

# Gender Differences in Obesity and Eating Disorders: Biological and Psychosocial Perspectives

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## Introduction

Obesity and eating disorders are two complex health challenges that intersect with gender in profound and multifaceted ways. While both conditions are influenced by a combination of biological, psychological and social factors, their prevalence, presentation and consequences differ significantly between men and women. Globally, obesity has reached epidemic proportions, with women often experiencing higher rates of obesity-related comorbidities such as diabetes, hypertension and cardiovascular disease. At the same time, eating disorders such as anorexia nervosa, bulimia nervosa and binge eating disorder disproportionately affect women, though they are increasingly recognized in men. These gendered patterns point to the importance of understanding biological and psychosocial mechanisms that underpin these health issues. The intersection of gender with obesity and eating disorders cannot be explained solely by individual behaviors; rather, it reflects a broader interplay between hormones, brain function, societal pressures and cultural norms. Women often face heightened societal expectations around body image, contributing to an increased vulnerability to disordered eating patterns. Men, conversely, may underreport eating disorders due to stigma and differing ideals of body image that emphasize muscularity over thinness[1].

## Description

From a biological standpoint, hormonal regulation plays a central role in shaping gender-specific patterns of

obesity and eating disorders. Women experience significant hormonal fluctuations across their lifespan from puberty and menstruation to pregnancy and menopause that influence appetite regulation, fat distribution and metabolic processes. Estrogen, for example, has been shown to modulate hunger and satiety signals, while also impacting how fat is stored, often leading to higher fat accumulation in subcutaneous tissues compared to men. Men, on the other hand, generally have greater muscle mass and higher basal metabolic rates, which influence their energy expenditure and weight gain trajectories. Genetic predispositions also interact with gender; certain gene variants associated with appetite and food intake may exert stronger effects in one sex compared to the other. These biological differences help illustrate why obesity and eating disorders often manifest differently across genders [2].

Psychosocial influences amplify these biological underpinnings, shaping how men and women perceive, experience and respond to issues of weight and eating. Societal beauty standards disproportionately pressure women to maintain thinness, often equating slimness with attractiveness, success and self-worth. This cultural backdrop fosters a higher incidence of restrictive eating, dieting behaviors and eating disorders among women. Peer influence, media exposure and family dynamics further contribute to these pressures, with young girls often reporting body dissatisfaction at earlier ages than boys. These social stressors can perpetuate cycles of disordered eating and weight gain, highlighting the deep entanglement between culture, gender and health [3].

Mental health disparities also intersect with obesity and eating disorders, with significant gender-specific trends. Women are

more likely to experience depression and anxiety, conditions that are closely associated with disordered eating behaviors. Emotional eating, in particular, is more prevalent in women, often serving as a maladaptive coping strategy for stress or trauma. Men, although less frequently diagnosed with eating disorders, may be more prone to underreporting symptoms or masking disordered behaviors under socially acceptable practices like excessive gym routines. The psychological burden of obesity also differs by gender; women may experience greater internalized weight stigma, while men may focus more on performance-related concerns such as reduced strength or endurance. These gendered psychological pathways demonstrate how mental health both shapes and is shaped by eating behaviors and weight outcomes [4].

Finally, treatment approaches reveal stark differences in outcomes between men and women, further underscoring the need for gender-sensitive interventions. Women are more likely to seek professional help for both obesity and eating disorders, often motivated by body image concerns and health-related anxieties. Men, however, may delay treatment due to cultural stigmas or perceptions that such conditions are "feminine" issues. This leads to lower participation in weight management programs and eating disorder therapies among men, even when they experience significant health risks. Healthcare providers must therefore adopt inclusive frameworks that acknowledge gendered experiences while avoiding stereotypes. By integrating personalized strategies, clinicians can improve treatment engagement, adherence and long-term outcomes across both sexes [5].

## Conclusion

Gender differences in obesity and eating disorders are deeply rooted in a complex interplay of biology, psychology and sociocultural influences. Hormonal variations, metabolic patterns and genetic predispositions create unique biological vulnerabilities for men and women, while cultural norms and societal expectations further shape the expression of these

conditions. Women face heightened risks of body dissatisfaction and eating disorders, whereas men are increasingly vulnerable to muscularity-driven pressures and underdiagnosed disordered eating. Mental health dynamics and treatment-seeking behaviors further reinforce these gender disparities, underscoring the need for nuanced, gender-sensitive approaches in both prevention and care. Ultimately, addressing obesity and eating disorders through the lens of gender not only enhances clinical outcomes but also contributes to more equitable, compassionate healthcare.

## Acknowledgment

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## Conflict of interest

None.

## References

1. Hoek HW (2013). Classification, epidemiology and treatment of DSM-5 feeding and eating disorders. *Curr Opin Psychiatry* 26: 529-531.
2. Favaro A, Caregaro L, Tenconi E, Bosello R, Santonastaso P (2009). Anorexia Nervosa and Bulimia Nervosa. *J Clin Psychiatry* 70: 1715-1721.
3. Engin A (2017). The definition and prevalence of obesity and metabolic syndrome. *Adv Exp Med Biol* 1-17.
4. [Smith KB, Smith MS (2016). Obesity statistics. *Prim Care Clin Off Pract* 43: 121-135.
5. Flegal KM, Graubard BI, Williamson DF, Gail MH (2005). Excess deaths associated with underweight, overweight and obesity. *JAMA* 293: 1861-1867.