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The Relationship Between Emotional Eating Behaviour and Nutritional Status in Adult Individuals: Istanbul Case Study

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Abstract

In this study, it was aimed to determine the relationship between emotional eating levels of individuals and food and beverage choices. For the purpose of collecting research data, Personal Information Form and Food Consumption Frequencies Form and Emotional Eating Scale were used. The sample of the study consists of 127 women and 180 men in total 307 participants in Istanbul. Independent sample t-test and one-way variance (ANOVA) analyzes were conducted to determine whether Food Consumption Frequencies and Emotional Eating levels vary according to demographic variables. Correlation analysis was conducted to find the relationship between the food and beverage choices of the participants and their Emotional Eating levels. As a result of the research, a significant relationship was found between food and beverage choices and emotional eating levels. According to the research results; It has been revealed that all participants in the central districts of Istanbul Province exhibit uncontrolled eating behavior. Explanatory factor analysis (EFA) of the scale used in the study was made to determine its suitability to the discovered structure and it was concluded that it was suitable. It has been revealed that Emotional eating is the dimension that explains the eating behavior scale the most.

Keywords: Obesity, Emotional Eating, Eating Habit, Eating

Introduction

Factors affecting people's eating behavior in different varieties may vary according to the place where these people live, their gender, economic and cultural conditions, the person's own perception, the foods he / she observes, the experiences about the foods and the nutritional status he has made a habit. The tendency that creates these thoughts of the person is expressed as "Eating Behavior". (Altıntaş & Özgen, 2017). It is thought that environmental effects that put the person in a state of eating more than his / her own needs, some genetic sensitivities that stimulate excessive eating, and sedentary lifestyle lead to the epidemic of obesity (Wadden et al., 2002).

The sense of nourishment is no less important than other feelings people experience. People, like other living things, need nourishment in order to survive. Bruch stated that eating disorders are the main point of problems such as difficulty in understanding the emotions that individuals encounter in daily life and in distinguishing emotions (emotional expressions and responses to the sensations of internal organs and understanding them) (Bruch, 1964). In various studies, it has been observed that the cause of an individual's eating disorder is related to his mood. It has been acknowledged for many years that the emotional changes experienced by the

individual affect the food choices, followed by the behavior in eating, and finally the emotions (Levitan & Davis, 2010).

It is observed that people with eating disorders often feel emotionally hungry. However, the need for approval from different people, frequent depressive moods, anxiety experienced by the individual, and low self-esteem are prominent features of eating habits (Nolen-Hoeksema, 2004). In an experimental study, a comparison was made between individuals with eating disorders and those without this disorder. As a result of the research, it has been found that people with emotional eating disorders tend to consume foods with more energy (Konttinen et al., 2010b). In another similar study, it was observed that people with high emotional eating disorders prefer foods with high carbohydrate value, such as cake, cake and biscuit more (De Lauzon et al., 2006). Obese individuals, children and adolescents are considered to be in the high risk group for emotional eating disorders. High amount of fat storage in the body, excessive and malnutrition can cause obesity. Mental, physical and biological problems may occur in individuals with obesity. These individuals' quality of life decreases and they are exposed to psychological, genetic and social influences. Briefly, a chronic energy metabolism disorder can be called

obesity (Agras et al., 2004; Aronne, 1998; Gedik, 2003; Klein et al., 2004; Maffeis, 2000; Söderlund et al., 2009; Figueredo & Yiğit, 2006). Obese individuals have been found to use food to suppress the emotional changes they experience and the problems they encounter and to reduce the stress they experience. It has been reported that they show suppressing or reducing hunger behaviors. In a study conducted, normal individuals were compared with obese individuals, and in this comparison, it was concluded that obese individuals in stress and anxiety have higher emotional eating values than normal individuals (Oliver et al., 2000; Fay & Finlayson, 2011; Adriaanse et al., 2011). In the study conducted by Laitinen et al. (2002), it was concluded that food consumption caused by the stress experienced by people with obesity caused weight gain. However, as a result of different studies, it has been determined that individuals with normal and healthy weight also try to regulate the stress they experience by eating (Macht, 1999; Macht et al., 2002; Macht & Simons, 2011).

It is stated that the act of eating has psychological importance along with its biological need (Özgen, Kınacı, & Arlı, 2012: 32). When people feel psychologically under pressure, when they are stressed, when they are angry, sad,

joyful, or so on. In situations, they may exhibit different eating behaviors than the eating behavior they normally eat. It is stated that there are many studies on the effect of psychological / emotional states on people's eating behaviors (Bellisle et al., 1990; Macht, 1999; Macht and Simons, 2000; Canetti et al., 2002; Laitinen et al., 2002; Macht et al., 2002; Adam & Epel, 2007; Torres et al., 2007; Macht, 2008; Groesz et al., 2012). These studies state that especially stress and negative mood can both increase and decrease food intake and eating. For this reason, psychological factors are also taken into consideration while evaluating the eating behaviors of people. As a result of these studies; It is stated that the concepts of cognitive limitation, emotional eating and uncontrolled eating behavior have emerged (Seven, 2013: 3).

Method

This research was carried out to determine the eating behaviors of people living in Istanbul and its central districts. It aims to determine the sub-dimensions that affect the eating behavior of individuals, to determine the most effective one among the determined dimensions, and to reveal whether there is a significant difference between demographic characteristics and eating behaviors.

Research Hypotheses

According to the basic assumption of the research; There are some factors that affect the eating behaviors of the participants. Within the scope of this basic assumption, the problem and hypotheses of the research were determined.

H. (Hypotheses)1= There is a significant relationship between the age variable of the participants and their food consumption frequency.

H.2 = There is a significant relationship between the age variable and emotional eating scale and its sub-dimensions.

H.3= There is a significant relationship between the participants' gender variable and their food consumption frequency.

H.4= There is a significant relationship between the gender variable and emotional eating scale and its sub-dimensions.

H.5= There is a significant relationship between the marital status variable and the frequency of food consumption.

H.6= There is a significant relationship between the marital status variable and the emotional eating scale and its sub-dimensions.

H.7= There is a significant relationship between the education level variable and the frequency of food consumption.

H.8= There is a significant relationship between the education level variable and the emotional eating scale and its sub-dimensions.

H.9= There is a significant relationship between occupation variable and food consumption frequency.

H.10= There is a significant relationship between occupation variable and emotional eating scale and its sub-dimensions.

H.11= There is a significant relationship between monthly income variable and food consumption frequency.

H.12= There is a significant relationship between the weight of the participants and their food consumption frequency.

H.13= There is a significant relationship between participants' weight and emotional eating scale and its sub-dimensions.

H.14= There is a significant relationship between the height of the participants and their food consumption frequency.

H.15= There is a significant relationship between the participants' heights and the emotional eating scale and its sub-dimensions.

H.16= There is a significant relationship between BMI values of the participants and their food consumption frequency.

H.17 = There is a significant relationship between BMI values of the participants and emotional eating scale and its sub-dimensions.

H.18= There is a significant relationship between the frequency of food consumption and emotional eating scale and its sub-dimensions.

In order to determine the distributions according to demographic variables, frequency (f) and percentages (%) were calculated. Item totals and averages of the dimensions of the scales were found. Means and standard deviations were calculated. Independent samples t-test and one-way analysis of variance were conducted to determine whether the Food Consumption Frequencies and Emotional Eating levels vary according to demographic variables. Correlation analysis was conducted to find the relationship between the Food Consumption Frequencies of the participants and their Emotional Eating levels. The significance level (Sig.) Was accepted as 0.05 in the tests performed and values below 0.05 were found to be significant.

In the Anova test, the variance between groups is measured due to the differences between the means of the groups. The greater the variance between groups, the more likely the group averages are considered different from each other. Within-group variance refers to the variance between values in each group and measures variability due to random causes. The greater the intragroup variance, the less likely the group averages will differ from each other.

Results and Discussion

The findings and comments of the research, which aims to determine the socio-demographic characteristics of the participants, the determination of eating behaviors, the factors that affect the determination of eating behaviors, and the verification of the three-factor eating behavior scale, are included.

127 (41.4%) of the participants participating in the study are female and 180 (58.6%) are male participants. 181 of the participants (59.0%) are between 18-30 years old, 40 (13.0%) are between 31-40 years old, and 86 (28.0%) are between 41 years old and above. 108 of the participants (35.2%) were married, 199 (64.8%) were single participants. 39 (12.7%) of the participants in the study were primary school graduates, 41 (13.4%) were secondary school graduates, 49 (16.0%) were high school graduates, 162 (52.8%) were university graduates. 16 of them (5.2%) have a master's degree.

36 (11.7%) of the respondents were public employees, 19 (6.2%) self-employed, 14 (4.6%) housewives, 87 (28.3%) private sector Its employees are 39 (12.7%) retired and 112 (36.5%) students. 63 of the participants (20.5%) between 1600 TL and below, 84 (27.4%) between 1601 TL and 2500 TL, 73 (23.8%) between 2501 TL and

3500 TL, 53 (17.3%) have a monthly income between 3501 TL and 4500 TL, 18 (5.9%) between 4501 TL and 5500 TL, and 16 (5.2%) have a monthly income of 5501 TL and above.

The majority of the study is male, single, university graduate, student and individuals with a monthly income between 1601 TL and 2500 TL.

The results regarding the Socio-Demographic characteristics of the individuals included in the study are shown in Table 1.

The basic procedure to examine the conformity of the scale scores to the normal distribution of the data used in the study was determined to be between +3 and -3 and show a normal distribution of skewness and kurtosis values. The kurtosis and skewness values obtained from the scale scores between +3 and -3 are considered sufficient for normal distribution (Groeneveld & Meeden, 1984). As a result of the Independent-Samples t-Test conducted to determine whether there is a significant relationship between the gender of the participants participating in the study and self-control, which is the sub-dimension of the emotional eating scale, a significant difference was found between the two variables ($p = .003$). According to the perceptions of male and female participants,

the level of self-control is not at the same level.

As a result of the Independent-Samples t-Test conducted to determine whether there is a significant relationship between the gender of the participants participating in the study and the stimulus, which is the sub-dimension of the emotional eating scale, a significant difference was found between the two variables ($p = .003$). In this situation, according to the perceptions of the female and male participants, the control levels against the stimulus are not at the same level. In order to determine the differentiation status of the Emotional Eating Scale and Sub-Dimension levels of the people participating in the study, the t-Test was performed and the results are shown in Table 2.

Factor analysis regarding the eating behavior scale was applied. KMO criteria and Bartlett Test statistics were evaluated to verify the suitability of the factor analysis. KMO criteria, factor analysis explained whether the questionnaire was sufficient or not. It was observed that the value of KMO was between 0 and 1. It is known that the closer the value is to 1, the more suitable it is for the sample for factor analysis. The KMO value was determined as 0.897 at the end of the research. It can be said that the sample is very suitable for factor analysis. Indicates whether variables are

interdependent and Bartlett is a measure of sphericity. Bartlett Test Statistics were found as 9112.411 and p value 0.000 as a result of the research. The factor analysis results of the research are shown in Table 3.

When the results of the factor analysis were observed, 12 of the 30 items (1,2,3,4,5,6,9,10,11,12,13,18) in the Emotional Eating Scale were based on the 1st factor and 10 (7,8) , 14,15,16,17,19,20,21,22,30) to factor 2, 5 to factor 3 (23,26,27,28,29) and 2 to factor 4 (24,25). are loaded. The 4 factors are named according to the ingredients they contain:

- 1.Factor:** Eating in Tense Situations
- 2.Factor:** Eating to Cope with Negative Emotions
- 3.Factor:** Self-Control
- 4.Factor:** Control Against Stimulus

In order to cope with negative emotions, the seventh item in the eating factor is "I use food as a source of reward and pleasure", and the eighth item is "I eat when I am not hungry". For this reason, it was observed that the seventh expression adapted more to the control factor and the eighth expression to the self-control factor. The sixth expression in the eating factor in stressful situations is "I feel guilty when I exaggerate the food" and the 11th statement "I want to eat if I am depressed or upset about something" is switched to the eating factor to cope with negative emotions. It is specified.

Correlation analysis was performed to determine the frequency of food consumption of the participants participating in the study and their differentiation according to emotional eating scale and sub-dimension levels, and the results are shown in Table 5.

The statistical evaluation of the relationship between the food consumption frequency of the participants participating in the study and the emotional eating scale sub-dimensions is included. A significant relationship was found between the food consumption frequency of the participants and their responses to the emotional eating scale ($p = .000$). A significant relationship was observed between the food consumption frequency of the participants and their responses to the eating sub-dimension in stress situations ($p = .000$). A significant relationship was found between the food consumption frequency of the participants in the study and their responses to the eating sub-dimension in order to cope with negative emotions ($p = .000$). A significant relationship was observed between the participants' food consumption frequency and their responses to the sub-dimension of self-control ($p = .000$). A significant relationship was observed between the food consumption frequency of the participants and their responses to the stimulus versus control sub-dimension.

The variance test and its results are shown in Table 6 to determine the differentiation status of the participants' emotional eating scale and sub-dimension levels according to their height.

As a result of the variance test conducted to determine whether there is a significant relationship between the height of the participants participating in the study and the emotional eating scale and its sub-dimensions, a significant difference was found between the variables ($p = .000$). In other words, it was observed that emotional eating levels were not at the same level according to the perceptions of the participants with different heights.

Conclusions

Emotional eating has been the subject of research only a few years ago. However, it is known that it has not yet entered the DSM-5 diagnostic criteria system. In order for the emotional eating disorder style to be included in the DSM-5 diagnostic criteria classification system, many researches and studies are needed on this subject. As a result of the research, it was determined that excessive food consumption behavior in the face of negative emotions experienced by individuals is more common in obese, women with eating disorders, individuals with a normal weight but dieting, and adolescents.

Emotional eating is an issue that should be considered in terms of metabolic syndrome, considering that individuals with obesity and dieting may also have depression and different kinds of psychiatric disorders. There is no accumulation of literature on this subject in our country, except for a few theses and reviews. However, contrary to our country, it is known that studies on this issue abroad have increased in the last few years. In our country, there is a need for scientific studies, especially in risk groups in terms of emotional eating, and scale development studies to evaluate emotional eating in a short and quick way. With the increase in resource knowledge in this area, it can be determined in which cognitive areas individuals can be supported, what can be taught as methods of coping with stress, and a road map can be drawn for preventive health practices.

It is thought that emotional eating behavior differs in men and women because of the predisposition of women to more depression and anxiety disorders. The significant difference found in the cognitive limitation dimension is that it can be said that men and women think quite differently about dieting, not gaining or losing weight. Therefore, it is thought that a statistically significant difference was found. It can be said that men and women have the same thoughts about uncontrolled eating. Most of

the participants in the study are male, single and individuals between the ages of 18-30. Most of the participants in the research are in the income range of 1601-2500 TL.

According to the simple linear regression analysis results made in the research; It emerged as the emotional eating dimension that explains the change in the scale of eating behavior at the highest level. Emotional eating dimension was found to have the greatest effect on the eating behavior scale.

Suggestions

The eating behaviors of all people in the central districts of Istanbul can be determined.

City-Rural, Coastal-Inner, Aegean-Black Sea and East-West etc. comparative studies can be done.

By adding the quality of life scale to the study, it can be measured whether the eating behaviors of the individuals affect their quality of life.

Eating behaviors of people living in Istanbul can be determined by using the eating behavior scale.

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Table 1. Socio-Demographic Characteristics of Participants

Socio-Demographic Features	<u>n</u>	%	Socio-Demographic Features	<u>n</u>	%
<u>Gender</u>			Education level		
Male	180	58,6	Primary school	39	12,7
<u>Female</u>	127	41,4	Middle School	41	13,4
Total	307	100,0	High school	49	16,0
Age			University	162	52,8
18-30	181	59,0	Post Graduate	16	5,2
31-40	40	13,0	Total	307	100,0
41 and above	86	28,0	Job Distribution		
Total	307	100,0	Public Employee	36	11,7
<u>Marital status</u>			Self-employment	19	6,2
<u>Married</u>	108	35,2	Housewife	14	4,6
<u>Single</u>	199	64,8	Private sector employee	87	28,3
Total	307	100,0	Retired	39	12,7
<u>Income rate</u>			<u>Student</u>	112	36,5
1600 TL and below	63	20,5	Total	307	100,0
Between 1601 TL and 2500 TL	84	27,4			
Between 2501 TL and 3500 TL	73	23,8			
3501 TL and 4500 TL between	59	17,3			
4501 TL and 5500 TL between	18	5,9			
5501 TL and above	16	5,2			
Total	307	100,0			

Table 2. The Relationship Between the Gender Variable and the Emotional Eating Scale and Its Sub-Dimensions

Group Statistics						
	Gender	<u>n</u>	Average	Std. Deflection	Std. Average Error	<u>Sig.</u>
Emotional Eating Scale	Female	127	3,2344	,86361	,07663	,314
	Male	180	2,4639	,87019	,06486	
Eating in Tense Situations	Female	127	3,2105	1,10813	,09833	,493
	Male	180	2,3086	1,07068	,07980	
Eating to Cope with Negative Emotions	Female	127	3,3339	,98868	,08773	,860
	Male	180	2,4217	,97484	,07266	
Self-Control	Female	127	3,0315	,46468	,04123	,003
	Male	180	2,4981	,51362	,03828	
Control Against Stimulus	Female	127	3,3963	,99268	,08809	,000
	Male	180	3,1056	1,22435	,09126	

Table 3. Explanatory Factor Analysis

Item No	Factor 1	Factor 2	Factor 3	Factor 4
1	,797			
2	,873			
3	,847			
4	,884			
5	,915			
6	,479			
7		,838		
8		,527		
9	,944			
10	,940			
11	,901			
12	,917			
13	,946			
14		,704		
15		,959		
16		,809		
17		,828		
18	,874			
19		,942		
20		,884		
21		,840		
22		,885		
23			,853	
24				,750
25				,618
26			,636	
27			,818	
28			,720	
29			,821	
30		,723		

Table 4. Edited Factor Table

Factor	Matter	Questions	Load. Value
1	1	In difficult times, I am more prone to unhealthy behavior	,797
1	2	I eat more if I feel pressured	,873
1	3	When I'm stressed I eat more	,847
1	4	If I feel helpless I want to eat	,884
1	5	I eat more if my work gets busy	,915
1	6	I feel guilty when I overdo the food	,479
2	7	I use food as a source of reward and pleasure	,838
2	8	I eat when I'm not hungry	,527
1	9	I want to eat if something doesn't go the way I expected	,944
1	10	I want to eat more when I feel uncomfortable	,940
1	11	If I'm depressed or sad about something, I want to eat	,901
1	12	If I feel anxious or anxious about something I would like to eat	,917
1	13	When I'm bored I want to eat	,946
2	14	I want to eat when I feel alone	,704
2	15	I want to eat when someone upset me	,959
2	16	I would like to eat in similar situations that remind me of a painful experience	,809
2	17	When I'm scared I want to eat	,828
1	18	When I'm nervous I want to eat	,874
2	19	I would like to eat if I feel bad or guilty about something I do	,942
2	20	I would like to eat if I feel hurt	,884
2	21	When I'm excited I want to eat	,840
2	22	I eat to cope with my problems	,885
3	23	I feel my bait is out of my control	,853
4	24	If I see something delicious and smell it, I want to eat it	,750
4	25	If I see other people eating I would like to eat too	,618
3	26	I have willpower when it comes to diet	,636
3	27	I cannot stabilize diet in weight control	,818
3	28	I can resist delicious food	,720
3	29	If insisted on eating I can say no	,821
2	30	Food helps me deal with my emotions	,723

Table 5. The Relationship Between Food Consumption Frequency and Emotional Eating Scale and Its Sub-Dimensions

Correlation								
			Food Consumption Frequency	Emotional Eating Scale	Eating in Tense Situations	Eating to Cope with Negative Emotions	Self-Control	Control Against Stimulus
	Food Consumption Frequency	Correlation coefficient	1,000	-,798**	-,799**	-,743**	-,399**	-,529**
		Sig. (2-tailed)	,000	,000	,000	,000	,000	,000
		N	307	307	307	307	307	307
**. The correlation is significant at the 0.01 level (2-tailed).								
*. The correlation is significant at the 0.05 level (2-tailed).								

Table 6. The Relationship Between Participants Height and Emotional Eating Scale and Its Sub-Dimensions

		Total Squares	df	Mean Square	F	Sig.
Emotional Eating Scale	Between groups	209,833	10	20,983	97,215	,000
	Within Groups	63,890	296	,216		
	Total	273,723	306			
Eating in Tense Situations	Between groups	324,391	10	32,439	99,922	,000
	Within Groups	96,094	296	,325		
	Total	420,486	306			
Eating to Cope with Negative Emotions	Within Groups	274,338	10	27,434	100,386	,000
	Within Groups	80,892	296	,273		
	Total	355,230	306			
Self-Control	Between groups	66,351	10	6,635	67,122	,000
	Within Groups	29,260	296	,099		
	Total	95,611	306			
Control Against Stimulus	Between groups	271,295	10	27,129	62,987	,000
	Within Groups	127,491	296	,431		
	Total	398,786	306			