

# The Level of Eating Disorder Risk and its Associated Factors among Adolescent at Mogbazar Dhaka Bangladesh

Sharmin H Prima<sup>1\*</sup>, Ahnaf Tahamid Noman<sup>1</sup>, Bushra Rashid Shifa<sup>1</sup>, Nur A Jannat Sharmin<sup>1</sup>, Sanzida Sharmin<sup>1</sup>, Moniruzzaman<sup>2</sup> and Abdul Alim

<sup>1</sup>Department of Public Health, University of South Asia, Bangladesh.

<sup>2</sup>Department of Environment Science, University of South Asia, Bangladesh.

## Correspondence

Sharmin Haque Prima  
Department of Public Health,  
University of South Asia, Bangladesh.

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## Abstract

Young adults are the most common vulnerable group of disordered eating attitudes and behaviors. There are several factors associated with eating disorders such as age, sex, marital status, greater exposure to western culture, cultural transition and globalization, and health-related variables including BMI. The study's main objective is to assess the eating disorder risk and its associated factors among adolescent at Mogbazar Dhaka Bangladesh. For research Methodology of this study, a descriptive cross sectional study was done.

The study result shows, Among 101 respondents 40(39.6%) belong to 14to 15 years, 36(35.6%) belong to 16 to 17 years and 25(24.7%) years age group, 58(57.4%) boy and 43(42.6%) girl, 38(37.6%) JSC, 33(32.7%) SSC and 30(29.7%) HSC level of education, 39(38.6%) underweight, 41(40.6%) normal weight and 21(20.8%) overweight, 42(41.6%) Anorexia nervosa, 36(35.6%) Bulimia nervosa and 23(22.8%) Binge Eating Disorder, 37(36.6%) Genetic, 29(28.7%) Biological, 20(19.8%) Psychological and 15(14.9%) Social, effect of eating disorder in adolescents 31(30.7%) Bone thinning, 22(21.8%) Heart damage, 16(15.8%) Brain damage, 14(13.9%) Multi-organ failure, 10(9.9%) Stroke or heart attack and 8(7.9%) Infertility, 43(42.6%) Mental health counseling, 30(29.7%) Medical care & 28(27.7%) Nutritional counseling. In Conclusion, Younger adult hoods, females, and overweight and obese students were potential risk factors for developing unfavorable eating attitudes and behaviors.

## Keywords

Eating Disorder, SCOFF questionnaire, Anorexia Nervosa, Binge eating disorder, Body Self Schema.

## INTRODUCTION

Eating disorders (EDs), psychiatric disorders of irregular eating, have consequences in the social and mental life. Disordered eating attitudes result in long-term impairments, depression, anxiety and costs the highest mortality among the mental disorders. Moreover, eating disorder has been associated with fatigue and hormonal abnormalities that may result in menstrual irregularities and decreased bone mineral density [1].

Albeit eating disorder is more prevalent in western countries, becoming predominant among non-western countries including South Asia. Evidence reported that 11.5% of students across South-East Asian countries were at risk for an eating disorder, ranging from below 10% in Indonesia, Thailand, and Vietnam to 13.8% in Malaysia and 20.6% in Myanmar. In Bangladesh, private university students showed 37.6% eating disorder risk.

The outcome may differ in public university students, representing the mainstreaming middle-

class students in this country, rather than from high-class wealthy families and studied in private universities [2]. Young adults, including university students (known as emerging adulthood), are the most common vulnerable group of disordered eating attitudes and behaviors. Most young adults stay away from home during this period of life and begin university education, thus increasing the chance of many mental and behavioral disorders. There are several factors associated with eating disorders such as age, sex, marital status, greater exposure to western culture, cultural transition and globalization, and health-related variables including BMI. A previous study among Bangladeshi private university students found several risk factors for eating disorders such as age, high religious involvement, overweight body perception, low body appreciation, cosmetic surgery, and current binge drinking. This study hypothesized that eating disorders are associated with sex differences and the student's nutritional status (body mass index) [3].

Given the adolescent are the most common



vulnerable group of disordered eating attitudes and behaviors and remarkable variation among settings but, literature is absent regarding students and nutritional association, the investigators desired to explore the prevalence of eating disorder among adolescent in Bangladesh.

Moreover, nutrition transition increased access to fast food, and greater exposure to western culture has been implicated in changing the lifestyle and food habits of individuals in Bangladesh, which may lead to eating disorders. Hence, we need a better understanding of the factors attributed to eating disorders among adolescent in Bangladesh. Therefore, this study aimed to investigate the risk factors of eating disorders among adolescent in Bangladesh.

## RESEARCH QUESTIONS

When analyzing the thesis for the study, the following questions are taken into consideration:

- What is the level of eating disorder risk and its associated factors among adolescent at Mogbazar Dhaka Bangladesh?

## LITERATURE REVIEW

A cross-sectional study was conducted among 365 Bangladeshi public university students from October to December 2019. Data were collected by self-reported questionnaire on socio-demographic characteristics, risk of eating disorder, and nutritional status of study participants. The respondents eating disorder risk and nutritional status were assessed using the validated eating attitudes test-26 (EAT-26) tool and anthropometric measurement, respectively. A cut-off score of  $\geq 20$  based on EAT-26 indicates the presence of an eating disorder risk. Finally, a binary logistic regression was employed to identify the determinants of an eating disorder. The prevalence of eating disorder risk was 23.0% (95% confidence interval [CI]: 18.6 to 27.4).

Being female (adjusted odds ratio [AOR] = 2.4, 95% CI: 1.4 to 4.2), aged between 17-21 years (AOR = 2.0, 95% CI: 1.2 to 3.6), overweight (AOR = 4.9; 95% CI: 1.6 to 14.9) and obese (AOR = 7.7, 95% CI: 1.9 to 31.4) showed a higher odd of having an eating disorder risk in the present study. The higher prevalence of eating disorders in the study indicates that psychological intervention and health awareness programs, particularly to younger age, female, and overweight and obese students at the university level, would effectively prevent the eating disorder risk. Using the EAT-26, 37.6% of the students were classified as being at risk for an eating disorder. In multivariate analysis, being a late adolescent (17-19 years), high religious involvement, overweight body perception, low body appreciation, having had cosmetic surgery, and current binge drinking were found to be associated with an eating disorder risk [4].

Several studies have assessed lay people's understanding of eating disorders, but most addressed individuals in their twenties and older. Few studies have looked at adolescent's knowledge about eating disorders and none have looked at children younger than high school age. Campbell and Roland have shown that family and peers are usually the first to recognize a medical concern in loved ones, and are the ones who most commonly refer them for medical evaluation.

Because peers can be instrumental in the referral process, it is important that adolescents and young adults appreciate and be able to recognize the symptoms of eating disorders. It is also important that adolescents understand what the disorders are so that if they choose to practice these behaviors, they recognize the associated dangers. Because eating disorders begin primarily in young age groups, and is being seen increasingly in even younger children, it is

important that we determine this age group's understanding of these particular disorders [6].

Dental professional's knowledge of the disease has been studied as well. Despite the obvious oral implications of these disorders, it has been shown that dentists are generally not knowledgeable concerning eating disorders and the oral cues that accompany them. In a study of 576 dentists and dental hygienists, Debate 19 found that more dental hygienists than dentists could identify oral manifestations of eating disorders. She also found that only 16% of dentists surveyed had a high knowledge of oral cues associated with eating disorders. While many people suffer from various eating disorders, they often go undiagnosed and untreated. Striegel-Moore<sup>20</sup> found that only one in ten individuals with an eating disorder receives treatment for it.

There may be many reasons for this, including the vagueness of the symptoms and the fact that many try to hide their problem from family and friends. Due to oral implications of the disorders, such as perimolysis and high caries rates, dentists and dental hygienists are sometimes the first health providers to become concerned that an eating disorder exists. As a practitioner, it is important to be cognizant of eating disorder complications and be prepared to refer for appropriate medical intervention and treatment. There are various surveys that have been developed to screen patients for eating disorders.

One such survey is the - SCOFF (Sick, Control, One stone, Fat, Food) Questionnaire.

Modeled after a similar questionnaire for alcoholism, this questionnaire was designed to raise suspicion that an eating disorder might exist before rigorous clinical assessment. The SCOFF questionnaire is intended to be a - simple memorable screening instrument...for non-specialists. It has been validated on a group of British females aged 18-50 and it was concluded that -the SCOFF questionnaire detected all cases of anorexia and bulimia nervosa in the study's sample population. The questionnaire designers stated that it was an efficient screening tool for eating disorders.

We developed five questions addressing core features of anorexia nervosa and bulimia nervosa, using focus groups of patients with eating disorders and specialists in eating disorders.

We tested the questions in a feasibility study of patients and staff at an eating disorders unit. None of these participants was involved in the subsequent study. We created the acronym SCOFF from the questions.

The SCOFF questions

- Do you make yourself Sick because you feel uncomfortably full?
- Do you worry that you have lost Control over how much you eat?
- Have you recently lost more than One stone (14 lb) in a 3-month period?
- Do you believe yourself to be Fat when others say you are too thin?
- Would you say that Food dominates your life?

All participants found the questions and the term "SCOFF" acceptable. Setting the threshold at two or more yes answers to all five questions provided 100% sensitivity for anorexia and bulimia, separately and combined (all patients: 95% confidence interval, 96.9%-100.0%; patients with bulimia: 92.6%-100.0%; and patients with anorexia: 94.7%-100.0%), with a specificity of 87.5% (79.2%-93.4%) for controls.

## METHOD

This Study's primary goal is to concentrate on research methods appropriate for analysis, to comprehend the elements that start off an eating disorder pattern. It briefly explains the principles and methods that should be applied to assess the eating disorder risk and its associated factors among adolescent at Mogbazar Dhaka Bangladesh. The other specific objectives are to explore the eating disorder attitudes and behaviors among adolescent, to increase awareness on risk factor of eating disorder and its prevention & to identify socio-demographic variable of the respondents.

A practice test (SCOFF questionnaire) consisting of 5 questions has prepared including other 10 questions related to General and Socio-demographic factors that related to issues of self-loathing and body image. Using data collected from the survey, data analysis is performed using SPSS software. The software helped to predict the probable case rather than diagnose it. The BMI has been used to determine who needs dietary and psychological support. For instance, those with BMIS under 15 must be hospitalized because they urgently need nutritional support. The several Socio-demographic characteristics were picked as the independent variables. Gender, age, self-reported race and ethnicity, level of education, per capita income, dietary variables (total calories and calories by food category), weight (body mass index [BMI]), and other lifestyle factors were Socio-demographic characteristics (smoking, alcohol and physical activity). The dependent variable includes a variety of eating problems.

This approach employed a cross-sectional analysis with 377 students from Dhaka community medical college and hospital, Moghbazar, Dhaka, Bangladesh. Data collection time was shot and the resources might be limited. So, for this research purpose 101 respondents was be select as a feasible sample size.

The study was conducted from June 2024 to December 2024. The target population is adolescents between the ages of 14 and 19. These were male and female students from Dhaka community medical college and hospital, Moghbazar, Dhaka, Bangladesh. The predicting factor was the existence of occasional binge eating. The sample size is 101 people population. The Inclusion criteria included the Participants for the research were between the ages of 14 to 19 and The participants who were present & who give informed consent to this study were included.

The Exclusion criteria included Because the body goes through many changes during pregnancy and lactation, pregnant and lactating women were both at risk. People diagnosed with an eating disorder and currently seeking therapy and also More than 20 year's participants. A structured random-sampling technique that collects data through social media platforms has developed.

The Google Forms was used to create a survey, which was then shared on various social media platforms. The results were gathered in an Excel spreadsheet, and SPSS was used to analyze the data. For the quantitative analysis technique, a survey questionnaire has been developed. The questionnaire consists of 15 questions and a three-part SCOFF questionnaire. This SCOFF questionnaire has been used to gather data using interviewing methods.

The five-item SCOFF questionnaire added ten new questions on Socio-demographic characteristics and general inquiries about quantitative analytic techniques. After then, the poll was shared on social media, solely considering replies from different age groups.

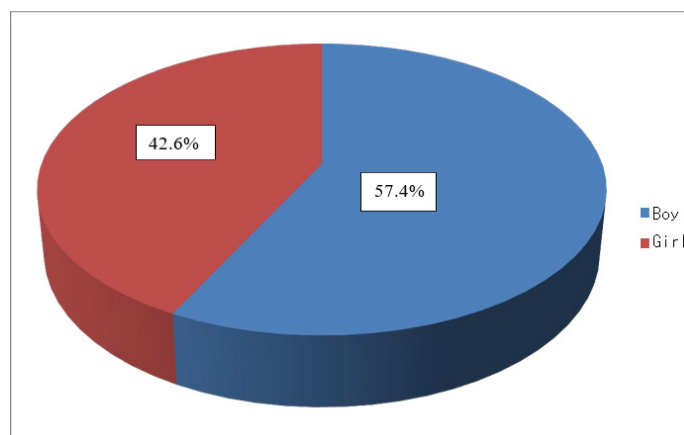
His three pre- designed, pre-tested, and validated questionnaires were used to obtain the data. The SCOFF technique assigns a score of 1 for a yes response to each of the five questions and a score of 0 for a no response. These scores are added to give him a positive diagnosis of an eating disorder with a score of 2 or more hindrance. The data from each questionnaire is then shown in pie charts and bar charts. The correlational Test-Chi- Square test is also conducted to comprehend the link between two categorical variables. The p-value of 0.05 demonstrates the relevance of the variables Gender and Disorder in the analysis. The following measures will be taken for quality control and assurance: The supervisor provides regular support and guidance; The researcher himself compiles and interprets the results; The data has verified and checked for reliability. The report should be in English.

## RESULT

**Table 1:** Number and percentage of age group.

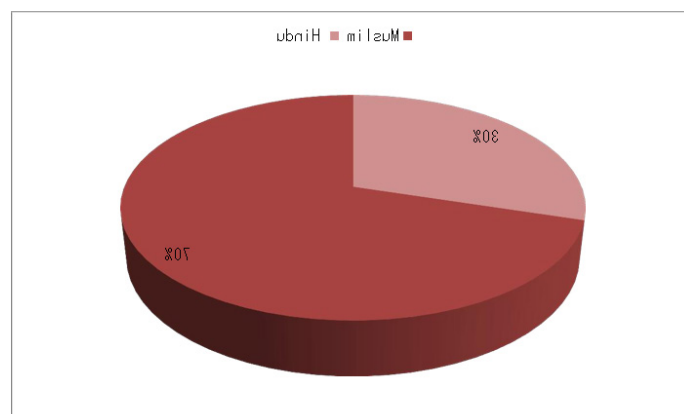
Age group	Number	Percentage %
14-15 years	40	39.6%
16-17 years	36	35.6%
18-19 years	25	24.7%
Total	101	100%

Below figure showed that among 101 respondent 58(57.4%) boy and 43(42.6%) girl.



**Figure 1:** Number and percentage of sex.

Among 101 respondents majority of them 71(70.3%) Muslim & 30(29.7%) Hindu.



**Figure 2:** Number and percentage of religion.

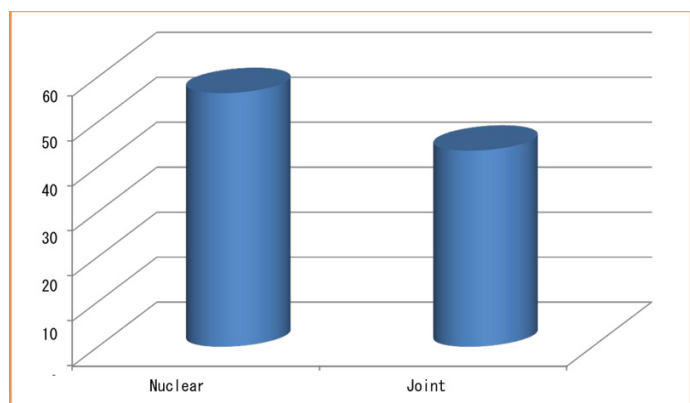
On asking about educational qualification majority of them 38(37.6%) JSC, 33(32.7%) SSC and 30(29.7%) HSC level of education.

This study visualizes and analyses the responses of 101 participants. The data was gathered using Google Forms surveys, and SPSS was used for analysis. The SCOFF questionnaire makes up the majority of the survey, and it is through its results that it is determined whether or not a person has an eating problem. Figures of distribution and test results tables are used to represent data. The Number and percentage of age group participants is shown in Table 1. On asking about age majority of them 40(39.6%) belong to 14to 15 years, 36(35.6%) belong to 16 to 17 years and 25(24.7%) years age group.

**Table 2:** Education level.

Education level	Number	Percentage%
JSC	38	37.6%
SSC	33	32.7%
HSC	30	29.7%
Total	101	100%

Below figure showed that family type 57(56.4%) nuclear family and 44(43.6%) joint family.



**Figure 3:** Number and percentage of family type.

On asking about body weight 39(38.6%) underweight, 41(40.6%) normal weight and 21(20.8%) overweight.

**Table 3:** Number and percentage of body weight.

Body weight	Number	Percentage %
Underweight	39	38.6%
Normal weight	41	40.6%
Overweight	21	20.8%
Total	101	100%

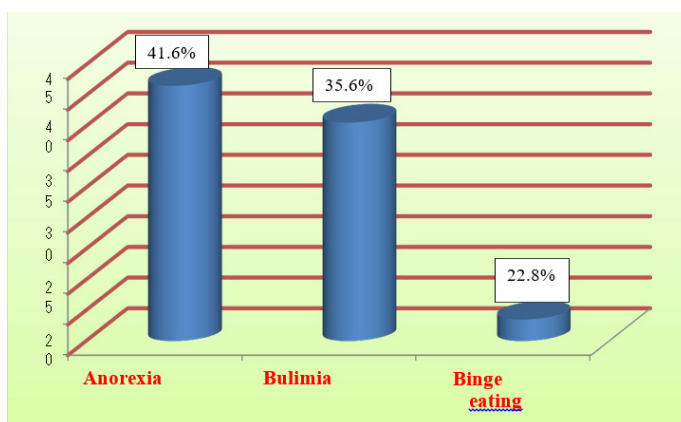
Below figure showed that common eating disorder 42(41.6%) Anorexia nervosa, 36(35.6%) Bulimia nervosa and 23(22.8%) Binge Eating Disorder.

On asking about sign of anorexia nervosa 33(32.7%) Unexplained weight loss, 28(27.7%) Frequent dieting, 16(15.8%) Anxiety about food, 14 (13.9%) Low self- esteem and 10(9.9%) Compulsive exercising.

**Table 4:** Number and percentage of sign of anorexia nervosa.

Sign of anorexia nervosa	Number	Percentage %
Unexplained weight loss	33	32.7%
Frequent dieting	28	27.7%

Anxiety about food	16	15.8%
Low self-esteem	14	13.9%
Compulsive exercising	10	9.9%
Total	101	100%



**Figure 4:** Number and percentage of common eating disorder

On asking about Sign of Bulimia Nervosa 29(28.7%) Spending a lot of time in the bathroom after meals, 22(21.8%) Eating excessive amounts of food without weight gain, 18(17.8%) Frequent upset stomachs, 15(14.8%) Unusual eating rituals, 11(10.9%) Low self-esteem, 4(3.9%) Regular use of laxatives and 2(2%) Excessive exercising.

**Table 5:** Number and percentage of sign of Bulimia Nervosa.

Sign of Bulimia Nervosa	Number	Percentage %
Spending a lot of time in the bathroom after meals	29	28.7%
Eating excessive amounts of food without weight gain	22	21.8%
Frequent upset stomachs	18	17.8%
Unusual eating rituals	15	14.8%
Low self-esteem	11	10.9%
Regular use of laxatives	4	3.9%
Excessive exercising	2	2%
Total	101	100%

On asking about Sign of Binge Eating Disorder 28(27.7%) Eating large amounts of food in one sitting, 21(20.8%) Consuming food when not even hungry, 20(19.8%) Only eating in private settings, 19(18.8%) Obsessing about eating, 10(9.9%) Expressions of guilt and shame and 3(2.9%) frequent dieting.

**Table 6:** Number and percentage of sign of Binge Eating Disorder.

Sign of Binge Eating Disorder	Number	Percentage %
Eating large amounts of food in one sitting	28	27.7%
Consuming food when not even hungry	21	20.8%
Only eating in private settings	20	19.8%
Obsessing about eating	19	18.8%
Expressions of guilt and shame	10	9.9%
Frequent dieting	3	2.9%
Total	100	100%

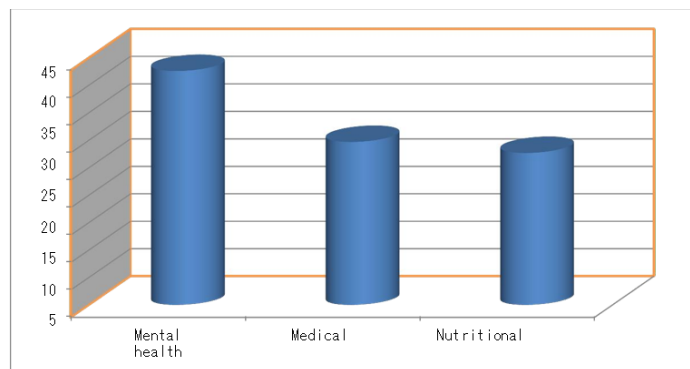
On asking about effect of eating disorder in adolescents 31(30.7%)

Bone thinning, 22(21.8%) Heart damage, 16(15.8%) Brain damage, 14(13.9%) Multi-organ failure, 10(9.9%) Stroke or heart attack and 8(7.9%) Infertility.

**Table 7:** Number and percentage of effect of eating disorder.

Effect of eating disorder	Number	Percentage %
Bone thinning	31	30.7%
Heart damage	22	21.8%
Brain damage	16	15.8%
Multi-organ failure	14	13.9%
Stroke or heart attack	10	9.9%
Infertility	8	7.9%
Total	101	100%

Below figure showed that how to prevent risk of eating disorder 43(42.6%) Mental health counseling, 30(29.7%) Medical care & 28(27.7%) Nutritional counseling.



**Figure 6:** Number and percentage of prevention risk of eating disorder.

## DISCUSSION

A cross section descriptive study was conducted at Dhaka community medical college and hospital, Moghbazar, Dhaka, Bangladesh. The study population was adolescent. 101 sample sizes were selected who were adolescent to find out the eating disorder risk and its associated factors among adolescent among them by face to face interview. The significant finding of this study in the area on oral health was discussed according to the analysis of the table & figures.

Among 101 respondent 58 (57.4%) boy and 43 (42.6%) girl. Another study was found that 37(23.7%) were male. Our study demonstrated that 23.0% of the students were at risk of eating disorders, similar to medical students in Pakistan. However, this prevalence was higher than the previous studies among university students in India (4%),16 Malaysia Sarawak (13.7% females, 5.6% males), and China (3.2%–9.9% in females and 1.2%–2% in males). This observed variation might be due to Bangladesh’s economic transition, greater exposure to western culture, and media exposure promoting western beauty and lifestyle standards. Moreover, we found a lower prevalence of eating disorder risk than a previous study conducted in Bangladesh among private university students (37.6%). This discrepancy might be due to their family background, as most of the private university students came from more affluent families than a public university. Their way of living is different and has more scope to adopt with western culture. On the contrary, the current study reported that most students came from a lower-middle-class family who might make this variation. Further comparative intervention or longitudinal studies among these two types of university students (public and private university) are highly recommended to understand the mechanism

of developing an eating disorder.

A previous study showed disordered eating attitudes had been associated with gender. This study reported female students were more likely to have an eating disorder risk than male students, which support the finding of previous investigations. Indeed, females are more concerned about their physical appearance, body image, body weight, and beauty, which might lead to disturbed eating attitudes and behaviors. Besides, their desire to be thinner and slim made them susceptible to develop unfavorable eating habits. Though the risk of developing eating disorders was more common in females, a high prevalence was found among males, showing that these disorders have increased among boys.

The current study found that younger adults (aged 16-17 years) were more likely to be vulnerable to eating disorder risk than older. A similar finding was reported in previous studies. A plausible explanation for this finding is that younger-aged students have more freedom to their food choices and lifestyle due to their behavioral transitions from living with family to living with peers on campus or living alone.

We found that adolescent being overweight and obese were more likely to have an eating disorder risk. These findings supported other studies. Our research reported that most students had normal body weight, more than 20% of students had a BMI above the normal range. Interestingly, we found a statistically significant relationship among this portion with disordered eating habits. Moreover, our findings revealed that of the students with normal body mass index, 20.25% still suffered from eating disorders as by EAT-26 (n = 48/237). Indeed, the onset of eating disorders can be a psychological basis. Even individuals with normal body mass index can have a likelihood of these disorders. Adolescent who are overweight and obese tend to have a higher risk of eating disorders to achieve a lean bodily image which might pose to disordered eating attitudes.

Previous studies showed religiosity was correlated with eating disorders. This study found no significant association between eating disorders and religion. We considered only religious types such as Hindu, Muslim, etc., rather than the degree of religiosity they involved, which might explain this variation. Also, this study failed to make a significant association with family status, which was similar to another study [6-20].

## CONCLUSION

About one in four students reported at risk of eating disorders in adolescents in Bangladesh. Younger adulthood, females, and overweight and obese students were potential risk factors for developing unfavorable eating attitudes and behaviors. Early screening and identification of these risk factors might be conducive to understand the onset of eating disorders and preventive measures. In addition, the findings can be used to scheme health awareness campaigns to prevent the risk of eating disorders among Bangladeshi adolescent.

## RECOMMENDATION

The following recommendations are made on the basis of the findings of the present study- This study shows that young adolescent in Bangladesh with a strong interest in fashionable clothes and Indian TV shows as aspects of modern culture tended to have a greater ED risk, and that these interests were correlated with the dieting and oral control EAT-26 subscale scores, but not with the bulimia and food preoccupation subscale score. These results are consistent with the suggestion that the development of EDs is related to increased body awareness and body image disturbances. Monitoring the cultural

interests of adolescent females, who are continually exposed to modern culture and highly susceptible to EDs, may contribute to the prevention of EDs.

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