

Self-assessed Eating Behaviours: Psychosocial Factors and Correlates with Quality of Life in the Romanian Population

Background: Abnormal eating behaviours leading to eating disorders, negatively affect the quality of life and the health status of individuals. The increase in youth obesity worldwide was accelerated during COVID-19 pandemic. The aim of this study was to investigate the role of psychosocial factors, quality of life dimensions, socio-emotional loneliness and adverse life antecedents on different eating behaviours.

Methods: This study had a cross-sectional quantitative research design, using the CATI method. A nationally representative sample of 1102 individuals was investigated in 2021. The questionnaire included socio-demographic characteristics of participants, health related variables, quality of life dimensions, a socio-emotional loneliness scale and an inventory of adverse life antecedents. Descriptive and inferential statistics, as well as multivariate models were applied for data analysis.

Results: 27% of respondents reported a mix of overeating and undereating episodes; 18% had only episodes of overeating; 20% only episodes of undereating, and 35% did not have abnormal eating habits (data not shown in a table).

The Tables 1, 2 and 3 present the results of the inferential analysis, for each category of the dependent variable (the types of eating habit) and the different groups of independent variables: a set of 10 psychosocial factors (in Table 1), two global items for quality of life and 6 adverse life antecedents (in Table 2), and the 6 items of the socio-emotional scale (in Table 3).

Overeating was positively correlated, while undereating negatively correlated with income and wealth. The mixture of abnormal eating habits negatively correlated with family relationships, nutrition and social relationships. Oscillating eating behaviours positively correlated with most of adverse life antecedents (deception, self-harm, abuse, depression and trauma) and socio-emotional loneliness.

The results of the logistic regression (not shown in a table), reflected that young people were more likely to adopt mixed abnormal eating habits (OR: 4.093, $p < 0.001$ for the age-group 18-35 years and OR: 2.798, $p < 0.001$), while people with lower education were more prone to undereating (OR:

1.707, $p=0.048$). Other results revealed the people with episodes of overeating had a higher risk of depression (OR: 1.525, $p=0.071$), while people with episodes of undereating had a higher risk of a low level for overall happiness (OR: 1.509, $p=0.051$).

Table 1. Correlations between eating behaviours and psychosocial factors

Dependent variable	Psychosocial determinants of										
	Health	Nutrition	Physical activities	Recreational activities	Wealth	Affective life	Sex life	Family relationships	Social relationships	Income	Index of psychosocial factors
Episodes of overeating	.048	.034	-.038	-.006	.069*	.033	.027	.039	.067*	.084**	.053
Episodes of undereating	-.088**	-.075*	-.072*	-.086**	-.185**	-.149**	-.071*	-.085**	-.102**	-.190**	-.169**
A mixture of overeating and undereating episodes	-.027	-.078**	-.056	-.017	-.020	.033	.004	-.122**	-.073*	-.006	-.049
Lack of overeating or undereating episodes	.052	.101**	.142**	.093**	.108**	.059*	.033	.150**	.094**	.099**	.138**

** . Correlation is significant at the 0.01 level (2-tailed).* . Correlation is significant at the 0.05 level (2-tailed).

Table 2. Correlations between eating behaviours and quality of life dimension / life antecedents

Dependent variable	Quality of life items		Life antecedents					
	Life satisfaction	Overall happiness	Trauma	Abuse	Chronic illnesses	Deception	Depression	Self-harm
Episodes of overeating	.061*	.050	-.040	-.123**	-.017	-.018	-.072**	.007
Episodes of undereating	-.133**	-.197**	.074*	.083**	.057	.049	.098**	-.031
A mixture of overeating and undereating episodes	-.016	.000	.122**	.179**	.023	.237**	.134**	.183**
Lack of overeating or undereating episodes	.070	.117**	-.141**	-.139**	-.055	-.249**	-.157**	-.146**

** . Correlation is significant at the 0.01 level (2-tailed).* . Correlation is significant at the 0.05 level (2-tailed).

Table 3. Correlations between eating behaviours and socio-emotional loneliness scale items

Dependent variable	Emotional loneliness: I experience a general sense of emptiness.	Emotional loneliness: I miss having people around.	Emotional loneliness: I often feel rejected.	Social loneliness: There are plenty of people I can lean on in case of trouble.	Social loneliness: There are many people that I can count on completely.	Social loneliness: There are enough people that I feel close to.	Total socio-emotional loneliness score
Episodes of overeating	-.034	-.039	-.049	.014	-.014	-.021	-.048
Episodes of undereating	.091**	-.084**	.108**	.097**	.059	.063*	.110**
A mixture of overeating and undereating episodes	.145**	.055	.086**	-.096**	.022	.077**	.086**
Lack of overeating or undereating episodes	-.184**	.045	-.125**	.004	-.052	-.103**	-.128**

** . Correlation is significant at the 0.01 level (2-tailed).* . Correlation is significant at the 0.05 level (2-tailed).

Conclusions: These results have important implications for policy-makers, by providing an evidence-based foundation for the programs aiming to promote healthy eating habits for population.

Keywords: abnormal eating behaviours; psychosocial factors; quality of life; loneliness.