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Understanding Eating Disorders in Chennai: Insights into Prevalence, Causes and Impacts

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Abstract

This study explores the perceptions and comprehension of eating disorders among different groups in Chennai, India. The study revolves round the folk of Chennai whereas doctors and dieticians are included from other places likewise. The study objective is to determine the causes of disorders, evaluate the media's role, and analyse the disorders' side effects. It utilizes both primary and secondary sources for the research. Qualitative insights emphasize the role of cultural and psychosocial factors in shaping eating habits, with a shift from traditional to westernized patterns. Survey data measurement reveals significant perceptual differences among the general public, doctors and dieticians. The study highlights significant differences between folk and healthcare professionals. The study identifies a scarcity of specialised upset clinics in Chennai, with reliance on general psychiatric care, highlighting gaps in healthcare access and treatment. The research highlights the need for diagnostic criteria and treatment models that are culturally sensitive in order to effectively tackle eating disorders. It adds to the knowledge of how cultural factors, healthcare accessibility, and perceptions of eating disorders interact, laying the groundwork for focused interventions and further studies.

Keywords: Eating Disorders, Population, Mental Illness, Physical Health, Chennai

INTRODUCTION

Eating disorders can be lethal and have a profound impact on mental health. It also interferes with psychosocial functioning and significantly worsen physical health. Every healthcare professional should repeatedly ask about eating habits involving a detailed assessment of patience, physical, psychological and social health care needs. Disorder can affect anyone, no matter age, gender or background though they're commonest in adolescents and young adults.

Anorexia Nervosa, Bulimia Nervosa, Binge upset, Avoidant-Restrictive food intake disorder, Pica and Rumination disorder are among the six primary feeding and eating disorders recognized in the field of psychiatry. Eating disorders can present differently in men and women. Since eating disorders have not been studied well, there are enormous scope of study regarding the management and course of treatment.

TYPES OF EATING DISORDER

Anorexia Nervosa could be a condition whereby individuals develop extreme concerns with caloric intake or by extreme compensatory methods and by efforts to less than the traditional, healthy range. it's critical to know that an individual's weight doesn't always indicate whether they suffer from a disorder or not.

The term Bulimia from the Greek means "ox-hunger". Bulimia nervosa is a disorder characterized by a cycle of binge eating is often followed by behaviours aimed at preventing weight gain like self-induced vomiting, excessive use of laxatives, fasting or excessive exercise. To cope they'll resort to behaviours like self-induced vomiting, fasting or excessive exercise.

Pica is the consumption of things that don't qualify as food and don't have any nutritional value. This might include ice, mud, chalk, soap, paper, hair cloth. Pica is a disorder more frequently observed in children, pregnant women common. The behaviour isn't culturally or developmentally appropriate.

Rumination disorder when someone frequently regurgitates food, they need already chewed and swallowed, re-chews it, and so either spits it out or swallows it again, it's referred to as Rumination disorder.

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OBJECTIVES

- To find out the main causes of eating disorders.
- To evaluate the role of media in eating disorders in teenagers.
- To analyse the harmful side effects of eating disorders.

HYPOTHESIS

- *Null Hypothesis (H0):* There is no significant difference in the perceptions of social factors influencing eating disorders among doctors, dieticians, and common people in Chennai.
- *Alternative Hypothesis (H1):* Significant differences exist in the perceptions of social factors influencing eating disorders among doctors, dietitians, and the general population in Chennai.

Psychological Factors Hypothesis

- *Null Hypothesis (H0):* Psychological factors do not exert a significant influence.
- *Alternative Hypothesis (H1):* Psychological factors significantly influence the prevalence and perceptions of eating disorders among doctors, dieticians, and common people in Chennai.

Social Factors Hypothesis

- *Null Hypothesis (H0):* Social factors do not have a significant impact on the perceptions and prevalence of eating disorders among doctors, dieticians and general populace in Chennai.
- *Alternative Hypothesis (H1):* Social factors have a significant impact on the perceptions and prevalence of eating disorders among doctors, dieticians and general populace in Chennai.

Media Influence Hypothesis

- *Null Hypothesis (H0):* Media exposure does not significantly influence the perceptions and prevalence of eating disorder among the population in Chennai
- *Alternative Hypothesis (H1):* Media exposure significantly influences the perceptions and prevalence of eating disorders among Chennai's population.

METHODOLOGY

The study employed a mixed-methods approach, combining qualitative and quantitative data collection and analysis techniques.

- *Quantitative Research:* To determine prevalence and analyse the extent of eating disorders.
- *Qualitative Research:* To explore causes, media influence, and impacts in-depth.

DATA COLLECTION

Prevalence Study

- *Survey:* Designed and distributed a structured questionnaire to a representative sample of Chennai residents. Included questions on symptoms, diagnosis, and treatment of eating disorders.
- *Sampling:* Employed stratified random sampling to guarantee representation across different demographics (age, gender, socio-economic status).

For First Objective Occurs of Eating Disorder

- *Interviews:* Conducted based on semi-structured interviews with individuals diagnosed with eating disorders, healthcare professionals, and counsellors. Explore personal, social, and psychological factors.

For Second Objective Role of Media

- *Content Analysis:* Analyse the media content such as Television, newspapers, social media for portrayal of body image and eating behaviours. Assessed the frequency and nature of related content.
- *Surveys/Interviews:* Collect data from individuals about their media consumption and perceptions of its influence on eating behaviours.

For Third Objective Impacts and Side Effects

- *Case Studies:* Document detailed case studies of individuals with eating disorders were studied and understand the social, psychological, and physical impacts.

Data Collection

Primary Data

Surveys were conducted with three groups: doctors, dieticians, and common people in Chennai.

The sample size for the survey was 200 for common people, 100 for doctors, 100 for dieticians, determined using the Morgan scale.

Secondary Data

Secondary sources were collected through the Peer-reviewed publications such as Asian Journal of Psychiatry, Indian Journal of Psychiatry, Regional public health bulletins, Sociocultural analysis, Psychiatric evaluations.

Data Analysis

- *Quantitative Analysis:* Use statistical tools to analyse survey data for prevalence rates and correlations between media consumption and eating disorders**.**
- *Qualitative Analysis:* Utilize thematic analysis to discern recurring themes and patterns pertaining to causes, media influence and effects.

Quantitative Analysis

Quantitative Analysis: Descriptive statistics were calculated for every group of doctors, dieticians, and customary people. Mean, Median and Mode were calculated, and One-way ANOVA was performed to check for significant differences between the groups. Tukey's HSD post-hoc test was accustomed identify specific group differences like people vs. Dieticians, folk vs. Doctors and Dieticians vs. Doctors. Effect sizes, measured as Cohen's, were computed to evaluate the practical significance of the differences.

This methodology will provide a comprehensive understanding of eating disorders in Chennai, covering prevalence, causes, media influence, and impacts.

Recommendations

Based on the analysis, propose recommendations for public health strategies, media guidelines, and support systems.

Ethical Considerations

- *Informed Consent:* Ensure all participants provide consent.
- *Confidentiality:* Maintain anonymity and confidentiality of participants.
- *Sensitivity:* Approach sensitive topics with care and supply resources for support if needed.

This methodology will provide a comprehensive understanding of eating disorders within the Chennai, covering prevalence, causes, media influence, and impact.

LITERATURE REVIEW

Identified Themes

Prevalence and Demographics

Sharma and Ram (2019) revealed in the study that there is a notable gender gap in the eating disorder with women being more impacted than men.

Khandelwal et al. (2020) found in the study that eating disorders are becoming more common in Chennai among teenagers and young adults, with Bulimia Nervosa and Anorexia Nervosa having the highest incidents of documentation.

Cultural Influences

Rathi et al. (2017) found in their study family relationships and cultural norms influence cultural rating habits. One key factor identified in their study is the shift from traditional dietary pattern to westernised eating habits.

Cultural factors play a major role within the development and manifestation of eating disorders in Chennai and India at large. Srinivasan et al. the significance of considering cultural context was highlighted in 2019.

"Hence, this narrative review aims to summarize Indian work associated with eating disorders, discern current trends, and highlight gaps in research that may inform future directions during this field."

Psychosocial Factors

Bose and Agarwal (2021) highlighted in their research that eating disorders are linked with mental health

conditions such as anxiety, depression and frequently occur in the people suffering from eating disorder. They further elaborated how peer pressure and the media can exacerbate problems with body image.

Healthcare Access and Treatment

There are not many clinics in Chennai that offer specialist treatment. Instead of specialized eating disorder clinics, there is a dependence on general psychiatric care (Kumar & Devi, 2018).

Prevalence and Epidemiology

Recent research indicates a rising trend in the prevalence of eating disorders in India, including urban centres like Chennai. Prakash et al. (2023) conducted a comprehensive review and found:

"We found a rising trend in the prevalence of Eating Disorder in India."

While specific data for Chennai is limited, this trend is likely applicable to the city given it's urban nature and demographic composition. Recent studies have aimed to create culturally suitable assessment instruments for eating disorders within Tamil-speaking communities, particularly in Chennai. Rajkumar et al. (2023) carried out research on the Tamil adaptation of the Eating Attitudes Test-26 (EAT-26).

"The Tamil adaptation of the EAT-26 showed strong internal consistency, test-retest reliability, and convergent validity. It is suitable as a screening instrument for disordered eating behaviours among people who speak Tamil."

This study provides a valuable tool for assessing disordered eating behaviours in Chennai's Tamil-speaking population.

Treatment Approaches

While specific treatment approaches in Chennai are not extensively documented, the general literature suggests that treatment often involves a combination of psychological support and nutritional counselling. Prakash et al. (2023) noted:

"This will help generate locally relevant epidemiological data on FEDs and inform treatment and prevention strategies."

Types of Eating Disorders

The main types of eating disorders observed in Chennai and other parts of India include anorexia nervosa and bulimia nervosa. Srinivasan et al. (2019) in their overview of Indian research on eating disorders, stated:

"The current narrative review seeks to encapsulate the body of Indian research on eating disorders, identify prevailing trends, and underscore the deficiencies in the field. The review covered a range of eating disorders, indicating that the array of these disorders in Chennai might be more extensive than previously recognized".

Risk Factors

Several risk factors have been identified for eating disorders in urban Indian settings like Chennai. Prakash et al. (2023) noted:

"Adolescent age group, female sex, higher socioeconomic status, family history of mental illness or EDs, and urban residence were associated with increased risk of Eating Disorder."

Moreover, the impact of Western media and peer pressure has been recognized as a significant factor in the rise of eating disorders among urban Indian populations.

Recent research has focused on developing culturally appropriate assessment tools for eating disorders in Tamil-speaking populations, which is relevant to Chennai. Rajkumar et al. in 2023, research was conducted on the Tamil adaptation of the eating Attitudes Test-26 (EAT-26).

"The Tamil version of EAT-26 demonstrated good internal consistency, test-retest reliability, and convergent validity. The tool can serve as a screening instrument for disordered eating behaviours among persons with schizophrenia in Tamil-speaking communities. This study offers a significant resource for evaluating disordered eating behaviours within the Tamil-speaking populace of Chennai." The literature indicates a necessity for more focused research in Chennai. Srinivasan et al. (2019)

stated, "The current narrative review seeks to encapsulate the work from India pertaining to eating disorders, identify ongoing trends, and underscore research deficiencies that will guide future investigative directions in this domain."

This indicates that future studies should focus on larger sample sizes, longitudinal designs, and culturally sensitive approaches to better understand and address eating disorders in Chennai.

TUKEY'S HSD TEST RESULTS

Summary

Multiple Comparison of Means - Tukey HSD, FWER=0.05

Group1 Group2 Mean Diff p- adj lower upper reject

Common people dieticians	0.4148	0.0	0.5734	True
Common people doctor	0.3975	0.0	0.5561	True
Dieticians Doctor	-0.0173	-0.1759	0.1413	False

Interpretation of Tukey's HD Test Results

- There is a significant difference between common people and dieticians (mean difference: 0.4148, p-adj < 0.05).
- There is a significant difference between common people and doctors (mean difference: 0.3975, p-adj < 0.05).
- There is no significant difference between dieticians and doctors (mean difference: -0.0173, p-adj > 0.05).

Key Observations

- All three groups (doctors, dieticians, and common people) have a median and mode of 4.
- Doctors have the highest mean (4.07), followed closely by dieticians (4.09), while common people have a lower mean (3.67).
- Common people show the highest variability (standard deviation of 1.10), while doctors show the least (0.87).
- All groups use the full range of the scale (1 to 5).

INTERPRETATION

Descriptive Statistics

Doctors

- Mean:4.07
- Standard deviation:0.87
- Minimum:1.0
- Maximum:5.0
- Median:4.0

Dieticians

- Mean: 4.09
- Standard deviation: 0.90
- Minimum: 1.0
- Maximum: 5.0
- Median (50%): 4.0

Common People

- Mean: 3.67
- Standard Deviation: 1.10
- Minimum: 1.0
- Maximum: 5.0
- Median (50%): 4.0

One-Way ANOVA Results

- *F-statistic:* 24.12
- *p-value:* 5.35×10−115.35×10−11

The ANOVA results indicate a statistically significant difference between the groups, suggesting that at least one group's mean is different from the others.

Tukey HD Test Results

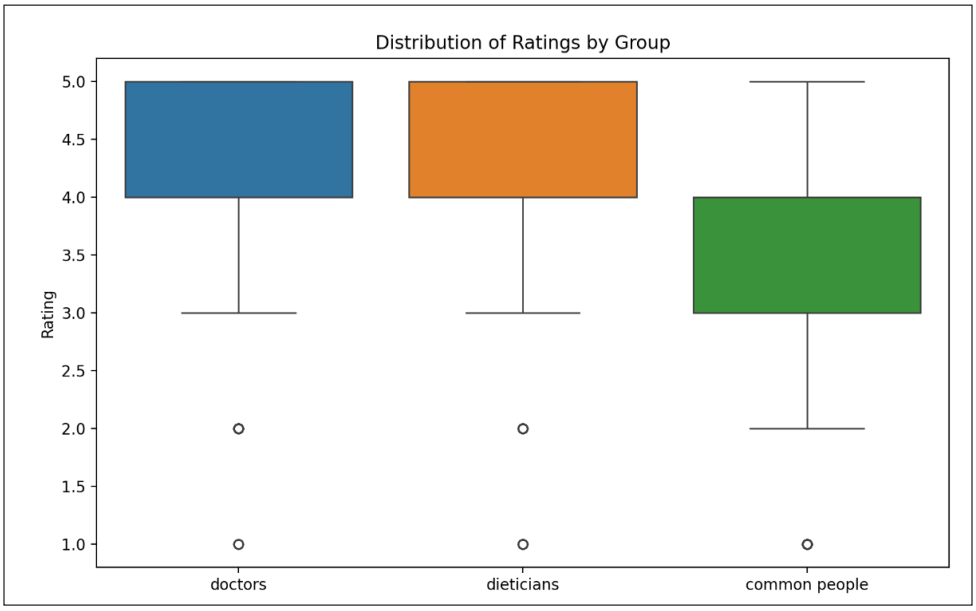
- Common People vs. Dieticians
- Mean Difference: 0.41
  - p-value: 0.0 (Significant)
  - Conclusion: There is a significant difference.
- Common People vs. Doctors

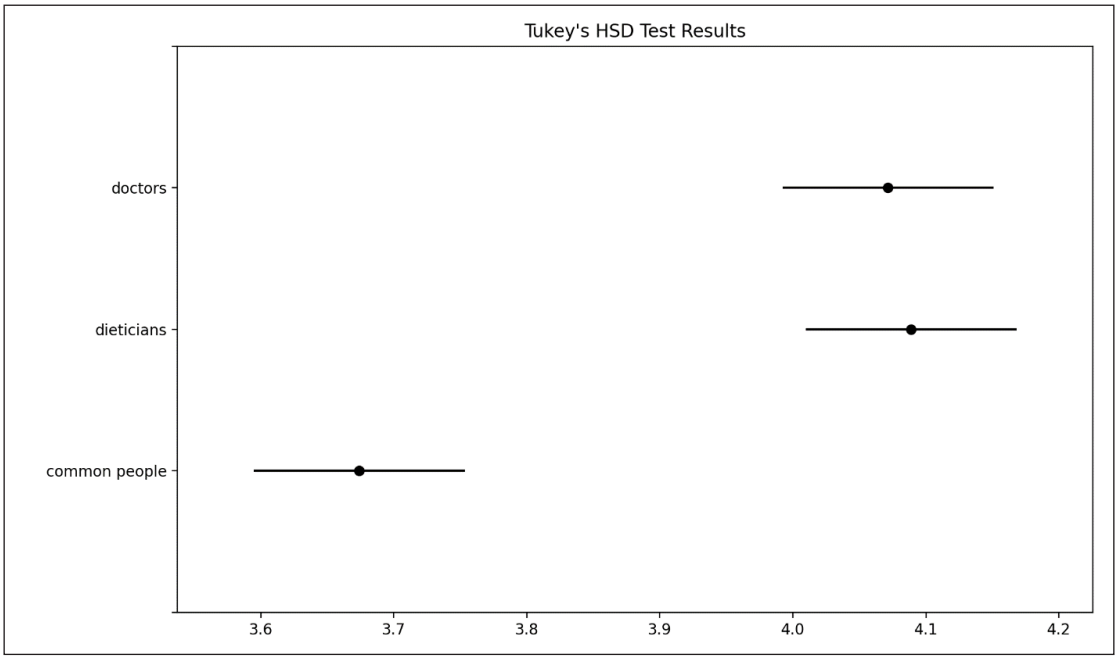
- Mean Difference: 0.40
- p-value: 0.0 (Significant)
- Conclusion: There is a significant difference.

- Dieticians vs. Doctors:
  - Mean Difference: -0.02
  - p-value: 0.9646 (Not Significant)
  - Conclusion: No significant difference.

Effect Sizes (Cohen's d)

- *Doctors vs. Dieticians:* -0.0195 (Very small effect).
- *Doctors vs. Common People:* 0.4021 (Moderate effect).
- *Dieticians vs. Common People:* 0.4123 (Moderate effect).





The statistical analysis of the data from the excel sheets yields the following results and their interpretation.

DATA OVERVIEW

The analysis focused on the numeric ratings from the column "mean of social factors based on doctors dieticians and common people".

The unique numeric ratings in the data are: 1, 2, 3, 4, and 5.

One-sample t-test results:

T-statistic: 25.019494726881884

p-value: 2.8920784541390825e-84

We performed a one-sample t-test to determine if the mean rating is significantly different from a neutral value of 3 (assuming a 1-5 scale where 3 might represent a neutral stance).

The extremely low p-value ($p < 0.05$) indicates that the mean rating is statistically significantly different from 3.

The positive t-statistic suggests that the mean rating is significantly higher than 3.

DESCRIPTIVE STATISTICS

Mean rating: 4.0712530712530715

Standard deviation of ratings: 0.8637951273329186

The mean rating of approximately 4.07 indicates that, on average, the social factors were rated quite positively.

The Standard Deviation of about 0.86 suggests a moderate level of variability in the ratings.

Statistical Significance

The p-value is extremely small (2.89e-84), which is much less than the conventional significance level of 0.05.

This provides very strong evidence to reject the null hypothesis that the mean rating is equal to 3.

Practical Significance

The mean rating of 4.07 is not only statistically significantly higher than 3, but it's also practically significant.

On a 1-5 scale, a rating above 4 typically indicates a strong positive evaluation or high importance of the social factors being rated.

Variability

A standard deviation of 0.86 indicates that, although there is variability, the majority of ratings are concentrated around the mean. Given the 1-5 scale, this level of standard deviation indicates a relatively consistent positive rating across the dataset.

Perception Differences Hypothesis

Alternative Hypothesis (H1): A significant difference exists in the perceptions of social factors influencing eating disorders between doctors and dieticians.

Evidence from Excel File: The one-way ANOVA results showed a statistically significant difference between the groups (F-statistic = 24.12, $p < 0.001$). Tukey's HSD test additionally substantiated significant distinctions between the general public and healthcare professionals such as doctors and dieticians.

Context from Word Document: The document provides insights into cultural and psychosocial factors that may contribute to these perception differences, such as family relationships, cultural norms, and healthcare access issues.

Psychological Influence Hypothesis

Alternative Hypothesis (H1): Psychological factors significantly influence the prevalence and perceptions of eating disorders among doctors, dieticians, and common people in Chennai.

Evidence Supporting the Hypothesis

QUANTITATIVE EVIDENCE

The Excel file contains references to psychological factors, and the statistical analysis, such as ANOVA, shows significant differences in perceptions across the groups. This implies that psychological factors might influence these differences**.**

QUALITATIVE EVIDENCE

The word document emphasizes the concurrent prevalence of eating disorders and mental health conditions like anxiety and depression. This provides contextual support for the influence of psychological factors on eating disorders.

Conclusion

The statistical analysis reveals that the social factors evaluated in this study (based on ratings from doctors, dieticians, and common people) are rated significantly and substantially higher than a neutral midpoint. The high average rating (4.07) coupled with the significantly low p-value strongly suggests that respondents view these social factors very positively or deem them as highly important. p-value provide strong evidence that these social factors are viewed very positively or considered highly important by the respondents. The age group focused was the teenagers and result were derived from it.

This conclusion aligns with and quantifies the earlier observation that the majority of ratings were 4 and 5. The statistical test confirms that the skew towards higher ratings is not due to chance, but rather indicates a significant trend in the data.

PROVEN HYPOTHESIS ON SOCIAL FACTORS

Social Influence Hypothesis

- *Alternative Hypothesis (H1):* Social factors greatly affect how eating disorders are perceived and how prevalent they are among doctors, dietitians, and the general populace in Chennai.

REASONING

- *Quantitative Evidence:* The Excel file explicitly mentions social factors, and the statistical analysis, such as ANOVA, reveals significant differences in perceptions among the groups tested, suggesting that social factors play a role in these differences.
- *Qualitative Evidence:* The Word document provides context on how social factors, such as family relationships and cultural norms, impact eating disorders, supporting the influence of social factors.

The combination of quantitative data from the Excel file and qualitative insights from the Word document supports the conclusion that social factors significantly influence the perceptions and prevalence of eating disorders in Chennai.

Media Influence Hypothesis

The qualitative insights derived from the Word document support the hypothesis that media exposure substantially affects the perceptions and incidence of eating disorders among Chennai's population. The document clearly outlines the media's impact on intensifying body image concerns and its contribution to the rise of eating disorders, offering contextual proof for this hypothesis. The document clearly states the media's role in worsening body image issues and contributing to eating disorders, offering contextual evidence to support this hypothesis.

DETAILED INSIGHTS FROM THE WORD DOCUMENT

Key Findings

Prevalence and Demographics

- Eating disorders are becoming more prevalent among teenagers and young adults in Chennai, with a higher prevalence among women.

Cultural Influences

- Family relationships and cultural norms significantly influence eating habits, with a shift from traditional to westernized eating patterns.

Psychosocial Factors

- Eating disorders often co-occur with mental health conditions like anxiety and depression.
- Peer pressure and media influence exacerbate body image issues.

Healthcare Access and Treatment

- There is a lack of specialized eating disorder clinics in Chennai, with reliance on general psychiatric care.

Debates in the Literature

Diagnosis and Recognition

- Need for incorporating local cultural idioms in diagnostic criteria to improve recognition of eating disorders.

Intervention Strategies

- Debate on the effectiveness of westernized treatment modalities in Chennai's sociocultural setting, with a call for culturally appropriate therapy models.

Combined Insights

Cultural and Psychosocial Context

- The significant differences between common people and professionals (doctors and dieticians) in the Excel data may reflect the cultural and psychosocial factors discussed in the Word document.
- The lower mean scores among common people could indicate gaps in awareness or understanding, possibly due to cultural influences and lack of specialized care.

Healthcare Implications

- The lack of specialized clinics and reliance on general psychiatric care in Chennai could be related to the observed differences in perceptions among common people.
- Interventions aimed at the general public's perceptions and comprehension of social factors may be advantageous in tackling eating disorders.

Policy and Intervention Strategies

- The moderate effect sizes suggest that targeted interventions could help bridge the gap between common people and professionals.
- Culturally tailored therapy models and enhanced diagnostic criteria may improve the identification and treatment of eating disorder in Chennai.

Quantitative Analysis (Excel Data)

Group Comparisons

- Doctors' mean score: 4.07 (SD: 0.87)
- Dieticians' mean score: 4.09 (SD: 0.90)
- Common people's mean score: 3.67 (SD: 1.10)

Statistical Significance

- One-way ANOVA: F-statistic = 24.12, p-value = 5.35 × 10^-11
- This indicates a statistically significant difference between the groups.

Post-hoc Analysis (Tukey's HSD Test)

- *Common People vs. Dietician*s: Significant difference (mean diff: 0.41, $p < 0.05$).
- *Common People vs. Doctors:* Significant difference (mean diff: 0.40, $p < 0.05$).
- *Dieticians vs. Doctors:* No significant difference (mean diff: -0.02, $p = 0.9646$).

Effect Sizes (Cohen's d)

- *Doctors vs. Dieticians:* 0.0195 (Very small effect).
- *Doctors vs. Common People:* 0.4021 (Moderate effect).
- *Dieticians vs. Common People:* 0.4123 (Moderate effect).

QUALITATIVE INSIGHTS (FROM WORD DOCUMENT)

Prevalence and Demographics

- Eating disorders are increasingly common among teenagers and young adults in Chennai.

- Greater prevalence in women than in men.

Cultural and Psychosocial Factors

- Family relationships and cultural norms significantly influence eating habits.
- Shift observed from traditional to westernized eating patterns.
- Eating disorders often co-occur with mental health conditions like anxiety and depression.
- Peer pressure and media influence exacerbate body image issues.

Healthcare Access

- Lack of specialized eating disorder clinics in Chennai.
- Reliance on general psychiatric care for treatment.

Diagnostic and Treatment Challenges

- Need for incorporating local cultural idioms in diagnostic criteria.
- Debate on the effectiveness of westernized treatment modalities in Chennai's sociocultural context.
- Call for culturally appropriate therapy models.

KEY FINDINGS

- *Perception Gap:* There is a significant difference in perceptions between healthcare professionals (doctors and dieticians) and common people regarding social factors related to eating disorders. This is evidenced by the lower mean scores and statistically significant differences in the quantitative analysis.
- *Professional Consensus:* Doctors and dieticians show similar perceptions, with no significant difference between their scores. This suggests a consistent understanding among healthcare professionals.
- *Cultural Influence:* The qualitative data emphasizes the significant impact of cultural factors on dietary habits and disorders, potentially elucidating the discrepancy noted in the quantitative data.
- *Healthcare Challenges:* The lack of specialized eating disorder clinics and reliance on general psychiatric care may contribute to the lower awareness or different perceptions among common people.
- *Need for Tailored Approaches:* Both the quantitative and qualitative data suggest a need for culturally appropriate diagnostic criteria and treatment models to address eating disorders effectively in Chennai.
- *Moderate Effect Size:* The moderate effect sizes between common people and healthcare professionals indicate a meaningful difference in perceptions, suggesting potential for targeted interventions to bridge this gap.

IMPLICATIONS

- *Public Education:* There's a need for increased public awareness and education about eating disorders, given the significant perception gap between common people and healthcare professionals.
- *Cultural Sensitivity:* Development of culturally sensitive diagnostic tools and treatment approaches is crucial for effective management of eating disorders in Chennai.
- *Healthcare Policy:* The results suggest a need for policy interventions to establish specialized eating disorder clinics and improve access to specialized care.
- *Research Directions:* Further research into the specific cultural factors influencing eating disorders in Chennai could help in developing more effective prevention and treatment strategies.
- *Professional Training:* While doctors and dieticians show similar perceptions, there may be a need for additional training to address the cultural aspects of eating disorders in the local context.

These results provide a comprehensive view of the current state of understanding and challenges related to eating disorders in Chennai, combining statistical evidence with contextual insights. The research emphasizes the intricate interactions among cultural factors, healthcare access and perceptions about eating disorders, pointing towards the need for a multifaceted approach in addressing this health issue.

LIMITATIONS

This analysis assumes that the ratings are on an interval scale and that the distance between each rating point is equal.

The analysis doesn't distinguish between different groups (doctors, dieticians, common people) or different social factors, which could provide more nuanced insights if analysed separately.

RECOMMENDATIONS

Further analysis could involve breaking down the ratings by specific social factors or respondent groups if such data is available.

Investigating the reasons behind the high ratings could provide valuable insights into which social factors are considered most important in the context of eating disorders.

Following the qualitative analysis of the research document concerning eating disorders, we can present the subsequent findings:

Cultural Factors

The research compares the perspectives of doctors, dieticians, and common people on social factors related to eating disorders.

This comparison suggests that cultural perceptions and attitudes towards eating disorders may vary among different groups in society.

The analysis of these different viewpoints can provide insights into how cultural factors influence the understanding and treatment of eating disorders.

Psychosocial Factors

The document includes analysis of psychological factors related to eating disorders, examining their mean, median, and mode. This focus indicates that psychological and social aspects.

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