

Eating Competency and Body Dysmorphia in Individuals Who Identify as Gender Queer



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Introduction/Background

Health disparities on gender identity exist, in part, because of limited gender queer inclusive environments and evidence-based health assessment methods.¹

Specifically, people who identify as genderqueer have higher risk for eating disorders, possibly attributable to body dysmorphia and barriers to positive mental health.²

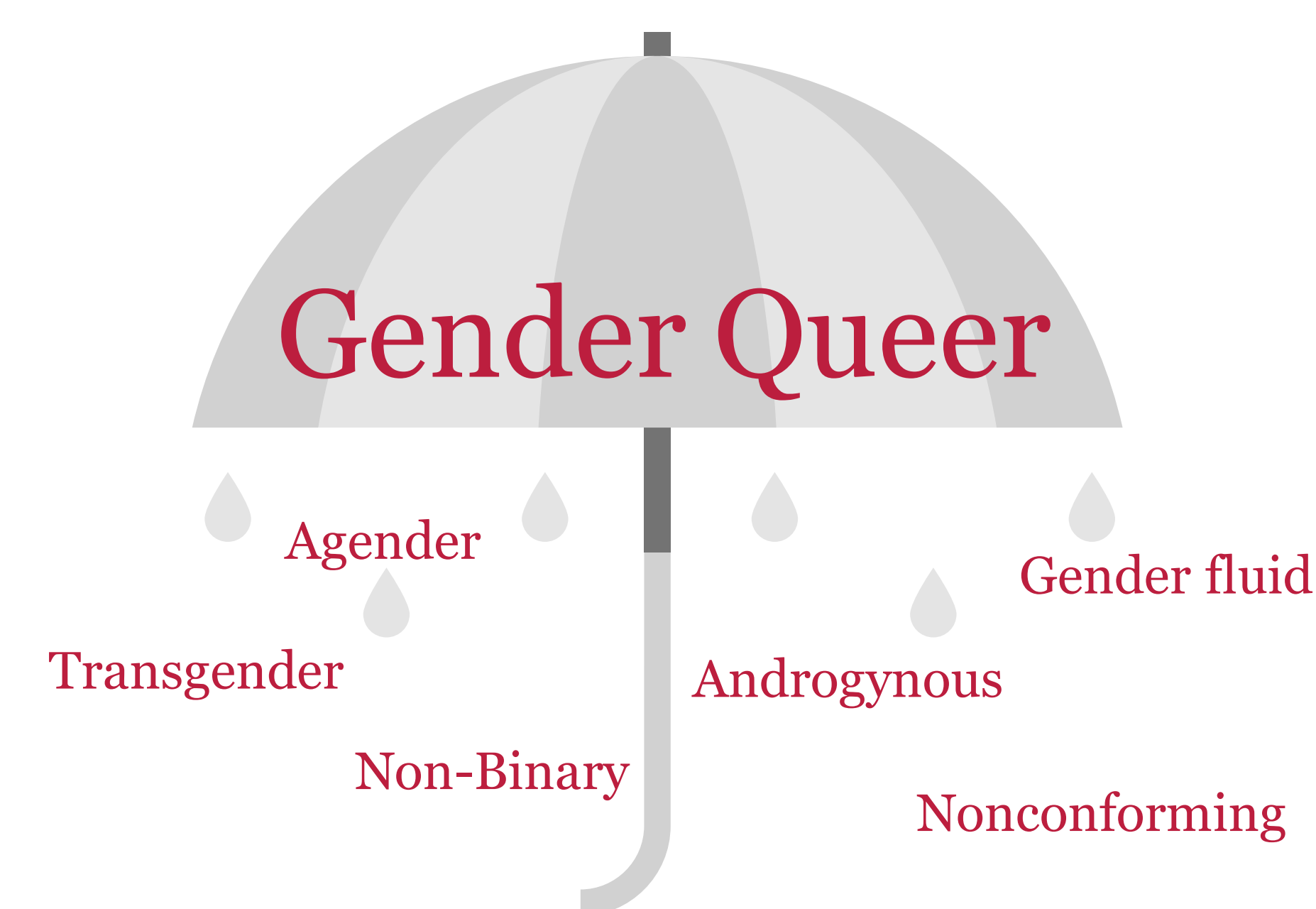
Research with primarily cisgender people show that Eating Competency, as defined as being positive, comfortable, and flexible with eating, is associated with lower body dissatisfaction, higher diet quality, and less restrained eating.³ However, little is known about the relationship between Eating Competency and Body Image in gender queer individuals.

Definitions

Gender Queer- An umbrella term used for gender and personal identity for individuals who do not identify within the gender binary.

Non-Binary (NB)- a person who identifies outside the social constructs of gender binary

Transgender (TG)- a term used for someone whose personal identity and gender do not correspond with the sex they were assigned at birth



Aims/Purpose

This study aims to assess eating competency and body dysmorphia in individuals who identify as genderqueer.

Methods/Measurements

Study Design: Descriptive study

Participants:

- people who identify as genderqueer
- ages 18-35 years old
- have not been previously diagnosed with an eating disorder

Recruitment: flyers with a QR code with link to the anonymous survey were distributed using social media and classroom bulletin boards

Outcome Measures:

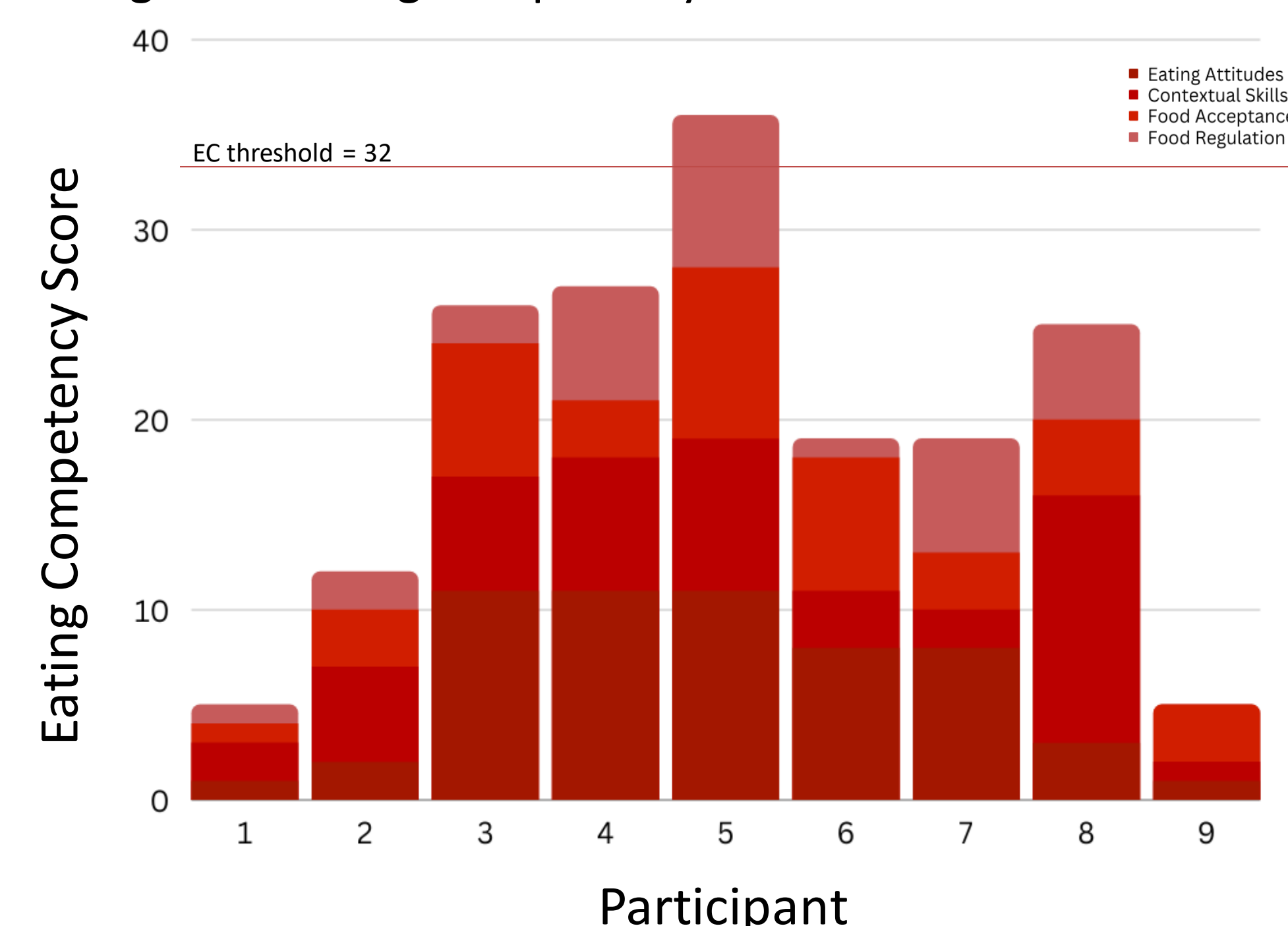
- Eating Competency (EC) Score using the validated Satter Eating Competency tool (ecSI 2.0)³
 - Scores range from 0 to 48 with a score of 32 and above considered to be "competent"
- Body Dysmorphia (BD) using the validated Body Dysmorphia Diagnostic Questionnaire (BDDQ)⁴ Categorized as "likely present" or "likely not present" based on responses
- Determinants of eating patterns

Data Collection: a survey collected EC and BD scores, and demographics (age, race/ethnicity) and an optional audio interview gathered information on determinants of eating patterns.

Statistical Analysis: Descriptive statistics (EC and BD) and thematic analysis by capturing themes and patterns (determinants).

Results

Figure 2. Eating Competency Scores



Results/Findings

Participants: Nine people completed the survey and two people completed the audio interview.

Their average age was 20.6 +/- 1.81 years (mean +/- standard deviation). Participants represented a variety of racial and ethnic groups (Figure 1).

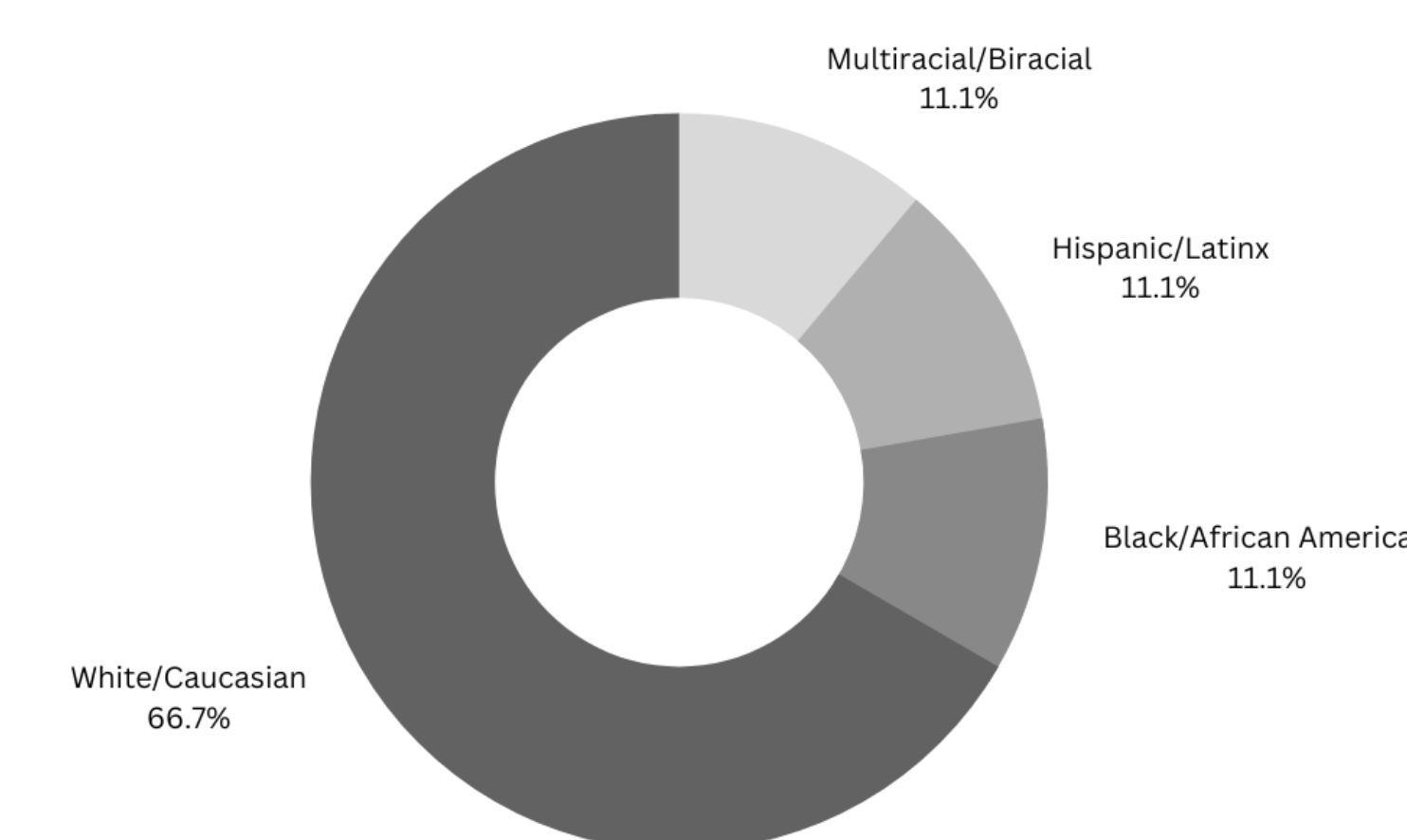


Figure 1. Participant Race and Ethnicity

Eating Competency (Figure 2):

- Scored 17.5 +/- 9.9 (mean +/- standard deviation)
- 89.9% of participants' scores for eating competency are below the threshold of "competent"

Body Dysmorphia (Figure 3)

- 89.9% of scores suggest the likelihood that body dysmorphia is present.

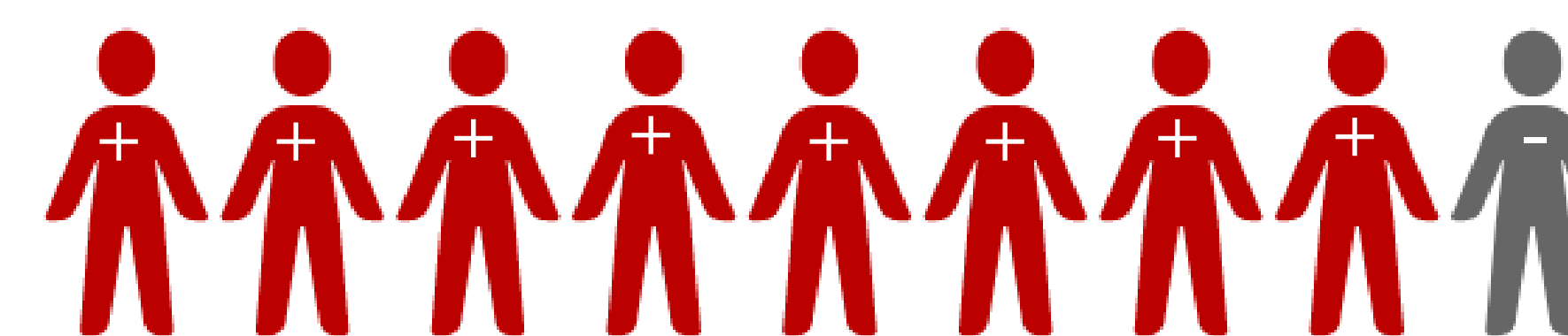


Figure 3. Body dysmorphia diagnostic responses

Determinants - Interview Quotes

Restricted Eating at Young Age

"[...] when I was really young, my friend got McDonald's, and I only had 3 nuggets for dinner." (participant 1)

Negative Body Image at Young Age

"[...] in high school. I stopped playing volleyball because of my weight. I was afraid of what my teammates thought, so I stopped." (participant 2)

Discussion and Conclusions

Based on the results, the hypothesis that individuals from the gender queer community are at a higher risk for poor eating competency and body dysmorphia is supported.

These findings are in congruence with current literature² and indicate there is a need to study the relationship between eating competency and body image in more depth for earlier, adequate, and inclusive intervention.

Future research can build on the findings by performing a full powered experiment on minors (under 18 years) when problems start to arise, and intervention can make the greatest difference.

In conclusion, there is still work to be done to bridge the inclusion gap, but studies like this continue to illuminate the need for a gender queer environment in healthcare and further studies to determine evidence-based practices for this community.

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References

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