



Eating behaviour among nutrition students and social desirability as a confounder



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ABSTRACT

Introduction: The study of eating behaviour should consider the presence of potential sources of bias, including social desirability. This is particularly relevant among students of Nutrition Sciences, since they have a higher risk of eating disorders.

Objective: To analyse the effect of social desirability in the assessment of eating behaviour dimensions among nutrition students.

Methods: In this cross-sectional study, we analysed data from 149 students of Nutrition Sciences. Participants completed a questionnaire assessing social desirability and eating behaviour dimensions (emotional, external and binge eating, flexible and rigid control, and eating self-efficacy).

Results: Among males, social desirability had a negative association with binge eating, while among women it had a negative association with emotional, external and binge eating and a positive association with eating self-efficacy. In both subsamples, social desirability showed no significant association with any of the two types of dietary restraint (rigid and flexible control).

Discussion: Overall, the association between social desirability and eating behaviour dimensions among students of Nutrition Sciences occurs in the same direction as found in students from other areas. However, alongside these similarities, there is a stronger association between social desirability and binge eating among male students of Nutrition Sciences. We hypothesize that this may be related with the different knowledge of students from different areas, and the way they perceive and face the treatment of eating disorders.

Conclusion: Our study shows that social desirability should be considered while assessing eating behaviour among nutrition students, particularly when studying external eating, binge eating and eating self-efficacy. Moreover, when tailoring interventions to reduce the possible effects of eating behaviour on nutritionists and dieticians' practice, we should consider the influence of social desirability.

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1. Introduction

Eating behaviour refers to quantitative and qualitative features associated with food selection and consumption (Viana, 2002). It can be influenced by several factors (Grimm & Steinle, 2011; Quaioti & Almeida, 2006), including social and cultural factors (Gonçalves, Machado, & Machado, 2011). Gonçalves et al. (2011) reported that food related professionals, such as nutritionists and dieticians, should be considered at risk of developing eating disorders. Taking into account the impact of this issue on these health

professionals' performance, studying eating behaviour in this population is relevant.

Eating behaviour can be analysed from two perspectives: the occurrence of eating disorders or the assessment of eating behaviour dimensions. Eating disorders are characterized by significant changes in eating behaviour, associated with excessive concern with weight and body shape (Gonçalves et al., 2011). These have a multifactorial aetiology, involving genetic and sociocultural predispositions as well as biological and psychological vulnerabilities (Morgan, Vecchiatti, & Negrão, 2002). Nutrition or dietetics students may have a higher risk of presenting these disorders. This has been studied by the scientific community; however, the results have been inconclusive. Some authors found that the risk of eating disorders (Laus, Moreira, & Costa, 2009; Magdalena & Julie, 2012; Reinstein, Koszewski, Chamberlin, & Smith-Johnson, 1992;

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Rosales, Ruíz, Martínez, & Molina, 2012) or its prevalence (Worobey and Schoenfeld, 1999) is higher among nutrition and dietetics students when compared with students from other areas, while others haven't found significant differences between these two groups (Behar, Alviña, Medinell, & Tapia, 2007; Fiates & Salles, 2001; Fredenberg, Berglund, & Dieken, 1996; Harris, Gee, d'Acquisio, Ogan, & Pritchett, 2015; Kiziltan & Karabudak, 2008; Mealha, Ferreira, Guerra, & Ravasco, 2013; Santos, Meneguci & Mendonça, 2008; Torresani, 2003). On the other hand, some studies conclude that the predisposition of nutrition and dietetic students to eating disorders is even lower, when compared to medical (Mehr, Clemens, Roach, & Beech, 1997) or sports students (Nergiz-Unal, Bilgic, & Yabanci, 2014).

Even considering that nutrition and dietetics is an area prone to a higher prevalence or predisposition of eating disorders, the aetiology of this relationship is not yet fully explained (Mahn & Lordly, 2015). It is unknown if: a) the higher prevalence of eating disorders is due to a higher attendance of nutrition or dietetics courses by individuals motivated by their experiences on food and weight control; or b) the contact with these issues during the course and the belief that good appearance is important to future professional success is the source of this problem (Fiates & Salles, 2001; Hughes & Desbrow, 2005; Penz, Bosco, & Vieira, 2008).

The use of different methodologies and tools may partially explain the discrepancies found in the literature. Nevertheless, the possibility of higher risk of eating disorders in nutrition or dietetics students deserves attention, as it may have important implications in their performance as students and as future professionals (Houston, Bassler, & St. Germain, 2015; Santos et al., 2008). Concerning eating behaviour dimensions, the most studied are emotional, external and binge eating and dietary restraint. However, few studies focused on eating behaviour dimensions among nutrition or dietetics students.

Emotional eating is based on the psychosomatic theory (Bruch, 1964), and corresponds to a tendency to overeat as an inappropriate response to negative emotions and distress (Elfhag & Morey, 2008; van Strien, Herman, & Verheijden, 2012). External eating derives from the externality theory (Schachter, 1968), and corresponds to eating in response to external food-related cues, such as seeing or smelling food (Elfhag & Morey, 2008; van Strien et al., 2012). Emotional and external eating have been associated with overeating, weight gain and higher body mass index (BMI; Crockett, Myhre, & Rokke, 2015; Groesz et al., 2012; Koenders & van Strien, 2011; Mata, Verdejo-Roman, Soriano-Mas, & Verdejo-Garcia, 2015; van Strien et al., 2012).

Binge eating has been associated with overeating and with higher BMI. It is mainly characterized by the consumption of a large amount of food in a brief period of time and a sense of lack of control over eating during that episode (Duarte, Pinto-Gouveia, & Ferreira, 2015; Wolfe, Baker, Smith, & Kelly-Weeder, 2009).

Unlike the previous dimensions, dietary restraint involves conscious attempts to reduce food intake in order to control body weight (Elfhag & Morey, 2008; van Strien et al., 2012). Two types of restriction can be considered: flexible control (less strict and associated to a lower disinhibition) and rigid control (which implies dichotomous attitudes regarding which foods to exclude from diet, and is related to a higher disinhibition and higher food consumption after preload; Viana, 2002; Westenhoefer, 1991; Westenhoefer, Broeckmann, Munch, & Pudel, 1994).

Although not formally considered a dimension of eating behaviour, eating self-efficacy is a good predictor of eating behaviour (AbuSabha & Achterberg, 1997; Shannon, Bagby, Wang, & Trenkner, 1990). The concept of self-efficacy was introduced by Bandura (1982) and refers to the beliefs in the ability to organize and implement the action plans needed to achieve a certain result

and the feeling of control over behaviours and the environment. It is specific for each task or domain, as for example eating self-efficacy (AbuSabha & Achterberg, 1997; Hofstetter, Sallis, & Hovell, 1990). Higher self-efficacy has been associated with lower levels of dietary disinhibition and with lower prevalence of eating disorders (Verstuyf, Patrick, Vansteenkiste, & Teixeira, 2012).

Some studies assessed these dimensions in nutrition or dietetic students. A study among female students (Magalhães, 2011) found that their diet was mainly determined by external factors. As for restraint, some authors found higher levels of both types on nutrition students when compared to other courses (Korinth, Schiess, & Westenhoefer, 2010; Poínhos, Alves et al., 2015). This could be related with a higher concern about weight control, since socio-cultural environment and body image appear to be of great importance for this population (Arroyo et al., 2010; Bojórquez, Escalante, López & Castillo, 2013; Korinth et al., 2010). However, despite their knowledge on nutrition, weight control may not be as successful as expected (Magalhães, 2011; Poínhos, Alves et al., 2015), which may be explained by higher levels of rigid control and binge eating among these students (Poínhos, Alves et al., 2015; Reinstein et al., 1992). As for the remaining dimensions of eating behaviour, Poínhos, Alves, et al. (2015) found no significant differences between nutrition students and those attending other courses.

The study of eating behaviour dimensions may be prone to bias. Social desirability (SD) refers to the tendency to show a culturally acceptable image, in order to avoid negative opinions from others. Individuals with high SD seek approval and avoid criticism when being tested or assessed (Leite & Beretvas, 2005; Ribas, Moura & Hutz, 2004). Therefore, some authors argue that this should not be overlooked in studies using self-report measures, because it constitutes a potential source of bias (Leite & Beretvas, 2005; Poínhos, Oliveira, & Correia, 2015; Ribas et al., 2004).

The way SD relates to the eating behaviour dimensions is not yet fully elucidated. Concerning emotional, external and binge eating, the associations with SD are negative (Allison & Heshka, 1993; Hart & Chiovari, 1998; Poínhos, Oliveira, et al., 2015). Regarding restraint, some authors reported no association with SD (Corrigan & Ekstrand, 1988; Poínhos, Oliveira, et al., 2015), while Allison et al. (1992) found negative associations ($-0.27 \leq r \leq -0.21$) when SD was measured by Edwards scale, although associations were near zero ($|r| \leq 0.08$) when SD was measured by the Marlowe-Crowne scale. Moreover, Poínhos, Oliveira et al. (2015) reported a positive association between eating self-efficacy and SD.

Students and professionals in the field of nutrition and dietetics may be particularly susceptible to the effects of SD on the assessment of their eating behaviour, based on the idea that their highest level of knowledge in the area should reflect a more normative eating behaviour. However, this notion is only conceptual, as we haven't found studies that analyse eating behaviour among nutrition or dietetics students that evaluate the effects of SD.

Therefore, this work aims to analyse the effect of SD in the assessment of eating behaviour dimensions among nutrition students.

2. Methods

2.1. Sample

We studied a convenience sample of higher education students attending the undergraduate course of Nutrition Sciences at the Faculty of Nutrition and Food Sciences of the University of Porto. The inclusion criteria were: age between 18 and 27 years old, and the absence of dependency conditions that could constrain free and informed participation. The exclusion of students older than 27

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