



AWARENESS OF EATING DISORDER AMONG DIFFERENT GENDER

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ABSTRACT

Background: A research based program is carried out to highlight the eating habits in male and female to enlighten the imperfect eating pattern in various genders. **Objective:** To attain food is among the basic need of living thing but of good quality and in sufficient quantity which is not really considered by the humans causes eating disorders which leads to harmful medical conditions. Eating disorder may be an outcome of so many factors like psychological, physiological, environmental etc. So need arises to spread the awareness related to eating abnormalities in population and swamped it, which is an underline objective of this research. **Methodology:** An awareness program was chosen to conducted through a research in which a questionnaire was designed consisting of different questions related to eating pattern and was filled by man and women of different age groups, belongs to different communities and of peculiar professions. They were allowed to fill those interrogations and submitted back on that data statistical calculation was applied to evaluate the results and to archive the conclusion. **Result:** The results reveal that very less number of people has awareness regarded to eating disorder and it is obvious in our society because health is not consider as mandatory for happy life neither in male gender nor in females. **Conclusion:** Healthy life is like a blessing which can be secured through balance diet, proper daily routine, appropriate physical activities etc. The proper, healthy eating habit can increase life to many folds or an improper, unhealthy food can do vice versa. So it is now like an obligation of health professionals to prevail the knowledge and awareness among the population irrespective of any gender through variable mediums.

KEYWORDS: awareness, gender, eating pattern.

INTRODUCTION

Eating disorder are complex psychiatric disorders, in which cognitive distortions related to food and body weight and disturbed eating patterns can lead to significant and potentially life threatening medical and nutrition complications.

The three types of eating disorders are.

1. Anorexia nervosa (AN),
2. Bulimia nervosa (BN) and
3. Eating disorder not otherwise specified (EDNOS)^[1,2]

Anorexia: (also known as anorexia nervosa) is the name for simply starving yourself because you are convinced you are overweight. If you are at least 15 percent under your normal body weight and you are losing weight through not eating, you may be suffering from this disorder.

Bulimia: (also known as bulimia nervosa) is characterized by over eating and after that freeing oneself of the food by retching, misusing laxatives or diuretics, taking douches, or extremely exercising. This behavior of freeing yourself of the calories from consumed food is often called "purging."

A person who suffers from this disorder can have it go undetected for quite a long time, in light of the fact that the individual's body weight will frequently remain normal. "Binging" and "purging" behavior is often done in secret and with a great deal of shame attached to the action. It is likewise the more general dietary issue. According to the National Institute of Mental Health, dietary disorder essentially influences young ladies and women. But eating disorders aren't just a problem for the teenage women so often depicted in the media. Men and young men can also be susceptible. About a quarter of preadolescent instances of anorexia happen in young men. Furthermore, gorging issue strikes males and females about equally. People sometimes have eating disorders without their families or friends ever suspecting that they have a disorder. Mindful that their behavior is strange, individuals with eating problems may withdraw from social contact, shroud their actions, and deny that their eating patterns are dangerous. Making an appropriate analysis requires the involvement of a licensed psychologist or other appropriate mental health expert.^[3]

Symptoms

Emotional and Behavioral Signs of an Eating Disorder

Those struggling with an eating disorder may have some, but not all, of the following emotional and behavioral

signs. Presence of any of the signs that your loved one may be struggling is cause for serious concern and you should encourage them to seek professional help.

<p>Intense fear of respectable weight Flaws • Self-worth and unmixed-revere dependent on substance Shape and weight • Fear of gnawing in general or with others • Preoccupation with food • Avoiding gnawing with others • Hoarding and hiding meat • Eating in secret • Disappearing after food — often to the Bathroom • Unusual food rituals(sarcastic food into mean Pieces ,chewing each bite an unusually bulky Number of times, gnawing very slowly) • Any new practice with nourishment or fad feed, • Little anxiety over greatest weight loss</p>	<p>Obsessive interest in cookery shows on Television and collecting recipes • Consumption of only “unendangered” or“ vigorous” foods Social with drawl • Cooking studied meals for others, but Refusing to gorge themselves • Eating outlandish combinations of foods Elaborate fare rituals • Hiding moment failure by wearing large clothing • Flat mood or destitution of emotion Irritability Mood swish • Hyperactivity and restlessness • Rigidity in behavior sand routines, and Experience of extreme trouble if these are Interrupted • Excessive exertion • Exercising even when sick or aggrieved, or for the individual intention of vehement calories</p>
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Individuals with eating disorders may be at risk for co-occurring conditions such as mood and anxiety disorders, substances abuse (alcohol, marijuana, cocaine, heroin, methamphetamines, etc.), self-destructive thoughts and behaviors.

Physical signs and symptoms

Rapid influence detriment or habitual efficacy turn, Loss or disturbance of menstruation in girls and women and reduced libido in one Fainting or dizziness, Feeling tired and not doing well, Lethargy and moderate Life, Signs of damage due to vomiting hold swelling around the cheeks or jaw, damage to enforceability and pernicious pause, Feeling cold most of the era, even in violent endure.^{[4][5]}

Model theories

Since the increased interest in both anorexia and bulimia, theories of their causation have proliferated. It provides an overview of the theories which currently have most scholarly believability, and spotlights on both physiological and mental parts of causation, represented in figure. It investigates the problems with the different models, with an emphasis on the extent to which they explain the epidemiology of eating disorders. Although these theories are presented individually with an emphasis on the extent to which they explain the epidemiology of eating disorders. Although these theories are presented individually, it is generally now recognized that a multidimensional approach to understanding the causes of eating disorders is the most productive^[6], although what such a model would look like remains unclear.

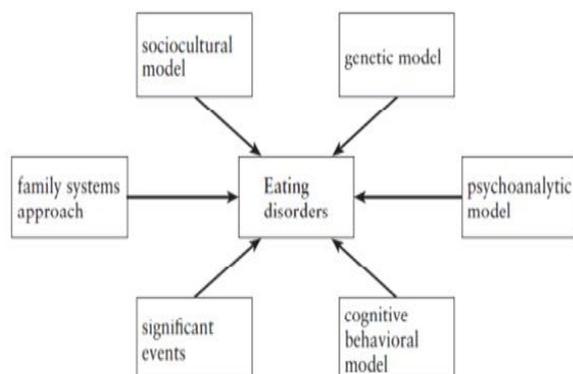
- Almost 50% of people with eating disorders meet the criteria for depression.
- Only 1 in 10 men and women with eating disorders get treatment. Just 35% of individuals that get treatment for eating disorders get treatment at a specialized facility for eating disorders.
- Up to 24 million people of all ages and genders suffer from an eating jumble (anorexia, bulimia and gorging issue) in the U.S.
- Eating issue has the most noteworthy death rate of any mental illness.
- An estimated 10-15% of people with anorexia or bulimia are male.

TABLE 1: THE CONTINUUM OF DISORDERED EATING

Wellness	Unhealthy Eating Behaviours	Eating Disorders
Occurring most of the time: • realistic, positive body image • eating and drinking only when hungry or thirsty • positive attitude and balanced approach to food choices • positive attitude and balanced approach to physical activity choices	Unhealthy eating behaviours and attitudes increase in frequency and intensity: • feeling fat, worried about appearance, size, shape • preoccupied with food, weight, exercise, looks • not using food in response to body signals, but eating for comfort or as a response to depression, boredom • not eating due to depression or self-punishment • postponing or cancelling activities (ex: beach) due to weight, size, appearance • dieting, restricting, fasting, bingeing, purging, compulsive eating • compulsive exercising Usually, as more energy is spent on unhealthy behaviours and attitudes, less energy is available for life's activities (ex: school, work, family, friends, hobbies).	Unhealthy eating behaviours are labelled as eating disorders once they have reached a point where they can be formally diagnosed. Traditionally, eating disorders are separated into categories: • anorexia nervosa • bulimia nervosa • compulsive or binge eating

Men are less likely to seek treatment for eating disorders because of the perception that they are “woman’s diseases.”

Among gay men, nearly 14% appeared to suffer from bulimia and over 20% appeared to be anorexic.



For Women

- Women are much more likely than men to develop an eating disorder. Only an estimated 5 to 15 percent of people with anorexia or bulimia are male.
- An estimated 0.5 to 3.7 percent of women suffer from anorexia nervosa in their lifetime.¹⁴ Research suggests that about 1 percent of female adolescents have anorexia.
- An estimated 1.1 to 4.2 percent of women have bulimia nervosa in their lifetime.
- An estimated 2 to 5 % of Americans suffers binge-eating disorder in a 6-month period.
- Around 50 % of individuals who have had anorexia develop bulimia or bulimic patterns.
- 20% of people suffering from anorexia will prematurely die from complications related to their eating disorder, including suicide and heart problems. (E.D Statistics).

Eating disorders appear to run in families.^[7] Reported that female relatives of patients with anorexia nervosa were 10 times more likely to develop an eating disorder than the control population.^[8]

Screening for females at danger for EDs is essential for early detection and treatment efficacy.

Very few studies have examined the percentage of females and controls at risk for EDs, and then evaluated how many of these actually met the criteria for clinical EDs.^[9-12] Hence, one may stand the risk of falsely classifying specific adaptive or functional behaviors as indicators or risk factors of DE or EDs, i.e. females are often extremely motivated to reduce weight or body fat and some may be abusing unhealthy weight loss methods to make required weight demands.^[13]

Via research showing an abnormal state of self-orientated perfectionism in those with an eating disorder^[14] and evidence that the link between

perfectionism and eating-disordered behaviors may be stronger in women than in men.^[15] The two factors of dissatisfaction and perfectionism then trigger dieting behavior which is reinforced by praise and avoidance of eating-related anxiety.^[16] It is highly necessary to push those who are currently suffering from eating disorders for treatment as it is equally important to spread awareness among population including of all age bunch, sex, race, society, religion. Essential endeavors are intended to avoid the occurrence of eating disorders before they begin by promoting healthy development.

The awareness is based on the belief that achieving the public health goals of improving population health and reducing human suffering requires the sequential advancement of examination.

The stages involved in these awareness programs are.

- Phase 1: Set up connection between risk behavior and health outcomes
- Phase 2: Create systems for measuring risk behavior and symptoms
- Phase 3: Recognize determinants of risk and symptoms
- Phase 4: Assess preventive interventions
- Phase 5: Assess scattering of preventive interventions.^[17]

Self-esteem and social value are still unrelentingly connected to physical appearance, particularly for women. The beauty ideal today is uniformly thin, white, able-bodied, smooth-skinned, young and "glamorous". Given that less than 1% of us fit this ideal, it is not surprising that most women in our society are dissatisfied with their bodies. The misplacement of other problems onto our bodies creates pressure to meet an unattainable standard of excellence, and leads us to create hurtful emotions toward ourselves and our bodies.

Many women and men act on these feelings and go to dangerous and damaging lengths to change their bodies. Given that we have a genetic predisposition to a specific weight, shape and size, it is no big surprise that dieting fails for 95% of peoples.^[18]

METHODOLOGY

We have adopted the survey based program which consists of cross sectional method to evaluate the awareness of eating disorder among different genders. 15 days program was designed in this survey based program a special questionnaire was prepared that contained different questions regarding an individual’s eating habits and one’s knowledge about awareness of eating disorders.

The questionnaire was filled by subject irrespective of age belongs to either male group or female gender representative of different communities and societies. The data was collected from different areas like from different hospitals, clinics, gyms, schools, colleges,

universities, markets etc. we have collected the data of 348 individuals who filled the questionnaire. The data was analyzed statistically and by plotting the graphs which shows the results in percentage awareness among different genders.

RESULT

The survey was performed and the data was collected which showed the following results regarding the awareness of eating disorders in male and female.

Table 1: Group Statistics

Gender	N	Mean	Std. Deviation	Std. Error Mean	%
male	174	4.4713	2.34996	.17815	2.5697
female	174	6.1897	1.82269	.13818	3.5772

This table shows the bisection of total number of 174 females and 174 males, the outcome shows that the

Table 2: Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
awareness	Equal variances assumed	12.365	.000	-7.622	346	.000	-1.71839	.22546	-2.16183	-1.27495
	Equal variances not assumed			-7.622	325.838	.000	-1.71839	.22546	-2.16192	-1.27486

P value = 0.000 < .05, it shows that there is no variability exist in two groups of male and females about the awareness.

A t test reveal that there is no statistically reliable difference between the mean number of awareness percentage that the male has (M =4.4713, s =2.34996) and that the female has (M =6.1897, s = 1.82269), $t(326) = 7.62$, $p=0.00$, $\alpha = .05$.

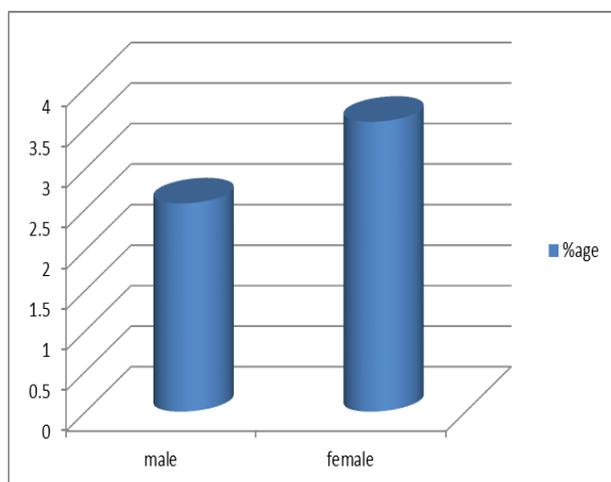


Fig 1: Comparison in Male & Female

DISCUSSION

Eating disorders are complicated estate that emerge from a combination of long-standing behavioral, physiological, emotional, psychological, interpersonal, and social factors; that can arise from a variety of possible causes. Once began, however, they can start a self-perpetuating cycle of physical and emotional mal functioning. Therefore, its propagation must be prohibited. When juxtaposing the results revealed related to awareness the results are vivid evidence that the ratio

awareness of eating disorder in male is 4.4713 percent in average along with standard deviation of 2.34996 and awareness in female has measured is 6.1897 along with the standard deviation of 1.82269.

The results show unambiguous difference concerning the consciousness of eating among different sexes when simple statistics was applied. This shows that very few figures of females and males are recognizing their health as prior and less aware of eating disorder while resting are totally blind of eating disorder term. When application of t-test equality mean the results are as following.

of awareness regarding the eating disorders among male and female gender is in decline state. This is figured out by average percentage mean, that in male the results are 4.4173 percent in average along with the standard deviation of 2.34996. Whereas in female 6.1897percent awareness along with the standard deviation of 1.82269.

The t-test results further correlates with percent average as p value= 0.000 < .05 which verify that there is no difference in both groups about awareness and had shown low-ranking in terms of alertness in our society. According to previous conducted researches which shows that women are more likely at danger of eating disturbances and their disease prevails because of lack of consciousness, Psychological Factors (Low self-esteem, Depression, anxiety, anger, stress or loneliness.); Interpersonal Factors (Troubled personal relationships, Difficulty expressing emotions and feelings, history of being teased on size or weight, History of physical or sexual abuse); Social Factors (Stress related to racial, ethnic, size/weight-related);^[19] While in male it may be due to stressed environment in working place or extra burden or values faced by them in personal or social life which leads them to depressed mode may consequences as eating abnormalities.

This should be stopped at once otherwise it may lead to different complications like Dry skin, Dry or chapped

lips, Poor circulation resulting in pins and needles and/or purple extremities, Headaches, Brittle fingernails, Bruising easily, Frail appearance, Endocrine disorder leading to cessation of periods in girls (amenorrhea), Decreased libido; impotence in males, Reduced metabolism, Abnormally slow heart rate, Low blood pressure, Hypotension, Hypothermia, Anemia(iron deficiency), Abdominal pain and many more never ending problems.^[20]

CONCLUSION

The results revealed that the ratio of awareness is very low and it's well obvious because health is not considered as an important factor in our society and a good health is achieved by healthy balance diet which is a mandatory source to eradicate eating disorders and its abnormal consequences which could only be gained by spreading awareness among the male and female. So, it a duty of all health professionals to acknowledge their communities about eating disorder, aware them and properly educate them and promote healthy physical activities to ensure better lifestyle, better health, better quality of life of every individual. This awareness can be spread through conducting different seminars, workshops, awareness programs, different videos, pamphlets. Steps should be taken in to educate people regarding eating disorders and organize awareness programs in different localities, hospitals, schools, colleges, universities.

FUTURE PROSPECT

Our primary duty as health professional to educate people about eating disorders. For this plan to educate people has been prepared which should be take place in different societies specially to educate inferior class people as they do not have any idea regarding the term of eating disorder. This will provide a minor aid in improving the quality of life of every individual.

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