



With the support of the
Erasmus+ Programme
of the European Union

Erasmus Mundus Master's Programme in Social Work with Children and Youth

ESWOCHY Master Thesis

**'The Role of Family and Peer Relationships in The Development of Eating Disorders
Among Adolescent Girls in Buea Municipality'**

Author: Gloria Bessong

Supervisor: Luis Capucha., Catholic University of Ruzomberok, Slovakia

ISCTE

May 2024



Funded by the
Erasmus+ Programme
of the European Union

Dedication

To my children and friends.

ACKNOWLEDGEMENT

The work was realized thanks to the number of people to whom I owe gratitude. I am sincerely grateful to my supervisor Professor Luis Capucha who despite his busy schedule took out time to read through my work, corrected it and gave objective feedbacks. His corrections gave me a push to complete this work.

My deepest and humble thanks goes to my children Fortune, Clayton and Osborne whose relentless effort, support and consistent encouragement greatly enabled me to believe in myself that i can actually start and complete this work. Their words in every step of my life, especially in times I faced difficulties and felt like giving up on trying to write this project. They have really been a great help and a strong push in the completion of this work.

My heartfelt appreciation equally goes to Mrs. Anastasija Varna, whose strong push on me came as a shock. Her encouragement, willingness, and readiness to help me out psychologically and academically has always been one of the greatest support. She will always be a part of my life and her kindness will someday be rewarded. She came in at a time I needed her the most and made me believe that, I could do this and I did it.

Not leaving out Prof Raminta Bardauskiene who understood my psychological, financial predicaments as an independent international student and tried to ease the burden off my shoulders, I say thank you.

To my counselors Egle Useliene and Antonas Dembickis. Their help towards my mental well-being is a major aspect and a contribution to the completion of my work. Their constant counseling and advice which drove me from the state of illusion to the state of mental stability will forever be appreciated and recognized.

I will forever be grateful to my lecturers that took out time to ensure that lessons are being taught and understood by us students. To my forever supportive friends Bortey and Shiela who have always been there from the beginning and my classmates who tried reaching out each time they discovered that I was lacking somewhere academically and otherwise.

I cannot forget the divine strength and grace of the Almighty God that took me throughout this endeavor.

I am grateful...

ABSTRACT

This study aims to investigate the impact of family and peer relationships on the development of eating disorders among adolescent girls in Buea Municipality. The researcher conducted a study involving adolescent girls aged 13 to 19 in order to gain a genuine understanding of the various factors that influence eating disorders in this age group. The researcher employed a descriptive research design and distributed questionnaires to both the caregivers and the adolescent girls. The researcher employed the snowballing sampling technique to select households with adolescent girls, while convenience sampling was utilized to select participants for this research. Questionnaires were administered to a group of 25 caregivers/parents and 25 adolescent girls in order to gather information for the research objectives. After collecting the data, the researcher utilized tables and charts to effectively communicate the findings obtained from the questionnaires. The study findings highlighted the crucial influence of family dynamics, peer pressure, and media exposure on the development of adolescents' eating habits, body image perceptions, and attitudes towards food and weight. A considerable number of participants indicated that their eating behaviors were influenced by their parents, the way their families communicated, and exposure to conversations about dieting and body dissatisfaction. Peer interactions and media exposure were found to have a significant impact on respondents' dietary choices, body satisfaction, and engagement in disordered eating behaviors. Many participants mentioned that peer pressure and social comparison played a role in influencing these aspects of their lives.

Table of Contents

Dedication	2
ACKNOWLEDGEMENT	3
ABSTRACT	4
Introduction	7
Research Problem	12
Relevance of the selected research problem	13
The research Object	14
Goal	14
Objectives	14
THEORETICAL BACKGROUND AND LITERATURE REVIEW	14
Introduction	14
Eating Disorders in Adolescence	15
Types of Eating Disorders in Children & Adolescents	18
FAMILY AND PEER RELATIONSHIPS IN THE DEVELOPMENT OF EATING DISORDERS AMONG ADOLESCENT GIRLS	22
Perceptions of Pressure from Family	22
Perceptions of Pressure from Peers	24
Perceptions of Pressure from Media	27
TYPES OF MEDIA EXPOSURE	31
MEDIA AND BODY DISSATISFACTION IN CHILDREN AND ADOLESCENTS	33
MEDIA AND EATING, AND WEIGHT CONTROL BEHAVIOURS	34
The Role of the Media in the Maintenance of Eating Disorders:	35
The Role of the Media in the Treatment and Prevention of Eating Disorders	36
THEORETICAL REVIEW	38
The Theory of Family Systems	38
The Relational-Systemic Paradigm: Family Relationships in Eating Disorders	39
Social Learning Theory (Albert Bandura, 1977)	42
Relevance of Social Learning theory to our work	44
The Ecological Systems Theory (Bronfenbrenner, 1979)	44
Empirical Review	46
Media and eating disorder	51
RESEARCH METHODOLOGY	53

Introduction	53
Research Design	53
Area of Study	54
Method of Data Collection	55
Population of the study	55
Validity of instrument	57
Face validity	57
Content validity	58
Administration of instrument	58
Procedure of Data Analysis	58
Ethical considerations	59
ANALYSIS AND DISCUSSION	60
Discussion of Results	72
CONCLUSION AND RECOMMENDATIONS	73
Conclusion	73
Recommendations	74
REFERENCES	76
Appendix	79

Introduction

During Adolescence, eating disorder (ED) is a common occurrence. These mental disturbances are a small but significant group that carry a high risk of chronicity or death (Nielsen 2001, Sullivan 1995). The rates of anorexia nervosa (AN) have shown a growing trend until the 1970s, but have since stabilized in Europe (Hoek and van Hoeken 2003). The incidence rates for AN are estimated to be 8 per 100,000 people, per year. EDs primarily affect females, with a female-to-male ratio of approximately 10:1. However, there has been a recent suggestion of a slight increase in cases among males (Hoek and van Hoeken, 2003). Previous research has linked eating disorders primarily to western cultures. However, more recent studies have shown an increase in reported cases in other cultures as well (Hoek et al. 2005). Initially, EDs were seen as solely neurophysiological disruptions. In modern times, the causes of EDs are understood to be complex, involving various factors at the individual, familial, and sociocultural levels. These factors can include aspects like school, friends, peers, neighborhood, and media.

Throughout history, there has been a recurring challenge for young people as they grapple with the question of their own identity. The combination of mental, social, and physical changes in life often leads to a well-known phenomenon known as an identity crisis (Erickson, 1968). He interprets the term "crisis" as a pivotal moment rather than a time of significant or overwhelming uncertainty. The author recognizes that the process of identity formation is a crucial aspect of adolescent development. During this stage, parents may find themselves perplexed by the rapid changes in their adolescent children. These changes can be observed in their musical preferences, appearance, friendships, romantic choices, and moral behavior (Erickson, 1968).

Adolescence plays a vital role in shaping individuals between the ages of 13 and 19 years (WHO 2021). Physical puberty is a crucial stage in adolescent development, playing a vital role in the

ongoing psychosocial journey towards adulthood. Adolescence is often seen as a period of significant transformation, encompassing various physical, emotional, and social changes. According to Steinberg (2005), there is a vulnerable period during development characterized by fluctuations in emotions, cognitions, and behavior.

Adolescent girls' eating disorders are frequently influenced by their exposure to media and social networks, as well as their interactions with family, friends, peers, and school. Throughout adolescence, relationships and interactions with the media and social networks become more intricate as new types of relationships, particularly romantic ones, begin to emerge. These dynamics can have an impact on the emotional well-being and development of eating disorders in young women as they transition into adulthood.

During adolescence, young people navigate an intricate network of social connections, including those with family, peers, friends, and even school and social relationships that go beyond their childhood experiences. Understanding the intricacies of peer interactions necessitates researchers to make clear distinctions between various forms of social connections, including individual friendships and collective group dynamics. For example, the dynamics in romantic relationships vary from those in friendship groups or reputation-based social circles. Although these relationships have their own unique qualities, they are also interconnected. Achieving success in romantic relationships often relies on the shared experiences and social norms developed within friendship circles. Friendships and peer groups are often formed by individuals who share common interests and values. These similarities can arise from the mutual attraction between like-minded peers and the impact they have on each other (Furman & Konarski, 2000; Fidler, 1997).

Parental, friend, and peer relationships are crucial factors in the lives of adolescents, shaping their emotional, social, and psychological growth. These relationships are crucial for providing support, guidance, and validation during the important developmental stage of adolescence. Extensive research has demonstrated that the nature of these connections can significantly impact the mental health and overall well-being of adolescents, including their vulnerability to developing eating disorders. For instance, nurturing and open parent-child relationships have been found to promote healthy self-esteem and body image in teenagers, which can help prevent the development of eating disorders (Berge et al., 2012). Similarly, friendships and peer relationships that encourage acceptance, a sense of belonging, and positive behaviors can help prevent the development of eating disorders (Rodgers et al., 2007). On the other hand, unhealthy relationships like parental criticism, peer pressure, or social exclusion can lead to feelings of inadequacy, body dissatisfaction, and disordered eating behaviours among adolescents (Neumark-Sztainer et al., 2002). Therefore, it is crucial to have a comprehensive understanding of parental, friend, and peer relationships in order to effectively address and prevent eating disorders in adolescents.

Peer groups typically consist of individuals who are close in age, usually within a range of one to three years. The school provides a primary environment for peer groups to form, where students may be in the same class and have equal opportunities for interaction. It is widely recognized that the peer group plays a crucial role in shaping the eating habits of adolescents, which can ultimately impact the development of eating disorders (ED). Their ability to evaluate their own interactions with others allows them to feel at ease and comfortable in the company of their peers. A child who values education can easily interact with a child who may not excel academically. In the realm of

development during adolescence, the influence of peer groups on individual identity in a specific environment remains a relatively unexplored area of study (Blumenfeld, 1992 and Ryan 2000). During adolescence, it becomes important for individuals to compare themselves with their peers in order to establish their own identities (Hill, Bromell, Tyson, & Flent, 2007). Members of the peer group can emulate the behavior of their peers by adhering to group norms, thus allowing peer groups to shape their behavior based on these norms. Thus, the influence of peer groups on adolescent development cannot be underestimated (Steingberg and Moris, 2001). Adolescents benefit greatly from being part of a peer group, as it offers them emotional support and helps shape their sense of identity (Nawaz, 2011).

In theory, the following theories will be utilized: The Ecological systems Theory was developed by Urie Bronfenbrenner, while Albert Bandura's Social Learning Theory also made significant contributions. The ecological systems theory proposed by (Bronfenbrenner, 1979) emphasizes the significance of comprehending the various levels of impact on an individual's growth, ranging from familial and peer connections to cultural and societal influences. According to this theory, human beings are influenced by their interactions with the environment, which in turn affects their behavior. This research explores the impact of various factors, such as family, peers, school, media, and social networks, on the development and persistence of eating disorders in adolescent girls. Albert Bandura's Social Learning Theory, in contrast, examines the impact of observational learning on shaping individuals' behavior (Bandura, 1977). Once more, when it comes to eating disorders, this theory provides insight into how adolescents can adopt and absorb unhealthy eating habits, body image issues, and weight-related beliefs from various sources such as family, friends, media, and society.

Eating disorders among adolescents, especially adolescent girls, are a major global public health issue. These disorders primarily impact young women between the ages of 13 and 25/30, with a ratio of about 1 male to every 10 females. The occurrence of disturbed eating behavior in the adolescent population is significantly high, with rates ranging from 14% to 22%. Certain eating disorders like Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder (BED) are also present, although they occur less frequently (0.3%, 0.9%, and 1.6%, respectively). There is a notable disparity in the occurrence of eating disorders between girls and boys. In community samples, approximately 5.7% of females and 1.2% of adolescent males display symptoms, highlighting the gender imbalance in these conditions. (Erriu, Cimino, & Cerniglia, 2020).

Eating disorders are intricate mental health disorders characterized by atypical eating habits, an intense focus on body shape, and a distorted perception of body image. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), has outlined clear diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa, and BED, which has deepened our comprehension of these disorders. Anorexia Nervosa is characterized by strict limitations on food consumption, a significantly low body weight, a deep fear of gaining weight, and a distorted perception of one's body image. Bulimia Nervosa is characterized by episodes of binge eating followed by behaviors aimed at compensating for the excessive food intake, such as vomiting, purging, or engaging in excessive exercise. BED, a more recent diagnostic category, involves episodes of binge eating without any compensatory behaviors and with less focus on weight and body shape worries. (Erriu, Cimino, & Cerniglia, 2020).

Research Problem

The development of eating disorders among adolescent girls is a multifaceted issue influenced not only by family and peer relationships but also by various other factors such as school environment, media exposure, and social networks. These additional factors contribute to the complexity of eating disorder development, shaping adolescents' perceptions of body image, weight-related attitudes, and dietary behaviors (Field et al., 2012; Neumark-Sztainer et al., 2002; Thompson et al., 2001). Moreover, societal norms, cultural ideals, and community influences further exacerbate the risk of disordered eating behaviors among adolescent girls (Grabe et al., 2008; Smolak & Levine, 2001). Therefore, understanding the interplay between these diverse factors is essential for comprehensively addressing the problem of eating disorders in this particular study area.

Buea Municipality, located in the Southwest Region of Cameroon, presents a unique context characterized by rapid urbanization, globalization, and cultural transitions. As the capital of the Southwest Region, Buea serves as a microcosm reflecting broader societal shifts and challenges, offering valuable insights into how global and local influences intersect within a specific cultural context (WHO, 2018; Njamnshi et al., 2017). Additionally, the municipality's diverse population and socio-economic landscape provide an opportunity to examine the role of family and peer relationships alongside other influential factors in shaping eating disorder development among adolescent girls. By conducting research in Buea Municipality, we aim to gain a deeper understanding of the complexity of these relationships and their impact on adolescent girls' eating behaviors within this unique socio-cultural context.

This research problem highlights the need to investigate the socio-cultural and familial context of Buea Municipality and its potential impact on the prevalence and development of eating

disorders among adolescent girls. It calls for an in-depth exploration of how family and peer relationships interact with individual, cultural, and environmental factors to contribute to the emergence of eating disorders in this specific geographic and cultural setting.

There remains considerable uncertainty regarding the etiology, treatment, and management of eating disorders, necessitating an exploration of the current state of research in this field. Adolescence is identified as a crucial developmental stage marked by significant social, behavioural, and emotional changes. Researchers highlight adolescence as a vulnerable period for the onset of eating disorders.

Relevance of the selected research problem

There are a number of reasons why there is a challenge of investigating the impact that family and peer relationships play in the development of eating disorders among adolescent girls in Buea Municipality is extremely pertinent. To begin, eating disorders are becoming an increasingly prevalent problem among young women in Buea, and they have the potential to have long-term effects on their health. As a result of these health consequences, it is essential to investigate the factors that contribute to eating disorders. These factors include school, peer relationships, family and friends, the media, environmental and social networks, and so on. Having an understanding of these factors can assist in the management of eating disorders in adolescent girls in Buea. Second, due to the fact that Buea Municipality, like many other locations, possesses distinctive cultural and social dynamics that play a role in the development of eating disorders, it is necessary to do research that is specific to the area. Thirdly, the study can contribute to improved adolescent health and well-being by identifying the specific influences of family and peer relationships. This provides the opportunity to inform the development of individualised intervention programmes and educational initiatives that are

aimed at preventing and addressing eating disorders in this vulnerable population. This research, in the end, has a substantial relevance for public health efforts in the Buea Municipality, and it has the potential to serve as a model for investigations of a similar nature in other places that are confronted with difficulties that are comparable.

The research Object

Goal

Examine the role of family and peer relationships in the development of eating disorders among adolescent girls in Buea Municipality

Objectives

1. Explore the relationship between family dynamics including parental modeling of eating behaviors, communication patterns, and familial attitudes towards body image and weight on the development and maintenance of eating disorder among adolescent girls in Buea Municipality
2. Investigate the influence of peer pressure and social comparison on the development and maintenance of disordered eating behaviours and attitudes among adolescent girls in Buea Municipality.
3. Examine the role of media exposure, including social media, advertising, and cultural representations of beauty ideals, in shaping adolescents' body image perceptions and contributing to the onset and maintenance of eating disorders among girls in Buea Municipality.

THEORETICAL BACKGROUND AND LITERATURE REVIEW

Introduction

In existing literature, three key factors frequently associated with the emergence of eating disorders in adolescents are their relationships with their mothers, susceptibility to peer pressure,

and responses to media messages. What remains uncertain, however, is the extent to which adolescents perceive pressure from these environmental influences to engage in behaviors indicative of eating disorders. This literature review aimed to explore how adolescents' perceptions of pressure from these three environmental sources contribute to the development of eating disorder symptoms.

Eating Disorders in Adolescence

The majority of those affected by eating disorders in adolescents are young women and girls between the ages of 13 and 25/30. This is a huge public health concern that affects people all over the world. The ratio of males to females is equivalent to around one in ten. The prevalence rates of disordered eating behaviours among teenagers range from 14% to 22%, according to studies where it was found that a large percentage of adolescents engage in these behaviours. According to the findings of Smink, van Hoeken, Oldehinkel, and Hoek (2014), the prevalence rates of particular diagnoses among teenagers were found to be 0.3%, 0.9%, and 1.6% respectively. These diagnoses include Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder (BED). Additionally, research has demonstrated that eating disorders are more widespread among females, with 5.7% of females and 1.2% of teenage men in community samples exhibiting such disorders (Treasure, Duarte, & Schmidt, 2020). This indicates that girls are most likely to suffer from eating disorders.

These eating disorders come along with problems in the management of body weight, which considerably destroys both the physical and psychological well-being of the individual diagnosed with the illness. According to the American Psychiatric Association (2013) and Smink, van Hoeken, and Hoek (2013), these eating disorders are characterised by inappropriate eating behaviours, a severe obsession with body shape, and inaccurate views of one's own body image

characteristics. The best way to understand eating disorders is to understand the fact that they are in varied forms. According to Ammaniti and Sergi (2003) and Holtom-Viesel and Allan (2014), they are the outcome of a combination of individual and relationship psychological elements, as well as impacts from the socio-cultural environment.

Our capacity to define and explain these diseases in greater depth has been improved as a result of the inclusion of distinct diagnostic categories for binge eating disorder, bulimia nervosa, and anorexia nervosa in the Diagnostic and Statistical Manual of Mental diseases, Fifth Edition (DSM-5; American Psychiatric Association, 2013).

According to the criteria that are stated in the DSM-5, anorexia nervosa is distinguished by the restriction of food intake that results in a considerably low body weight. Additionally, anorexia nervosa is characterised by an acute fear of gaining weight and inaccurate beliefs of one's body image. Bulimia nervosa, on the other hand, is characterised by periods of excessive food consumption in a short period of time, followed by inappropriate compensatory behaviours such as vomiting, purging, and extreme physical exercise. As a result of these episodes, the individual may experience eating disorders. Binge Eating Disorder (BED) is a significant addition to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), since it represents a newly recognised diagnostic category in the vast taxonomy of eating disorders. When compared to bulimia nervosa, binge eating disorder (BED) is characterised by the consumption of large quantities of food without accompanying inappropriate compensatory actions and a somewhat reduced preoccupation with weight and body form.

An area of doubt about the aetiology, therapy, and management of eating disorders is acknowledged by Treasure and colleagues (Treasure, Duarte, & Schmidt, 2020). This uncertainty pertains to the management of eating disorders. Consequently, it is of great value to present a comprehensive summary of the current state of research on eating disorders in adolescents, with a particular emphasis on characteristics that appear to be relevant to this category of illness, albeit with unique relevance to various clinical subtypes.

According to Crone and Dahl (2012), adolescence is widely acknowledged as a crucial developmental stage that is characterised by considerable changes in both social and behavioural functioning, as well as emotional and motivational functioning. As a consequence of this, experts believe that the adolescent years are a time when individuals are most susceptible to developing eating disorders (Mitchison et al., 2019). In light of the fact that teenagers gradually become more independent from their parents and other family members, it is of the utmost importance to investigate the ways in which family factors either contribute to or ameliorate the behavioural and emotional well-being of adolescents, particularly their susceptibility to engaging in risky behaviours.

In addition, because a sizeable proportion of teenagers continue to reside with their parents, the way in which families work and the connections that exist between parents and children become extremely important aspects to consider when attempting to comprehend the adaptive development of children.

There have been a number of different theoretical and empirical approaches that have been utilised in the investigation of eating disorders in adolescents. These approaches include psychodynamic models (Ammaniti & Sergi, 2003), models that are grounded in Infant Research (Ammaniti et al., 2006), cognitive models (Fairburn, Cooper, & Shafran, 2003), and

neurobiological models (Kaye et al., 2010). The relationship aspects that are connected with teenage symptoms have been somewhat neglected in these studies, despite the fact that a great deal of attention has been paid to the individual variables that have been studied. Despite this, it is becoming more and more apparent that the interactions that adolescents have with their families, friends, the media, their schools, and other social networks play a significant influence in the development and maintenance of eating disorders in adolescents (Berge et al., 2010; Berge et al., 2014; Smink, van Hoeken, & Hoek, 2013). Certain aspects of family functioning and the quality of relationships within the family unit have received increased attention from therapists and researchers (Holtom-Viesel & Allan, 2014; Langdon-Daly & Serpell, 2017). Such aspects include family functioning and the qualities of relationships within the family unit.

Types of Eating Disorders in Children & Adolescents

These encompass anorexia nervosa, bulimia nervosa, avoidant/restrictive food intake disorder, and binge eating disorder.

Anorexia Nervosa

Individuals who suffer from anorexia nervosa, more frequently referred to as anorexia, are characterised by the fact that they maintain a weight that is below the average for their age and height. Adolescents who suffer from anorexia often have a strong aversion to putting on weight and may display an obsessive concern with food. People who have this condition frequently have a skewed perception of their bodies, believing that they are overweight even if they are significantly underweight. The Different Types of Eating Disorders in Children and Adolescents,

A Year 2020

Adolescents who suffer from anorexia may engage in self-starvation, consume little amounts of food on a sporadic basis, engage in purging behaviours such as vomiting or using laxatives, or participate in rigorous exercise routines in order to maintain their low weight. Importantly, it is possible that they do not completely comprehend the destructive nature of these activities or recognise the amount to which their self-perception is altered. A maladaptive coping technique for emotional troubles, perfectionism, and the drive for control, anorexia is frequently used by those who suffer from these conditions. Those who suffer from anorexia frequently believe that their level of thinness constitutes their sense of self-worth. Anorexia is an illness that often manifests itself during the adolescent years and is diagnosed more frequently in girls. However, roughly ten percent of instances of anorexia are diagnosed in males. Anorexic individuals frequently exhibit symptoms of co-occurring mental health illnesses, such as anxiety disorders or mood disorders, in addition to their eating disorder. There are a number of symptoms that may be present, including bluish staining of the fingers as a result of oxygen deprivation, hair thinning or loss, the presence of soft, downy body hair, exhaustion, insomnia, dizziness or fainting, and the lack of menstruation in teenage girls. *The Different Types of Eating Disorders in Children and Adolescents, A Year 2020*

Bulimia Nervosa

The eating disorder known as bulimia nervosa, more commonly referred to simply as bulimia, is characterised by recurrent periods of excessive eating. In these episodes, individuals consume enormous quantities of food and subsequently engage in behaviours that are intended to rid themselves of the excess calories. Eliminating can be accomplished through self-induced vomiting or through intense exertion, such as running on a treadmill for extended periods of time.

It is common for individuals to engage in binge eating in the comfort of their own homes and environments. Due to the fact that people who suffer from bulimia frequently keep their weight at a normal or slightly higher level, it may not be immediately apparent to others that they are battling with this disorder. The onset of bulimia typically occurs during the latter stages of adolescence or the early stages of adulthood, and it is more frequently observed in females. Additionally, those who suffer from bulimia may often struggle with additional mental health conditions, such as anxiety, depression, substance misuse, and behaviours that are harmful to themselves. A few examples of possible symptoms include darkening or staining of the teeth, calluses on the backs of the hands or knuckles as a result of self-induced vomiting, facial swelling, fluctuating body weight, and abnormal menstrual periods (Lock, J.2015)

Avoidant/Restrictive Food Intake Disorder

Individuals who suffer from avoidant or restrictive food intake disorder either have trouble eating specific foods or choose not to consume them because of sensory elements such as the texture, colour, taste, warmth, or perfume of the food. It is possible for this illness to cause a loss of weight, insufficient growth, nutritional deficits, and difficulties in social functioning, specifically an unwillingness to eat with other people. In contrast to anorexia nervosa, avoidant/restrictive food intake disorder does not centre on concerns regarding weight or body form, nor does it involve attempts to lose weight on purpose (Lock, J. 2015). As an illustration, a youngster might restrict their diet to a very limited selection of foods and avoid any that appear to be unfamiliar or novel to them. Either childhood or maturity can be the time when this eating issue first appears.

Binge Eating Disorder

Individuals who suffer from binge eating disorder experience recurrent episodes in which they consume unusually large quantities of food, frequently in secret, without making any subsequent efforts to expel the calories. People who suffer from this disease may feel embarrassed or guilty about their binge eating, but they are motivated to continue engaging in the behaviour. It's possible that those who are affected will fall somewhere in the spectrum of being overweight, obese, or ordinary weight. Anxiety, depression, boredom, concern, and tension are just some of the emotions that many people who suffer from binge eating disorder find difficult to manage well. There is a possibility that this illness does not exhibit any physical symptoms; nonetheless, it may show with psychological indications such as emotions of melancholy, anxiety, or sentiments of shame and guilt that are associated with food consumption. An additional potential symptom is a pattern of dieting that does not result in weight loss. The year 2015, Lock, J.

Other Eating Disorders

It is possible that some teenagers do not fall into the diagnostic categories that were discussed before; yet, it is still possible for them to struggle with eating-related disorders that warrant clinical attention. A few examples of this are adolescents who do not engage in binge eating but instead purge after the majority of their meals in an effort to maintain control over their weight or their feelings. There is a possibility that some people have night eating syndrome, which is characterised by the tendency to consume the majority of their calories later in the day, and even occasionally engaging in late-night eating episodes. When it comes to recognising and treating a

wide variety of eating problems in young children and adolescents, medical personnel working in a variety of facilities are completely prepared.

FAMILY AND PEER RELATIONSHIPS IN THE DEVELOPMENT OF EATING DISORDERS AMONG ADOLESCENT GIRLS

Perceptions of Pressure from Family

It has been determined that the development of behaviours associated with eating disorders is influenced by a number of different factors. Several studies have found that a tense connection between a mother and her daughter is frequently associated with the development of eating disorders in children (Rhodes & Kroger, 1992). Based on the findings of research, it appears that eating disorders are influenced by a variety of elements, including clinical theory, observations, and empirical studies. According to Rhodes and Kroger (1992), a social environment that places a significant focus on thinness in young women may involve interactions between individual vulnerabilities, the structure and dynamics of families, and the environment as a whole. Through more research, it has been discovered that there are connections between the food habits of parents and their concerns about their children's weight, as well as their efforts to encourage their children to lose weight. Additionally, factors such as parental evaluations, teasing, and comments regarding their children's weight and form have been reported (Krones, Stice, Carla, & Orjada, 2005). There are also other factors that have been identified. Studies have shown that when parents comment on their child's appearance, it can lead to feelings of pressure to fit the standards of society (Krones et al., 2005). This is something that parents should be aware of. The desire of physical perfection is at the core of these cultural ideals, which place a significant focus on the importance of preserving a thin and appealing appearance. According to Shapiro-Weiss

and Shapiro-Weiss (2001), a number of studies have discovered substantial links between the pressure that parents put on their children to maintain a particular body weight and the teenagers' own feelings of dissatisfaction with their bodies. Due to the fact that adolescents internalise the demands to achieve parental acceptance, they may be more susceptible to developing symptoms of eating disorders by the time they reach adulthood.

It is possible for the perceptions that parents have about their own weight to have a major impact on the health and happiness of their adolescents, independent of the gender of the children. According to the findings of a study that was carried out by Schwyzer in the year 2008, there is a substantial connection between the unfavourable comments that fathers make about their children's weight and the development of eating disorders in boys. The research highlights the enormous influence that a mother's perception of her own body can have on her daughter's self-image as a teenager, as well as the possibility that her daughter will develop an eating problem. A number of studies have suggested that there may be a connection between boys and disordered eating practices when their fathers routinely make harsh comments about their weight (Schwyzer, 2008). In most cases, individuals are impacted by the words and attitudes of their parents who are of the same gender within the family. It's possible that during the adolescent years, boys are more likely to be influenced by their father's criticism, whilst girls are more likely to be influenced by their mother's criticism or uncertainty about themselves. According to research conducted by Shapiro-Weiss and Shapiro and Weiss (2001), it has been found that mothers have the ability to have an effect on their daughters, just as men have the ability to exert an influence on their sons. According to the findings of a study that was carried out by McCabe and Ricciardelli in the year 2001, it was found that adolescent females had a greater tendency than

adolescent boys to regard their moms as being supportive of weight control measures. The purpose of this study was to investigate the ways in which gender affects the risk variables that are connected with the development of symptoms linked to eating disorders.

Perceptions of Pressure from Peers

The development of eating disorders can be significantly influenced by peers, particularly during the adolescent years, when there is a high demand for approval and validation from others (Somlak & Levine, 1996). Peers can have a considerable impact on the development of eating disorders. There are a variety of factors, including behaviour and the opinions of peers, that can play a role in the challenges that individuals encounter with their body image, regardless of gender. Studies have revealed that these factors can play that role. It is a fact that young women are susceptible to being readily influenced by the expectations that society has regarding their physical appearance, where they frequently learn from their peers. For example, research conducted by McCabe and Ricciardelli in 2001 found that adolescents, both male and female, are more inclined to provide feedback to their female classmates on body image than they are to provide input to their male peers. The findings of a study that was carried out by Ricciardelli and McCabe (2004) revealed that the feedback that is conveyed to male peers has a tendency to place more emphasis on the significance of increasing body mass and muscle tone, as opposed to concentrating on weight loss through dieting.

A substantial amount of research has been devoted to the investigation of the effects that peer influence has on a variety of undesirable habits. That there has been a lack of emphasis on the

impact of peers on disordered eating is somewhat surprising, as Oliver and Thelen pointed out in their study (1996). This is something that has been noted by the researchers. According to research conducted by Eisenberg, Neumark-Sztainer, Story, and Perry (2005), the social circle of a young woman can have a significant impact on how she perceives her body and the extent to which she participates in activities that are geared towards weight loss. It has been found that higher levels of disordered eating behaviour are connected with peer attitudes towards their concerns regarding their weight. In addition, the influence of peers on the development of disordered eating patterns can be observed through their actions, through conversations about body image and food, through teasing, and through the notion that being slim will improve their social status among their peers. Furthermore, according to Schutz and Paxton (2007), there is a substantial correlation between the frequency with which teenage girls discuss subjects such as diets and weight loss with their peers and the frequency with which they report having disordered eating behaviours.

As was mentioned before, teasing can play a big part in the way that peers affect patterns of eating and how people perceive their bodies. The amount of mental anguish that the victim is experiencing and the frequency with which they are teased are both key elements that should be taken into consideration, according to research. The findings of a study that Oliver and Thelen carried out in 1996 demonstrated that there is a substantial connection between these parameters and a variety of eating and body image problems that are experienced by women. Given that the findings were statistically significant, it is clear that there was a considerable influence. A recent study (Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006) indicated that boys who were subjected to taunting about their weight were more likely to develop disordered eating habits

compared to their classmates. This was the conclusion reached by the researchers looking at the relationship between the two.

Oliver and Thelen (1996) discovered that individuals might be influenced by their peers to engage in disordered eating if they believe that reducing weight will increase their popularity or likability. This is the findings of the study that they conducted. A significant number of boys and girls in grades three through six believed that being thinner would boost their likeability among their friends, according to the findings of a study that was carried out by Maloney and colleagues (1989). In addition, they discovered that this belief had a significant influence on the ability to forecast eating disorders. Similar findings are discovered in a study that was carried out by Taylor and colleagues, which investigated the different forms of peer impacts that are exerted on middle school boys and girls. According to the findings of the study, the influence of peers, particularly their approval of weight, as well as concerns about one's own weight, had a significant impact on the behaviours associated with disordered eating. In point of fact, these characteristics played a substantial part in explaining a considerable lot of the diversity in worries around weight.

The results of previous research have demonstrated a connection between the experience of dissatisfaction with one's physical appearance and particular characteristics of the quality of friendships, with a particular emphasis on the negative aspects that are present within friendships. It has been demonstrated through research that there is a correlation between dissatisfaction with one's physique and the perception that being thin is essential for developing favourable relationships with one's contemporaries. An investigation of the connections between body dissatisfaction, disordered eating, same-sex peer relationships, and ideas about thinness in interpersonal interactions among adolescent females was led by Schultz and Paxton (2007). The

purpose of the study was to evaluate the connections between these factors. It was evident that there were correlations between unhappiness with one's body, disordered eating, and unfavourable aspects in social relationships. According to the findings, there was no association between body dissatisfaction and friendship traits among peers. These friendship qualities include efficient communication, trust, and acceptance. According to the findings of these research (Schultz & Paxton, 2007), it is of the utmost importance to take into consideration the potential downsides associated with peer connections, social concerns, and cultural pressures related to body image.

There has been a significant amount of study carried out on the effects of friendship networks and peer influences on body image concerns, dietary restraint, extreme weight loss practices, and binge eating in young adolescent girls. The outcomes of the study revealed that friendship groups had comparable patterns of dieting behaviours and extreme weight reduction practices; however, there were no significant similarities in terms of the degree to which they were concerned about their body identity. A strong link was found between the influence of peers within friendship circles and the behaviours of dieting, engaging in severe weight reduction techniques, and indulging in binge eating. Further investigation found that the influence of peers on weight-related attitudes and actions had a significant impact on the degree to which individual girls were concerned about their body image. According to research conducted by Hutchinson and Rapee (2007), researchers have found that during the early stages of adolescence, friends have a significant influence on the development of body image and eating problems among girls.

Perceptions of Pressure from Media

According to Gilbert and Thompson (1996), societal influences play a significant role in shaping the behaviours of individuals diagnosed with an eating disorder. Specifically, the media plays a

significant role in shaping adolescents' perception of attractiveness. Many people believe that the mass media promotes an unrealistic and unattainable "ideal body size," resulting in an unhealthy preoccupation with weight among the general population (Ricciardelli & McCabe, 2004). Several studies have provided insights into the negative consequences of being exposed to excessively thin models in magazines and on television, especially in terms of how it affects individuals' body image. Research suggests that girls may be more influenced by the media compared to boys. However, research indicates that exposure to advertising featuring male models, especially those showcasing muscular men, can significantly increase body dissatisfaction in men as well. Key factors that were identified as predictors of binge eating in females were consistent dieting and the inclination to imitate the behaviour of media figures. Furthermore, studies have shown that the way adolescents perceive the influence of media can significantly affect the emergence of symptoms related to eating disorders. According to Thompson and van den Berg (2000), media pressure has a significant impact on the development of symptoms related to eating disorders.

According to the findings of various researchers, the media plays a significant role in painting a picture of body image and how the society views body image. The media has succeeded to set standards of what a bad and good body image is like based on the views and perception of role models. Magazines that are geared towards younger readers feature models who are young and slim, and magazines that are geared towards older ladies feature models that are a reflection of their age and body types. According to the findings of a study that was carried out by Bessenoff and Del Priore (2007), it was discovered that younger models in magazines frequently wear clothing that is more revealing than the clothing that their older counterparts wear. In a study that

was carried out by Park (2005), the influence of magazine consumption on the desire to be skinny was investigated by employing the theoretical framework of supposed influence. Reading beauty and fashion magazines was found to have a significant influence on the desire to have a slimmer physique, both directly and indirectly, according to the findings of the study. According to Park (2005), the pervasive promotion of a slim body image in the media, the perceived societal demands to adhere to this ideal, and the personal conviction of its influence on oneself all contributed to an intensification of the desire for thinness.

In order to assess the effects of viewing images of thin, idealised bodies in the media on the emotional well-being and body image attitudes and behaviours of teenage girls and boys, Cahill and Mussap (2007) conducted a study with the goal of determining the results of their investigation. The study's findings revealed that when females were exposed to photographs depicting an unrealistic body ideal, they reported heightened emotions of anger, anxiety, despair, and dissatisfaction with their own bodies. According to Harrison and Cantor (1997), this increase was found to be linked to a strong desire for thinness and signs of disordered eating in females.

Studies that have been conducted recently have significantly contributed to our comprehension of the various circumstances and circumstances that are associated with eating disorders and the symptoms that they cause. A study that was carried out by Levine, Smolak, Moodey, Shuman, and Hessen (1994) discovered that the impact of family, classmates, and fashion magazines played a substantial effect in moulding the desire for thinness that females have. According to the findings of a study that was carried out by Huron, Lim, and Gunewardene (2000), young

women who demonstrated a strong dedication to dieting were more likely to be influenced by their other students and their parents. The impact of peers who function as role models and support dieting is the most powerful factor in developing dieting behaviours, which is a fascinating fact to take into consideration. In addition, it is important to highlight the affirmations and comments made by parents in relation to weight loss.

The influence of many environmental circumstances on an adolescent's tendency to diet has been the subject of a great number of study investigations. These investigations have led to the conclusion that the combined effect of these factors may be more significant than the effect of each component when it is considered separately. Stice and Whitenton (2002) conducted a study that investigated the effects of many factors on the discontent of adolescents with their bodies. These factors included the expectations of their parents, the influence of their peers, and the representation of their bodies in the media. Previous research, on the other hand, has primarily focused on measuring a particular outcome that is connected with the desire to be skinny or with unhappiness with one's body. In addition, a significant amount of study has been conducted on the topic of disordered eating, with a special emphasis on eating disorders that are experienced by younger women. Specifically, this is due to the fact that these illnesses are detected in girls more commonly than they are in boys. While it is vital to recognise that males can also be affected by eating disorders (Anderson, 1990), it is also crucial to note that, similar to girls, boys may feel compelled to reach the standards that society has set for the ideal body (Leit et al. 2006). There is a larger focus placed on muscularity for guys than there is for females. This is because various genders are subject to distinct ways of being expected by society. It should come as no surprise that the manifestations of eating disorders can manifest themselves in a variety of different ways among males and females.

A significant body of research has demonstrated that girls are more likely to acquire symptoms of eating disorders as a result of the effect of the media. According to research, females, regardless of their gender, are more likely to receive criticism from their peers regarding body size, encouragement to lose weight, and the significance of improving muscle tone. Nevertheless, the findings of a study that was carried out by Vincent and McCabe (2000) demonstrated that the impacts of family and peers played a significant part in the formation of body dissatisfaction and disordered eating habits in adolescents, regardless of whether they were male or female. There is a correlation between disordered eating behaviours among girls and having conversations about weight loss that are both open and supportive with both parents and peers involved. On the other hand, researchers found that receiving support from moms and friends was connected with both binge eating and weight loss practices in males.

TYPES OF MEDIA EXPOSURE

A society that is saturated with a variety of kinds of mass media is the environment in which children and adolescents of today are raised. They are continuously coming into contact with many forms of media, including television, movies, videos, billboards, publications, music, newspapers, fashion designers, and the Internet. The overwhelming amount of data that indicates that children and teenagers spend an average of six to seven hours per day consuming various forms of media is rather worrying. This is as a result of the fact that the data were collected. In addition, they spend up to five hours per day watching television in general throughout the day. Brown JD and Witherspoon EM noted in 2003 that multiple articles over the course of the previous two decades have revealed a connection between the portrayal of slender female

attractiveness and muscular male physique in the media and a variety of psychological symptoms, such as unhappiness with one's body and eating disorders. In western culture, research has shown that there has been a considerable shift in the physical proportions of male and female models depicted in the media, as well as in the view that society has of the "ideal body" (Katzmarzyk PT, Davis C 1998). The impression of the perfect female body has moved over time towards a form that is smaller and thinner, whereas the current perception of the ideal male body is one that is connected with muscularity and strength. An investigation that Katzmarzyk and Davis carried out in the year 1998 serves as an illustration of this argument. Between the years 1978 and 1998, the researchers investigated the changes that occurred in the body weight and shape of Playboy centrefolds. This study covered a period of twenty years. The researchers discovered that the models' body weights and dimensions had significantly decreased during the course of the study. According to the findings, a sizeable majority of the women were found to be underweight, with a sizeable percentage of them falling below eighty-five percent of their optimal body weight. The muscle mass of male centrefold models in Playgirl magazine from 1973 to 1997 was shown to have dramatically risen throughout the course of the study, according to the findings of a study that had a similar focus and examined playgirl magazine models from 1973 to 1997. Guillen and Barr focused their investigation on the content that was published in a well-known magazine that was aimed at providing information to young women. The results of their investigation showed that there was a change in the messaging between the years 1970 and 1990, with an increasing emphasis on physical fitness and a trend towards models with more androgynous features taking place.

It is probable that the cultural standards that surround body image are a contributing factor to the obsession and dissatisfaction that a significant number of adolescents suffer with their bodies.

Their quest of the perfect body may, as a result, cause people to engage in weight-loss operations that are associated with serious risks.

MEDIA AND BODY DISSATISFACTION IN CHILDREN AND ADOLESCENTS

Multiple research studies have revealed that many young people, especially adolescent females, often feel dissatisfied with their bodies. Typically, adolescent girls strive to achieve a lower weight, while adolescent boys aim to increase their size and power. A comprehensive analysis of twenty-five studies that centred around female participants was carried out to assess the impact of media portrayals of the ideal slim body. Unlike photographs featuring average-sized models, plus-size models, or inanimate objects, the perception of body image significantly decreased when exposed to images of thin models. This was in stark contrast to images showcasing models of various sizes. Research conducted in 2002 by Roesz L. and colleagues found that this effect was more noticeable in women under the age of 19.

An investigation conducted by Tiggemann and colleagues (2000) focused on concerns related to one's physical appearance. The study included female adolescents who were 16 years old. The researchers aimed to gain insight into the factors that influenced the participants' aspiration for a more slender physique. The media played a significant role in promoting the ideal of thinness. Although these young women expressed a desire to lower their body fat percentage, they made it clear that this did not necessarily mean they were dissatisfied with their physical appearance. The authors found that the girls had a strong understanding of how the media could shape their self-perception. The authors suggested that this understanding could be valuable in offsetting the influence of powerful media organisations.

MEDIA AND EATING, AND WEIGHT CONTROL BEHAVIOURS

It can be fairly challenging for teenage girls to deal with issues related to their body image and to encourage healthy eating habits through their diet. There are a lot of young women who are concerned about their weight and want to obtain a lighter structure in their bodies. Numerous young girls, according to the findings of a study, were under the impression that they were overweight and were making efforts to reduce their weight, despite the fact that their weight was within the normal range. 1998 publication by Ozer EM, Brindis CD, Millstein SG, and others. Numerous studies that took a cross-sectional approach have found a correlation between the consumption of beauty and fashion magazines and an increase in the number of girls who are concerned about their weight or who exhibit symptoms of eating disorders. According to the findings of a study that was carried out by Field et al. in 2017, it was shown that young girls between the ages of 9 and 14 who were exposed to the portrayal of thinness and beauty standards in the media were more likely to engage in purging practices on a monthly basis. Both boys and girls between the ages of 9 and 14 who desired to copy the media's idealised bodies were shown to be more prone to develop weight issues and participate in frequent dieting when compared to their peers, according to the findings of a separate study that was carried out by Camargo et al in the year 2001. Colditz GA.2001, AE, Camargo CAJ, Taylor CB, Berkey CS, and Roberts SB were the players in the field.

A study was carried out with the purpose of determining the impact that Western television had on the indicators of disordered eating in a group of Fijian schoolgirls who had minimal exposure to the media. Exposure to television for extended periods of time has been proven to have a significant impact on the prevalence of disordered eating, which suggests that this sort of media

has a detrimental affect. It was found that a substantial percentage of participants showed a strong desire to lose weight in order to mimic the physical characteristics of television characters (Becker AE, Burwell RA, Gilman SE, Herzog DB, Hamburg P.2002). This was an intriguing discovery that was made as a result of the research.

Exposure to the media was shown to be connected with several indicators of disordered eating, such as a desire for thinness, discontentment with one's body, and a sense of inadequacy in women, according to the findings of a study that investigated the association between media and eating disorders among undergraduate college students. Research conducted on men discovered a correlation between exposure to the media and a larger support for personal thinness and diets. Cantor J. and K. Harrison's 1997 study The results of a comprehensive survey were collected from 548 young women between the ages of 5 and 12, who voluntarily provided information regarding their reading habits with regard to fashion magazines, as well as their views and behaviours around diets and exercise. Based on the findings of a study that was carried out in 1999 by Field AE, Cheung L, Wolf AMH, and Herzog DB, it was discovered that those who read fashion magazines on a regular basis were more inclined to participate in weight loss programmes that included dieting and exercise. This was in comparison to individuals who read fashion magazines less often. A number of characteristics, including weight status, educational level, and racial group, were taken into consideration, yet the correlation remained strong.

The Role of the Media in the Maintenance of Eating Disorders:

Young women who are concerned about their weight and shape, experience dissatisfaction with their bodies, internalise societal beauty standards, and frequently engage in comparisons with others, are more likely to be influenced by the media and use it more frequently. Women who

suffer from anorexia nervosa often find themselves deeply influenced by media, particularly fashion magazines, which they become fixated on. According to a study conducted by Thomsen et al. (2001), a significant number of individuals acknowledged that their consumption of media escalated once their eating disorders took control of their lives. The suggestion was backed by qualitative results that demonstrated the relationships aligning with an interactive, circular model frequently employed to elucidate other compulsive and addictive processes (Williams, Thomsen, & McCoy, 2003). Thomsen et al. (2001) suggest that beauty magazines can provide guidance for women facing eating disorders, as they aspire to attain an unattainable and demanding standard of thinness. Fashion magazines promote an unhealthy obsession with controlling food intake, while ignoring the concerns of loved ones who express worry about their thinness. These publications actively promote and endorse messages that promote a slender physique and healthy eating habits (Thomsen et al., 2001).

The Role of the Media in the Treatment and Prevention of Eating Disorders

according to Levine et al., (1999) There has been a significant amount of study conducted on the topic of the impact of the media on eating disorders, with particular emphasis on media literacy, activism, and advocacy. When it comes to media literacy training, the necessity of developing critical thinking skills while engaging with various forms of media is emphasised. By encouraging individuals to engage in content analysis and to contemplate the motivations that lie behind the production of media, our objective is to assist individuals in developing a more profound comprehension of the act of media consumption. With the help of media literacy, young women are able to engage in critical analysis of the visual images and messages that

are presented in the media and to take part in discussions about these topics. Individuals are better able to comprehend the fact that images in the media are meticulously crafted and have the potential to not precisely depict real life. In addition to this, it emphasises the fact that every single creation of the media is subjective and presents a certain point of view (Steiner-Adair & Vorenberg, 1999). According to Groesz et al. (2002), media literacy frequently highlights the fact that diverse kinds of media are methodically generated through extensive research and are primarily driven by the desire to make substantial financial benefit. A few examples have shown that media literacy has the capacity to improve the self-esteem and body image of young women (Posovac et al., 2001). These occurrences have been observed in a few different individuals.

A study conducted by Posovac et al. (2001) found that college women who had a negative body image saw positive effects after being exposed to a seven-minute psychoeducation presentation that involved media analysis. These women demonstrated a reduced tendency to compare themselves to others and were less affected by images of thin models when they were also exposed to the media literacy component, as opposed to those who were only exposed to the images. According to Martin and Gentry (1997), research has shown that providing girls with a new way of understanding media images and messages can be highly impactful. Three prevention programmes for adolescent girls that incorporated media literacy demonstrated modest results (Irving et al., 1998; Levine et al., 1999; Levine et al., 1996). These programmes have shown positive results in enhancing knowledge, internalising the thin-ideal, and improving body image. However, they did not consistently achieve all of their objectives. These programmes may provide unexpected advantages in the long run. Researchers have also investigated methods to reduce the risk factors that make individuals more vulnerable to the

negative effects of the media. Studies have shown that treatment programmes for eating disorders can achieve higher success rates when media literacy is integrated with interventions targeting the patient's self-esteem and social skills deficits (Groesz et al., 2002; Murray, Touyz, & Beumont, 1996; Thomsen et al., 2001).

THEORETICAL REVIEW

The Theory of Family Systems

Based on systemic theory, the Theory of Family Systems approaches the study of human concerns from a systems perspective, particularly in the context of families (Aragona et al., 2011). According to Aragona et al. (2011), the family is viewed as a complex system in which individuals are interrelated and their interactions create a unique "third" reality that transcends the sum of its parts. This is known as the principle of non-summativity. According to this paradigm, in order to comprehend a person's behaviour, one must consider the family context and, in particular, the relationships the person has with other family members, especially their parents (Hoffman, 1985).

Family systems theorists contend that each family member has a distinct role to play in their relationships with others, which eventually influences the family's overall functioning (Bowen, 1974). According to this idea, rules and underlying links about who can access resources, materials, and support within the family affect family relationships (Hoffman, 1985; Ackerman, 1971). Consequently, a family's structure has a lasting effect on each member's behaviour. Adopting a systemic approach entails shifting focus away from the individual or mother-child bond and towards the larger network of family connections (Minuchin, Rosman, & Baker, 1978). According to studies in this area, family members' adaptive or problematic growth can be better

understood by looking at how they interact with one another and the roles they play in relation to one another (Selvini Palazzoli & Viaro, 1988).

In recent years, the focus of academics has switched from focusing only on emotions and parental attachment towards children to looking into family dynamics that either support or impact children's psychological development (Grasso et al., 2012). The concept of "boundary," which refers to the unwritten set of expectations that direct each family member's actions within the system, is highly valued in the Theory of Family Systems (Cerniglia et al., 2014). According to this idea, there are three different types of family interactions: entanglement, disengagement, and cohesiveness. These profiles shed light on the various degrees of independence and interdependence that exist within families.

In line with the theory of the family system, Le Grange et al. (2010) assert that the ties between family members are important in adolescent interactions. Importantly, the interactions between parents and children during critical life stages such as adolescence have a substantial impact on a variety of areas of everyday life, including their child's eating habits and relationship with weight. The Theory of Family Systems recognises the critical role that family member interactions play in the initiation and maintenance of eating disorders (Selvini Palazzoli, 1985).

The Relational-Systemic Paradigm: Family Relationships in Eating Disorders

Beginning with the pioneering clinical observations made by Milan school proponents more than half a century ago (Ackerman, 1971; Selvini Palazzoli & Viaro, 1988; Selvini, 1986), the research of eating disorders within the regard of the relational systemic environment has a long and wide history. The findings of this study have shed light on the connection that exists between

the psychological component of eating disorders and the dynamics that exist within the patient's family.

Both systemic-relational theories and psychosomatic or structural theories can be found within the sphere of family therapy theory. These two realms are interconnected and work together to form the field. Both the public and private sectors have placed a significant amount of emphasis on the transactional patterns that occur within families, particularly with regard to the connections that exist between children and their parents.

According to Selvini Palazzoli (1985) and Selvini et al. (1980), throughout the course of history, there has been a recognition of the significant role that unfavourable family dynamics have in the development and continuation of eating disorders, notably anorexia nervosa. According to the systemic approach, particular family structures are thought to have a strong connection to the emergence of problems in children as well as their continued existence. In the course of their research on the influence of family dynamics on the development of eating disorders, researchers have investigated the ways in which particular patterns of family interaction and relationship disturbances can play a role in the start and continued presence of anorexia nervosa in adolescents. These preliminary conceptualizations have been illuminated by the psychosomatic family models that were provided by Minuchin et al. (1978).

(Selvini Palazzoli, 1985; Selvini et al., 1980) These models are based on clinical findings and depict anorexic families as frequently possessing characteristics such as rigidity, cohesion, and a strong dedication to self-sacrifice and loyalty among its members. These characteristics are typically exhibited by anorexic families. From 1963 to 1988, Mara Selvini Palazzoli's research

centred on analysing the dynamics and characteristics of the parental partnership in these families. Her work was published between those years. She provided a description of a family dynamic that was characterised by a mother who was extremely concerned, intolerant, and highly critical, while the father, despite being intellectually bright, maintained an emotional distance from the rest of the family. In such a context, where there is a lack of genuine emotional support, the patient displayed her anguish by engaging in eating behaviours that were unorthodox and motivated by the desire for attention. These behaviours had the effect of providing her with a sense of power and self-affirmation within the family, while at the same time maintaining her dependence and isolating her from others (Selvini Palazzoli, 1985; Selvini et al., 1980). The manner in which families with daughters who suffer from anorexia communicate and engage with one another were another topic that Selvini Palazzoli investigated. She revealed a practice of consistently repressing and rejecting feelings, which led to those feelings being ignored and disregarded rather than acknowledged. On the basis of these relationship patterns, every member of the family responds to the requirements of other people and places the well-being of another individual as their top priority. The phrase "three-way marriage" was coined by the author in order to illustrate the intricate relationships that exist inside a family, in which every person appears to be connected to two other members: the father to the mother and daughter, and the daughter to her father and mother. According to Selvini Palazzoli (1985), this dynamic makes it difficult for the daughter to achieve genuine independence and to live a life that is self-governing. As a result, the daughter's options in terms of food are restricted, which may contribute to the development of eating disorders later in life.

During the same period, alongside the research carried out by the Milan school, Minuchin and colleagues introduced a fresh approach to understanding anorexia nervosa known as the "psychosomatic family." This model placed a strong emphasis on the role of the family in influencing eating disorders (Minuchin et al., 1978). This model examines anorexia as a psychosomatic syndrome that presents with physical and psychological symptoms, arising within particular family organisational contexts. The daughter's battle with anorexia nervosa is seen as a condition that impacts not just her, but also her family and society at large. Symptoms play a vital role in maintaining family homeostasis. They represent the daughter's defiance of the family structure, serving as a way to question the existing hierarchy and superficial notion of uniqueness. Simultaneously, these symptoms create a scenario in which the daughter becomes dependent on her parents, making it challenging for her to enact any modifications. In this framework, eating disorders are seen as a product of an unhealthy relationship between the individual and their family (Minuchin et al., 1978; Stierlin & Weber 1989).

Social Learning Theory (Albert Bandura, 1977)

Albert Bandura (1977) holds similar perspectives to behaviourist learning theories like classical conditioning and operant conditioning, as described in social learning theory. Furthermore, he discusses two crucial concepts: Mediating processes take place between stimuli and responses, ensuring a seamless transmission of information. Observational learning is the process of acquiring behaviour through observation and imitation of the surrounding environment.

Bandura's social learning theory highlights the significance of observing and emulating the behaviours, attitudes, and emotional reactions of others. According to Bandura (1977),

individuals would face challenges and potential risks if they had to rely solely on the consequences of their actions to shape their behaviour. Luckily, the majority of human behaviour is acquired through observation, as people observe others and acquire knowledge on how to carry out new actions. This information can serve as a reliable point of reference for future actions. The theory of social learning delves into human behaviour by emphasising the interconnectedness between cognitive processes, behaviour, and the environment. The processes involved in observational learning include paying attention, remembering, imitating, and being motivated. Several factors can affect attention, such as the distinctiveness, emotional significance, complexity, frequency, and practicality of the events being observed, along with the observer's sensory capabilities, level of alertness, perceptual expectations, and past experiences of reinforcement. Retention involves various techniques such as symbolic coding, cognitive organisation, symbolic rehearsal, and motor rehearsal. Motor reproduction can be influenced by various factors, including physical capabilities, the ability to self-observe during reproduction, and the quality of feedback received. Motivation can be influenced by external factors, such as observing others and rewarding ourselves.

The social learning theory encompasses both cognitive and behavioural frameworks, as it incorporates attention, memory, and motivation. Bandura's theory builds upon the behavioural interpretation of modelling proposed by Miller & Dollard (1941). Bandura's research aligns with the theories of Vygotsky and Lave, highlighting the significant impact of social learning. Bandura's research is incredibly valuable for students' academic achievement, as it highlights the significance of observing and emulating the behaviours, attitudes, and emotional responses of others.

Relevance of Social Learning theory to our work

According to the Social Learning Theory developed by Albert Bandura, people learn behaviours by seeing the actions of others and being influenced by the rewards and consequences that they get. In the context of eating disorders, adolescents in the municipality of Buea may be influenced by the disordered eating behaviours exhibited by members of their families, peers, or figures from the media. These forms of influence have the potential to play a part in the development and maintenance of behaviours of this nature. One can gain a complete understanding of the components that contribute to adult eating behaviours through the application of this theory. These aspects include the influence of friends, family, and the influential media.

The Ecological Systems Theory (Bronfenbrenner, 1979)

The Ecological Systems Theory (Bronfenbrenner, 1979) provides a comprehensive framework for understanding the different levels of influence on human behaviour. This theory proposes that multiple elements within an individual's immediate surroundings, including their family, peers, and community, as well as broader cultural and societal influences, particularly media influences, can exert an influence on them. This study explores the influence of different factors, such as family dynamics, media exposure, and peer interactions, on the development of eating disorders in adolescent girls residing in Buea Municipality. It also delves into the impact of wider cultural and societal factors, like media messages and cultural beauty standards, on these relationships and behaviours.

This theory has been recently renamed as "bioecological systems theory" to emphasise the intricate connections between a child's biology, their immediate family and community environment, and the broader societal landscape that influence their development. According to

Bronfenbrenner (1990), any changes or conflicts in one layer will impact the other layers. To fully comprehend a child's development, it is crucial to take into account not just the child and their immediate surroundings, but also the impact of the wider environment.

The first element of the Ecological System Theory is the Microsystems. This layer is in direct contact with the child and encompasses the structures that the child interacts with directly. The microsystem refers to the connections and interactions that a child has with their immediate environment (Beck, 2000). Structures in the microsystem include different elements like family, school, neighbourhood, or childcare environments. At this level, relationships have a dual impact - both extending beyond the child and influencing the child (Bronfenbrenner, 1990). For example, the beliefs and behaviours of a child can be shaped by their parents, which can impact the formation of eating or dieting habits. Parents who ridicule their child's appearance can have a profound effect on their self-esteem. At this level, it has a deep and meaningful impact on the child.

The mesosystem occupies the intermediate position within the overall structure. This layer establishes a connection between the structures of the child's microsystem (Berk, 2000). The mesosystem is a vital component in a child's development and can have intricate effects on their growth. The mesosystem offers a valuable chance to bridge two distinct aspects of a child's life that may not initially seem related. For instance, when a child grows up in a home with certain behavioural and disciplinary standards, and later attends a school with slightly different standards, the child must independently adjust to this transition on a daily basis (Bronfenbrenner, 1990). With the positive eating behaviours instilled at home, this child will go to school with a sense of confidence, assuming that their peers share the same set of values. The child might be

confused by the different eating habits displayed by their peers. Adolescents often face challenges when trying to balance the conflicting values they encounter at home and at school.

The macrosystem represents the ultimate layer in this framework. This layer is considered the outermost layer in the child's environment. While not being a specific framework, this layer encompasses cultural values, customs, and laws (Berk, 2000). The broader principles established by the macrosystem have a significant impact on the dynamics of the other two layers, as noted by Bronfenbrenner (1990). For example, when society values a slim physique and the media only promotes a narrow definition of beauty, parents will encounter considerable obstacles in questioning this standard. As a result, the structures in which the parents operate are affected. The parents' ability to meet their responsibilities towards their child within the child's immediate environment is also impacted (Bronfenbrenner, 1990).

Empirical Review

In their article titled "The role of family relationships in eating disorders in adolescents: a narrative review," Erriu, Cimino, and Cerniglia (2020) explore the importance of family relationships in relation to eating disorders in adolescents. In our study, which explores "The Role of Family and Peer Relationships in the Development of Eating Disorders Among Adolescent Girls in Buea Municipality," this review offers valuable insights into the wider impact of family dynamics on the development of eating disorders, which can be relevant to our specific research context. Erriu et al. highlight the growing interest in exploring the impact of relationships, particularly family dynamics, on adolescent eating disorders in recent scientific literature. In our study, we are interested in exploring both family and peer relationships. However, Erriu et al.'s research strongly emphasises family relationships, which is in line with

our own focus on family dynamics among adolescent girls in Buea Municipality. The review emphasises the importance of considering relational factors in the development and continuation of eating disorders among adolescents. This insight is highly relevant to our research, as we are focused on understanding the impact of family and peer relationships on the development of eating disorders in adolescent girls in our specific location. In addition, Erriu et al. emphasise the significance of taking a relational-systemic approach and considering the family context to gain a deeper understanding of the challenges faced by adolescents. This approach aligns with our study's objective of exploring the impact of family relationships on understanding eating disorder pathology among adolescents. Erriu, Cimino, and Cerniglia's review highlights the importance of family relationships in the context of adolescent eating disorders, which aligns with our research's emphasis on family and peer relationships in the development of eating disorders among adolescent girls in Buea Municipality. Their valuable insights into the significance of relational aspects and the necessity for an integrated relational model can greatly influence our study's methodology and interpretation of findings, ultimately enhancing our understanding of this crucial issue.

The study conducted by Haines et al. (2016) delves into the connections between family dynamics, parent-adolescent relationship quality, and weight-related behaviours among adolescents and young adults. The research, which involved a significant sample size, provides valuable insights into how the family environment influences adolescent behaviours related to weight and health. The research uncovered a strong connection between family dynamics and various positive outcomes for both males and females. These include a lower likelihood of engaging in disordered eating, insufficient physical activity, and inadequate sleep. In families with high functioning, females were found to have a reduced risk of being overweight or obese

and consuming fast food frequently. The study emphasises the importance of the relationships between parents and adolescents in influencing weight-related behaviours. Among females, having positive relationships with both their mothers and fathers was linked to improved weight-related outcomes. However, for males, the quality of their relationship with their fathers seemed to have a stronger influence. The findings highlight the significance of cultivating strong parent-adolescent relationships and a nurturing family environment to encourage healthier behaviours and weight status in adolescents and young adults. Overall, this study highlights the impact of family dynamics and the quality of relationships between parents and adolescents on behaviours related to weight among young people. It highlights the importance of interventions and support systems that take into account both individual behaviours and the family context. By acknowledging the influence of family dynamics on the health behaviours of adolescents, healthcare professionals and policymakers can devise more impactful strategies to encourage healthier lifestyles and prevent weight-related problems in this group.

The study conducted by Laghi et al. (2016) examines the link between family dynamics and dysfunctional eating behaviours among Italian adolescents, and also investigates if gender has an impact on this relationship. The researchers' work emphasises the importance of comprehending the influence of family dynamics on adolescents, specifically in relation to eating disorders or unhealthy eating habits. The research conducted by Laghi et al. indicates that dysfunctional eating in adolescents is linked to different aspects of family functioning, including flexibility, cohesion, disengagement, enmeshment, rigidity, and chaos. It is evident that the family environment has a significant impact on the eating habits of adolescents. Recognising these family-related factors, your research supports the idea that family functioning plays a crucial role in comprehending and tackling unhealthy eating habits in teenagers. In addition,

Laghi et al.'s study sheds light on the impact of family functioning on dysfunctional eating, specifically noting that adolescent boys are more influenced by aspects of enmeshment and disengagement. The gender-specific aspect provides a deeper understanding of how family dynamics affect adolescents in unique ways depending on their gender.

In addition, Fisher and Bushlow (2015) conducted a study on the perceptions of family styles by adolescents with eating disorders and their parents. Their study offered valuable insights into the perceptions of family styles among adolescents with eating disorders and their parents, ensuring originality and authenticity. This research offers a comprehensive examination of family dynamics in relation to eating disorders. In Fisher and Bushlow's study, the majority of patients and parents described their family styles as highly connected and flexible, with minimal enmeshment, rigidity, and chaos. These findings question the conventional belief that families of teenagers with eating disorders exhibit inflexibility and excessive involvement. In addition, their study brings attention to a notable difference between the family styles that are reported and the level of satisfaction among patients and parents, particularly for those experiencing depression. It is crucial to take into account both the objective family dynamics and the subjective experiences and perceptions of family members when researching adolescent eating disorders. This aspect is in line with the systemic perspective the researcher is investigating, highlighting the importance of comprehending the intricate interplay between family dynamics and individual experiences and emotions. Ultimately, Fisher and Bushlow's study disrupts conventional assumptions regarding family styles in relation to adolescent eating disorders, emphasising the significance of taking into account both objective family dynamics and subjective experiences. Their findings offer a valuable reference point for our research, highlighting the complex nature of family

influences on adolescent eating disorders and the significance of taking into account the emotional well-being of both adolescents and their parents in comprehending family dynamics.

In a study conducted by Lien G et al (2012), they investigated how the attachment to both mothers and fathers can influence eating pathology and weight gain in preadolescent boys and girls. A total of 601 preadolescents (8-11 years; 48% female) from the community participated in the study. They completed self-report questionnaires and had their adjusted body mass index (BMI) measured at baseline and again after one year. There were significant correlations between attachment towards both parents and various aspects of eating pathology. There were no observed correlations between the attachment variables and adjusted BMI. Nevertheless, when considering gender and initial levels of eating pathology and weight, it was found that an insecure attachment to the mother was a significant predictor of future increases in dietary restraint, eating concerns, weight concerns, shape concerns, and adjusted BMI in the children after 1 year. A lack of secure attachment to their father was found to be a significant predictor of children's ongoing struggles with binge eating. This study offers initial findings on the link between attachment and eating disorders and weight gain in preadolescents. In addition, the bond between a child and their mother and father seems to have varying effects on their attitudes towards disordered eating and BMI. Future research should continue to explore the mechanisms that contribute to this differential association.

In a study conducted by Luca C et al (2017), the focus was on family functioning in families with patients who have eating disorders (EDs). The researchers specifically looked into the connections between the psychopathological symptoms of mothers and daughters. However, there is a lack of research on whether there are distinct maladaptive psychological profiles that define the entire family when it includes adolescents with anorexia nervosa (AN), bulimia

nervosa (BN), and binge eating disorder (BED). By working together with a diverse group of consultants from both public and private sectors, we were able to successfully recruit a total of 181 adolescents who had been diagnosed with eating disorders. This group consisted of 61 individuals with anorexia nervosa, 60 with bulimia nervosa, and 60 with binge eating disorders, along with their parents. Mothers, fathers, and youths participated in a self-report measure to evaluate family functioning, while adolescents completed a self-report questionnaire to assess psycho-pathological symptoms. The study revealed distinct patterns of family functioning and psychopathological profiles among adolescents based on their diagnosis. Regression analyses also indicated that family functioning characterised by rigidity was associated with elevated psychopathological symptoms. Our study emphasises the significance of including every family member in assessment and intervention programmes when adolescent offspring experience EDs.

Media and eating disorder

An investigation of the influence of the media on eating disorders in children and adolescents was conducted by (Anne M. Morris et al. 2003)

Over the course of the past half-century, epidemiological studies have indicated that there has been a rise in the number of overweight and obese young women who suffer from eating disorders. Among young women between the ages of 15 and 19, the prevalence rate of anorexia nervosa has been observed to be 0.48%. It is estimated that between one percent and five percent of teenage girls fit the criteria for bulimia nervosa. Adolescents are more likely than ever before to be concerned about their weight, shape, size, and body image, and as a consequence, they are more likely to diet in order to reduce their weight. However, there is a lack of knowledge regarding the origins of these worries around body image and weight. It has been hypothesised

that these behaviours could be considered potential risk factors for the development of eating disorders. The media may play a crucial role in establishing and exacerbating the phenomena of body dissatisfaction, and as a result, may be partially responsible for the growth in the prevalence of eating disorders. This is a hypothesis that has been proposed by a number of scholars.

The findings of a recent naturalistic experiment that was carried out in Fiji provide substantial evidence to support the concept that the media plays a significant role in the development of body dissatisfaction and eating disorder symptomatology (Becker, Burwell, Herzog, Hamburg, & Gilman, 2002). Up until a relatively recent time, Fiji was a society that was extremely media-naïve and had little influence from Western mass media. In this one-of-a-kind research project, the eating behaviours and attitudes of adolescent girls in Fiji were evaluated both before and after they were exposed to regional television for an extended period of time. These adolescents displayed a considerable rise in disordered eating attitudes and behaviours after being exposed to television, as indicated by the findings of the study.

There have been a number of research that have investigated the relationship between the consumption of mass media and experiences of body satisfaction, the manifestation of eating disorders, and negative affect. Studies have shown that there is a direct connection between exposure to the media and eating disorders, body dissatisfaction, and negative affect (Stice, Schupak-Neuberg, Shaw, & Stein, 1994; Stice & Shaw, 1994; Utter, Neumark-Sztainer, Wall, & Story, 2003). The majority of these studies have made this connection. However, the strength of the relationships has varied not only between and between research, but also with the type of media exposure (Tiggeman, 2003; Vaughan & Fouts, 2003).

RESEARCH METHODOLOGY

Introduction

Every piece of academic investigation has its method of carrying out its findings. This chapter describes the procedures and methods adopted in carrying out this study. This chapter presents the research design, the area of the study, the population of the study, the sample and sampling technique, an instrument used for data collection, the procedure for administration of the instrument, the method of data collection and data analysis.

Research Design

A research design is a plan which specifies how data relating to a given problem should be collected and analysed. It provides the procedural outline for the conduct of any given investigation. The case study research design will be used for the study. This research design is one in which households in Buea Municipality with adolescent girls within the ages of 13 to 19 will be selected and questionnaires will be administered to the caregivers and the adolescent girls themselves. The reason why we use the case study research design is because the researcher found it as the best research design to collect data from a particular group of people. The researcher used adolescent girls from 13 to 19 years old to get the real life understanding of the factors influencing eating disorders in adolescents. Also, using a case study design gives the researcher the opportunity to get a deep understanding of the multiple factors including peer and family relationships, friends, school, media and other social networks that influence eating disorders. According to Franenkel and Norman (2000), a research design is the overall plan for collecting data to answer questions of a study. The researcher used a survey to collect data from adolescents of particular primary schools in Buea municipality. This design was adopted because it easily extracts specific data from a particular group of people or the participants under study

and it offers relatively quick ways of collecting information. Hence, since this study was quantitative, the survey research design was used. This design was used because extensive surveys were found to be useful in describing the characteristics of the large. No other research method could have provided this broad capability, which ensured a more accurate sample to collect valid information with which to draw conclusions and make important decisions about this investigation. This design was therefore found very convenient to the present study as it targeted the inhabitants of Buea municipality. Also, the survey was thought to be dependable, as such its anonymity allowed respondents to answer with more candid and valid responses. To get the most accurate data, the researcher needed respondents to be as open and honest as possible with their responses

Area of Study

The study was carried out in Buea Municipality of the South West Region of Cameroon. The Buea municipality has a surface area of 870 sq/km, 67 villages, and four distinct identified urban spaces as per outlined criteria (Buea station, Soppo, Molyko/Mile 17 and Muea). Population of above 200,000 inhabitants (2005 BUCREP figures). Buea is a highly complex Municipality bounded to the north by the tropical rainforest on the slope of Mount Cameroon (4100m above sea level). The mountain range extends to the beautiful sandy beaches of the Atlantic Ocean. The town also shares boundaries with other major towns like the City of Limbe to the South West, Tiko municipality to the South East, Muyuka municipality to the East and Idenau district to the West. With an equatorial climate, temperatures are moderate with a slight seasonal variation (rainy and dry season). Buea has a moderate economy including agricultural, administrative, business; tourism and many other financial sectors that characterize the town.

Buea is an academic town with many governments, lay private and confessional schools that range from primary, secondary and higher institutions. The literacy rate is on the rise with about 60-75% of the youths having access to education. Buea has many centres for rehabilitation and philanthropic foundations that take care of physically disabled persons.

Method of Data Collection

Population of the study

A population in research refers to all the members or elements of a well-defined group, be it human beings, animals, things or objects and events (Norgu, 1991; Amin, 2005). A population is a group of items, instruments individuals and objects that a researcher is interested in studying or investigating. A study population is simply the group of interest to the researcher. The population of this study consisted of families residing in Buea with Adolescent girls aged 13-19 years. The population of this study is made up of caregivers or parents with adolescent daughters and the adolescent daughters themselves. By using Parents and caregivers of adolescent daughters, they provide data related to their own behaviors and attitudes towards food, body image, and weight, as well as their perceptions of how these factors may influence their daughters' development of eating disorders. Also, the adolescent daughters themselves were used to provide information about their experiences with family dynamics, including parental modeling of eating behaviors, communication patterns, and familial attitudes towards body image and weight as well as providing data on the influence of peer pressure and social comparison on their development and maintenance of disordered eating behaviors and attitudes.

The sampling technique according to Nworgu, (1991), is a plan specifying how elements would be drawn from a population. The sampling techniques adopted in this research were the purposive and the convenient sampling techniques. The researcher purposively chose households

because of the presence of adolescent girls in these households. Also snowballing sampling technique was used to select the households with adolescent girls. After collecting data from one household, the researcher asked them to show the next household with an adolescent girl. Also, the researcher may reach out to schools, community centers, and healthcare facilities in Buea Municipality to identify eligible families.

After selecting the households, the researcher also used convenience sampling to select members of these households (caregivers/parents and adolescent daughters) who were ready and available to participate in the study.

A sample is made up of that part of a smaller group of population drawn using a definite procedure. It is also a sub-group of the population which the researcher is interested in and which becomes the basis for estimating or predicting the prevalence of an unknown piece of information. The sample size of the study was made up of 50 respondents. These 50 respondents were in two categories, 25 were parents/caregivers and 25 were adolescent daughters. The girls used for this study were girls between the ages of 13 to 19 years old while the parents/caregivers used were the parents and caregivers of these 25 adolescent girls.

A questionnaire will be used in this study to collect data. A questionnaire according to Amin (2005) is a form consisting of interrelated questions prepared by the researcher and guided by the research problem under investigation and based on the objectives of the study. The questionnaires were formulated by the researcher in consultation with the supervisor and the statistician who went through all the items and made necessary adjustments. This questionnaire was based on family, media and peer relationships in the development of eating disorders among adolescent girls in Buea Municipality. The questionnaire used for data collection because it is less time-consuming, it is less expensive and can be appropriately used to collect the desired data

from the sample. At the beginning of the questionnaire, there is an introductory note stating the research topic and the purpose of the questionnaire. In this note, the researcher ended by thanking the respondents for the time spared to respond to the questions and promised to keep their responses confidential and use them strictly for research purposes.

This instrument is specially designed for Buea city dwellers and is divided into 2 parts. Part one is made up of demographic data with 4 items while part two is made up of the indicators with Four sections (A, B, C, D) having 5 items each. The items are closed-ended questions, with Likert – type response options ranging from strongly agree (SA) to strongly disagree (SD). The Likert-type close-ended items were used because of the ease of responding and the short time required to respond. A four-scale response option of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) according to the Likert scale used, assigned weights of 4,3,2, and 1 for positive items and 1,2,3, and 4 for negative items. The respondents were required to indicate their degree of agreement with a tick (√) on the appropriate answer of their choice.

Validity of instrument

Validity refers to the degree to which an instrument measures what is designed to measure. It also refers to the extent to which a measurement of an instrument measures what it purports to measure (Gronlund, 1998). The validation of instruments was done using face validity and content validity.

Face validity

The researcher after designing the questionnaire, presented copies of the items to course mates for peer review. They were required to critically evaluate the questionnaire in terms of its appropriateness to the research question and clarity of items and instructions. With the help of

the supervisor, will do a critical examination of the questionnaire, cancel irrelevant items and restructure some of the items to make them fit for the study.

Content validity

The instrument is presented to the supervisor to look at the items and agree if it's good enough for the study. To carry out content validity the researcher constructed the questionnaire bearing in mind the variables, research question and purpose of the study and make sure that the research objectives were all considered. They were evaluated to see if they measured what they were intended to measure to give results that could stand the test of objectivity and reliability. Modifications were made, and items were found to have a match between the content of instruments and objectives after further scrutiny.

Administration of instrument

The researcher will personally conduct and supervise the distribution and administration of the questionnaire.

The questionnaire will be administered to all the participants who constituted the sample for the study. In the process the researcher will visit homes and permission will be obtained after which the questionnaires will be administered. The questionnaires will be administered by the researcher herself to clear doubts where necessary. The researcher will have to first explain to the respondents the purpose of the activity upon meeting up with the respondents. The questionnaire will then be distributed to the staff.

Procedure of Data Analysis

Data were made essentially of categorical variables and they were analysed using frequency and proportions and Multiple Response Analysis to aggregate responses within conceptual components of percentages. Descriptive and inferential statistics methods were used in data

analysis. Descriptive statistics consists of the use of tables containing frequencies of the various weighted responses, percentages, measures of central tendencies and dispersion illustrated in box plots. Charts will be equally used for further clarification.

Ethical considerations

In conducting the study on the role of family and peer relationships in the development of eating disorders among adolescent girls in Buea Municipality, the researcher demonstrated a strong commitment to research ethics. Firstly, informed consent was a foundational ethical principle upheld throughout the study. All participants, including adolescent girls, their families, and healthcare professionals, were provided with detailed information about the study's purpose, procedures, potential risks, and benefits. Informed consent forms were presented, and participants were given ample time to ask questions and make an informed decision about their participation. For adolescent participants, parental or guardian consent was obtained in addition to their assent, ensuring that minors' rights and well-being were respected.

Secondly, the researcher prioritized the confidentiality and privacy of all participants. Confidentiality was maintained by assigning unique identifiers to participants instead of using their names, ensuring that responses and personal information could not be traced back to individuals. Data collected from questionnaires were securely stored and only accessible to the research team. Moreover, the researcher took care to anonymize any quotes or examples used in research outputs to protect the identities of participants. Safeguarding the privacy of vulnerable adolescent girls and respecting the sensitivity of the topic were paramount ethical considerations.

Additionally, the study received ethical approval from the appropriate institutional review board or ethics committee, ensuring that the research design, procedures, and participant protections adhered to established ethical standards. This step underscored the researcher's commitment to

conducting the study ethically and provided a formal mechanism for ethical oversight. Throughout the research process, the researcher remained vigilant in upholding these ethical principles to ensure that the rights, autonomy, and well-being of all participants were protected, thereby contributing to the ethical conduct of research in the field of eating disorders among adolescent girls.

ANALYSIS AND DISCUSSION

Participation rate

Among the 50 households visited, 50 adolescent girls were given questionnaires and they all filled and returned contributing to a 100% participation rate.

Section A: Demographic data

Age range of respondents

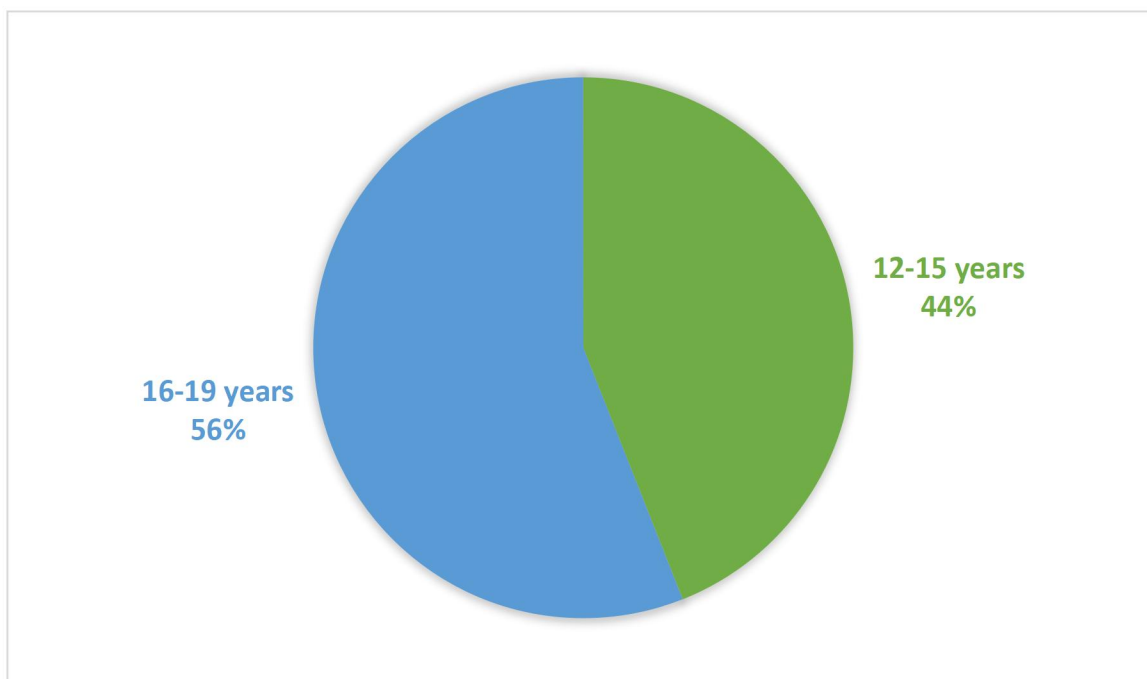


Figure 1: Age of respondents

Source: (Field survey 2024)

Based on the figure above, the majority of respondents in the study (56%) fell between the ages of 16-19 while the minority (44%) were between the ages of 12-15. This implies that the ages of respondents spread between all the spectrums of adolescents making the study more credible to make generalisations

Educational level of respondents

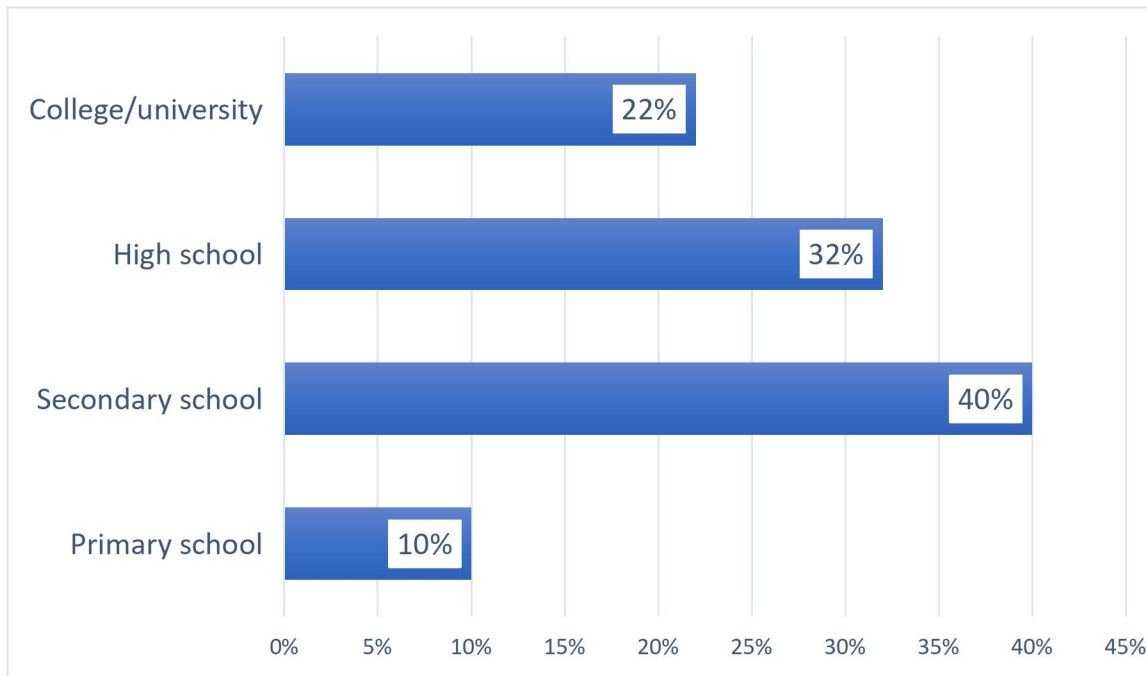


Figure 2: Educational level of respondents

Source: (Field survey 2024)

Based on the figure above, it was evident that majority of adolescent girls used in this study (40%) were in secondary school. Followed by High school (32%) and college (22%). This finding implies that most of the respondents (adolescent girls) were educated and capable of providing valuable insights to the study on the role of family and peer relationships in the development of eating disorders.

Marital Status

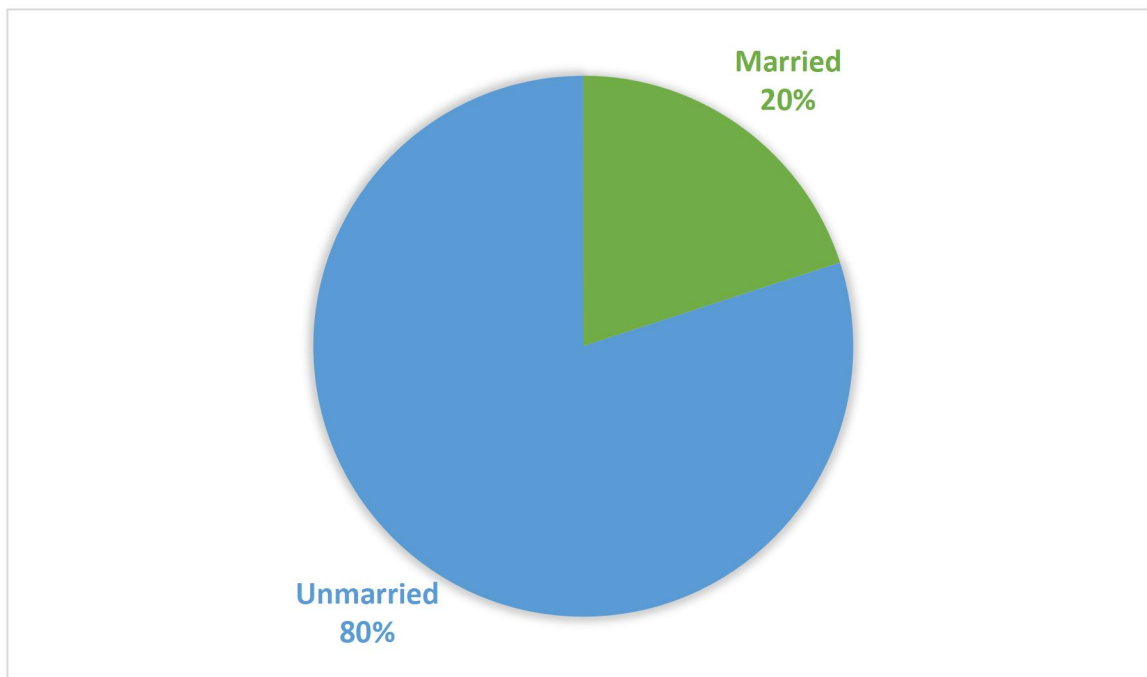


Figure 3: Marital status of respondents

Source (Field survey 2024)

Findings from Figure 3 above reveal that an overwhelming majority of respondents (80%) were unmarried while 20% were married. Considering the adolescent age in Cameroon (13-19), very few Cameroonians get married between this age range validating the fact that the girls used in the study were truly adolescent girls.

Residential Area

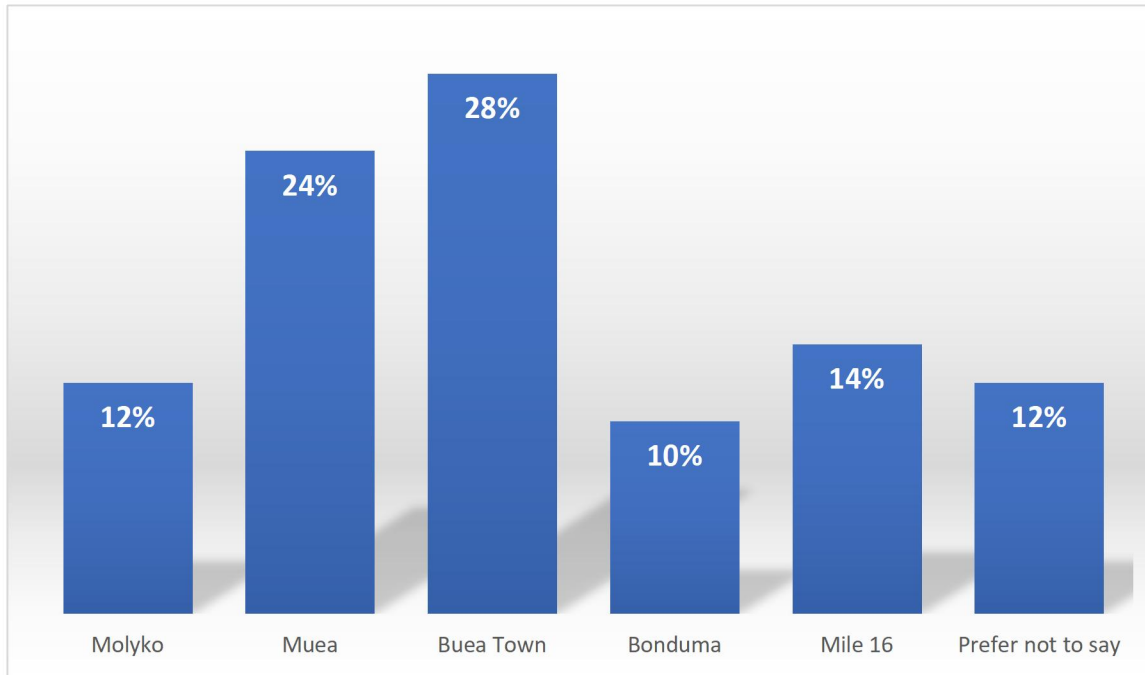


Figure 4: Area of residence

Source: (Filed survey 2024)

The figure above reveals that the respondents were spread across different localities in Buea with the majority from Buea Town (28%). This makes the study unbiased thereby creating room for easy generalisations of findings.

Table 1: Relationship Between Family Dynamics Including Parental Modelling of Eating Behaviors, Communication Patterns, And Familial Attitudes Towards Body Image and Weight on The Development and Maintenance of Eating Disorder Among Adolescent Girls in Buea Municipality

Table 1.

Question	SD	D	N	A	SA
My parents/caregivers have healthy eating habits and behaviour that I try to emulate	15	10	7	8	10

	(30.0)	(20.0)	(14.0)	(16.0)	(20.0)
my parents/caregivers frequently talk about feeding habits and being dissatisfied with their weight	4 (8.0)	5 (10.0)	5 (10.0)	16 (32.0)	20 (40.0)
My parents/caregivers often make negative comments about their own body sizes	6 (12.0)	4 (8.0)	4 (8.0)	21 (22.0)	15 (30.0)
There is pressure in my family to maintain a specific body shape or weight.	5 (10.0)	4 (8.0)	2 (4.0)	18 (36.0)	21 (42.0)
My family's attitudes toward food and weight have influenced my eating habits.	10 (20.0)	2 (4.0)	3 (6.0)	19 (38.0)	16 (32.0)
I perceive a supportive and nurturing environment within my family regarding my well-being.	10 (20.0)	6 (12.0)	15 (30.0)	2 (4.0)	17 (34.0)
MRS	50 (16.7)	31 (10.3)	36 (12.0)	84 (28.0)	99 (33.0)

N-300

Source: (Field survey 2024)

The results on Table 1 reveals a significant proportion of participants reported attempting to emulate their parents' healthy eating habits (36.0%) and perceived a supportive environment within their families (38.0%). Also, a substantial number of participants indicated that their parents frequently discussed dieting and expressed dissatisfaction with their weight (72.0%), made negative comments about their own body sizes (52.0%), and were under pressure to maintain specific body shapes or weights (78.0%). Additionally, a notable portion felt that their family's attitudes toward food and weight influenced their own eating habits (70.0%).

Overall

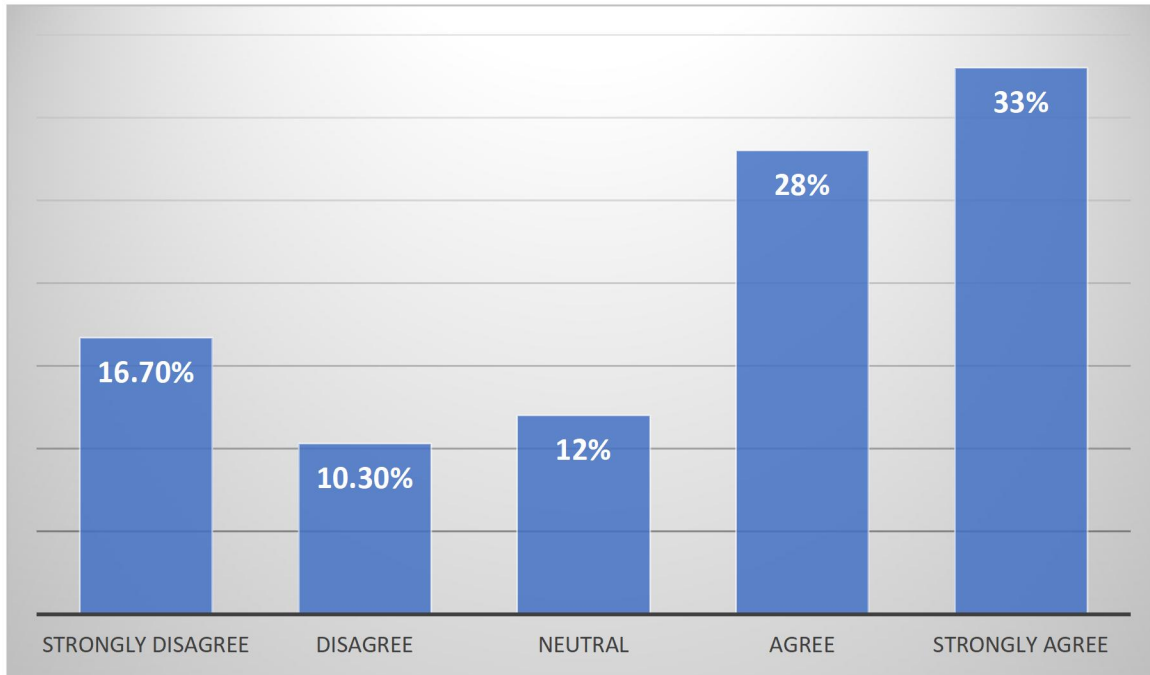


Figure 5: Overall level of agreement that family dynamics influences the development and maintenance of eating disorder among adolescent girls in Buea Municipality

Source: Field survey 2024

The data on the overall level of agreement regarding the influence of family dynamics on the development and maintenance of eating disorders among adolescent girls in Buea Municipality portrays a striking trend. A notable 61% of participants either agree or strongly agree with the statement, indicating a prevailing acknowledgment of the significant role that family dynamics play in shaping attitudes towards food, body image, and weight among adolescents. This suggests a widespread recognition among the respondents that familial influences, including parental modeling, communication patterns, and attitudes towards food and weight, exert a substantial impact on the development and maintenance of eating disorders.

Table 2: Influence of peer pressure and social comparison on the development and maintenance of disordered eating behaviours and attitudes among adolescent girls in Buea Municipality.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel pressure from my peers to like and dislike certain meals based on their choices	5 (10.0)	4 (8.0)	8 (16.0)	19 (38.0)	14 (28.0)
I feel pressured and insecure about my appearance when I compare my body size to those of my peers	10 (20.0)	10 (20.0)	2 (4.0)	10 (20.0)	18 (36.0)
my friends and peers make comments about my body size and weight that make me feel uncomfortable	8 (16.0)	5 (10.0)	1 (2.0)	26 (52.0)	10 (20.0)
I engage in disordered eating behaviors like skipping meals, excessive exercise to be like my peers	7 (14.0)	10 (20.0)	3 (6.0)	13 (26.0)	17 (34.0)
Peer influence has led me to adopt healthy eating habits or restrictive diets.	2 (4.0)	8 (16.0)	1 (2.0)	20 (40.0)	19 (38.0)
I feel excluded or judged by my peers based on my body size or weight	5 (10.0)	5 (10.0)	10 (20.0)	15 (30.0)	15 (30.0)
I feel the need to change my eating habit so that I can fit into my peer group	6 (12.0)	11 (22.0)	5 (10.0)	20 (40.0)	8 (16.0)
MRS	43 (12.3)	53 (15.1)	30 (8.6)	123 (35.1)	101 (28.9)

N=350

Table two of our study delves into the influence of peer pressure and social comparison on the development and maintenance of disordered eating behaviors and attitudes among adolescent girls in Buea Municipality. Table reveals that a significant proportion of participants (66.0%) reported feeling pressure from their peers to like or dislike certain meals, indicating the change to

match peer preferences on dietary choices. Also, a substantial number also expressed feeling pressured and insecure about their appearance when comparing their bodies to those of their peers (56.0%). Additionally, more than half of the participants (72.0%) reported discomfort due to comments from friends and peers about their body size and weight, suggesting the prevalence of body shaming within peer circles. This discomfort was further reflected in the high percentage (60.0%) of participants who engage in disordered eating behaviors, such as skipping meals or excessive exercise, in an attempt to emulate their peers. However, it's noteworthy that a significant portion of participants (78.0%) reported that peer influence led them to adopt healthy eating habits or restrictive diets, indicating the potential for positive peer influence in promoting healthy behaviors. Nonetheless, feelings of exclusion or judgment based on body size or weight were prevalent among participants (60.0%), highlighting the negative impact of peer pressure on body image perceptions. Lastly, a substantial number of participants (56.0%) expressed feeling the need to change their eating habits to fit into their peer groups, underscoring the pressure to conform to perceived societal norms within peer circles.

Overall level of agreement

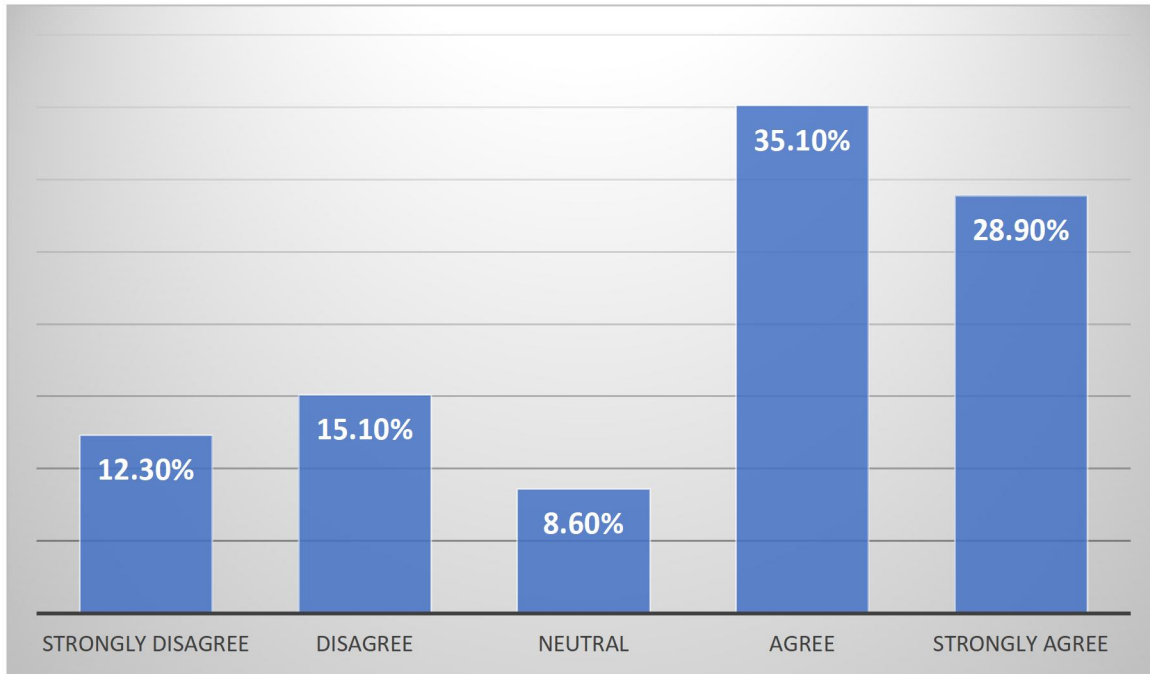


Figure 6: Overall level of agreement on peer pressure and social comparison influencing the development and maintenance of disordered eating behaviours and attitudes among adolescent girls in Buea Municipality

Source: (Field survey 2024)

Figure 6 above illustrates the overall level of agreement regarding peer pressure and social comparison influencing the development and maintenance of disordered eating behaviors and attitudes among adolescent girls in Buea Municipality. Based on the figure, there was a significant level of agreement among respondents of the impact of peer dynamics on adolescents' relationships with food and body image. Also, a substantial majority of participants, totaling 64.0%, were in total agreement with the statement, emphasizing the influence of peer pressure and social comparison in shaping eating behaviors and attitudes. This suggests a widespread recognition among respondents that peer interactions play a significant role in fostering both positive and negative behaviors related to food and body image among adolescent girls in Buea Municipality.

Table 3: Role of media exposure, including social media, advertising, and cultural representations of beauty ideals, in shaping adolescents' body image perceptions and contributing to the onset and maintenance of eating disorders among girls in Buea Municipality.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Social media such as Instagram and Facebook contribute to unrealistic beauty standards	12 (24.0)	1 (2.0)	3 (6.0)	17 (34.0)	18 (36.0)
Advertisements on social media often promote unattainable body ideals that negatively impact my self esteem	5 (10.0)	5 (10.0)	5 (10.0)	23 (46.0)	12 (24.0)
Exposure to images of thin models and celebrities on social media makes me feel insecure about my body.	4 (8.0)	9 (18.0)	9 (18.0)	10 (20.0)	18 (36.0)
Media exposure has influenced my attitudes and behaviors related to food and weight..	10 (20.0)	6 (12.0)	3 (6.0)	11 (22.0)	20 (40.0)
I feel pressured to achieve a certain body type or appearance due to media representations.	8 (16.0)	4 (8.0)	7 (14.0)	15 (30.0)	16 (32.0)
I compare my body to those portrayed in the media and feel dissatisfied with my appearance.	5 (10.0)	7 (14.0)	10 (20.0)	12 (24.0)	16 (32.0)

MRS	44	32	37	88	100
	(14.6)	(10.6)	(12.3)	(29.2)	(33.2)

N=301

The study also investigates how media exposure influences the onset and maintenance of eating disorders among girls in Buea Municipality. The findings reveal a substantial proportion of participants expressed agreement with statements indicating that social media platforms like Instagram and Facebook contribute to unrealistic beauty standards (70.0%), with a notable majority also agreeing that advertisements on these platforms promote unattainable body ideals that negatively impact self-esteem (70.0%). Also, exposure to images of thin models and celebrities on social media was found to evoke feelings of insecurity about body image among participants (56.0%). Again, a significant portion of respondents (62.0%) agreed that media exposure has influenced their attitudes and behaviors related to food and weight, while a similar percentage (62.0%) also reported feeling pressure to achieve a certain body type or appearance due to media representations. Furthermore, a majority of participants (56.0%) admitted to comparing their bodies to those portrayed in the media and feeling dissatisfied with their appearance as a result.

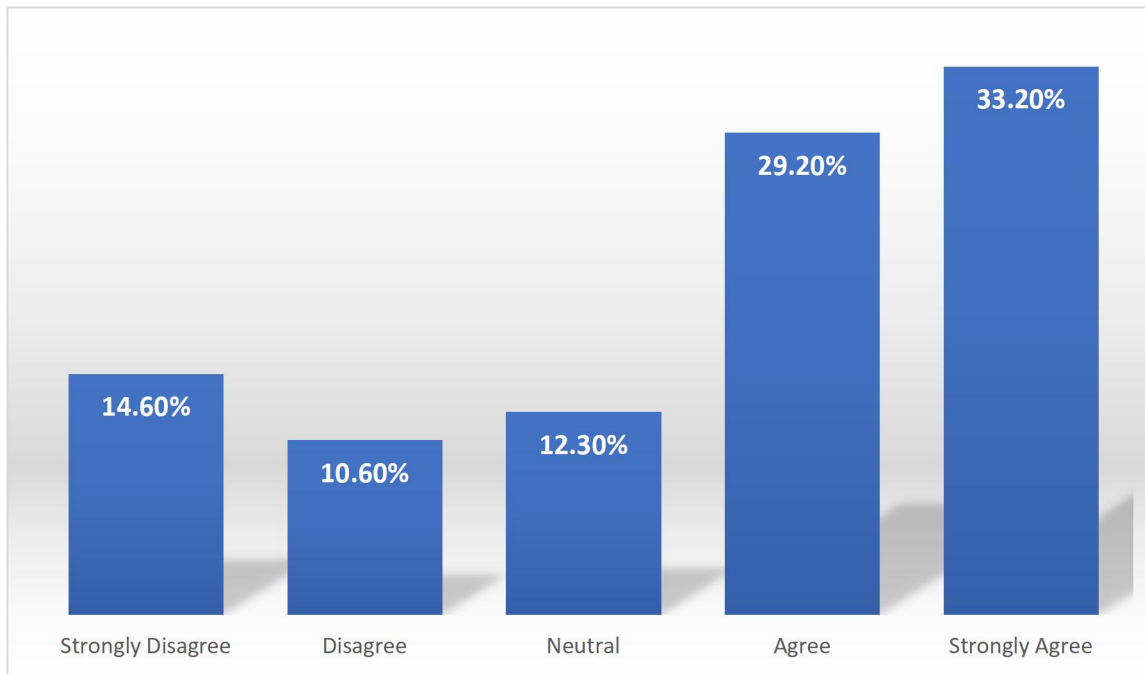


Figure 7: overall level of agreement of media exposure, including social media, advertising, and cultural representations of beauty ideals, in shaping adolescents' body image and perceptions, contributing to the onset and maintenance of eating disorders among girls in Buea Municipality.

The data on the overall level of agreement regarding media exposure, including social media, advertising, and cultural representations of beauty ideals, in shaping adolescents' body image perceptions and contributing to the onset and maintenance of eating disorders among girls in Buea Municipality reveals a significant majority, totaling 62.4%, either agree or strongly agree with the statement, indicating a widespread acknowledgment of the influential role that media plays in shaping adolescents' perceptions of beauty and body image.

Discussion of Results

In a study on the role of family and peer relationships in the development of eating disorders among adolescent girls in Buea municipality the researcher collected data from adolescent girls with eating disorder and the results were discussed as follows

Firstly, the study showed that a significant portion of participants acknowledged attempting to emulate their parents' healthy eating habits, while also being exposed to dieting discussions and negative comments about body sizes within the family, mirrors findings in existing research. For instance, Fulkerson et al. (2007) reported similar patterns, emphasizing the impact of parental modeling and familial attitudes towards food and weight on adolescent eating behaviors. The agreement among 61% of participants on the influence of family dynamics aligns with Fulkerson's assertion that familial environments significantly shape adolescents' attitudes towards food and body image. However, unlike Keery et al. (2005), who found a less pronounced impact of negative parental comments on adolescents' self-esteem and eating behaviors, the study in Buea suggests a more substantial influence, indicating potential cultural or contextual differences in how familial feedback affects adolescents.

Regarding peer pressure and social comparison, the study's findings resonate with those of Paxton et al. (2006), who identified peer influences as a critical factor in the development of disordered eating behaviors. The Buea study's indication that 66% of adolescents felt pressure to conform to peer dietary preferences and the substantial discomfort stemming from body shaming within peer circles corroborates Paxton's emphasis on the role of social dynamics. However, the positive impact of peer influence on adopting healthy eating habits, noted in the Buea study, presents an area less explored by Paxton, suggesting a nuanced perspective on peer dynamics that includes potential benefits alongside risks.

The role of media exposure, especially through social media and advertising, in shaping body image perceptions and contributing to eating disorders among the Buea study participants is consistent with findings by Tiggemann (2003). The agreement among participants on the impact of social media and advertising in promoting unrealistic beauty standards mirrors Tiggemann's conclusions on media's influence on body dissatisfaction and the internalization of thin ideals. Yet, the Buea study's nuanced finding that a significant majority still engage in comparisons despite recognizing these influences suggests an entrenched cultural narrative around beauty standards that may be more pronounced or resistant to change than in other contexts explored by Tiggemann.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study conducted among adolescent girls in Buea Municipality provides a diverse understanding of the factors that contribute or influence the development and maintenance of eating disorders in adolescent girls. The results of this study showed the significant roles played by family dynamics, peer pressure, and media exposure in shaping adolescents' eating behaviors, body image perceptions, and attitudes towards food and weight. A significant proportion of participants reported influence from parental modeling of eating behaviors, communication patterns within families, and exposure to discussions about dieting and body dissatisfaction. This highlights the critical impact of the family environment on adolescents' views and practices concerning food and body image.

Peer interactions also emerged as a powerful factor, with many respondents indicating that peer pressure and social comparison affect their dietary choices, body satisfaction, and engagement in

disordered eating behaviors. The dual nature of peer influence is evident, with both negative impacts, such as body shaming and pressure to conform, and positive influences, like the adoption of healthy eating habits, being reported. Moreover, media exposure, particularly through social media platforms and advertising, was found to contribute to unrealistic beauty standards and dissatisfaction with body image, emphasizing the pervasive role of media in perpetuating certain ideals that can negatively influence adolescents' self-esteem and eating behaviors.

Recommendations

Given these findings, it is paramount that interventions aimed at preventing and addressing eating disorders among adolescents incorporate multifaceted approaches. Recommendations include:

1. **Family-based interventions:** These should focus on improving communication within families about food and body image, educating parents on the impacts of their modeling behaviors and attitudes towards food and body size, and fostering supportive environments that encourage healthy eating behaviors without emphasizing weight.
2. **School and community programs:** Initiatives that aim to build resilience against peer pressure and promote healthy body image should be integrated into school curricula and community programs. These programs can include workshops on media literacy to help adolescents critically evaluate the messages they receive from social media and other advertising.

3. **Media awareness campaigns:** There is a need for campaigns that challenge unrealistic beauty ideals and promote diversity in body shapes and sizes. Such efforts could involve collaboration with social media platforms and influencers to highlight the importance of a healthy body image and the dangers of comparing oneself to often unrealistic portrayals in the media.
4. **Access to support services:** Finally, ensuring that adolescents have access to counseling and support services is crucial. These services can provide guidance and support to those struggling with body image issues or disordered eating behaviors, offering a pathway towards recovery and fostering healthier relationships with food and body image.
5. **Information dissemination to parents:** last but not the least, information should be given to parents when the first symptoms of eating disorders begin so that they can prevent it from getting worst.

REFERENCES

- Ackerman, N.W. (1971). The growing edge of family therapy. *Family Process*, 10, 143–156.
- Aragona, M., Catapano, R., Lorigo, C., & Alliani, D. (2011). The psychosomatic family system: Are families with Eating Disorders more enmeshed and rigid than normal controls? *Dialogues in Philosophy, Mental, and Neuro Sciences*, 4, 10–15.
- Andolfi, M. (2013). Engaging fathers in family therapy with violent adolescents. *Australian and New Zealand Journal of Family Therapy*, 34, 172–185.
- Ackard, D. M., Neumark-Sztainer, D., Story, M., & Perry, C. (2006). Parent-child connectedness and behavioural and emotional health among adolescents. *American Journal of Preventive Medicine*, 30(1), 59-66. doi: 10.1016/j.amepre.2005.09.013
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: Author.
- Berkman, N. D., Bulik, C. M., Brownley, K. A., Lohr, K. N., Sedway, J. A., & Rooks, A. (2010). *Management of eating disorders. Evidence Report/Technology Assessment No. 135*. Rockville, MD: Agency for Healthcare Research and Quality.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press
- Bowen, M. (1974). *Toward the Differentiation of Self in One's Family of Origin*. Family Therapy in Clinical Practice. Jason Aronson.
- Boscolo, L., & Cecchin, G. (1982). Training in Systemic Therapy at the Milan Centre. In *Family Therapy Supervision: Recent Developments in Practice*. Psychological Corp.

- Cerniglia, L., Cimino, S., & Ballarotto, G. (2014). Mother and father-child interaction with their 24-month-old children during feeding, considering paternal involvement and the child's temperament in a community sample. *Infant Mental Health Journal*, 35, 473–481.
- Currin, L., Schmidt, U., Treasure, J., & Jick, H. (2005). Time trends in eating disorder incidence. *British Journal of Psychiatry*, 186, 132-135. doi: 10.1192/bjp.186.2.132
- Erriu, M., Cimino, S., & Cerniglia, L. (2020). The role of family relationships in eating disorders in adolescents: a narrative review. *Behavioral sciences*, 10(4), 71.
- Grasso, M., Nazzaro, F., Vona, L., Capacchione, G., & Lorio, C. (2012). Maturity fears and weight phobia in eating disorders: Research of a relationship. *Rivista di Psichiatria*, 47, 319–326.
- Hoffman, L. (1985). Beyond power and control: Toward a 'second order' family systems therapy. *Family Systems Medicine*, 4, 381–396.
- Haley, J. (1970). Family therapy. *International Journal of Psychiatry*, 9, 233–242.
- Keery, H., Van den Berg, P., & Thompson, J. K. (2004). An evaluation of the Tripartite Influence Model of body dissatisfaction and eating disturbance with adolescent girls. *Body image*, 1(3), 237-251.
- Le Grange, D., Lock, J., Loeb, K., & Nicholls, D. (2010). Academy for eating disorders position paper: The role of the family in eating disorders. *International Journal of Eating Disorders*, 43, 1–5.
- Leung, J.T., & Shek, D.T. (2014). Parent–adolescent discrepancies in perceived parenting characteristics and adolescent developmental outcomes in poor Chinese families. *Journal of Child and Family Studies*, 23, 200–213.
- Lock, J. (2015). An update on evidence-based psychosocial treatments for eating disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 44(5), 707-721.
- Marcos, Y. Q., Sebastián, M. Q., Aubalat, L. P., Ausina, J. B., & Treasure, J. (2013). Peer and family influence in eating disorders: A meta-analysis. *European Psychiatry*, 28(4), 199-206.
- Minuchin, S., Rosman, B., & Baker, L. (1978). *Psychosomatic Families: Anorexia Nervosa in Context*. Harvard University Press.

- Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.
- Selvini Palazzoli, M., & Viaro, M. (1988). The anorectic process in the family: A six-stage model as a guide for individual therapy. *Family Process*, 27, 129–148.
- Selvini, M.P. (1986). Towards a general model of psychotic family games. *Journal of Marital and Family Therapy*, 12, 339–349.
- Selvini Palazzoli, M. (1985). Anorexia nervosa: A syndrome of the affluent society. *Journal of Strategic and Systemic Therapies*, 4, 12–16.
- Selvini, M.P., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing-circularity-neutrality: Three guidelines for the conductor of the session. *Family Process*, 19, 3–12.
- Von Bertalanffy, L. (1950). An outline of general system theory. *British Journal of Philosophy of Science*, 1, 134–165.

Appendix

Questionnaire

Section A: Demographic data

Gender: Male Female

Class: Form Five Upper Sixth

Age Range: 12-15 16-19 20-23

Educational Level

What is your current educational level?

Primary school[] Secondary school[] High school[] College/University[]

Graduate/Postgraduate[]

Marital Status Single[] Married[]

Residential Area

In which area of Buea Municipality do you currently reside?

Molyko[] Muea [] Buea Town[] Prefer not to say[]

Objective 1: Explore the relationship between family dynamics including parental modelling of eating behaviors, communication patterns, and familial attitudes towards body image and weight on the development and maintenance of eating disorder among adolescent girls in Buea Municipality

Question	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. My parents/caregivers have healthy eating habits and behaviour that I try to emulate					
2. my parents/caregivers frequently talk about feeding habits and being dissatisfied with their weight					
3. My parents/caregivers often make negative comments about their own body sizes					
4. There is pressure in my family to maintain a specific body shape or weight.					
5. My family's attitudes toward food and weight have influenced my eating habits.					
6. I perceive a supportive and nurturing environment within my family regarding my well-being.					

Objective 2: Investigate the influence of peer pressure and social comparison on the development and maintenance of disordered eating behaviours and attitudes among adolescent girls in Buea Municipality.

Question	Strongly	Disagree	Neutral	Agree	Strongly
----------	----------	----------	---------	-------	----------

	Disagree (1)	(2)	(3)	(4)	Agree (5)
1. I feel pressure from my peers to like and dislike certain meals based on their choices					
2. I feel pressured and insecure about my appearance when I compare my body size to those of my peers					
3. my friends and peers make comments about my body size and weight that make me feel uncomfortable					
4.. I engage in disordered eating behaviors like skipping meals, excessive exercise to be like my peers					
5. Peer influence has led me to adopt unhealthy eating habits or restrictive diets.					
6.I feel excluded or judged by my peers based on my body size or weight					
7. I feel the need to change my eating habit so that I can fit into my peer group					

Objective 3: Examine the role of media exposure, including social media, advertising, and cultural representations of beauty ideals, in shaping adolescents' body image perceptions and contributing to the onset and maintenance of eating disorders among girls in Buea Municipality.

Question	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Social media such as Instagram and Facebook contribute to unrealistic beauty standards					
2. Advertisements on social media often promote unattainable body ideals that negatively impact my self esteem					
3. Exposure to images of thin models and celebrities on social media makes me feel insecure about my body.					
4. Media exposure has influenced my attitudes and behaviors related to food and weight.					
5. I feel pressured to achieve a certain body type or appearance due to media representations.					
6. I compare my body to those portrayed in the media and feel dissatisfied with my appearance.					