Perspectives of College Students about the Risk of Eating Disorders

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Abstract. Although eating disorders can occur in teenagers and young children, the risk of developing the disease increases during college years. About 95% of eating disorders occur between the age of 12 and 25 years. Examples of eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorder. Anorexia nervosa occurs in people who eat a lot of food and purge or deny themselves food at all. The aim of purging after eating is to eliminate the fear of gaining weight or digesting unwanted foods. However, in the process of purging, an individual denies the essential body nutrients leading to massive loss of weight, fatigue, avoidance of social functions, and depression. Most cases of anorexia nervosa lead to death if a person does not receive adequate treatment. This study investigates the perspectives of college students about the risk of eating disorders.

1 Review of the Literature

The psychiatric diseases that are most culturally distinctive to Western culture are eating disorders. However, as a result of the globalisation of the economy, eating disorders are now a worldwide problem. We are moved by the realisation that the notion of “thinness as beauty,” abnormal eating behaviour, and eating disorders have spread to our country and have begun to threaten the concept and behaviour of our adolescents when we see the overwhelming advertisements about weight loss in the domestic media, when we hear many adolescents complain about being fat, and when we meet eating disorder patients in the clinic. The issue is that we are aware of the eating disorders that have migrated to China, the idea that “thinness equals beauty,” and improper eating habits. Although academics in China have been interested in adolescent eating habits since the 2000s, there has only been sporadic, unorganised research on the topic up until recently. We require additional researchers, educators, clinicians, and media coverage. In order to help with teenage health difficulties, the researcher chose this topic.

There are three basic types of eating disorders: anorexia nervosa, bulimia nervosa, and atypical eating disorder. Eating disorders are psychophysiological diseases based on abnormal eating patterns and attitudes. The earliest reports of eating disorders were discovered in industrialised western nations, where the existence of eating disorders was objectively made possible by a developed economy and an abundance of financial resources. Due to the improvement in living standards brought about by China's economic growth, people no longer merely eat to satisfy their hunger. This, combined with East Asian culture's emphasis on thinness as beauty and the influence of various social media, raises the risk of eating disorders.

In other countries, eating behaviour and eating disorders have been examined more thoroughly and methodically. In DSM I-IV, eating disorders are categorised as a discrete disease unit. Researchers have carried out a great deal of theoretical and practical studies. Numerous standardised exams have been employed as research instruments in other nations, and there are more reputable speciality journals. Despite having Western cultural roots, eating disorders need to be imbued with Chinese culture in order to survive and flourish in China. Although there is a dearth of epidemiological data, inadequate definitions of concepts linked to eating behaviours, and a lack of systematic and in-depth analyses of contributing factors, the current study on eating behaviours and eating disorders in China is still in its infancy. In the context of our nation, a more thorough and in-depth investigation of eating habits and eating disorders is required.

Issues with eating habits might significantly impede other behaviours. Therefore, it is crucial for society as a whole to pay attention to young people's dietary habits and physical and mental health. Preventing eating disorders is essential since they can be challenging to cure. We need to increase education for people who are at risk for eating disorders or abnormal eating habits, i.e., those who exhibit these behaviours or are already subclinically affected by eating disorders. There is misunderstanding regarding what constitutes normal eating behaviour, abnormal eating behaviour, a subclinical condition of an eating disorder, and what constitutes an eating disorder, even though not all problematic eating habits result in eating disorders. We can offer helpful and workable references for daily

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prevention and therapeutic intervention when we attempt to explain the concepts connected to eating behaviour and try to elucidate the mechanisms of eating behaviour and eating disorders in our nation.

According to cognitive-behavioural theory, risk factors relating to body size or food intake can cause distorted beliefs of one's self, body, or food, which can then result in eating disorders such as binge eating and excessive dieting. In particular, risk factors like overly concerned about body size, internalisation of ideal body size, or the influence of "thin" culture may result in biased perceptions of body size, including the idea that only thin people look good, overly concerned about obesity, aversion to food because it is fat, and perfectionist tendency to think they should have the ideal body size. These biased perceptions will cause people to pay more attention to body shape or food-related cues in their daily lives, and this additional attention may increase their biased perceptions and result in eating disorder symptoms, such as paying too much attention to their body shape and engaging in unhealthy behaviours like excessive dieting or extreme physical exertion to maintain their "thinness." When signs relating to food and body image occur, they may cause anxiety, despair, and self-loathing to surface. In an effort to deal with these unpleasant emotions, people may alleviate stress by overeating, which may in turn cause self-loathing. This starts a vicious loop.

According to studies, compared to youth, college students are more likely to experience eating problems [10]. As someone approaches the ages of 19 and 20, the likelihood that they may acquire an eating disorder rise [9]. For instance, those between the ages of 19 and 20 are more likely to suffer from bulimia nervosa [8]. In addition to their young age, college students are more susceptible to eating disorders because of childhood and familial trauma, the media's obsession with thinness, jobs that demand it, and peer pressure from friends [5]. People, particularly teenage females, have a tendency to adopt dieting to avoid weight gain as a result of the thinness culture. Nearly 27% and 44% of college students, respectively, are dieting, according to [1]. College athletes are more likely than other students to want to lose weight [9] Of male and female college students, 10% and 20%, respectively, suffer from eating problems [4]. Only 13% of the students who are affected are likely to get treatment or counselling to help them get better [6].

Eating disorders can also be influenced by negative emotions. Negative emotions were found to positively predict the development of eating disorders in a longitudinal study of risk factors for adolescent eating disorders; compensatory behaviours like dieting and overeating may be used as a way to escape from emotional pain or to provide emotional release; depression, anxiety, and stress significantly and positively predicted emotional eating in adolescents; and high levels of negative emotions hindered individual growth and development. College students' unhealthy eating habits can be influenced by boredom, a negative emotion. However, some researchers contend that eating disorders are more likely to arise as a result of negative coping mechanisms than from negative emotions. At the same time, research demonstrates that people with eating disorders struggle with emotion regulation strategies and emotion recognition, and when unpleasant emotions appear, they may turn to food to numb them or to appropriate coping mechanisms to deal with them. As a result, people with eating disorders may engage in behaviours like overeating as a coping mechanism, which may worsen the symptoms of eating disorders.

There is a connection between personality and eating disorders as well. A study found that students with impulsive personality traits had a greater prevalence of eating disorders and that positive perfectionism was negatively connected with emotional eating while negative perfectionism was favourably associated. Ten years later, neuroticism was a significant positive predictor of emotional eating in adolescents, and eating disorder symptoms were more prevalent in female college students with lower levels of self-forgiveness compared with greater levels. The dimensions of bullying and stress perception were highly correlated with eating disorders, and the correlations between bullying, stress perception, and eating disorders among college students were significant and positive. This suggests that bullying and stress perception may be risk factors for eating disorders. A promising option for the next moderating test of mental toughness is the fact that there is little to no link, if any at all, between eating disorder characteristics and mental toughness and its dimensions. Social norms in nations with a high prevalence of eating disorders encourage "thinness as beauty," and the socially ideal body form is slim. Through their desire of a small figure, women frequently win the admiration and recognition of others. The risk that a woman may acquire an eating disorder increases with her level of social and cultural identity. Because peers and the media frequently emphasise diets, exercise, and weight loss, female teenagers may be easily misled into developing eating disorders. Peers and the media are direct transmitters of sociocultural inclinations. Although the majority of teenagers have negative body image, their reading of fashion publications is directly tied to this attitude.

Significant psychological resilience dramatically reduced the impact of perceived stress on eating disorders in college students. At low levels of mental toughness, the positive predictive effect of stress perception on eating disorders in college students was more pronounced. According to the protective model of mental toughness, people's protective factors can control or lessen the negative effects that risk factors have on them, and people with high mental toughness can cultivate traits like resilience, self-improvement, and optimism. As a result, when people experience stress or difficulty, they can actively seek solutions, which helps them adapt and develop well. As a result, people with high mental toughness are able to actively mobilise their own protective factors to lessen the negative effects of stress when they experience it, enabling them to achieve their adaptation and development goals at their highest levels and lowering the risk of eating disorders. Stress and other risk factors that can trigger eating disorders are
The "organism-environment interaction paradigm" states that people with high levels of mental toughness are less likely to be adversely affected by stressful environmental conditions like bullying because of the protective influence of positive psychological traits, i.e., mental toughness. With a mediating effect ratio of 55%, bullying and eating disorders were therefore more strongly mediated by stress perception in the low mental toughness group than in the high mental toughness group.

There is much research on the causes and symptoms of eating disorders in college students [3], but relatively little is known about how students themselves see eating disorders. The purpose of the paper is to close this knowledge gap by involving students and learning about their understanding of eating disorders. The purpose of this essay is to first ascertain whether college students are aware of the risk of eating disorders. Second, the report will include details on how eating disorders affect students' health and academic performance. The data collected from students may also point to potential flaws that could make college students more susceptible to eating problems.

2 Research Questions

- What are the perspectives of college students about the risk of eating disorders?
- Are college students aware of the risks of eating disorders?
- What factors make college students vulnerable to eating disorders?
- What options can students use to minimize the risk of eating disorders?

3 Objectives

This study aims to determine:

- The perspectives of college students about the risk of eating disorders
- If college students are aware of the risk of eating disorders
- Factors or weaknesses that make college students increasingly vulnerable to eating disorders
- The effects of eating disorders on health and school performance among college students
- Available options that college students have to assist them to overcome eating disorders.

4 The significance of the Project in the Field of Study

Because it focuses on students' health, the study is crucial to the field of study. The study offers nurses and doctors the chance to discover how eating disorders might be avoided in college students. For instance, raising awareness of the illness can encourage students to seek counseling and refrain from unwarranted dieting. Additionally, the paper offers a chance to learn how to carry out research, gather data, and explain findings to their audience.

5 Methodology

5.1. Methods

The study will gather and analyze data using a qualitative methodology. Information will be gathered from earlier research that gathered student opinions on eating disorders. To substantiate some of the findings made in the earlier research, one-on-one interviews may also be conducted with a select group of students. Face-to-face interviews will give the researchers the original data they need to properly evaluate earlier findings. Due to time and financial restrictions, the qualitative method has been chosen.

5.2 Sample

Several students will be chosen at random for in-person interviews as part of the study. The information from the interviews will be used to evaluate some of the conclusions drawn from earlier investigations.

5.3 Data Collection and Analysis

Thematic analysis, a type of data collection, will be used to gather information from the prior investigations. Once the previous studies have been chosen, the researchers examine the results to look for recurring themes. Before doing a final analysis, the topics are then divided into numerous groups. The conclusions are then drawn from the prevailing themes.

6 Conclusion

People who have some body dissatisfaction, or those who have eating disorders in their subclinical stages, are urged to intervene on a secondary level. They should start by urging the patient and those close to them to identify eating disorders at a young age, to avoid viewing dieting as a normal occurrence, and to avoid oversimplifying overeating. Or recognise issues with body image such excessive thinness and pathological dread of putting on weight. Teachers, health professionals, parents, and peers must all receive knowledge in this area. In particular, it's crucial to concentrate on persons in high-risk contexts like college and high school students and those who work in professions that have a strong link to eating disorders (dancers, models, athletes, etc.). If college students are aware of the risk of eating disorders will be determined by the study. This is essential because a lot of students start dieting without considering the effects of their choices. For instance, the overwhelming majority of students diet as a result of intense peer pressure to slim down. If one does not try to lose weight, one runs the risk of experiencing body shaming. However, obsessing over weight loss raises the risk of food denial, binge
eating, and purging. Students must comprehend how dieting affects their performance and health. The essay will discuss the options available to students who are subjected to body shaming or peer pressure to slim down. The purpose of the paper is to offer suggestions for how college students’ overall self-esteem and confidence in their body image might be improved with the help of teachers and counsellors. Finally, experts must create a strategy for early intervention for subclinical issues. Early therapy, commonly referred to as tertiary intervention, is necessary if an adolescent satisfies the diagnostic criteria for an eating problem. The better the healing, the earlier the treatment. Adolescent eating behaviour intervention is a systemic undertaking that can’t be completed by one person and calls for the cooperation of the neighbourhood, family, and institution of higher learning. Adolescents can be shown that people of all shapes and sizes can be successful by society using the media to create more role models, diversify icons, and instil in them the value of taking care of their bodies and health. Parents must become knowledgeable about healthy body image and play a protective role for their children. Schools must improve mental health education and body image and eating habits curricula. Create group therapy activities that focus on both mental and physical health.

References


