Journal of Education, Teaching, and Learning
Volume 9 Number 1, 2024 Special Issue. Page 321-326
p-ISSN: 2477-5924 e-ISSN: 2477-8478

PSYCHOLOGY AND SOCIOLOGY ANALYSIS OF EATING DISORDER FACTORS AMONG ATHLETES: AGE-BASED PERSPECTIVES

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Abstract. Eating disorders are prevalent among athletes, impacting their physical and psychological health. This study examines the influence of psychosocial factors—specifically stress and social support—on eating disorders among senior and junior athletes. A descriptive quantitative approach was used, with taekwondo athletes from SLOMPN UPI and the West Java Taekwondo Team selected through purposive sampling. Data were collected using three validated questionnaires: the Eating Disorder Screen for Athletes (EDS-A), the Perceived Stress Scale (PSS), and the Athletes Received Support Questionnaire. Statistical analysis, including Two-Way ANOVA and descriptive statistics, was performed using IBM SPSS Statistics Version 25. Results showed a significant impact of psychosocial factors on eating disorders for both senior and junior athletes ($p < 0.05$). Senior athletes exhibited higher mean scores for eating disorders (20.53), stress (33.62), and social support (70.14) compared to junior athletes, who had mean scores of 18.94, 28.91, and 64, respectively. Despite receiving more social support, senior athletes experienced higher stress levels, which correlated with a greater risk of eating disorders. Conversely, junior athletes with lower stress levels showed a reduced risk of eating disorders, highlighting the importance of strong social support networks. These findings suggest that interventions should focus on enhancing social support and stress management tailored to different age groups. Future research should explore gender differences in psychosocial factors affecting eating disorders to develop more targeted interventions.
Keywords: eating disorders, stress, social support, athletes, psychosocial, age.

I. INTRODUCTION

Eating disorders are prevalent issues among athletes, impacting both physiological and psychological functions, increasing the risk of illness and injury, disrupting training quality and consistency, and indirectly affecting competitive goal attainment (Mountjoy et al., 2014). These disorders, characterized by abnormal behaviors that alter eating patterns and negatively impact mental or physical health, occur more frequently among athletes than in the general population (Sundgot-borgen & Torstveit, 2004). Recent research indicates that the prevalence of eating disorders among athletes tends to be higher compared to the general population (Joy et al., 2016). In the realm of sports, athletes often exhibit characteristics indicative of subclinical pathology or high risk for eating disorders (Scoffier-meriaux & Larson, 2022). Eating disorders are characterized by variations in abnormal eating patterns, imbalances in weight regulation, and excessive concerns regarding body shape and weight, leading to significant physical and psychosocial impacts (Treasure et al., 2020). They entail a variety of biological and psychosocial risk factors, including genetic and environmental influences (Jacobi et al., 2004).

Contributing factors to eating disorders include social pressure, unrealistic body idealization, and traumatic experiences (Stice et al., 2013). However, it is important to differentiate whether these factors are general risk factors for eating disorders or specific to athletes. For a more comprehensive understanding, additional factors such as low self-esteem and poor emotional management should be considered if they are relevant (Stice et al., 2013). In the context of athletes, specific risk factors include competitive pressure, body evaluation by others, and the desire to achieve high performance levels (Sundgot-borgen & Torstveit, 2004). To prevent eating disorders, it is crucial to encourage athletes

to focus on health and athletic achievements rather than solely on weight or body shape (Byrne & McLean, 2001).

Psychosocial factors play a significant role in influencing an athlete's stress levels (Tranaeus et al., 2022). Previous studies have shown that anxiety in sports impacts performance during competitions (Lee & Wang, n.d.). Additionally, high levels of stress associated with sports competition and social pressure from teammates or coaches can also affect athletes' eating patterns (Beals & Manore, 2002). For instance psychological stress can trigger stronger urges to overeat in individuals with Binge Eating Disorder compared to those without the condition (da Luz et al., 2023). Stress is crucial in the development and maintenance of eating disorders such as anorexia nervosa and bulimia nervosa (Brewerton, 2007) (Stice, 2002). Research has demonstrated that stressful life events, including trauma, abuse, or significant life changes, can increase an individual's risk of developing eating disorder symptoms (Grilo et al., 2005). Individuals experiencing chronic stress tend to adopt unhealthy coping strategies, including using food as a mechanism to cope with emotional pressure (Oliver & Wardle, 1999).

In efforts to prevent stress, athletes must demonstrate significant abilities to manage their thoughts and emotions through techniques such as self-talk, maintaining an optimistic mindset, and managing cognitive activation and arousal. Characteristic traits of individuals experiencing eating disorders often include psychological aspects such as body image imbalance, lack of self-control, and negative self-perception of their bodies (Fairburn et al., 2003). In the sports arena, the drive to meet specific physical or weight standards to enhance athletic performance can be a key contributing factor to the development of eating disorders (Carron, 2009). This is also highlighted in a study which indicates that physical standards set to enhance athletic performance can create excessive pressure. This pressure can, in turn, reinforce negative self-perception and increase the risk of eating disorders (Giel et al., 2016).

Social support is a term that encompasses various concepts, including perceived support and experiences of receiving supportive behaviors (Haber et al., 2007). Social support from coaches, fellow athletes, and medical personnel has been found to have beneficial effects in the prevention and management of eating disorders among athletes (Martinsen et al., 2010). Coaches are crucial in assisting athletes in implemnting adaptive motivating techniques that increase performance quality (Fitri et al., 2022). Previous studies indicate social support influence athletes anxiety which can subsequently enchance their performance (Prasetyo et al., 2024). Social support can provide emotional, informational, and instructional assistance that helps individuals cope with difficulties and adapt to stressful situations (Grange et al., 2009), the presence of a strong network of social support and the support received from friend and family, can assist students in coping with stressful life experiences and reducing levels of anxiety and depression (Backhaus et al., 2023). These interpersonal relationships can provide benefits when facing various physical, performance, and life pressures encountered by athletes and can serve as crucial mediators in the development of mental disorders (Delfin et al., 2023).

Furthermore, the evolving understanding of the role of age in the experience of eating disorders highlights that athletes at different developmental stages may be vulnerable to specific pressures and stressors related to their sport and athletic identity (Giel et al., 2016). Underscores that adolescents, particularly athletes, often experience significant pressure to achieve an ideal body image, which can trigger the development of eating disorders (Giel et al., 2016). Similarly, findings illustrate that individuals with lower levels of social support are 1.5 to 7 times more likely to experience symptoms of common mental disorders compared to those with higher levels of social support (Gouttebarge et al., 2016). Factors influencing social support include the quality of interpersonal relationships, availability of support, and level of social engagement (Uchino, 2009). Positive and adequate social support can serve as a protective element, reducing the likelihood of developing eating disorders in vulnerable individuals (Holtom-Viesel & Allan, 2014). While it is evident that social support plays a critical role across all ages, including adolescence, it is essential to differentiate its impact on various developmental stages and contexts to fully understand its protective effects against eating disorders.

High levels of stress can increase the risk of eating disorders (Clara et al., 2023) and athletes and sports professionals emphasize the importance of appropriate social support in helping to alleviate eating disorders among athletes (Sandgren et al., 2023). There is currently no research examining the influence of stress and social support on eating disorders specifically based on age among athletes. In this context, a comprehensive understanding of the psychosocial and age-related influences on eating disorders among athletes becomes increasingly crucial to guide efforts in effectively preventing and intervening in these issues (Checa Olmos et al., 2023). Therefore, this study aims to conduct a deeper psychosocial analysis of athletes based on age, with the goal of exploring factors contributing to eating disorders. We hypothesize that there is a significant difference in the prevalence of eating disorders between senior and junior athletes. Additionally, we posit that the level of perceived stress is positively correlated with the risk of eating disorders, meaning higher stress levels are likely to increase the probability of developing such disorders (Tsofliou et al., 2021). Conversely, we expect that greater levels of social support negatively correlate with the risk of eating disorders, with higher support levels reducing the likelihood of occurrence (Button & Id, 2024). These hypotheses guide our investigation into the complex dynamics of stress, support, and their roles in the development of eating disorders across different age groups of athletes. With a better understanding of the relationship between psychosocial factors and age, this research is expected to provide a more integrated insight into the dynamics of eating disorders among athletes and support the development of more effective interventions.

II. METHODS

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The research aims to discover psychosocial factors linked to eating disorders among athletes, with a focus on age-based perspectives. The research utilizes a descriptive quantitative design with a quantitative research method. The descriptive approach is employed to describe the characteristics of the respondents and the research variables related to eating disorders among athletes. The quantitative method is chosen to analyze the relationship between the psychosocial factors under investigation and the presence of eating disorders.

The research sample consists of taekwondo athletes from SLOMPN UPI (National Potential Young Athletes Training Center) and the West Java Taekwondo Team, located in Bandung, Indonesia. The sample selection uses a purposive sampling technique. Based on the screening results, only athletes with eating disorders are further analyzed. The sample size includes 38 athletes, with 25 classified as senior athletes (aged 17-27 years) and 13 classified as junior athletes (aged 14-16 years). Among the senior athletes, there are 10 women and 15 men, while among the junior athletes, there are 8 women and 5 men.

The research procedure begins with obtaining permission from the authorities at SLOMPN UPI and the West Java Taekwondo Team. Once permission is granted, relevant and easy-to-understand questionnaires are prepared and distributed through the Google Form platform. Data collection was conducted in a hybrid manner in May 2024, over the course of one week. The samples were then asked to fill out the questionnaires with an emphasis on security and trust in providing honest responses.

Data were collected through three previously validated questionnaires. The Eating Disorder Screen for Athletes (EDS-A) assesses the tendency of eating disorders in athletes on a likert scale of 1-5, with score above 3.33 indicating a potensial risk for an eating disorder (Hazzard et al., 2020) found that a six-item, single-factor model for the EDS-A received support from both exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), demonstrating good internal consistency (α=.80 for males and α=.86 for females). The Perceived Stress Sclate (PSS), evaluates respondents perceived stress levels through 10 questions rated on a likert sclae of 1 to 5, with an internal consistency (α=.86) (Cohen et al., 2012). The Athletes Received Support Questionnaire, measures the level of support athletes receive from their environment, comprising 22 statements rated on a likert scale of 1 to 5, and shows excellent internal consistency (α=.94) (Freeman, 2014).

The collected data will be analyzed using IBM SPSS Statistics Version 25 software. Descriptive statistical analysis will be used to describe the characteristics of the sample. Comparative and causal-comparative approaches to identify cause- effect relationships between independent and dependent variables. Two-Way ANOVA will be used to examine the differences in the influence of psychosocial factors based on the age of the athletes on eating disorders (Adegboyega, 2014).

III. Results

The result of statistical test indicate that psychosocial factors significantly influence Eating Disorder Senior and Junior

Table 1. Two Way Annova
Dependent Variable: Eating Disorder Senior

Source	P VALUE	Sig	Result
S*DS	0.05	0.00	P < 0.05 H1 ACCEPTED.

Table 1 presents the results of the Two-Way ANOVA examining the impact of psychosocial factors on eating disorders among senior athletes. The interaction term "S*DS" has a p-value of 0.05, and the significance column shows a p-value of 0.00, which is much lower than the standard significance level of 0.05. This indicates that the results are statistically significant. Therefore, the Alternative Hypothesis (H1) is accepted, confirming that psychosocial factors significantly influence eating disorders among senior athletes.

Table 2. Two Way Annova
Dependent Variable: Eating Disorder Junior

Source	P Value	Sig	Result
S2*DS2	0.05	0.00	P < 0.05 H1 ACCEPTED

Table 2 shows the results of the Two-Way ANOVA for the effect of psychosocial factors on eating disorders among junior athletes. The interaction term "S2*DS2" has a p-value of 0.05, and the significance column reveals a p-value of 0.00, which is well below the significance threshold of 0.05. This result is statistically significant, leading to the acceptance of the Alternative Hypothesis (H1). This confirms that psychosocial factors have a significant impact on eating disorders among junior athletes.

Table 3. Descriptive Statistics Senior and Junior

	N	**Mean**
ED_Senior	13	20.53
S_Senior	13	33.62
DS_Senior	13	70.14
ED	9	18.94
S_Junior	9	28.91
DS_Junior	9	64

Table 3 presents the descriptive statistics for the variables of eating disorders (ED), stress (S), and social support (DS) among senior and junior athletes. For the senior athletes, the mean scores are as follows: Eating Disorders (ED_Senior) has a mean of 20.53, Stress (S_Senior) has a mean of 33.62, and Social Support (DS_Senior) has a mean of 70.14, based on 13 participants. In contrast, junior athletes have mean scores of 18.94 for Eating Disorders (ED), 28.91 for Stress (S_Junior), and 64 for Social Support (DS_Junior), with 9 participants.

The table indicates that senior athletes experience significantly higher levels of stress compared to junior athletes,

despite receiving greater social support. This suggests a complex relationship between stress and social support, where increased access to social support does not necessarily translate to reduced stress levels for senior athletes. One possible explanation for this could be the nature of the stressors experienced by senior athletes, who may face more competitive pressures, greater expectations to perform at elite levels, or challenges related to balancing athletic commitments with other responsibilities such as education or work. These pressures may be compounded by a sense of responsibility to maintain their performance, which could intensify stress even in the presence of support. Additionally, the higher social support scores among senior athletes might reflect their longer involvement in sports, leading to stronger connections with coaches, teammates, and support staff. However, it is possible that the type or quality of the support received is not entirely effective in mitigating the specific stressors they face, especially those linked to performance anxiety or career uncertainties. In contrast, junior athletes, while receiving less social support, appear to experience lower stress levels. This could be due to their relatively early stage in competitive sports, where the stakes are perceived to be lower, and they may not yet feel the full weight of the expectations that senior athletes carry. Furthermore, younger athletes might benefit from more protective factors such as parental involvement or less intense competition environments, which could contribute to their lower stress levels. The slightly higher mean score for eating disorders among senior athletes suggests that prolonged exposure to competitive environments, combined with higher stress, may increase the risk of developing disordered eating behaviors. This aligns with existing literature that highlights the role of chronic stress and pressure to meet body image standards in the development of eating disorders, particularly in sports where weight or appearance is closely tied to performance.

Overall, these descriptive statistics emphasize the importance of tailored interventions that address both the sources of stress and the quality of social support provided to athletes. For senior athletes, it may be necessary to focus on enhancing coping strategies and providing more targeted emotional and psychological support, while for junior athletes, the focus might be on building resilience and preventing the escalation of stress as they progress in their athletic careers.

IV. Discussion

This study aimed to explore how psychosocial factors, specifically stress and social support, contribute to the development of eating disorders among athletes, and whether these factors differ between senior and junior athlete groups. The Two-Way ANOVA results revealed that psychosocial factors significantly affect eating disorders in both senior and junior athletes, with p-values of 0.00 for both groups, indicating a strong relationship between stress, social support, and eating disorders (Tables 1 and 2). Descriptive statistics further highlighted differences between the two groups. Senior athletes had higher average scores for eating disorders (20.53), stress (33.62), and social support (70.14), compared to junior athletes, who had mean scores of 18.94 for eating disorders, 28.91 for stress, and 64 for social support (Table 3). These findings suggest that, despite senior athletes receiving more social support, they experience higher stress levels and, consequently, a greater risk of eating disorders. This contradicts the theoretical framework, which posits that social support has positive effects in preventing and treating eating disorders.

Previous research supports the notion that high stress levels can lead to unhealthy eating behaviors and eventually to eating disorders. For instance, there is a strong association between psychological distress and eating disorder symptoms over time (Hay & Williams, 2013), as well as a significant link between eating disorders and mental health issues (Tan et al., 2023). Athletes with high stress levels exhibit riskier behaviors related to eating disorders (Choi, 2020), and stress levels impact athlete performance (Rentería, 2019). Furthermore, athletes often face pressure to maintain a slim and aesthetically pleasing physique, which increases their vulnerability to eating disorders (Alanso-Tena et al., 2023). Conversely, junior athletes demonstrated lower stress levels and slightly lower social support, which contributed to a reduced likelihood of eating disorders compared to their senior counterparts. Junior athletes benefit from strong social support networks from family, friends, and teammates, helping them manage stress effectively and maintain emotional balance. This aligns with previous research, which suggests that strong social support contributes to resilience and reduces the probability of developing eating disorders (Hay & Williams, 2013) (Tan et al., 2023).

Interventions aimed at reducing the risk of eating disorders among athletes should focus on strengthening social support mechanisms and implementing stress management strategies tailored to both senior and junior athletes. For senior athletes, interventions could include stress reduction techniques, psychological counseling, mindfulness training, and creating supportive environments within the sports setting. For junior athletes, building resilience by strengthening social relationships and educating them about healthy stress management mechanisms is crucial. Coaches and support staff play a key role in fostering team cultures that prioritize both mental health and physical performance. Additionally, gender-sensitive interventions should be considered to address potential differences in how stress and social support affect male and female athletes.

This study has several limitations. The unbalanced sample sizes between senior (25) and junior (13) athletes may affect the generalizability of the results. The extended data collection period, due to the athletes' busy schedules, may also have affected the quality of the responses. Future research should consider analyzing data based on gender differences to provide deeper insights into how psychosocial factors affect eating disorders in male and female athletes, ultimately leading to more specific and effective interventions.

V. Conclusions

The conclusions of this study indicate that psychosocial factors, particularly stress and social support, significantly influence eating disorders among both senior and

junior athletes. The Two-Way ANOVA results demonstrate a strong relationship between stress, social support, and eating disorders in both groups, with highly significant p-values (0.00). Descriptive statistics show that senior athletes experience higher levels of stress despite receiving more social support, while junior athletes, with lower stress and slightly less social support, exhibit a reduced likelihood of eating disorders. These findings suggest that increased social support does not necessarily alleviate stress, particularly among senior athletes who face greater competitive pressures and more complex demands.

This study also highlights the need for interventions tailored to the specific needs of each group of athletes. For senior athletes, effective interventions may involve stress management techniques, psychological counseling, and creating more emotionally supportive sports environments. For junior athletes, building resilience through strong social relationships and education on healthy stress management is crucial to prevent future risks of eating disorders. The study emphasizes the importance of considering gender differences when developing more targeted and effective interventions. Although this research is limited by the unbalanced sample sizes and potential delays in data collection, future studies should further explore the role of psychosocial factors in relation to gender to enhance the effectiveness of interventions for athletes.

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