

ORIGINAL RESEARCH

Assessment of body dissatisfaction and maladaptive eating among young adults

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ABSTRACT

Background: Body dissatisfaction refers to a negative perception or dissatisfaction with one's own body. The present study was conducted to assess body dissatisfaction and maladaptive eating among young adults. **Materials & Methods:** 86 subjects age 17- 25 years old of both genders were selected. Body dissatisfaction was assessed using the Body Shape Questionnaire-8C (BSQ-8C). Media pressure and internalization was assessed using pressure, internalization general, and internalization athlete subscales of the sociocultural attitudes toward Appearance Questionnaire-3 (SATAQ-3). The Eating Attitudes Test-26 (EAT-26) was used to assess maladaptive eating attitudes. **Results:** Out of 86 subjects, males were 38 and females were 48. The mean BMI in males was 23.8 kg/m² and in females was 21.9 kg/m². The mean value for internalization general (I-G) was 23.1 in males and 2.8 in females. The mean value for internalization athlete (I-A) was 16.4 in males and 4.7 in females. The mean pressure value was 15.2 in males and 17.8 in females. The body dissatisfaction value was 19.5 in males and 20.4 in females. The value for disordered eating attitudes and behavior was 0.79 in males and 0.89 in females. The difference was significant ($P < 0.05$). In males and females, eating attitudes test-26 > 20 was seen in 11.2% and 11.4% respectively. Eating attitudes test-26 < 20 was seen in 88.8% and 88.6% in males and females respectively. The difference was significant ($P < 0.05$). Body image concerns among males and females found to be marked in 10% and 22%, moderate in 14% and 12%, mild in 12% and 15% and no in 64% and 51% respectively. The difference was non-significant ($P > 0.05$). **Conclusion:** Males and females were at comparable levels of dissatisfaction and maladaptive eating; however, males endorsed the athletic ideal at a significantly greater level than females.

Keywords: Body dissatisfaction, maladaptive eating, athletic ideal

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INTRODUCTION

Body dissatisfaction refers to a negative perception or dissatisfaction with one's own body. It involves feelings of displeasure or distress about one's body size, shape, weight, or appearance.¹ Body dissatisfaction can stem from various factors, including societal and cultural influences, media portrayal of idealized body images, peer pressure, genetics, personality traits, past experiences (such as bullying or teasing about physical appearance), and psychological factors (such as low self-esteem or perfectionism).^{2,3} Body dissatisfaction can have significant psychological and emotional consequences.⁴ It may contribute to low self-esteem, poor body image, depression, anxiety, disordered eating behaviors (such as binge eating or restrictive eating), and even the development of eating disorders like anorexia nervosa or bulimia nervosa. It can also affect interpersonal relationships and overall quality of life.^{5,6}

According to sociocultural theory, a person's ability to reach the expected standard impacts their level of

body dissatisfaction and subsequent cognitive behavioral implications.⁷ The Tripartite Influence Model, which is based on sociocultural theory and is widely recognized, suggests that messages about ideal bodies are spread through peers, family, and the media. These factors have a direct impact on body dissatisfaction, which is thought to be a predictor of the symptomatology of disordered eating.^{8,9} The present study was conducted to assess body dissatisfaction and maladaptive eating among young adults.

MATERIALS & METHODS

The present study consisted of 86 subjects age 17- 25 years of both genders. All gave their written consent to participate in the study.

Data such as name, age, gender etc. was recorded. Parameters such as height, and weight, daily internet consumption, the highest level of education, and occupation etc. was recorded. Body dissatisfaction was assessed using the Body Shape Questionnaire-8C (BSQ-8C). Media pressure and internalization was

assessed using pressure, internalization general, and internalization athlete subscales of the sociocultural attitudes toward Appearance Questionnaire-3 (SATAQ-3). The Eating Attitudes Test-26 (EAT-26)

was used to assess maladaptive eating attitudes. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 86		
Gender	Male	Female
Number	38	48

Table I shows that out of 86 subjects, males were 38 and females were 48.

Table II Assessment of parameters

Variables	Male	Female	P value
BMI	23.8	21.9	0.35
I-G	23.1	2.8	0.01
I-A	16.4	4.7	0.02
Pressure	15.2	17.8	0.05
Body dissatisfaction	19.5	20.4	0.17
Disordered eating attitudes and behavior	0.79	0.89	0.58

Table II shows that mean BMI in males was 23.8 kg/m² and in females was 21.9 kg/m². The mean value for internalization genera (I-G) was 23.1 in males and 2.8 in females. The mean value for internalization athlete (I-A) was 16.4 in males and 4.7 in females. The mean pressure value was 15.2 in

males and 17.8 in females. The body dissatisfaction value was 19.5 in males and 20.4 in females. The value for disordered eating attitudes and behavior was 0.79 in males and 0.89 in females. The difference was significant (P < 0.05).

Table III Prevalence of disordered eating attitudes

Variables	Male	Female	P value
Eating attitudes test-26 > 20	11.2%	11.4%	0.85
Eating attitudes test-26 < 20	88.8%	88.6%	0.90

Table III shows that in males and females, eating attitudes test-26 > 20 was seen in 11.2% and 11.4% respectively. Eating attitudes test-26 < 20 was seen in

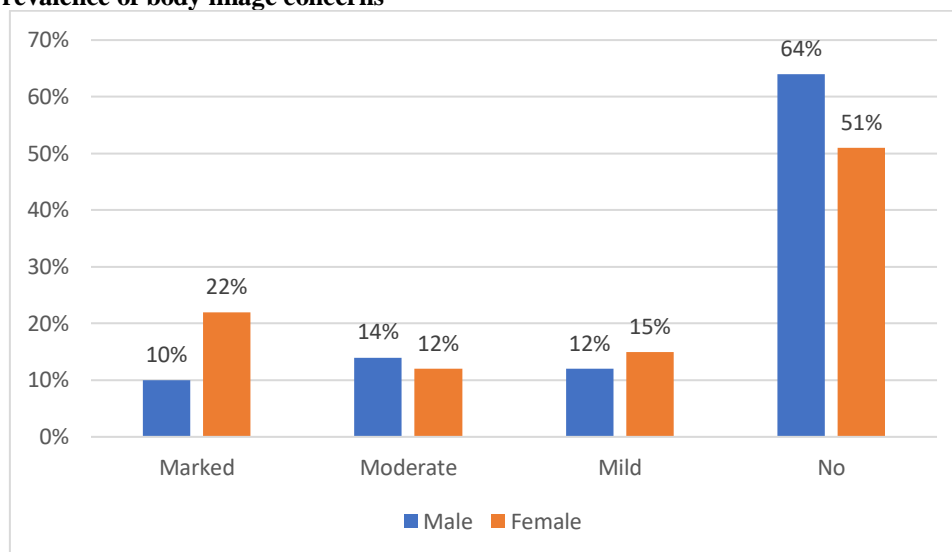
88.8% and 88.6% in males and females respectively. The difference was significant (P < 0.05).

Table IV Prevalence of body image concerns

Body image concerns	Male	Female	P value
Marked	10%	22%	0.05
Moderate	14%	12%	0.94
Mild	12%	15%	0.85
No	64%	51%	0.02

Table IV, graph I shows that body image concerns among males and females found to be marked in 10% and 22%, moderate in 14% and 12%, mild in 12% and

15% and no in 64% and 51% respectively. The difference was non-significant (P > 0.05).

Graph I Prevalence of body image concerns

DISCUSSION

Body dissatisfaction is prevalent across different age groups, genders, and cultures. However, it tends to be more common among adolescents and young adults, particularly females.¹⁰ Research suggests that body dissatisfaction rates have been increasing globally, potentially due to the pervasive influence of media and social media promoting unrealistic body standards.^{11,12} The present study was conducted to assess body dissatisfaction and maladaptive eating among young adults.

We found that out of 86 subjects, males were 38 and females were 48. We found that mean BMI in males was 23.8 kg/m² and in females was 21.9 kg/m². The mean value for internalization general (I-G) was 23.1 in males and 2.8 in females. The mean value for internalization athlete (I-A) was 16.4 in males and 4.7 in females. The mean pressure value was 15.2 in males and 17.8 in females. The body dissatisfaction value was 19.5 in males and 20.4 in females. The value for disordered eating attitudes and behavior was 0.79 in males and 0.89 in females. Singh et al¹³ assessed how media internalization and pressure are associated with body mass index (BMI), disordered eating, and body image dissatisfaction in Indian adults and whether there exist gender differences within these variables. The study also aimed to examine whether BMI and media internalization and pressure predict body dissatisfaction and disordered eating. The study utilized self-report measures that were administered to 262 men and women between the ages of 18–25 years ($M = 21.64$). The results indicated that BMI was significantly correlated with internalization athlete, body shape dissatisfaction, and disordered eating, but not internalization general or media pressure. Internalization general, internalization athlete, media pressure as well as body shape dissatisfaction, and disordered eating were found to be positively correlated. Men and women did not significantly

differ on any variable, but internalization athlete. Overweight and obese men and women were found to be significantly more dissatisfied than underweight and normal-weight men and women; however, the difference was not significant for overweight and obese males and normal-weight and overweight females. In addition, media influence and BMI significantly predicted body dissatisfaction and disordered eating.

We found that in males and females, eating attitudes test-26 > 20 was seen in 11.2% and 11.4% respectively. We found that body image concerns among males and females found to be marked in 10% and 22%, moderate in 14% and 12%, mild in 12% and 15% and no in 64% and 51% respectively. Cooley et al¹⁴ in their study women entering college ($N = 118$) were longitudinally followed for 3 years with assessments of eating pathology (Restriction and Bulimia). Measures taken at Time 1 included timing of onset of puberty, Figure Dissatisfaction, Ineffectiveness, Public Self-Consciousness, and mood states (Profile of Mood States). Measures were evaluated as predictors of changes in Restriction and Bulimia scores across the three-year period. Both Restriction ($r = .69$) and Bulimia ($r = .50$) were quite stable across the 3 years. Mean weight gain of 5.4 pounds ($p < .001$) was paralleled by an increase in "ideal weight" of 4.7 pounds. Hierarchical regressions controlling for Time 1 levels of eating disorder symptoms revealed that changes in Bulimia ($R(2) = .38$, $p < .0001$) were related to the psychological measures and to Figure Dissatisfaction. Changes in Restriction ($R(2) = .61$, $p < .0001$) were significantly related to Figure Dissatisfaction.

The limitation of the study is the small sample size.

CONCLUSION

Authors found that males and females were at comparable levels of dissatisfaction and maladaptive

eating; however, males endorsed the athletic ideal at a significantly greater level than females.

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