

Examining gender difference in disordered eating behaviour and its associated factors among college and university students in Sarawak

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Abstract

Background: Disordered eating is common among late adolescents and young adults who pursue an idealised body image. **Aims:** This study aims to determine the prevalence of disordered eating between males and females and its associated factors among college and university students in Sarawak. **Methods:** A cross-sectional study involving 20 public and private colleges and universities in Sarawak, from September 2017 to March 2020. Respondents completed self-administered questionnaires both in the English and Malay language. Data about sociodemographic characteristics, body mass index, eating attitude, body dissatisfaction, perceived sociocultural pressure, self-esteem, drive for muscularity and perfectionism were collected. **Results:** A total of 776 respondents (male: 30.9%; female: 69.1%) aged 19 to 25 years old took part in the study. The overall prevalence of disordered eating was 25.2% (95% confidence interval (CI) 21.9; 28.7) with females (28.6%, 95% CI 24.6; 32.9) higher than males (15.6%, 95% CI 10.5; 21.9). Multivariate analysis showed for both male and female models, perceived sociocultural pressure (male: $\beta = 1.125$, $p < 0.01$; female: $\beta = 1.052$, $p = 0.003$), drive for muscularity (male: $\beta = 1.033$, $p = 0.017$; female: $\beta = 1.032$, $p < 0.01$) and perfectionism (male: $\beta = 1.098$, $p = 0.02$; female: $\beta = 1.119$, $p < 0.01$) were predictors for disordered eating. **Conclusion:** The prevalence of disordered eating among college and university students in Sarawak was high. The findings suggest that although there were gender differences in the prevalence of disordered eating, its associated factors were the same. The findings of this study will be useful for designing and implementing disordered eating prevention and intervention programme.

Keywords

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

Introduction

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 common during adolescence and early adulthood (Jacobi et al., 2004; Power, 2016). Restricting one's diet is usually seen mainly for those overweight persons as a measure of weight management (Neumark-Sztainer et al., 2002). However, in the non-overweight person, there is an over-valuation of shape and weight. This over-valuation is a negative cognition of self-schema. These individuals usually regard their shape and weight as their priority, disregarding their physical well-being. Hence, engaging in disordered eating pattern (Boutelle, 2002; Williamson et al., 2004). These disordered eating practices include restrictive eating, unhealthy weight control, laxatives, or diuretics use (Thompson and Stice, 2001). Although the

symptoms of disordered eating impose significant distress on individuals, their distress is often concealed or presented sub-clinically (Power, 2016). Moreover, the stigma associated with disordered eating makes these individuals with disordered eating behaviours less likely to engaged with support service (Costarelli and Stamou, 2009). Disordered eating is considered one of the known risk factors contributing to the development of eating disorders (Mitchison and Hay, 2014).

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