DISTURBED EATING ATTITUDES AMONG MALE AND FEMALE UNIVERSITY STUDENTS

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Abstract

Present study compared disturbed eating attitudes among male and female university students. For which it was postulated that female university students would have more disturbed eating attitudes as compare to male students. For that reason 200 males and 200 female university students from various universities of Karachi were incorporated in the study. Their age ranged from 19 to 25. Participants after verbal and written covenant from the heads of their institution were asked to fill the respondents’ profile form to gather the participant’s demographic information, followed by Eating Attitude Test (EAT-26) which was used to know ones disturbed eating ways. For statistical evaluation t-test was applied, which specified that male university students experience more disturbed eating attitudes compare to female learners. This clears that distressed eating attempts are not limited to females, but is now affecting males as well. Thus to avert its budding prevalence, teaching institutions should supervise its amassed risks in their students and stimulate them to healthy lines of eating.

Keywords: Disturbed eating attitude, university students, male and female

Introduction

Eating attitude can simply be defined as person’s behavior, thought and feeling to nutritive stuff. Whereas, disturbed eating approach is defined as an eating behavior that does not permit the diagnosis of eating disorder. Further with regards to carrying disruptive eating practices, variety of unhealthy eating styles may be listed including eating to fill the emotional emptiness, habitual eating actions, external style of eating (you see it, you eat it), eating for pleasure, purging out, depending self completely on pills.

Problematic eating attempts together in undergraduate male and female population nowadays have become an imperative debate world widely. In a search there was (75%)

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4 Madanat, Lindsay and Campbell, “Young urban women and the nutrition transition in Jordan”, Public Health Nutrition,14(4), 2011, 599–604.4
of unsafe eating approaches in both male and female student masses recorded. Whereas some publicized about (50 to 75%) of undergraduate females indulged in severe starving than males. Likewise in Jew undergraduates a complex degree of irregular-eating was also found at (60%). Equivalent results exhibited by Turkish undergraduates. The rise of problematic eating patterns also reported in the female intellects of Hong-Kong. Detection on female university learners of Japan brought in to knowledge that around 75% of them were involved in high practice of unhealthy eating than males. A study in Brazil documented 76% for females, practicing problematic eating approaches. A search in UK identified 40% of males and 75% of females; 60% of females and 30% of males in Canada; and in Lebanon 80% of females, and 75% of males as practicing faulty eating approaches.

Further researches have revealed body mass, and weight concerns; dissatisfaction with current body, depression, anxiety, stress and social pressures as the common facilitating factors of disturbed eating attitudes among university going students. Such as a search on undergraduates reported that those overrate their weight were nearly more likely to have bothered eating conducts than those who do not. Female students in another search having unhealthy rituals of eating evaluated themselves largely on their body-masses. By the same token a research on male university learners pointed out a strong association of body mass index with disturbed attempts of eating. Likewise in a study it was explored that a high percentage of Philippian female with concerns of body weight were practicing disruptive eating patterns. Similar results disclosed in (17.11%) in Chines

females. In another analysis on females despite of having normal body weight and size perceived themselves as bulgy and fat, and were involved in dieting and purging attempts. A review on university students reported link of dissatisfaction with self and feeling of dejection due to disruptive eating conducts. An investigation on undergraduates revealed high rate of depression in females who were mostly engaged in limiting or avoiding their meals and demanded to eat less, on the other hand high rate of depression found in males who were involve in over eating. A study in Arab also found (protein, carbohydrate, zinc and vitamins) at poorer level in 66% of those university students who had disturbed patterns of eating and depression. Literature also shows significant association between depressing warning sign, stress and disturbed eating behaviors among university students. Literature on American undergraduates detected an impact of social stress to conserve the demanded body status through odd eating. As Western societies strongly believe to be fit and share inflexible reservation to body heaviness, which supports the continuous practice of disruptive eating attempts in these areas. It is clear that disturbed eating approaches have been turned out to be a serious matter and appear to last in upcoming years. Timely recognition of underlying factors associated with unhealthy attempts of eating may well help in making extended protective dealings.

Family, Peer and Media

At times people eating attitudes are modified by their family or blood relatives. Various investigations have testified that parents have an extensive effect on their kids’ eating behaviors. As a reason of which most of the people since their early age are prone to practice unhealthy eating attempts. However, these parental stresses on individual’s eating attempts may have been reported due to limited understanding about food and its unhealthy attempts and societal pressures. A study on 379 university students

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documented that students had no healthy eating attitudes because of the unhealthy eating practices throughout their life. Moreover, another search in Europe revealed the similar results in youngsters.

Moreover peers also play a vital role in affecting one’s eating attitudes; a study on South Asian undergraduates confirmed an unshakable effect of peer on their eating approaches. Moreover, another study found female students limiting their food for lunching in order to maintain relation with their peer in fear of being detached if ate more. Further in other findings association between peer exposure and unhealthy eating patterns also found significantly. Yet investigations on the quality of peer relations need to be examined.

As Media is the important source of information. People are exposed to multiple information and pictures on television, magazines or the newspapers every day, which directly affect their lives, food choices and eating habits. Researches have also confirmed that in eastern countries disruptive eating patterns and body related concerns are highly spread through media. In a study of nonwestern university, scholars who were exposed to social media programs related to eating for short period of time and later exposed for long period of time. It was observed that the impact of long period exposure showed a major shift in their eating approaches and perception as they mostly have scored high on EAT-40 as compare to EAT-40 scores after being exposed to media for shorter duration. Further in a survey 30 percent of men and 70 percent of females believed that television screens and magazines affect their eating patterns negatively, and they feel worse about themselves after watching them.

Asian Studies

From a viewpoint, bothered eating attempts turned out to be progressively typical in Singapore since early twentieth century. Numerous researches in Singapore have been

proposed that unhealthy eating attempts are getting mature the student population of high school, college and university. Similarly, an analysis on university population of India identified (14.8 percent) of partakers’ carrying troubled eating attitude. Examinations led in Taiwan youth specified high marks on EAT-40 among (17.11 percent) of 1605 male learners of high school, though infrequent, have been recognized in states of Japan such as in their periodical, proportions of unhealthy eating pattern in men were recorded round (2–3 percent), while for women it stretched from (5–10 percent). Another probe on Korean men (N=1249) and women (N=1813), described (8.5 percent) of them scored high on EAT-40. Likewise study in New Delhi, India revealed a high prevalence of faulty eating pattern in female health care students. A research in Uttar Pradesh, India also exposed problematic eating attempts and conducts in (26.67%) young females of high school.

** Pakistani Scenario of Unhealthy Approaches of Eating **

The youthful population of state like Pakistan is also getting affected of faulty eating attitudes. A study in this domain carried out in Lahore, Pakistan to evaluate the occurrence of disturbed eating attitudes in postgrad female medical learners, (17%) of female students reported high scores on EAT scale. Exposure to Western values and norms and disappointment with own body shapes were identified as significant interpreters of disruptive eating attitudes. Similarly another study carried out on medical students of Karachi, Pakistan, (87.9%) of females were found to be at high risk of eating disorder and males at (12.1%).

However there is still a scarcity of such studies in Pakistani populace and limited researches documented on the risk factors associated with unhealthy eating among Pakistani university students. Evaluation in this area may help in enhancing the prevention and treatment strategies. Thus in the light of above highlighted researches and writings, the present exploration was carried out with the purpose of estimating the differences among men and women university students with respect to their bothered

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approaches of eating. For which it was postulated that female university learners would have high levels of disturbed attitudes of eating at high level in contrast to male students.

**Method**

**Research participants**

A sample of two hundred male and two hundred female students from different universities of Karachi, were chosen after their consent. Mean age of study participants was (22.5 ± SD 1.813)

**Instruments**

**Demographic Information Form**

Demographic information included: gender, age, socio-economic position (upper, middle and lower), physical activities (participation in gym activities), BMI status (underweight, normal and overweight) and relationship status (single, engaged and married).

**Eating Attitude Test (EAT-26)**

EAT-26 is not a diagnostic test based on 26 items; it is only used to measure the signs of problematic eating behaviors. Scores based on likert scale with (3= always, 2= usually, 1= often and 0 is for sometimes, rarely and never) whereas, there is a reverse scoring for the test item number 26 as: (3= never, 2= rarely, 1= sometimes, and 0 is for often, usually and always). Test’s total counts range (0-78). Scores at or above 20 directs a necessity of proficient support and lower than 20 put forward no proneness of bothered eating ritual. Its construct validity (0.92) and cronbach alpha reliability coefficient (0.76).

**Procedure**

At first, permission was taken from the concerned university authorities. After taking permission research participants were selected through convenient sampling. The participants were briefed about the study; they were then requested to fill the Demographic Information Form followed by (EAT-26 questionnaire). Once the data was collected, it was all entered and analyzed on SPSS.

**Statistical Analysis**

Descriptive statistics and T-Test were considered for statistical evaluation.

**Ethical Consideration**

Data was collected only from those individuals who voluntarily gave their consent to participate in the research. All the participants reserved the right to withdraw at any time.

during the administration of the questionnaire. Further they were also informed that their individual information would be protected.

Results
In total on EAT-26,108 students with (27.0%) recorded high scores, and 292 students with (73.0%) recorded low score.

Table 1

<table>
<thead>
<tr>
<th>Demographic Information of Participants</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Socio-economic Status</strong></td>
<td></td>
</tr>
<tr>
<td>Upper</td>
<td>23.8</td>
</tr>
<tr>
<td>Middle</td>
<td>75</td>
</tr>
<tr>
<td>Lower</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
</tr>
<tr>
<td><strong>BMI</strong></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>59.5</td>
</tr>
<tr>
<td>Female</td>
<td>40.5</td>
</tr>
<tr>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>44.8</td>
</tr>
<tr>
<td>Female</td>
<td>55.2</td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46.0</td>
</tr>
<tr>
<td>Female</td>
<td>54.0</td>
</tr>
<tr>
<td><strong>Physical Activity(gym)</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>72.5</td>
</tr>
<tr>
<td>No</td>
<td>27.5</td>
</tr>
<tr>
<td><strong>Relation status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>91.5</td>
</tr>
<tr>
<td>Engaged</td>
<td>6.5</td>
</tr>
<tr>
<td>Married</td>
<td>2.0</td>
</tr>
</tbody>
</table>
Table 2: Gender differences on demographic variables of Study Participants

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Total N=400 (%)</th>
<th>Male N=200(%)</th>
<th>Female N=200(%)</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper</td>
<td>95(23.8)</td>
<td>36(37.9)</td>
<td>59(62.1)</td>
<td>0.02*</td>
</tr>
<tr>
<td>Middle</td>
<td>300(75.0)</td>
<td>159(53.0)</td>
<td>141(47.0)</td>
<td></td>
</tr>
<tr>
<td>Lower</td>
<td>5(1.2)</td>
<td>5(100.0)</td>
<td>0(0.0)</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>79(19.8)</td>
<td>47(59.5)</td>
<td>32(40.5)</td>
<td>0.01*</td>
</tr>
<tr>
<td>Normal</td>
<td>259(64.8)</td>
<td>116(44.8)</td>
<td>143(55.2)</td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>50(12.5)</td>
<td>27(54.0)</td>
<td>23(46.0)</td>
<td></td>
</tr>
<tr>
<td>Physical Activity(gym)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>290(72.5)</td>
<td>157(54.1)</td>
<td>133(45.9)</td>
<td>0.01*</td>
</tr>
<tr>
<td>No</td>
<td>110(27.5)</td>
<td>43(39.1)</td>
<td>67(60.9)</td>
<td></td>
</tr>
<tr>
<td>Relation status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>366(91.5)</td>
<td>183(50.0)</td>
<td>183(50.0)</td>
<td>0.804</td>
</tr>
<tr>
<td>Engaged</td>
<td>26(6.5)</td>
<td>14(53.8)</td>
<td>12(46.2)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>8(2.0)</td>
<td>3(37.5)</td>
<td>5(62.5)</td>
<td></td>
</tr>
</tbody>
</table>

* Chi-square test: level of significance <0.05

In Table 2 both genders were compared on demographic variables, differences were observed on BMI, and socioeconomic status; and physical activity.

Table 3

Independent Sample t-test to depict the variance between male and female university students for disturbed eating attitudes.

<table>
<thead>
<tr>
<th>Study Variables</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>t</th>
<th>df</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disturbed Eating Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>200</td>
<td>16.12</td>
<td>12.10</td>
<td>3.16</td>
<td>398</td>
<td>0.002*</td>
</tr>
<tr>
<td>Females</td>
<td>200</td>
<td>12.13</td>
<td>11.43</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p-value <0.05

Table 3 illustrates a notable difference in the mean and standard marks of disturbed eating attitude among male and female university students. Which further elaborates that
male university students experience more disturbed eating attitude as compare to female university students.

**Discussion**

Permitting to young adults ranging from the age (18 to 25) are increasingly facing serious challenges related to eating approaches, that are impacting not only their development but also their existence. Most of them have transformed their regular eating patterns into faulty ones. Present exploration was also purposed to explore the disturbed practices of eating among undergraduates. For that reason it was objected to see the differences among men and women studying in university capacities with reference to disturbed approaches of eating. It was expected that female university learners would be carrying more disturbed eating approaches than male university learners. Findings of the present study showed overall problematic eating approaches in (n=108, 27.0%) students and no problematic eating approach in (n=292, 73.0%) students. Further the discrepancy among genders was set up to be statistically significant with t-Test (t = 3.16, p < 0.002) (table 3), where EAT-26 mean marks for male learners was (16.12) and for female was (12.13). Results cleared that males found to practice disturbed eating approaches more than females. Finding of the purposed study is constant with the assessment on first year male university found commonly involved in skipping their meals, a number of them reported that they do munching in the middle of mealtimes, but those who were dissatisfied with their bodies were predisposed to cut their meals more. In another observation in India, sixty-six percent of male undergraduates observed to be heavily involved in avoiding their suppertime times, despite of having ample information about its disadvantages, they continued following unhealthy meal skipping behavior. A high nutritive deficiency was found among students with disturbed eating behaviors. Similarly, it was also observed that in newcomer male undergraduates with faulty eating approaches exhibited less attentiveness compared to males with healthy ways of eating. Similar results with low education attentiveness in males and unhealthy eating patterns have been testified in another study. A study in Washington DC, found minor warning signs of disruptive eating attitudes in (11%) of male undergraduates. By the same token, an exploration revealed (80%) of male undergraduates wished to have ideal-body and had slight marks of unhealthy eating patterns. An investigation traced in (21%) male as meal skipper with (20%) being undernourished, of all these (6%) were taking medicines in the place of

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Disturbed Eating Attitudes Among Male and Female University Students

Correspondingly, a survey illustrated that male students with unhealthy eating practices were found to have remarkable drops in their body-weight (BMI > 11.5), which itself is a negative practice. Similar results found in (0.4%) university males in Himalaya, North India.

Bearing in mind about the causative elements of unhealthy eating attempts in university students, particularly in males, an influence of friends, batch mates, social broadcasting and pressures to meet the societal demands are taken as major reasons of their disturbed eating attitudes. A study in Lahore identified concerns towards physical appearance, urge to fulfill societal demands to look perfect and dissatisfaction with bulge and weight in males of (18-25) years of age. A study in Singapore reported (45.1%) of males with faulty eating habits in the course of 2002-2010 conveyed, being exposed to communal pressure and mocked by colleagues and friends, as a causal factor of their unhealthy eating behaviors. Likewise in another research (279) male undergraduates reported media exposure and societal pressure as a reason of their disturbed eating habits. One more examination on male learners validated straight effect of friends and classmates on their food choices and eating patterns.

In (table 2) comparing both gender on BMI, physical activity and socioeconomic status, (59.5%) of males found to be underweight as compare to (40.5%) females. A Malaysian study in this direction also showed similar results. There were (72.5%) of males identified as spending time in physical activities than (27.5%) females. The less availability of gyms and fitness centers for females could be the reason. Moreover, overall (75%) of research participants belonged to middle class, among which (53.0%) were males and (47.0%) were females. A research in direction to faulty eating patterns suggested that young people belonging to middle and upper socioeconomic status are more in practice of unhealthy attempts of eating.

Hence results of current research aided and delivered the understanding that disturbed eating approaches are not only limited to females, it is now prevailing into the males as well. According to an exploration in Pakistan, males in this country are gradually

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increasing the odd eating habits, yet more work is required to understand the impacting factors of odd eating patterns in males.

**Conclusion and Implication**

Thus it can be concluded from the result of current study that male undergraduates were found to be more prone towards disturbed eating approaches as compared to female undergraduates. Outcomes of present exploration can benefit the guidance counselor, general public, students, parents and academic institutions in handling the disturbed practices of eating, especially in preventing it from the severity level. Further academia can play a vital role for inducing healthy activity among their undergraduates'. Campaigns on media about the welfares of healthy eating and its benefits can play a beneficial role. Awareness programs for parents to promote healthy eating patterns in their children can be very essential. Mental health practitioners through workshops and seminars may help in preventing disturbed eating attitudes. In the same way understanding of unsafe aspects is very important for prime and advanced protection. Further prevention methods, tactics and policies for reducing the severity levels of unhealthy eating practices in student population, should be operative and directed on the features that are linked to the development of disturbed approaches of eating. However the outcomes of present search cannot be generalized, more researches in this area are still required and may well be essential in identifying other important factors and figures. Investigations to understand the effects of cultural diversity on eating approaches are essentially desirable.

**Limitation**

The result of the search was based on only four hundred participants, which may have restrained the study result from making it a sweeping statement. Besides that more investigations can be steered to scan this variable in other mental and emotional areas. EAT-26 is a screening tool for identifying unhealthy eating behavior; proper diagnostic tools must be in-cooperated for better understanding of disturbed eating among the population.

**Bibliography**


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Madanat, Lindsay and Campbell, “Young urban women and the nutrition transition in Jordan”, Public Health Nutrition, 14(4), 2011, 599–604.4


