



**Faculty of Medicine and Health Sciences**

**Disordered Eating Behaviour and its Associated Factors Among  
College and University Students in Sarawak**

Edmund Shin Chin Vui

Doctor of Public Health  
2020

**DISORDERED EATING BEHAVIOUR AND ITS ASSOCIATED  
FACTORS AMONG COLLEGE AND UNIVERSITY STUDENTS  
IN SARAWAK**

**Edmund Shin Chin Vui**

**Dissertation submitted in partial fulfilment of the requirements for the degree  
of  
Doctor of Public Health**

**Faculty of Medicine and Health Sciences  
UNIVERSITI MALAYSIA SARAWAK  
2020**

UNIVERSITI MALAYSIA SARAWAK

UNIVERSITI MALAYSIA SARAWAK

Grade: \_\_\_\_\_

Please tick (√)

Final Year Project Report	<input type="checkbox"/>
Masters	<input type="checkbox"/>
PhD	<input checked="" type="checkbox"/>

### DECLARATION OF ORIGINAL WORK

This declaration is made on the 30<sup>th</sup> September 2020.

#### Student's Declaration

I, **Edmund Shin Chin Vui (17040005)**, Faculty of Medicine and Health Sciences hereby declare that the work entitled, **Disordered Eating Behaviour Among College and University in Sarawak** is my original work. I have not copied from any other student's work or from any other sources except where due reference or acknowledgement is made explicitly in the text, nor has any part been written for me by another person.

30<sup>th</sup> September 2020

.....

Date Submitted

Edmund Shin Chin Vui (17040005)

.....

Name of student (Matric. No.)

#### Supervisor's Declaration

I, **Assoc. Prof. Dr. Cheah Whye Lian** hereby certifies that the work entitled, **Disordered Eating Behaviour Among College and University in Sarawak** was prepared by the above named student and was submitted to the "FACULTY" as a partial fulfilment for the conferment of **Doctor of Public Health**, and the aforementioned work, to the best of my knowledge, is said student's work.

Received for examination by:

Assoc. Prof. Dr. Cheah Whye Lian

.....

(Name of the supervisor)

.....

Date

I declare this Project/Thesis is classified as (Please tick (√)):

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

**CONFIDENTIAL** (Contains confidential information under the Official Secret Act 1972)\*

**RESTRICTED** (Contains restricted information as specified by the organization where research was done)\*

**OPEN ACCESS**

### Validation of Project/Thesis:

I hereby duly affirmed with free consent and willingness declared that this said Project/Thesis shall be placed officially in the Centre for Academic Information Services with the abide interest and rights as follows:

- This Project/Thesis is the sole legal property of Universiti Malaysia Sarawak (UNIMAS).
- The Centre for Academic Information Services has the lawful right to make copies for the purpose of academic and research only and not for other purpose.
- The Centre for Academic Information Services has the lawful right to digitize the content for the Local Content Database.
- The Centre for Academic Information Services has the lawful right to make copies of the Project/Thesis for academic exchange between Higher Learning Institutes.
- No dispute or any claim shall arise from the student itself neither third party on this Project/Thesis once it becomes sole property of UNIMAS.
- This Project/Thesis or any material, data and information related to it shall not be distributed, published or disclosed to any party by the student except with UNIMAS permission.

Student's signature .....  
(30<sup>th</sup> September 2020)

Supervisor's signature.....  
(30<sup>th</sup> September 2020)

Current Address:

Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak.....

Notes: \* If the Project/Thesis is **CONFIDENTIAL** or **RESTRICTED**, please attach together as annexure a letter from the organization with the period and reasons of confidentiality and restriction.

## **ACKNOWLEDGEMENTS**

I would like to express my gratitude to the many people who have helped me in the completion of this research project. First of all, to my main supervisor, Associate Professor Dr Cheah Whye Lian who gave me guidance, advice and fruitful comments throughout the process of this project.

This study also could not have been successful without the contribution of the members of the Faculty of Medicine and Health Sciences, UNIMAS, especially the Dean, Professor Dr Haji Ahmad Hata bin Rasit and all lecturers of the Department of Community Medicine and Public Health, who helped me in providing skilled assistances and guidance for this study.

Special thanks also to the Ministry of Higher Education of Malaysia, for the consent to carry out this project in college and university setting and providing kind assistance, information and data along the way of this research project. Appreciation goes to the Dean of the selected college and university and their respective academic staffs for their kind assistance and cooperation. My gratitude also goes to all the students who participated in this study. It had been a great experience.

My sincere gratitude is also extended to all my fellow friends of DrPH class 2017/2020 for sharing their knowledge, support and assistance. Lastly, my heart-felt thanks to my beloved wife and my parents for their support, encouragement and sacrifice throughout my graduate study in this program

# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	iii
TABLE OF CONTENTS .....	iv
LIST OF TABLES .....	x
LIST OF FIGURES.....	xii
LIST OF ABBREVIATIONS .....	xiii
ABSTRACT.....	xiv
ABSTRAK .....	xvi
CHAPTER 1: INTRODUCTION .....	1
1.1 Background of study .....	1
1.2 Problem Statement .....	4
1.3 Objectives of the study.....	5
1.4 Research Questions .....	6
1.5 Research hypothesis.....	7
1.6 Significance of the study.....	8
1.7. Operational definitions.....	9
1.8 Conceptual framework.....	12
CHAPTER 2: LITERATURE REVIEW .....	13
2.1 Defining disordered eating.....	13
2.2 The time course of disordered eating.....	14

2.3 Types of disordered eating practices.....	16
2.3.1 Binge Eating in disordered eating .....	16
2.3.2 Self -Induced Vomiting and disordered eating .....	17
2.3.3 Use of Diet Pills, Laxatives and Diuretics .....	18
2.3.4 Excessive Exercising and disordered eating .....	19
2.4 Disordered eating in Malaysia .....	20
2.5 Conceptualization of disordered eating.....	26
2.6 Gender and disordered eating.....	30
2.7 Body weight and disordered eating behaviours .....	31
2.8 Family influence on body image.....	32
2.9 Peer influence on disordered eating .....	33
2.10 Media influence on body image.....	34
2.11 Body dissatisfaction and disordered eating.....	37
2.12 Self-esteem and disordered eating .....	39
2.13 Perfectionism and disordered eating .....	40
2.14 Drive for muscularity and disordered eating.....	42
<b>CHAPTER 3: RESEARCH METHODOLOGY .....</b>	<b>44</b>
3.1 Study Area.....	44
3.2 Study Design .....	44
3.3 Study Duration.....	45
3.4 The Study Population .....	46

3.4.1 Inclusion criteria.....	46
3.4.2 Exclusion criteria.....	46
3.5 Sample size.....	47
3.6 Sampling procedure .....	48
3.7 Data collection procedure .....	50
3.8 Data collection instrument .....	51
3.8.1 The Eating Attitudes Test-26 (EAT-26) .....	51
3.8.2 Eating Disorder Inventory (EDI): Body Dissatisfaction Subscale .....	52
3.8.3 The Perceived Sociocultural Pressure Scale (PSPS) .....	53
3.8.4 Rosenberg’s Self Esteem Scale.....	53
3.8.7 Drive for muscularity (DMS) .....	54
3.8.8 Eating Disorder Inventory (EDI-2) – Perfectionism subscale .....	54
3.9 List of Variables .....	55
3.10 Data Management and Quality Control .....	56
3.10.1 Quality control .....	56
3.10.2 Pre-test of instruments.....	56
3.11 Statistical analysis .....	58
3.12 Ethical Issues .....	60
<b>CHAPTER 4: RESULTS .....</b>	<b>61</b>
4.1 Response rate .....	61
4.2 The sociodemographic characteristics of the respondents.....	62

4.3 Nutritional status of the respondents.....	63
4.4 Disordered eating behaviours of the respondents .....	64
4.4.1 Dieting behaviour of the respondents .....	64
4.4.2 Bulimic behaviour and food preoccupation of the respondents.....	67
4.4.3 Self-control of the respondents' eating behaviour.....	68
4.5 Types of disordered eating practices among the respondents .....	70
4.6 Body Dissatisfaction of the respondents .....	71
4.7 Perceived socio-cultural pressure of the respondents .....	72
4.8 Level of self-esteem of the respondents.....	75
4.9 The level of muscularity drive of the respondents .....	77
4.10 Perfectionism level of the respondents .....	80
4.11 Prevalence of disordered eating .....	81
4.12 Association between disordered eating and Sociodemographic characteristics: Bi-variate analysis.....	82
4.13 Association between nutritional status and disordered eating .....	84
4.14 Association between body dissatisfaction, perceived socio-cultural pressure, self-esteem, drive for muscularity and perfectionism with disordered eating .....	85
4.15 Factors associated with disordered eating behaviour: Binomial logistic regression analysis .....	87
4.16 Relationship between nutritional status, perceived sociocultural pressure and psychological characteristics with disordered eating: Structural equation modelling.....	89

CHAPTER 5: DISCUSSION .....	99
5.1 Prevalence of disordered eating among college and university students in Sarawak.....	99
5.2 Types of disordered eating practice .....	101
5.3 Demographic and anthropometric characteristics of respondents.....	102
5.4 Association between ethnicity and disordered eating .....	102
5.5 Association between socio-economic and disordered eating.....	103
5.6 Association between Body Mass Index and disordered eating.....	104
5.7 Association between religion and disordered eating.....	105
5.8 Association between perceived sociocultural pressure, self-esteem, drive for muscularity and perfectionism, body dissatisfaction, with disordered eating .....	106
5.8.1 Association between sociocultural pressure and body dissatisfaction with disordered eating.....	107
5.8.2 Association between self-esteem, body dissatisfaction and disordered eating.....	109
5.8.3 Association between drives for muscularity, body dissatisfaction and disordered eating .....	110
5.8.4 Perfectionism and body dissatisfaction and disordered eating .....	111
5.9 Multigroup model analysis.....	112
5.10 Limitation of the research .....	114
5.11 Recommendations for future study .....	115
CHAPTER 6: CONCLUSION AND RECOMMENDATION.....	116

6.1 Conclusion.....	116
6.2 Implication of the Study.....	117
6.3 Recommendations .....	118
REFERENCES.....	123
APPENDIX 1: GANTT CHART .....	149
APPENDIX 2: ETHICAL APPROVAL.....	151
APPENDIX 3: QUESTIONNAIRE.....	153

## LIST OF TABLES

Table 2. 1: Summary of studies on eating behaviour in Malaysia .....	23
Table 3. 1: Interpretation of Cronbach alpha values .....	57
Table 3. 2: Cronbach alpha for each domain of questionnaire .....	57
Table 4. 1: Sociodemographic characteristics and nutritional status of the respondents (n=652).....	63
Table 4. 2: Dieting behaviour of the respondents .....	66
Table 4. 3: Bulimic behaviour and food preoccupation of the respondents.....	68
Table 4. 4: Percentage of respondent's self-control on eating behaviour .....	69
Table 4. 5: Types of disordered eating practices among the respondents.....	70
Table 4. 6: Percentage of respondents' response Eating Disorder Inventory (EDI)- Body Dissatisfaction subscale.....	72
Table 4. 7: Percentage of respondents' response perceived socio-cultural pressure scale.....	74
Table 4. 8: The distribution of response in percentage for each item on self-esteem scale.....	75
Table 4. 9: The distribution of response in percentage for each item on drive for muscularity scale.....	78
Table 4. 10: Percentage of respondents' response on perfectionism scale .....	81

Table 4. 11: Prevalence of disordered eating based on gender .....	82
Table 4. 12: Association between disordered eating and Sociodemographic characteristics of the respondents.....	84
Table 4. 13: Association between disordered eating and nutritional status .....	85
Table 4. 14: Association between body dissatisfaction, perceived socio-cultural pressure, self-esteem, drive for muscularity and perfectionism with disordered eating .....	87
Table 4. 15: Factors affecting disordered eating behaviour: Binomial regression analysis.....	89
Table 4. 16: Path coefficient of disordered eating behaviour model (combined male and female model).....	94
Table 4. 17: Results of an indirect and total effect of the independent variables with the dependent variable.....	95
Table 4. 18: Result of multi-group analysis summarizing combined male and female model.....	98

# LIST OF FIGURES

Figure 1. 1: Conceptual framework to determine the relationship between sociodemographic, body mass index, perceived sociocultural pressure and psychological characteristics with disordered eating behaviour .....	12
Figure 2. 1: Time Course and Phenomenology of Disordered Eating (Adapted from Kaye,2009).....	16
Figure 2. 2: Integrated cognitive behavioural theory on eating disorder (adapted from Williamson et al., (2004).....	29
Figure 3. 1: Sampling procedure, number of institutions selected and sample size for each region .....	49
Figure 4. 1: Schematic diagram of path modelling proposed for disordered eating behaviour.....	91
Figure 4. 2: Structural path analysis for combined male and female model .....	93
Figure 4. 3. Structural path for multi-group analysis of male and female model .....	97

## **LIST OF ABBREVIATIONS**

AN	Anorexia nervosa
BED	Binge Eating Disorder
BMI	Body Mass Index
BN	Bulimia Nervosa
CI	Confidence interval
DEB	Disordered eating behaviour
DSM - V	Diagnostic and Statistical Manual of Mental Disorders version five
ED	Eating disorder
OSFED	Other Specified Eating Disorders
SD	Standard deviation

## ABSTRACT

**Introduction:** Disordered eating during late adolescents and young adulthood are common in order to pursuit idealized body image. This study aims to determine the prevalence of disordered eating and its associated factors, among college and university students in Sarawak. **Methodology:** A cross sectional study was conducted involving 20 public and private colleges and university in Sarawak, from September 2017 to March 2020. Respondents completed self-administered questionnaire printed in English and Malay language, collecting information on sociodemographic characteristics, eating attitude, body dissatisfaction, perceived sociocultural pressure, self-esteem, drive for muscularity and perfectionism. Height and weight were recorded, to calculate body mass index. **Results:** A total of 652 respondents (Male: 26.5%; Female: 73.5%) aged 19 - 25 years old took part in the study. The overall prevalence of disordered eating was 25.2% (95% CI 21.9,28.7) which was higher among females (28.6% (95% CI 24.6,32.9)) than males (15.6% (95% CI 10.5,21.9)). Multivariate analysis showed female gender (OD=2.782, 95%CI: 1.653, 4.683), perfectionism (OD=1.113, 95%CI: 1.064,1.163), Christian (OD=0.226, 95%CI: 0.088,0.803), perceived sociocultural pressure (OD=1.050, 95%CI: 1.019, 1.082), and drive for muscularity (OD=1.033, 95%CI: 1.015, 1.050), were significant predictors of disordered eating. Multigroup analysis showed, perceived sociocultural pressure ( $\beta = 0.223, p < 0.001$ ) perfectionism ( $\beta = 0.335, p < 0.01$ ) and drive for muscularity ( $\beta = 0.266, p < 0.001$ ) explained 25% of the variance of disordered eating in male model. While in female, perceived sociocultural pressure ( $\beta = 0.156, p < 0.001$ ), self-esteem ( $\beta = 0.181, p < 0.01$ ), perfectionism ( $\beta = 0.244, p < 0.001$ ), drive for muscularity ( $\beta = 0.187, p < 0.01$ ) and body dissatisfaction ( $\beta = 0.105, p < 0.01$ ) explained 15 % of the variance of disordered eating. Only perfectionism was found to be significantly differ in predicting disordered eating between gender. **Conclusion:** The prevalence of disordered eating among college and university students in Sarawak was high. The findings suggest that there are gender differences in the factors associated with disordered eating among college and university students in Sarawak. The result of this study showed male and female may require different approach when planning disordered eating prevention programs.

*Keywords: Disordered eating, eating disorder, perceived sociocultural pressure, body dissatisfaction, self-esteem, perfectionism, drive for muscularity*

## ABSTRAK

**Pengenalan:** Tabiat makan bercelaru dikalangan remaja dan dewasa merupakan perkara yang kerap berlaku disebabkan faktor psikologi bagi mencapai bentuk badan yang diidamkan. Kajian ini bertujuan untuk menentukan kelaziman, serta menilai faktor-faktor yang mungkin menyumbang kepada tabiat makan bercelaru di Sarawak.

**Bahan dan Kaedah:** Kajian ini merupakan kajian rentas melibatkan 20 buah kolej dan universiti kerajaan dan swasta di Sarawak yang dijalankan dari bulan September 2017 sehingga bulan Mac 2020. Maklumat berkaitan latar belakang sosial, tabiat pemakanan, rasa ketidakpuasan badan, tekanan budaya dan sosial, keinginan memiliki badan berotot dan sifat kesempurnaan diperolehi menggunakan borang kaji selidik dwibahasa bahasa Melayu dan bahasa Inggeris. Tinggi dan berat diukur bagi menentukan indeks jisim badan. Hasil Kajian: Sejumlah 652 pelajar (lelaki: 26.5% dan perempuan: 73.5%) berumur diantara 19 sehingga 25 tahun turut serta dalam kajian ini. Secara keseluruhan kajian mendapati, kekerapan tabiat makan bercelaru sebanyak 25.2 % (95% CI 21.9,28.7) (28.6%(95% CI 24.6,32.9) perempuan dan 15.6% (95% CI 10.5,21.9) lelaki) ditafsirkan sebagai kadar yang agak membimbangkan. Antara faktor penyumbang kepada tabiat makan bercelaru termasuklah jantina perempuan (OD=2.782, 95%CI: 1.653, 4.683), tekanan budaya sosial (OD=1.050, 95%CI: 1.019, 1.082), sifat kesempurnaan (OD=1.113, 95%CI: 1.064,1.163), beragama Kristian (OD=0.226, 95%CI: 0.088,0.803), keinginan memiliki badan berotot (OD=1.033, 95%CI: 1.015, 1.050). Analisis perbandingan jantina menunjukkan, tekanan budaya sosial ( $\beta = 0.223$ ,  $p < 0.001$ ), sifat kesempurnaan ( $\beta = 0.335$ ,  $p < 0.01$ ) dan keinginan memiliki badan berotot ( $\beta = 0.266$ ,  $p < 0.001$ ), menerangkan 25 % varian pada tabiat makan bercelaru bagi lelaki. Manakala, tekanan budaya sosial ( $\beta = 0.156$ ,  $p < 0.001$ ), harga diri ( $\beta = 0.181$ ,  $p < 0.01$ ), sifat kesempurnaan ( $\beta = 0.244$ ,  $p < 0.001$ ), keinginan badan berotot ( $\beta = 0.187$ ,  $p < 0.01$ ) dan ketidakpuasan badan ( $\beta = 0.105$ ,  $p < 0.01$ ) menerangkan 15 % varian tabiat makan bercelaru di kalangan pelajar perempuan.

**Kesimpulan:** Kekerapan tabiat makan bercelaru di kalangan pelajar kolej dan universiti adalah tinggi. Faktor yang menyumbang kepada kecenderungan tabiat makan bercelaru berbeza mengikut jantina. Ini menunjukkan bahawa, program pencegahan memerlukan pendekatan berbeza berdasarkan jantina.

Kata Kunci: tabiat makan bercegaru, tekanan buday social, harga diri, kesempurnaan,  
keinginan badan berotot

# CHAPTER 1: INTRODUCTION

This chapter provides an overview of disordered eating behaviour and its associated factors. This chapter also outline the scope of the study, with regards to the research objectives, research questions and hypothesis. It includes the importance of the study and its application to facilitate health care providers and policy makers in response to focus in prevention programs on disordered eating behaviour.

## 1.1 Background of study

Disordered eating is used to describe a wide range of unhealthy eating behaviours such as restriction of food intake, self-induced vomiting, binge eating and purging behaviours which are common during adolescence and early adulthood (Jacobi et al., 2004; John, 2016). Restricting one's diet are usually seen mainly for those overweight persons as a measure of weight managements (Neumark- Sztainer et al., 2002). However, due to overvaluation of shape and weight in non-overweight persons, negative cognition of self-schema which regarded a superior rather than physical well-being incline individual to engaged in disordered eating pattern (Boutelle, 2002; Williamson et al., 2004). Such individual tends to involve in disordered eating practices, such as restrictive eating, unhealthy weight control, laxatives, or diuretics use (Thompson & Stice, 2001). In an extreme form, these behaviours are associated with various negative psychological consequences such as poor self-esteem, depression, and obsession towards their shape (Mehler & Brown, 2015). Although the symptoms of disordered eating imply significant distress to the individuals, it is often concealed or presented sub-clinically (John, 2016). Moreover, the stigma associated with disordered eating make it less engaged in the support service (Costarelli &

Stamou, 2009). Disordered eating itself is considered one of the known risk factors that contribute to the development of eating disorders (Hay & Mitchison, 2014).

It has been widely acknowledged that disordered eating has multidimensional aetiology, which includes biological, psychological, and sociocultural (American Psychiatric Association, 2013). Although disordered eating has previously been viewed as an issue among women, recent evidence shows that disordered eating practices among males are comparable to females, however the pursuit of an ideal figure may differ between gender (Katcher & Wegner, 2014). Females glorify being slim and slender as an element of ideal beauty, whereas males internalize the concept of being muscular built as their idealized body appearance (Homan, 2010; McCreary and Sasse, 2000). Deviations from this quality of appearances or if there is a gap between the ideals and one's physique reality, the feelings of guilt and failure, will result in negative thought on body image (Ahrberg, 2014). Body dissatisfaction, although it is perceived as internal values, it can be influenced by several other external factors such as social and environmental factors (Tiggemann, 2014). Media has been attributed to play a great amount of role in exposing and influencing young adults with muscular and thin body images through magazines, internet and social apps, where they often promote body images which are unrealistic and stylized appearance, which in fact have been fabricated with digital manipulation and cannot be achieved in real life (Caldo et al., 2010). With these influencing commercials, body dissatisfaction has become a psychological issue concerning both men and women especially during adolescents and young adults in which during this particular age group, they become less resilient to psychological chaos including disordered eating behaviours (Sisk & Zehr, 2005).

Disordered eating among adolescents and young adult considered prevalent worldwide, although it may vary in different countries, ranging from the lowest of 7.8% in Spain (Rodríguez-Cano et al., 2005) to the highest of 45.2% in Turkey (Bas et al., 2005). There is no exception in developed and developing country. In the United States, the prevalence of disordered eating ranges between 22-26% (D'Souza et al., 2005). Similarly, in Japan, disordered eating was found to be higher among their adolescents' group, which was 35% (Mukai, 1994). In South Africa, literature has documented that disordered eating was as high as 21.2% (Caradas et al., 2001).

In Malaysia, the prevalence of disordered eating among adolescents and young adults has steadily increased in trend. Earlier, Indran et al., (1995) in their study among adolescents, showed the prevalence of disordered eating was 7%. Meanwhile, another study by Keep & Ho (2003) found a higher prevalence of 9.3%. Further, Edman and Yates (2004) in their study found, the prevalence of disordered eating was as high as 17%. Highest prevalence of 22.3% disordered behaviour among adolescents documented in a study done by Leng, (2008). Gan et al., (2011) found the prevalence of disordered eating among public university students in Selangor were 18.2%. Another study which compare the prevalence of disordered eating behaviour among university students in ASEAN found, 13.8% prevalence of disordered eating behaviours among university students in Malaysia. Recent study on eating behaviour among university students in Selangor found, 20.3% were found to have disordered eating (Chin et al., 2020)

In Sarawak, a study on eating behaviour among adolescents students in Kuching found 18.5% adolescents engaged in abnormal eating behaviour (Cheah, Hazmi & Chang, 2017). It appears that the prevalence of disordered eating has reached an alarming figure that may suggest the need for public health action.

## **1.2 Problem Statement**

Evidence showed that the prevalence of disordered eating in Malaysia is increasing (Chin et al., 2020; Gan et al., 2011). Disordered eating is a public health concern that may be difficult to detect since a person with disordered eating patterns may not display all the classic symptoms typically defined with eating disorders. Disordered eating itself may pose significant psychological risks as it is associated with various physical, emotional, and mental health issues (Jacobi et al., 2004; Tsai et al., 2006; Nattiv et al., 2007). The long-term effect of disordered eating which includes micro and macronutrient deficiency will eventually cause poor health to the person (Chen et al., 2012). In the long run this may lead to clinical eating disorder. Many people who suffer from disordered eating behaviours either minimize or do not fully realize the impact it has on their mental and physical health (Mond, 2014). This lack of understanding may unnecessarily exacerbate the harm of disordered eating.

College and university years fall into a crucial development phase of emerging adulthood, which coincide with the peak onset of many mental and behavioural disorders (Arnett, 2014; Kamarulzaman et al., 2018). Life in a college or university is considered an independent period for decision making and life choices, including their eating behaviour. The loss of direct parental supervision may predispose college and university students at higher risk to develop an abnormal eating pattern (Killeya-Jones et al., 2007). Additionally, peer influence on body image may encourage the development of disordered eating (Hall & Valente, 2007).

Despite widely available studies that have identified factors associated with disordered eating behaviours, it is still considerably limited number of literatures attempted to explore the complex relationship and constructed a model concerning disordered eating behaviours among college and university students especially in local setting.

Furthermore, the risks factors that contribute to the development of disordered eating could be vary between different sociocultural background which limit the generalizability of other studies in local context. Considering the negative impact and high prevalence of disordered eating among college and university-aged individuals, it is worth exploring disordered eating in local context, particularly in Sarawak.

### **1.3 Objectives of the study**

#### **General objective**

This study aimed to determine the prevalence of disordered eating and to determine the factors (psychological, social dimensions and body mass index) that could predict disordered eating among college and university students in Sarawak.

#### **Specific objectives**

1. To determine the prevalence of disordered eating among college and university students in Sarawak.
2. To determine body dissatisfaction, perceived sociocultural pressure, self-esteem, drive for muscularity and perfectionism level among college and university students in Sarawak.
3. To determine the factors (socio-demographic, nutritional status, body dissatisfaction, socio-cultural pressure, self-esteem, drive for muscularity and perfectionism) and its association with disordered eating.
4. To determine the relationship between body mass index, body dissatisfaction, socio-cultural pressure, self-esteem, drive for muscularity and perfectionism with disordered eating based on gender.