studies indicate that genetic differences may predispose people to eating disorders, as specific genes are linked to the regulation of hunger, metabolism, and neurotransmitter function. Research on twins and families has demonstrated that

there is a heritable component to eating problems. Gender differences may exist, nevertheless, in the precise genetic variables impacting eating disorders.

Social and Cultural Aspects

Gender-specific body image and beauty standards are shaped by sociocultural factors, which might affect an individual's vulnerability to eating disorders.

1) **Media Portrayals:** Disordered eating habits and body dissatisfaction are exacerbated by media depictions of idealized body forms. Men are typically shown as strong and slender, whereas women are frequently slim and idealized. Though in various ways for each gender, exposure to these unattainable ideals can cause body dissatisfaction and disordered eating practices.
2) **Gender Norms:** The likelihood of developing an eating problem is influenced by societal expectations about gender roles and behaviours. Males may experience pressure to develop muscularity, while females may experience pressure to adhere to standards of thinness. Beliefs that deviate from these gender standards might cause anxiety and disordered eating habits. For example, men who don't fit the social norms around muscularity could start eating disorders in an attempt to gain greater muscle mass.

Psychological Elements

A substantial portion of eating disorders' genesis and maintenance are caused by psychological factors:

1) **Body Image Dissatisfaction:** Eating disorder vulnerability is strongly predicted by body dissatisfaction. Women tend to internalize society's expectations of being slim, which can result in body dissatisfaction and the pursuit of drastic weight loss measures. Males, on the other hand, could feel unsatisfied with their muscularity and try to obtain a slimmer physique by restrictive diet or overexertion.
2) **Coping Mechanisms:** Psychological elements that increase susceptibility to eating disorders in both genders include perfectionism, low self-esteem, and trouble regulating emotions. People who struggle with stress, worry, or unpleasant emotions may turn to disordered eating behaviours as a maladaptive coping method. For example, females may utilise emotional distress relief or a sense of control through restricted food, whereas males may use obsessive activity to treat anxiety or depression.

It is crucial to comprehend how these biological, social, and psychological elements interact in order to create complete eating problem prevention and treatment plans. The main goals of prevention initiatives should be to upend social norms around beauty, encourage good body image, and educate people about healthy food and coping techniques. Treatment strategies should assist eating disorder sufferers and their families, treat underlying psychological difficulties, and encourage self-esteem and body acceptance. Healthcare providers can better help people, regardless of gender, who are at risk of or already experiencing eating disorders by addressing these variables holistically.

EARLY IDENTIFICATION AND INTERVENTION FOR EATING DISORDER

Effective treatment of eating disorders and the reduction of their long-term effects depend on early detection and intervention. This entails knowing what treatment choices are available, using screening and evaluation tools, and realizing the value of prompt action.

Tools for Screening and Assessment

The utilize of screening and evaluation disobedient expecting to distinguish disarranged eating behaviours, body picture issues, and related psychiatric side effects is as often as possible the primary step within the early discovery of eating clutters. These assets, which are utilized by therapeutic specialists such as dietitians, mental wellbeing pros, and essential care doctors, can be utilized to recognize individuals who are either at chance of creating an eating clutter or who are by and by managing with one.

The Significance of Timely Intervention

Prompt intervention is essential to stop eating disorders from becoming worse and lower the chance of related medical issues, psychological suffering, and a lower quality of life. Early detection and action may enhance treatment results and support long-term recovery, according to research.

Changes in eating patterns, weight loss or fluctuations, obsessive food thinking, excessive exercise, body dissatisfaction, mood swings, and social disengagement are some of the early indicators and symptoms of eating disorders. The emergence of more serious eating disorder symptoms and problems can be avoided by identifying these warning indicators and getting assistance as soon as possible.

Early intervention may also assist in addressing underlying risk factors, such as trauma, perfectionism, low self-esteem, or family dynamics, that contribute to the development of eating disorders. People can acquire healthier coping mechanisms, boost their self-esteem, and form more favourable interactions with food and body image by addressing these variables at an early age.

Alternatives for Treatment

Depending on the kind and degree of the disease, there are several treatment options for eating disorders; nevertheless, a multidisciplinary approach integrating medical, nutritional, and psychological therapies is commonly used. Typical forms of therapy include the following:

a) **Psychotherapy:** To treat eating disorder symptoms, underlying psychological concerns, and interpersonal dynamics, psychotherapy techniques such as dialectical behaviour therapy (DBT), family-based therapy (FBT), interpersonal therapy (IPT), and cognitive-behavioural therapy (CBT) are utilized.
b) **Nutritional Counselling:** To assist people in regaining weight, developing good eating habits, and correcting nutrient shortages, registered dietitians specialize in offering nutritional counselling and meal planning.
c) **Medical Management:** In order to treat medical difficulties such electrolyte imbalances, heart irregularities, gastrointestinal problems, and nutritional deficiencies that are linked to eating disorders, medical treatments may be required. Hospitalization or rigorous medical monitoring can be necessary in extreme situations.

To empower recuperation and maintain a strategic distance from repeat, treatment must be customized to the patient's prerequisites, inclinations, and circumstance. Early intercession brings down the long-term impacts of eating disarranges on physical and mental wellbeing and increments the chance of effective results by empowering individuals to get to treatment choices sooner.

In conclusion, early discovery and treatment of eating disarranges involve the utilize of screening and evaluation rebellious, an understanding of the importance of incite mediation, and accessibility of a assortment of individualized treatment choices. Through early discovery of eating clutter side effects, incite mediation, and all-encompassing treatment, therapeutic professionals can help clients in achieving supported recuperation and upgraded quality of life.

PREVENTION STRATEGIES FOR EATING DISORDERS

i. **Knowing About Eating Disorders-:** Complex mental wellbeing ailments known as eating clutters are epitomized by anomalies in eating propensities and demeanours with respect to body picture and weight. Anorexia nervosa, bulimia nervosa, and binge-eating clutter are the three most predominant shapes of eating disarranges. Preventative measures are basic to reduce the recurrence and affect of these sicknesses since they can have genuine negative impacts on the body, intellect, and society.

ii. **Encouraging Positive Body Image and Self-Regard-:** Low self-esteem and a negative body image play a major role in the emergence of eating disorders. Thus, encouraging a positive body image and a strong sense of self-worth are crucial components of preventative initiatives. Parents, educators, and media influencers should stress that beauty comes in different forms, and that people should accept their own characteristics instead of aiming for the unattainable standards that the media perpetuates.

iii. **Promoting Optimal Connections with Food-:** Encouraging people to see food as a source of bodily nutrition rather than as a cause for guilt or shame is essential to promoting positive connections with food. Promoting balanced eating habits that incorporate a range of foods from all food categories can help achieve this. People can adopt a healthy eating habit by learning about nutrition and the value of moderation.

iv. **Coping with Social Pressures-:** Social influences, such as media portrayals of thinness and societal standards of beauty, may have a big impact on how people feel about their bodies and can even play a role in the emergence of eating disorders. The goal of prevention initiatives should be to subvert these unattainable ideals and encourage tolerance for a range of body types. This might entail promoting media literacy instruction and fostering critical analysis of the messages presented by the media.

v. **Promoting Open Communication-:** It is pivotal to have open discourses with respect to eating propensities, mental wellbeing, and body picture in arrange to anticipate eating clutters. It is the obligation of guardians, teachers, and therapeutic experts to cultivate a secure space where individuals feel free to voice their stresses and inquire for help when fundamental. Advancing open communication can help in spotting early markers of disarranged eating designs and empower incite mediation.

A comprehensive procedure counting social, social, and natural angles is required to anticipate eating disarranges. Ready to reduce the predominance of eating clutters and help individuals in driving sound, satisfying lives by advancing body inspiration, empowering solid connections with nourishment, tending to societal weights, cultivating open communication, advancing positive adapting instruments, teaching almost the dangers of counting calories, making steady situations, and engaging people.

METHODOLOGY

Aim

This study aims to explore gender disparities in youth predisposition to eating disorders.

Objective

The objective of this research is to investigate gender differences in susceptibility to eating disorders among youth, aiming to understand potential variations in attitudes and behaviors related to disordered eating between males and females.

Hypothesis

1. There will be no significant difference in eating attitude- Dieting, Bulimia and Food Preoccupation and Oral Control amongst males and females.
2. There will be significant difference in eating attitude- Dieting, Bulimia and Food Preoccupation and Oral Control amongst males and females.

Variables

1. Eating Attitude-
2. Young Adult

Sample Design

This study utilizes purposive sampling to select participants who are closely connected to the research topic. Specifically, the sample comprises 120 young adults (60 males and 60 females) from the age range of 20-25 years. Purposive examining permits for the consider determination of people who have important encounters and viewpoints related to the study's destinations. By centring on youthful grown-ups inside the desired age extend and sexual orientation, the test represents a focused on statistic likely to supply important experiences into the sexual orientation incongruities in youth inclination to eating clutters inside this populace.

Sample Distribution:

	Male	**Female**	**TOTAL**
Participants	60	60	120

Inclusion and Exclusion Criteria

For this research, participants are chosen based on particular consideration and prohibition criteria. Consideration criteria include youthful grown-ups matured 20 to 25 years, those who are interested to know on the off chance that they have any inclination to eating disorders. Also, the participant should be a male or female. Additionally, participants must express willingness to engage in the study and provide informed consent, as well as demonstrate availability to complete the required assessments and questionnaires. Conversely, exclusion criteria encompass individuals outside the specified age range and gender. Additionally, individuals unwilling or unable to participate in the study or provide informed consent, as well as those with cognitive limitations preventing completion of assessments, are excluded. These criteria ensure the selection of participants best suited to contribute meaningful insights into the research objectives regarding comprehensive analysis of gender disparities in youth predisposition to eating disorders.

Research Design: This study employs a quantitative research methodology combined with the use of a survey method to systematically evaluate and conduct a comprehensive analysis

of gender disparities in youth predisposition to eating disorders using the Eating Attitudes Test (EAT-26). Quantitative research is characterized by its structured and objective approach to gathering numerical data to address research inquiries and test hypotheses. Researchers meticulously design studies, select representative samples, employ standardized scales to measure variables, and utilize statistical analyses to draw conclusions regarding relationships between variables. The strength of this methodology lies in its potential for generalizability, as findings from well-designed quantitative studies can be applicable to broader populations. It is particularly effective in establishing cause-and-effect relationships, and its emphasis on validity and reliability ensures the accuracy of collected data. Quantitative research facilitates objective, replicable, and statistically robust investigations across diverse fields, serving as a fundamental approach for data-driven decision-making and comprehending intricate phenomena.

Tools

An assessment tool for attitudes and behaviours related to eating disorders is the Eating Attitudes Test, a self-report questionnaire. The EAT-26 was created by Garner et al., (1982) and is often utilized in clinical and research contexts to screen for signs of eating disorders such as bulimia nervosa and anorexia nervosa.

Each of the 26 items on the EAT-26 is appraised on a 6-point Likert scale, with the choices "always" to "never." Three essential domains are expecting to be measured by the things:

- Dieting Behaviour
- Bulimia and Food Preoccupation
- Oral Control

Higher scores on the EAT-26 indicate more severe symptoms of an eating disorder; values on the scale from 0 to 78 represent respondents' scores. Generally speaking, a cutoff score of 20 or above is used to identify people who may have eating disorders; however, this might vary based on the group being evaluated and the particular screening objectives. It may be finished in ten to fifteen minutes and is usually given as a self-report questionnaire. When it comes to early identification, intervention, and referral for additional assessment or treatment, when necessary, the EAT-26 is an invaluable tool for screening and evaluating eating disorder symptoms.

Statistics:

T-Test was used to compute Results of Data.

RESULT

Table 1: Dieting amongst males and females.

Gender	N	Mean	SD	T-Test
Male	60	7.866667	5.652	
Female	60	7.683333	6.328	0.864676

There is no significant difference in eating attitudes related to dieting between males and females in the studied sample, according to the non-significant result of the t-test comparing the scores of male and female participants on the Eating Attitudes Test ($t(118) = 0.8647$, $p > 0.05$).

In contrast to the initial premise, the analysis did not show a statistically significant difference in the eating attitudes of male and female teenagers in this study with regard to

dieting. Thus, it is decided to adopt the null hypothesis (H2). our shows that attitudes about diets among teenagers in our sample are not significantly influenced by gender.

Table 2: - Bulimia and Food Preoccupation amongst males and females.

Gender	N	Mean	SD	T-Test
Male	60	2.85	2.999	0.848953
Female	60	2.75	2.699	

A non-significant result ($t(118) = 0.8489$, $p > 0.05$) was obtained from the t-test comparing the scores of male and female participants on the Eating Attitudes Test for bulimia and food preoccupation. This suggests that there is no significant difference in eating attitudes related to bulimia and food preoccupation between males and females in the studied sample. In contrast to the initial premise, the analysis did not show a statistically significant difference in eating attitudes between male and female teenagers in this study with regard to bulimia and food obsession. Thus, it is decided to adopt the null hypothesis (H2). Which shows that views regarding bulimia and food obsession among youth in our sample are not significantly influenced by gender.

Table 3: Oral Control amongst males and females.

Gender	N	Mean	SD	T-Test
Male	60	3.116667	2.775	
Female	60	3.283333	3.07	0.743303

Male and female participants' scores on the Eating Attitudes Test for oral control were compared using the t-test, and the results showed no significant difference in eating attitudes related to oral control ($t(118) = 0.7433$, $p > 0.05$).

The research did not show a significant difference in eating attitudes linked to oral control between male and female youth in this study, which runs counter to the first hypothesis. Thus, it is decided to adopt the null hypothesis (H2). Which shows that attitudes regarding oral control among youth s in our sample are not significantly influenced by gender.

Table 4: Combined T-Test of all the 3 sub-scales of Eating Attitudes Test (EAT-26)

T-Test Scores	
Dieting amongst males and females.	0.864676
Bulimia and Food Preoccupation amongst males and females.	0.848953
Oral Control amongst males and females.	0.743303

Based on the t-test scores obtained for each eating attitude dimension (Dieting, Bulimia, and Food Preoccupation, Oral Control) using the EAT-26, the results are as follows:

- Dieting: $t = 0.864676$, $p > 0.05$
- Bulimia: $t = 0.848953$, $p > 0.05$
- Oral Control: $t = 0.743303$, $p > 0.05$

For every dimension, we are unable to reject the null hypothesis since the p-values are all higher than 0.05. Consequently, among the youth population under this study, there is no discernible difference in eating attitudes concerning dieting, bulimia, food obsession, and oral control between boys and girls.

Gender is not a major factor in predicting a youth's vulnerability to eating disorders, according to the t-test results, which show no significant variations in eating attitudes between boys and girls. These results imply that there may be other variables besides gender that affect how eating disorders develop or show up in young people.

DISCUSSION

Eating disorders present complex mental health challenges affecting individuals regardless of age, gender, or socioeconomic status. Research suggests gender-specific variations in the occurrence and expression of these disorders. Using the EAT-26, a study aimed to explore gender differences in eating attitudes among young people. The sample comprised 160 individuals (60 males and 60 females), testing hypotheses regarding potential distinctions in eating attitudes between genders across various subscales.

While t-test scores indicated similar mean scores between males and females across dieting, bulimia, food preoccupation, and oral control, caution is warranted in interpreting these findings. Although statistically non-significant, the second hypothesis anticipated substantial gender differences, suggesting a potential for Type II error due to sample size limitations.

Moreover, inherent limitations of the EAT-26 questionnaire, including interpretation discrepancies and response biases, may compromise the validity and reliability of results. The questionnaire's focus on attitudes and behaviors related to eating disorders might not fully capture the range of disordered eating habits or underlying psychological issues.

Considering the broader context of gender and eating disorders, societal standards, cultural expectations, and gender roles influence the development and manifestation of these disorders differently in men and women. Thus, a nuanced understanding of gender dynamics is essential in interpreting trends in eating attitudes among young people.

While the study's t-test results provide valuable insights, thorough interpretation necessitates consideration of multiple factors including effect sizes, statistical power, measurement constraints, and larger socio-cultural influences. Future research should aim to replicate and expand upon these findings using larger and more diverse samples, comprehensive assessment tools, and qualitative approaches.

Addressing gender disparities in eating disorder susceptibility requires a comprehensive approach integrating social, psychological, biological, and cultural perspectives. By acknowledging the complexities of gender and eating disorders, interventions can be tailored to address the unique needs of individuals across genders effectively.

CONCLUSION

A study investigating gender differences in eating attitudes among youth, employing the Eating Attitudes Test (EAT-26) with a sample size of 160 (60 males and 60 females), reveals non-significant disparities between genders across various eating attitude dimensions. These results challenge conventional beliefs, indicating that gender does not significantly impact attitudes toward dieting, bulimia and food preoccupation, and oral control within this sample. This challenges traditional gendered narratives surrounding eating behaviours and highlights the necessity for more nuanced and inclusive approaches to comprehending eating disorders.
Historically, societal norms have portrayed females as more prone to eating disorders, particularly concerning body image and dieting. However, contemporary research recognizes the complexity of eating attitudes and individual variability within gender groups. The

absence of significant gender differences suggests evolving societal norms and broader social influences at play.

The study's findings contradict traditional assumptions about gendered weight control behaviours, showcasing that dieting is prevalent among males as well, reflecting shifting beauty standards and heightened awareness of body image issues across genders. Similarly, non-significant gender differences in bulimia and food preoccupation challenge stereotypes, emphasizing the importance of gender-inclusive interventions addressing emotional regulation and societal pressures.

Moreover, the lack of significant gender disparities in oral control attitudes challenges gendered notions of self-discipline in eating behaviours, suggesting a more nuanced understanding of self-regulation transcending gender norms. Embracing an intersectional approach acknowledges the interconnectedness of various social identities and underscores the need to deconstruct gender stereotypes to foster inclusivity in interventions promoting positive body image and healthy eating behaviours across genders.

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