



Investigation of the Orthorexia Nervosa Tendencies and Healthy Eating Attitudes of Health Sciences Faculty Students

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ABSTRACT

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Aim: Orthorexia nervosa (ON) is an eating disorder characterized by excessive concern for healthy nutrition and food quality. Physical and mental health problems may occur in individuals who obsess about healthy eating in the long term. In this study, healthy nutrition attitudes and orthorexic tendency levels of university students were examined.

Method: Attitude Scale for Healthy Nutrition (ASHN) and Orthorexia Nervosa Scale (ORTO-11) were applied to 370 students studying at the Faculty of Health Sciences.

Results: According to the students' ASHN mean score, it was determined that their attitudes towards healthy nutrition were at a high level (71.26±10.27). The mean ORTO-11 score of the students was 27.47±4.79, and the orthorexic tendency among the students was at a moderate level. It has been found that the most ON tendencies are in Nursing department students (13.2%). Students with high orthorexic tendency were at the level of 9.5% (n=35). A significant relationship was found between the ASHN and ORTO-11 results of the students. It was determined that individuals with high attitudes towards healthy nutrition also had high orthorexic tendencies.

Conclusion: It is necessary to prevent healthy eating attitudes and behaviors from turning into obsessions and to develop diagnosis and treatment methods for ON eating disorder. It is also of great importance for individuals to have knowledge about adequate, balanced, healthy nutrition in terms of protecting public health.

Keywords: Healthy nutrition, Orthorexia Nervosa, ORTO-11, university students

1. INTRODUCTION

In protecting and sustaining public health, it is important for individuals to adopt conscious nutritional behaviors. Factors such as the amount of consumed food, content of the food, the time of nutrition, the number and duration of meals vary among individuals. Age, gender, physiological status, and diseases are effective in the formation of these differences. Adequate and balanced nutrition makes it possible to extend life expectancy and increase its quality (1, 2). Macro (carbohydrates, proteins, fats) and

micro (vitamins, minerals, water) nutrients taken with food provide energy to the body and are also used in the functioning of systems, the production of hormones and body secretions, and the function of cognitive functions (3). However, consuming more than the recommended amount of energy can result in weight gain and obesity; while consuming less can cause malnutrition (4).

The increase in nutrition-related diseases, especially in recent years, has led nutritionists, public health experts and other health professionals to attach more importance to healthy nutrition. This situation has

affected individuals in different ways and caused them to make changes in their nutritional behaviors (5). In addition to health concerns; aesthetic concerns such as not liking physical appearance and wanting to remain thin associated with eating behavior disorders (6). The American Psychiatric Association has classified eating disorders into eight groups and explained their diagnostic criteria and complications in the DSM-V Diagnostic and Statistical Manual of Mental Disorders (7). Accordingly, eating disorders are as follows; anorexia nervosa, bulimia nervosa, binge eating disorder, pica, rumination disorder, avoidant/restrictive eating, other specified feeding and eating disorders, and other unspecified feeding and eating disorders. Orthorexia nervosa, which is among undefined eating disorders, was first introduced by Bratman in 1997 (8). ON is an obsessive eating behavior disorder characterized by a tendency to pay excessive attention to healthy food consumption. Individuals with orthorexia are concerned about the quality and naturalness of food; they also exhibit a sensitive attitude towards issues such as preparation, cooking and storage of food. They show selective eating behavior by paying attention to whether the food contains food additives, hormones, antibiotics, pesticides, carcinogenic substances, genetically modified organisms, chemicals, hormonal residues in foods of animal origin, etc. Attitudes such as spending a long time on researching and preparing food and not consuming processed or out-of-season foods also indicate orthorexic tendency (9-11). When health outcomes are examined, weight loss and nutritional deficiencies are seen first. Social isolation and decreased quality of life, exhaustion and emotional instability, and mental disorders are among the other negative consequences (12, 13).

The incidence of orthorexia nervosa has been examined in different countries, in different age, gender and occupational groups. Studies have reported that high-risk groups for ON are women, individuals involved in sports, students receiving health education (medical, veterinary, dietician, nurse)

and artists (14). Nonclinical prevalence studies suggest a high prevalence of ON. This situation necessitates the establishment of diagnostic criteria for ON and its definition as a diagnosable eating disorder.

Individuals with a high level of health knowledge can develop obsessions towards healthy life. In this study, healthy eating attitudes and behaviors of individuals receiving health education and healthy eating obsessions (ON) were examined.

2. MATERIALS AND METHODS

This cross-sectional study was conducted with students from Burdur Mehmet Akif Ersoy University Faculty of Health Sciences in Burdur province. The total number of students in the faculty in the 2022-2023 academic year was determined as 1728. (There are 643 students in the Emergency Aid and Disaster Management department, 322 students in the Nutrition and Dietetics department, 579 students in the Nursing department, and 184 students in the Physiotherapy and Rehabilitation department). The Open Epi package program was used to determine the sample of the study. Accordingly, the sample size was calculated as 315 people at a 95% confidence interval. The survey form was prepared via Google Forms and sent to the students online. Before starting the study, ethical approval was obtained from the Burdur Mehmet Akif Ersoy University Non-Interventional Clinical Research Ethics Committee (Ethics approval number: GO 2023/212). The inclusion criteria for the study are to be a student registered at Burdur Mehmet Akif Ersoy University Faculty of Health Sciences in the 2022-2023 academic year. There is no exclusion criteria other than students of other faculties not being able to participate in the study.

2.1. Data Collection Tools

The survey form consists of a total of 41 questions. The first section includes questions about personal information; the second section includes the Attitude Scale for Healthy Nutrition (ASHN), and the third section includes the Orthorexia-11 scale (ORTO-11). In the questions about personal information, students

were asked about their gender, age, height, weight, department, whether they have a health problem, and their level of knowledge about healthy nutrition. The students' height and weight data and body mass index (BMI) values were calculated and evaluated according to the classifications reported by the World Health Organization. Accordingly, those with a BMI <18.5 kg/m² were defined as underweight, those with a BMI between 18.5-24.99 kg/m² were defined as normal, those with a BMI between 25.0-29.99 kg/m² were defined as overweight, and those with a BMI ≥30 kg/m² were defined as obese (15).

2.2. Attitude Scale for Healthy Nutrition (ASHN)

The ASHN scale was used to examine the relationship between orthorexic tendencies and healthy eating attitudes and behaviors of the students. This scale is useful in measuring individuals' cognitive, emotional and behavioral responses to healthy eating. The validity and reliability study of the attitude scale for healthy nutrition was conducted by Tekkurşun Demir and Cicioğlu (2019) (16). The scale consists of 21 items and 4 factors. These factors are; Knowledge about Nutrition, Feelings Towards Nutrition, Positive Nutrition and Malnutrition. The scale was prepared in 5-point Likert type. The ratings on the scale are 'Strongly Disagree', 'Disagree', 'Undecided', 'Agree', 'Strongly Agree'. The lowest score that can be obtained from ASHN is 21, the highest score is 105. In the validity and reliability study of the scale, a score of 21 obtained from ASHN is explained as very low, 22-42 points as low, 43-63 points as medium, 64-84 points as high and 85-105 points as having an ideally high attitude towards healthy nutrition.

2.3. Orthorexia-11 scale (ORTO-11)

A 10-question scale was prepared by Bratman and Knight in 2000 to determine the tendency towards orthorexia nervosa (17). Donini et al. (2005) developed these 10 questions and created the ORTO-15 scale, which contains 15 items (18). The validity and reliability of ORTO-15 in Turkish was conducted by Arusoğlu et al. (2008) and adapted as the ORTO-11 scale (19). ORTO-11 scale is a 4-point Likert-type scale

consisting of 11 items and is organized as "always" 1 point, "often" 2 points, "sometimes" 3 points, "never" 4 points. In the results ranging from 11 to 44 points, low scores indicate a tendency towards orthorexia.

2.4. Statistical Analysis

SPSS 26.0 package program was used to evaluate the data. Descriptive statistics were used as number, percentage for categorical variables; continuous variables, arithmetic mean and standard deviation are given. The normal distribution of the responses given in the test was tested with Kolmogorov-Smirnov and Shapiro-Wilk analysis methods. t-test, Kruskal Wallis -H test were used in the analysis of quantitative data. The significance level was taken as p<0.05. The correlation between the attitude scale for healthy nutrition (ASHN) and ORTO-11 scale was determined by Pearson correlation (20).

3. RESULTS AND DISCUSSION

Information about the students participating in the study was shown in Table 1. A total of 370 students participated in the study, 22.4% of whom were male and 77.6% were female. The majority of participants (70.8%) were between the ages of 18-21 and 66.8% had a normal weight. The average BMI of female students was determined as 21.58±3.42; the average BMI of male students was determined as 23.68±3.36. The student participation level according to the departments was as follows: Nutrition and Dietetics (38.9%), Nursing (24.6%), Emergency Aid and Disaster Management (24.3%), and Physiotherapy and Rehabilitation department (12.2%). 12.4% of the students stated that they had a health problem. The rate of students using nutritional supplements was 9.5%. Students defined their level of knowledge about healthy nutrition as 29.2% sufficient, 61.6% moderate and 9.2% poor.

The ASHN scores of the students were given in Table 2. While there were no students with very low scores, 1.1% of the students were classified as low, 21.6% as medium, 67.3% as high and 10% as ideally high. It was seen that the attitude for healthy nutrition is higher in female students than in male students. There were statistically significant differences between the

Table 1. Sociodemographic characteristics of the students

Characteristics	n	%
Gender		
Male	83	22.4%
Female	287	77.6%
Age		
18-21	262	70.8%
22-25	96	25.9%
25 and older	12	3.2%
BMI		
Underweight	51	13.8%
Normal	247	66.8%
Overweight	61	16.5%
Obese	11	3.0%
Department		
Emergency Aid and Disaster Management	90	24.3%
Nutrition and Dietetics	144	38.9%
Physiotherapy and Rehabilitation	45	12.2%
Nursing	91	24.6%
Health problem status		
Yes	46	12.4%
No	324	87.6%
Use of dietary supplements		
Yes	35	9.5%
No	335	90.5%
Knowledge level on healthy nutrition		
Sufficient	108	29.2%
Moderate	228	61.6%
Poor	34	9.2%
TOTAL	370	100%

Table 2. ASHN scores of the students

ASHN score	Female	Male	Total	p
	n (%)	n (%)	n (%)	
Very low (21 points)	-	-	-	0.016*
Low (22-42 points)	2 (0.69%)	2 (2.40%)	4 (1.10%)	
Medium (43-63 points)	52 (18.11%)	28 (33.70%)	80 (21.60%)	
High (64-84 points)	204 (71.10%)	45 (54.20%)	249 (67.30%)	
Ideally high (85-110 points)	29 (10.10%)	8 (9.7%)	37 (10.00%)	
Total	287 (100%)	83 (100%)	370 (100%)	

*t-test

results ($p < 0.05$). It was determined that most of the students had high-level attitudes towards healthy nutrition (67.3%). In a study conducted with students of Trakya University Faculty of Medicine, the students' attitudes towards healthy nutrition were similar to our study. There were no students with very low scores in this study. It was reported that 1.4% of the students were low, 15.0% were medium, 71.4% were high and 12.3% had ideally high attitudes towards healthy nutrition (21). Akduran et al. (2023) found the total mean ASHN score of students studying in the Nursing department as 69.06 ± 8.24 . It was stated that this attitude was higher in female students among the students whose healthy nutrition attitude was evaluated as high (22). In our study, the mean ASHN score was 71.26 ± 10.27 (Table 4). In another study, when the total ASHN mean of the students of the Faculty of Sports Sciences was compared according to gender, it was found that the mean of male students (75.60 ± 12.27) was higher than the mean of female students (73.11 ± 12.77) (23). In a study conducted with a different sample group, the mean ASHN mean score of mothers with children aged 2-6 was found to be higher than university students (83.862 ± 9.158) (24). It can be said that the eating habits of parents with children or adults are

more regular and that they pay more attention to developing a healthy diet and lifestyle.

The orthorexic tendency levels of the students according to their departments were given in Table 3. The cut-off point was not specified in the adaptation of the ORTO-11 scale to Turkish. The results of our study were evaluated by dividing the score range into three parts. Accordingly, high orthorexic tendency among the students was at the level of 9.5%. The department with the highest tendency to orthorexia nervosa was determined as Nursing (13.2%), and the department with the lowest tendency was determined as Emergency Aid and Disaster Management (6.7%). A significant relationship was found between the departments of the students and the ORTO-11 scale results ($p < 0.05$). In a study conducted with students of the Faculty of Health Sciences at a university in Gaziantep, ORTO-11 scores of Nursing, Nutrition and Dietetics, and Physiotherapy and Rehabilitation departments were examined, and it was determined that there was no significant difference between the scores of students in different departments (25). Similarly, there was no significant difference between the ORTO-11 scores of students in Nutrition and Dietetics, Nursing and Midwifery departments (26).

Table 3. Comparison of ORTO-11 scores of students with departments

	Departments					p
	Emergency Aid and Disaster Management	Nutrition and Dietetics	Physiotherapy and Rehabilitation	Nursing	Total	
ORTO-11 score	n (%)	n (%)	n (%)	n (%)	n (%)	0.016*
High tendency (11-20 points)	6 (6.7%)	13 (9%)	4 (8.9%)	12 (13.2%)	35 (9.5%)	
Medium tendency (21-34 points)	73 (81.1%)	125 (86.8%)	40 (88.9%)	78 (85.7%)	316 (85.4%)	
Low tendency (35-44 points)	11 (12.2%)	6 (4.2%)	1 (2.2%)	1 (1.1%)	19 (5.1%)	
Total	90 (100%)	144 (100%)	45 (100%)	91 (100%)	370 (100%)	

*Kruskall Wallis-H test

Table 4. The ASHN and ORTO-11 scores of the students

	Minimum score	Maximum score	Mean±standard deviation
ASHN	34	97	71.26 ± 10.27
ORTO-11	14	41	27.47 ± 4.79

Table 4 shows the mean scores, lowest and highest scores of the students on the ASHN and ORTO-11 scales. ASHN and ORTO-11 ranges were 34-97 and 14-41, respectively. The mean score of ASHN was 71.26 ± 10.27 and the mean score of ORTO-11 was 27.47 ± 4.79 . According to the students' ORTO-11 mean score, it can be said that the orthorexic tendency was at a moderate level. Among the students studying at the Faculty of Medicine, 17 (1.9%) who scored between 0-15 were evaluated as having high orthorexic tendency, and their ORTO-11 mean score was determined as 26.8 ± 6.24 (27). The risk of orthorexia nervosa was investigated among female students of the Nutrition and Dietetics department of a university in the TRNC, and the ORTO-11 mean score of the students was found to be 30.7 ± 4.45 (28). In our study, the mean score of the students in the same department was 27.20 ± 4.64 , and according to this study, the orthorexic tendency was higher. The ORTO-11 mean score of the Nutrition and Dietetics students of Istanbul Marmara University was found to be 16.5 ± 4.6 . According to our assessment method, it can be said that students have a high orthorexic tendency. The study reported that parameters such as smoking, alcohol consumption, chronic disease status, and body mass index did not significantly change the students' scores, and that orthorexic tendency was higher in male students and students living with their families (29). In a study, it was reported that dietitian candidates had a higher risk of orthorexia nervosa than students in the Social Work department. It was thought that this situation was due to the fact that Nutrition and Dietetics students had more weight concerns and healthy eating concerns (30).

In a study investigating the risk of orthorexia nervosa according to dietary habits, it was revealed that there were no significant differences in ON scores between vegan/vegetarian and non-vegetarian groups. The groups' ORTO-11 mean scores were calculated as 27.7 ± 2.8 and 27.1 ± 3.4 , respectively (31). In another study conducted with health professionals, it was reported that orthorexic tendency was higher in

nurses (35%) and midwives (30%) (32). Similarly, in our study, orthorexia nervosa tendency was found to be higher in Nursing students. Ergin (2014) concluded in her study that the ORTO-11 mean scores of individuals who were and were not health professionals were close to each other and that the difference was not significant (33).

In the ORTO-11 scale, 61.4% of the students answered the question 'Do you think that unhealthy foods are also sold in the market?' as always, 20.5% as often, 11.4% as sometimes, and 6.8% as never. Although students have a moderate orthorexic tendency, they have a lot of concerns about the health, hygiene, or reliability of the foods in the market. University students exhibit more eating out behavior. Irregular eating habits, skipping meals, consumption of foods with high sugar and fat content, overly processed foods, and fast food are common among students. Factors such as health status, economic status, place of residence, and nutritional culture can be effective in students' food purchasing and consumption behaviors. While these conditions affect students' food choices, they also cause them not to spend enough time on healthy nutrition (28, 34, 35).

Eating habits vary across cultures. The ORTO-15 scale, which is used to determine orthorexia nervosa, known as an obsession with healthy eating, was developed in Italy and adapted to different cultures (18). The Lebanese validation of the scale showed good compatibility with its 15-item form. This was explained by the fact that the culture, lifestyle and life behaviors of the two countries are similar, as they are Mediterranean countries (36). The scale was adapted to the Hungarian society, and the 11-item ORTO-11-Hu scale was used. According to the results of this study, the risk of orthorexia nervosa in the Hungarian population (when the cut-off point was taken as 40) was found to be 74.2%. In the study, it was reported that a high cut-off score increased the prevalence level of ON and that a more reliable cut-off score should be determined (37).

The relationship between the scale scores of the students was determined by Pearson Correlation

Table 5. The relationship between students' ASHN and ORTO-11 scores

ASHN	ORTO-11	
	Pearson correlation	-0.148*
	Sig (2-tailed)	0.004
	N	370

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

(Table 5). Accordingly, there was a low-level negative correlation between students' ASHN and ORTO-11 scores (-0.148). This result shows that the ORTO-11 scores of individuals with a high attitude towards healthy nutrition decrease, thus their orthorexic tendencies increase. There is no study comparing ORTO-11 and ASHN scores in the literature. However, in a study comparing the healthy lifestyle behaviors and orthorexic tendencies of university students, it was observed that as the healthy lifestyle behavior score increased, the tendency to orthorexia decreased (38). The correlation between academics' health status perceptions and orthorexic tendencies is similar to our study. In the study, it was concluded that individuals who evaluated their health status as very good (31%) and good (55.2%) had high orthorexic tendencies (39).

4. CONCLUSION

Healthy eating behavior is one of the most important factors in individuals living a healthy life. However, excessive anxiety and efforts to achieve perfection in this regard can turn into an obsession and cause an eating disorder called 'orthorexia nervosa'. Studies show that healthy eating obsession is more common in health professionals, students receiving health education, and individuals involved in sports. This study was conducted with students of Health Sciences Faculty studying in the field of health and the students' attitudes towards healthy eating and their orthorexic tendency levels were examined. The students' attitudes towards healthy eating were at a high level, and their orthorexic tendency was at a moderate level. 9.5% of the students had a high orthorexic tendency, and it was concluded that the rate of orthorexia was higher in students of the Nursing department compared to other departments.

Orthorexic individuals spend a lot of time on issues from purchasing food to consumption. This situation negatively affects their social life and health. In recent years, ON has become an important public health problem. Like other eating disorders, orthorexia nervosa also needs to have a special classification. It is expected that studies on this subject will contribute to the establishment of diagnostic criteria for ON. Although the ORTO-11 scale is useful in distinguishing ON, the uncertainty in the cut-off point may be insufficient for ON diagnosis. Studies are needed on ON diagnosis, treatment methods, and precautions that can be taken. Also, individuals should be provided with scientific training on food production technologies, food hygiene, food packaging, and the relationship between nutrition and health. In this way, individuals can be provided with a more balanced and conscious nutritional attitude, and nutritional disorders can be prevented.

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Ethical Statement: The Human Rights Declaration of Helsinki conducted the study process. Ethical approval was obtained for this study from the Burdur Mehmet Akif Ersoy University Non-Interventional Clinical Research Ethics Committee (Ethics approval number: GO 2023/212).

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