



Introduction

□Men are increasingly concerned about their weight and shape (Strother et al., 2012).

Body dissatisfaction and weight misperception may be factors leading to eating disorders. Ethnicity is recognised as a factor for eating disorders as well (Nasser, 1988).

□Singapore is a society comprised of 3 main ethnicities such as Chinese, Malay and Indian; which implies varied body shapes.

Aim

To find out if ethnicity is linked to disordered eating behaviour and body dissatisfaction in adult males living in Singapore.

Materials & Methods

Questionnaire(EAT-26 and body image scale) Recruitment: random and snowball sampling Statistical analysis using SPSS: Correlation, ANOVA, Chi-square, p<0.05

References: Garner, D., Olmsted, M., Bohr, Y. and Garfinkel, P. (1982). The Eating Attitudes Test: psychometric features and clinical correlates. *Psychological Medicine*, 12(04), pp.871. Strother, E., Lemberg, R., Stanford, S. and Turberville, D. (2012). Eating Disorders in Men: Underdiagnosed, Undertreated, and Misunderstood. *Eating Disorders*, 20(5), pp.346-355. Winitch, R.F. (1993). Male body image dissatisfaction. Unpublished master's thesis, Shippensburg University, Shippensburg, PA.

Table 1. Age, BMI, weight and shape discrepancies for each ethnicity (Mean and SD)

Ethni Age BMI (Weigh Shape

Table 2. Scores for EAT-26 and subscales for each ethnicity (Mean and SD)

Ethni EAT-2 score Dietin **Bulim** Oral c

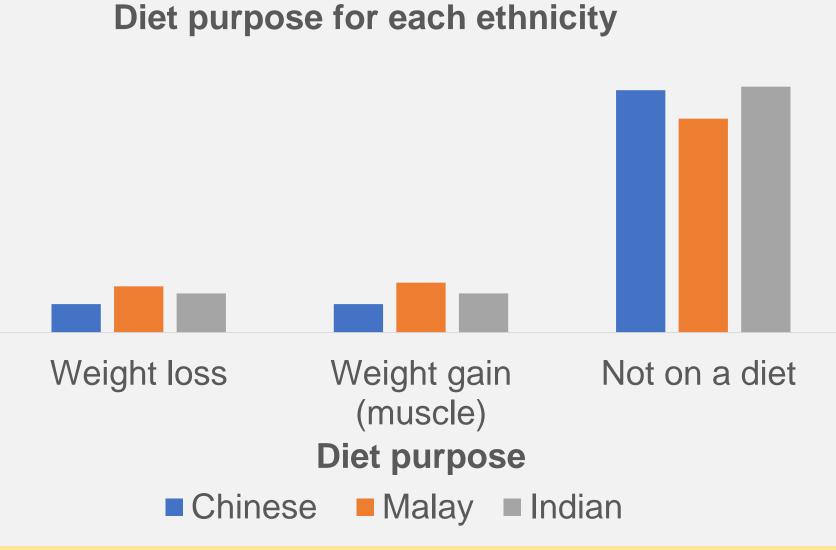
Body image dissatisfaction and eating attitudes among men of various ethnicities in Singapore

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Results

city	Chinese (n=84)	Malay (n=87)	Indian (n=92)
	23.27 ± 2.06	27.91 ± 10.58	36.88 ± 14.21
kg/m²)	22.33 ± 3.48	24.88 ± 4.79	24.96 ± 4.05
ht discr.	1.38 ± 7.06	5.54 ± 11.94	4.61 ± 11.34
e discr.	-12.14 ± 16.36	-7.24 ± 13.83	-4.13 ± 17.47

city	Chinese(n=84)	Malay (n=87)	Indian(n=92)
26 Total	7.50 ± 6.42	10.44 ± 9.93	10.66 ± 9.23
ng	4.26 ± 4.29	7.046 ± 6.92	7.16 ± 6.88
nia	1.24 ± 2.03	1.14 ± 2.43	1.14 ± 1.81
control	2.00 ± 2.60	2.25 ± 2.79	2.36 ± 2.85



Indian men were older and heavier than the Chinese and Malay (Table 1, p<0.0001).

□ Malay men were the most dissatisfied with their weight (Table 1, p=0.024).

Chinese men were the most dissatisfied with their body image and wanted to be more muscular (Table 1, p=0.004).

□On average, EAT-26 scores were below the clinical cut-off score(20). However, Indians and Malays scored higher than the Chinese men (Table 2, p<0.05).

□Majority of men from all ethnicities were not on a diet (Figure 1, p>0.05).

Indians and Malays were more concerned about weight, whilst Chinese men wanted to be more muscular.

This multi-ethnic male sample was at low-risk of developing eating disorders, especially muscle dysmorphia.

Figure 1. Comparing the diet purpose between the three ethnicities



Results

Conclusion