African Educational Research Journal
Vol. 11(2), pp. 225-232, May 2023
DOI: 10.30918/AERJ.112.23.022
ISSN: 2354-2160
Full Length Research Paper

Examination of eating attitudes of sports high school students according to different variables

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Accepted 25 April, 2023

ABSTRACT

Examining students' eating behaviors at a sports high school in relation to several characteristics was the study's goal. 259 volunteer students with an average age of 15.29 ± 1.45 participated in the study. The eating attitude scale designed by Garner and Garfinkel (1979) and the researcher's personal information form were both used to gather data. The subject group, Isparta Sports High School, was visited personally to complete the questionnaire form. In the analysis of the data for the demographic questions, the Mann-Whitney-U was used for questions with binary response options for the Eating Attitude Scale, and the Kruskal-Wallis Test was used for questions with more than two answer possibilities (gender, grade, sports branch, skipping meals, sleep durations, having Covid-19, having psychiatric disease, etc.). Although gender, having Covid-19, sports branch, sleep length, and mother's education level did not affect the participants' eating attitude ratings, they did differ according to having a psychological disease and father's education level. No relationships were detected between the participant's age, height, body weight, and eating attitude levels and gender did not affect the eating attitudes, but the eating attitude behaviors of the female students were negative when compared to the males. The grade variable did not affect the eating attitude, it did not pose a risk factor for the eating attitude in those with a history of Covid-19, eating attitude disorder was seen in the students whose fathers were primary school graduates, skipping meals and physical appearance satisfaction did not significantly affect the eating attitude. Awareness studies should be conducted to develop a positive eating attitude for risk groups.

Keywords: Sports high school, eating attitudes, nutrition, sports.

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INTRODUCTION

Although eating is the most basic biological need of an individual, this may change psychologically. People may eat more by changing their eating patterns because of reasons such as getting angry with someone, feeling under pressure, losing a loved one or not eating at all can also occur when exposed to too much stress or excitement. Many studies were conducted to show that psychological conditions such as anger, distress, joy, sadness, and depression affect eating behaviors (Özgen et al., 2012).

Adolescence lasts from the onset of puberty until young adulthood during which young people gain many new habits, exhibit attitudes that will put their health at risk, and face many problems (Thompson-McCormick et al., 2010). Adolescents are in search of identity and are very interested in their appearances. Eating habits, which are a part of the lifestyle, occur in this period. Eating habits are affected by many factors in this age group (Tanriverdi et al., 2011). Eating disorders can be explained by genetic and biological factors such as eating disorders in the family, domestic violence, obesity, puberty problems, acceptance of sexuality, and sexual traumas (Bulik et al., 2005). Determining the nutritional habits of adolescents and their relations with socio-demographic factors, economics, and health are the guiding elements in understanding eating habits. In addition, the effects of eating habits of adolescents on sportive performance are among the topics in the literature (Akkaya et al., 2019).

Eating disorders trigger life-threatening chronic diseases. Eating disorders, which have an average prevalence of 1 to 3% in the community, are classified as bulimia nervosa, anorexia nervosa, and eating disorders that cannot be named (Uskun and Şapablı, 2013). The fact that young people value aesthetic appearance and body development, especially among young girls, is perceived as being equal to “being beautiful” and “being thin”, for this reason, wrong diets constitute the basis for eating behavior disorders such as bulimia and anorexia (Güleç et al., 2008). In a previous study, it was reported that negative attitudes such as a constant desire to be thin and being afraid of getting fat, refraining from eating when with others, not wanting to eat, and even vomiting after overeating because of being unable to control oneself for psychological reasons and because of feeling guilty, using laxatives, or exercising excessively (Kazkondu, 2010).

The habits towards eating attitude, which is an element of healthy living behavior, are very important and it is considered that these attitudes and behaviors will affect the person himself/herself, and in the future life, the family, and society (Akinci and Turkay, 2020). Determining the factors that affect the eating attitudes of adolescents can guide the prevention of obesity, which is a health problem, and related to chronic diseases. In light of this information, this study aims to examine the eating attitudes of the students studying at Isparta sports high school in a city like Isparta, which has unique nutritional differences (Çuhadar et al., 2018), according to different variables. Thus, it is aimed to contribute to the world on this subject, on behalf of our country and especially Isparta.

METHOD

Model of the study

The study had a descriptive research design that used the survey model, which is one of the quantitative study methods. In the survey model, the event, object, or individual that is the subject of the study is defined in its current conditions. For this reason, firstly, detailed descriptions of the situations are made in terms of certain demographic data, and these descriptions made in line with common criteria are met. The universe of the research was limited to Isparta, both in order to increase the original value of the study and because it is a city with unique nutritional differences (Çuhadar et al., 2018). For this reason, the study group was sampled from the students studying at Isparta Sports High School.

Participant (subject) characteristics

The study group consists of 259 volunteer students, whose mean age is 15.29 ± 1.45 years and who continue their education activities in Isparta Sports High School, chosen by random method. Verbal consent was obtained from the students who would participate in the study after explaining its purpose. The questionnaires were administered in the classroom setting in October 2022 under the supervision of the researchers. Detailed information on the study group is given in Table 1.

Data collection tools

As data collection tools, a form was created to collect sociodemographic data prepared by the researchers, and questions were asked on grade, age, gender, branch, sleep duration, skipping meals, water consumption, and Covid-19 status. The Eating Attitude Scale developed by Garner and Garfinkel (1979) and validated in Turkish by Savasir and Erol (1989) was used to determine students' eating attitudes. The eating attitude was recorded with a 6-point Likert-type scale consisting of 40 questions. The scale was recorded as “always” and “never” (always “1” and never “6”). The scale reverse items of the scale were 1, 18, 19, 23, 27 and 39, the answer “never” was given 3 points and the other answers were given “2” and “1” points, respectively. For the other questions of the scale, the answer “always” was worth 3 points and the other answers were worth “2” and “1” points, respectively. The cut-off score of the scale was determined as 30. Teenagers who scored between 30 and 32 on the Eating Attitudes Scale represented a segment without diagnosed eating disorder symptoms but differed from the general population in terms of eating attitudes. Individuals with a score of 33 and above revealed pathological eating symptoms (Garner and Garfinkel, 1979; Erzi, 2012). The Eating Attitude Scale can identify people who can be diagnosed with bulimia nervosa and anorexia nervosa and the predisposition to eating disorders (Erol et al., 2000; Erzi, 2012). The Cronbachs’ Alpha Coefficient, which is the reliability coefficient of the scale, was calculated with a total reliability level of α=0.837.

Data analysis

The obtained data were analyzed in the SPSS 22 package program. As a result of the analysis, firstly, percentage (%) and frequency (f) values were calculated. As a result of the normality tests for the Eating Attitude Scale, it was found that the distribution was not normal. Therefore, the Mann-Whitney U Test was used for questions with two answer options and the Kruskal-Wallis Test was used for questions with more than two answer options. The posthoc test was applied to understand the reason for the difference in the findings in which a significant difference was detected according to the results of the Kruskal-Wallis Test and the mean values

Table 1. The demographic distribution of the study group.

Variable	Group	*f*	%
Gender	Female	59	22.8
	Male	200	77.2
Grade	9th grade	109	42.1
	10th grade	76	29.3
	11th grade	28	10.8
	12th grade	46	17.8
Sports branch	Team sport	119	45.9
	Individual sport	120	46.3
	I do not have a branch	20	7.7
Skipping meals	Yes	138	53.3
	No	121	46.7
Sleep durations	4 hours and below	12	4.6
	4-6 hours	45	17.4
	6-8 hours	129	49.8
	8-10	63	24.3
	10 hours or more	10	3.9
Having Covid-19	Yes	61	23.5
	No	198	76.4
Having psychiatric disease	Yes	9	3.6
	No	250	96.4

were indicated with the lettering method.

RESULTS

The tabulated results of the relationship between the demographic characteristics, frequency distributions, and eating attitudes of the group that participated in the study are presented in this section.

The frequency and distribution of the socio-demographic characteristics of the participants are given in Table 1. According to the table, 22.8% of the participants were female and 77.2% were male and 42.1% of the study group were 9th graders, 29.3% were 10th graders, 10.8% were 11th graders, 17.8% were 12th graders. Although 45.9% of the study group was engaged in team sports, 46.3% were engaged in individual sports, and 7.7% stated that they did not have a branch. Sleep duration of 4 hours or less was detected in 4.6%, 4 to 6 hours in 17.4%, 6-8 hours in 49.8%, 8 to 10 hours in 24.3%, and over 10 hours in 3.9%. In the case of skipping meals, 53.3% of the study group answered “Yes” and 46.7% answered “No”. A total of 23.5% of those had Covid-19 and 76.4% of them did not have this disease. Those who had a psychiatric disease were 3.6% and those who did not have a psychiatric disease were 96.4%.

The Mann-Whitney U Test was applied for two independent groups at a = 0.05 significance level to determine whether there was a significant difference in the EAS score in terms of the gender status of the participants. In the test results, there was no significant difference in the total score in terms of gender ($p > 0.05$) (Table 2).

The analysis of the eating attitudes of the study group according to the variable of skipping meals is given in Table 3. When the Mann-Whitney U-Test results were examined, it was found that there were no significant differences between those who skipped meals and those who did not ($p > 0.05$).

The analysis of the eating attitudes of the study group according to past Covid-19 status variables is given in Table 4. When the Mann-Whitney U-Test results were examined, it was found that there was no significant difference between those who had Covid-19 and those who did not ($p > 0.05$).

The analysis of eating attitudes according to the variable of the presence of psychiatric disease in the

Table 2. The analysis of the levels of EAS of the study group according to gender.

Scale	Gender	n	Min	Max	x̄	SD±	Mean rank	U	Z	p
Eating attitude	Female	59	7	65	20.86	11.2	142.18	5181.5	-1.42	0.155
	Male	200	3	58	18.59	9.82	126.41			

Table 3. The analysis of the EAS levels of the study group according to the skipping meals variable.

Scale	Skipping meals	n	Min	Max	x̄	SD±	Mean rank	U	Z	p
Eating attitude	Yes	138	3	65	20.20	11.61	134.26	7761.50	-0.978	0.328
	No	121	4	51	17.87	8.11	125.14			

Table 4. The analysis of the EAS levels of the study group according to the variable of past Covid-19 status.

Scale	Past Covid-19	n	Min	Max	x̄	SD±	Mean rank	U	Z	p
Eating attitude	Yes	61	4	65	21.28	12.80	140.52	5397.0	-1.256	0.209
	No	198	3	54	18.44	9.16	126.76			

Table 5. The analysis of the levels of EAS of the study group according to the psychiatric disease variable.

Scale	Psychiatric disease	n	Min	Max	x̄	SD±	Mean rank	U	Z	p
Eating attitude	Yes	9	3	65	22.67	19.83	184.28	636.5	-2.214	0.027*
	No	250	6	58	18.62	9.37	128.05			

study group is given in Table 5. When the Mann-Whitney U-Test results were analyzed, significant differences were detected between those with and without psychiatric disease ($p < 0.05$).

The analysis of the eating attitudes of the study group according to the grade variable is given in Table 6. When the results of the Kruskal-Wallis Test results were examined, no significant differences were detected between eating attitudes according to the grade variable ($p > 0.05$).

The analysis of the eating attitudes of the study group according to the mother's education level variable is given in Table 7. When the results of the Kruskal-Wallis Test were examined, no significant differences were detected between eating attitudes according to the mother's educational status variable ($p > 0.05$).

The analysis of the eating attitudes of the study group according to the variable of the father's education level is given in Table 8. When the results of the Kruskal-Wallis Test were examined, significant differences were detected between eating attitudes according to the father's educational status variable ($p < 0.05$). According to the results of the posthoc test to determine this difference, the average of those whose fathers were primary school graduates was higher.

The analysis of the eating attitudes of the study group according to the sports branch variable is given in Table 9. When the results of the Kruskal-Wallis test were examined, it was found that there was no significant difference between eating attitudes according to the sports branch variable ($p > 0.05$).

The analysis of the eating attitudes of the study group according to the sleep duration variable is given in Table 10. When the results of the Kruskal-Wallis Test were examined, no significant differences were detected between eating attitudes according to the weekly sleep duration variable ($p > 0.05$).

The analysis of the eating attitudes of the study group according to the body appearance satisfaction variable is given in Table 11. When the results of the Kruskal-Wallis Test were examined, a positive satisfaction level was detected according to the physical appearance satisfaction variable and no statistically significant differences were detected between eating attitudes ($p > 0.05$).

When the age variable of the study group was examined, a significant and positive correlation was detected between grade, height, and body weight ($p < 0.05$) (Table 12). No significant relationships were detected between the age variable and the total score of eating attitude ($p > 0.05$).

When the grade variable was examined, significant relationships were detected between age, height, and body weight ($p < 0.05$). This relationship was positive and

Table 6. The analysis of the levels of EAS of the study group according to grade variable.

Scale	Grade	n	Min	Max	x̄	SD±	Mean rank	p
Eating attitude	9th grade	109	3	65	21.21	10.02	125.65	0.587
	10th grade	76	5	58	20.13	11.19	126.84	
	11th grade	28	4	51	19.17	11.67	144.55	
	12th grade	46	6	39	17.04	7.66	136.68	

Table 7. The analysis of the levels of EAS of the study group according to the variable of the mother's educational status.

Scale	Mother's education status	n	Min	Max	x̄	SD±	Mean rank	p
Eating attitude	Illiterate	31	8	58	21.19	12.23	150.06	0.356
	Primary school	109	4	45	18.31	8.26	119.06	
	Middle school	62	4	65	23.35	10.46	132.63	
	High school	43	3	50	19.26	11.51	134.10	
	University	13	10	54	20.02	12.28	148.00	
	Graduate	1	17	17	17.00	-	126.50	

Table 8. The analysis of the EAS levels of the study group according to the variable of the father's educational status.

Scale	Father's education status	n	Min	Max	x̄	SD±	Mean rank	p
Eating attitude	Illiterate	3	20	22	21.33^{b}	1.15	175.17	0.021*
	Primary school	56	4	65	26.79^{c}	11.88	132.24	
	Middle school	83	3	51	22.05^{ab}	9.21	141.93	
	High school	84	4	43	17.27^{a}	8.37	107.71	
	University	29	9	54	23.38^{ab}	12.86	145.36	
	Graduate	4	17	40	24.25^{ab}	10.62	174.00	

Table 9. The analysis of the levels of EAS of the study group according to the sports branch variable.

Scale	Sports branch	n	Min	Max	x̄	SD±	Mean rank	p
Eating attitude	Team sport	119	3	65	19.35	11.45	128.37	0.941
	Individual sport	120	5	54	18.87	9.05	131.05	
	Non Branched	20	9	45	19.05	8.80	133.40	

Table 10. Analysis of the study group's EAS levels according to the sleep duration variable.

Scale	Sleep duration	n	Min	Max	x̄	SD±	Mean rank	p
Eating attitude	4 hours and below	12	8	58	22.58	17.21	131.67	0.683
	4-6 hours	45	4	65	25.62	11.51	115.21	
	6-8 hours	129	3	51	20.03	9.16	132.50	
	8-10 hours	63	8	45	19.16	8.74	133.17	
	10 hours or more	10	5	50	20.30	14.10	142.25	

as the grade level increased, the height and body weight also increased. No significant relationships were detected between grade and total questionnaire score ($p > 0.05$).

A significant and positive correlation was detected between the height variable and age, grade, and body weight ($p < 0.05$) and no significant relationships were detected between the total score of the eating attitude test ($p > 0.05$).

When the body weight variable was examined in the study group, significant relationships were detected

Table 11. Analysis of the study group's levels of EAS by bodily appearance satisfaction variable.

Scale	Physical appearance satisfaction	n	Min	Max	x̄	SD±	Mean rank	p
Eating attitude	I am not happy at all	9	9	45	21.22	11.48	142.56	0.262
	I am a little dissatisfied	27	5	36	18.70	8.54	132.80	
	I am undecided	62	5	58	21.15	11.16	145.31	
	I am somewhat satisfied	56	3	45	18.93	9.80	130.75	
	I am very pleased	105	4	65	17.92	10.02	118.77	

Table 12. The analysis of the EAS levels of the study group according to various variables.

		Age (years)	Grade	Height (cm)	Body weight (kg)	Survey total score
Age (years)	n	-	259	259	259	259
	p	-	0.000*	0.003*	0.003*	0.519
	r	-	0.867	0.185	0.181	0.040
Grade	n	259	-	259	259	259
	p	0.000*	-	0.008*	0.001*	0.508
	r	0.867	-	0.165	0.204	0.041
Height (cm)	n	259	259	-	259	259
	p	0.003*	0.008*	-	0.000*	0.241
	r	0.185	0.165	-	0.738	0.073
Body weight (kg)	n	259	259	259	-	259
	p	0.003*	0.001*	0.000*	-	0.325
	r	0.181	0.204	0.738	-	0.061
Survey total score	n	259	259	259	259	-
	p	0.519	0.508	0.241	0.325	-
	r	0.040	0.041	0.073	0.061	-

between age, grade, and height ($p < 0.05$). This relationship was positive and increased and decreased in parallel with each other. No significant relationships were detected between body weight and the total score of the questionnaire ($p > 0.05$).

It was found that there was no significant relationship between the eating attitude test total score, and age, grade, height, and body weight ($p > 0.05$).

DISCUSSION

The eating attitude scores of the group that participated in the study did not differ according to the gender variable, but the eating attitudes of female students were more negative compared to males. This is considered to be because they associated being thin with the beauty concept. Thompson-McCormick et al. (2010) obtained similar results in terms of gender. In the studies conducted by Yıldırım et al. (2017) and İlhan and Gümüşdağ (2022), being a woman was found to be a risk factor for negative eating attitudes. The negative eating attitude in women was higher than the negative eating attitude in men. It was found in a meta-analysis on the epidemiology of eating disorders conducted by Smink et al. (2012) that disorders in eating attitudes were high in women. It was concluded that there was no difference between the eating attitude of the study group according to the bodily satisfaction variable, and the number of students who were satisfied with themselves was higher. It is possible to argue that this was because the study was conducted in a sports high school and that students spent more time on sports. In a study that was conducted with adolescents in the Americas, it was found that 61.0% of the participants were not satisfied with their bodies and they wanted to be thinner (Thompson and Digsby, 2004). It is possible to argue that this result is because more fast foods are consumed in the United States and therefore the obesity rate is high. It was found in the study conducted by Eaton et al. (2005) with university students that although 65% of the participants were of normal weight, only 54% perceived themselves as normal weight.

No difference was detected between the eating attitudes of the study group according to the variable of skipping meals ($p > 0.05$). It was concluded that students generally do not attach importance to meals, they skip meals, including breakfast, which is the most important

meal, and that feeding is seen as the same as nutrition among young people (Uskun and Şapablı, 2013; Açık et al., 2003). Unhealthy diets, foods that are high in saturated fat, consuming fast food, skipping meals, and insufficient consumption of fruits and vegetables, which are common among adolescents, are worrisome (Geller et al., 1998).

No relationship was detected between the eating attitude of the study group according to the mother's education variable, and that the eating attitude was affected by the education received by the father. Eating attitude disorders were found in adolescents whose fathers were primary school graduates. A similar study was conducted in 8 schools in Eskişehir-Sivrihisar and no relationship was reported between the education level of the parents and the eating attitude of the student ($p > 0.05$) (Yıldırım et al., 2017). The eating attitude scores of the group that participated in the study did not differ according to the Covid-19 transmission variable ($p > 0.05$). A similar study was conducted with university students and it was concluded that the Covid-19 variable did not affect eating attitudes (Gümüş, 2022). These results are similar to our study.

No relationship was detected between the eating attitude of the study group according to the grade variable, and the average age of the students increases as the grade of the students increases. A similar study was conducted with university students and it was concluded that the age variable did not affect eating attitudes (Çiriş, 2022). When the eating attitude was examined according to the variability of sleep durations, no difference was found ($p > 0.05$). The fact that young people with disturbed sleep patterns have less sleep will lead to an unhealthy living space (Mota et al., 2016). It was observed in another study that the risk of weight gain and obesity increased among children and young people who slept short (Vioque et al., 2000). A significant difference was detected between the eating attitude of the study group according to the psychiatric disease variable ($p < 0.05$). It was found that psychological disorders affect eating attitudes negatively. A meta-analysis study by Hausenblas and Fallon (2006) reported that people with psychological disorders had significantly higher eating attitude scores. This result is in parallel with our study.

According to the sports branch variable of the study group (i.e., team sports, individual sports, no branch), no difference was detected between the levels of eating attitude ($p > 0.05$). In the study conducted by Boyd et al. (2007) to determine whether the differences in the sports approach of people are eating disorders, sports, and eating disorders. They reported that they could not find any relationship. It was reported that the rate of eating disorders was higher in people who did sports than those who did not, and no difference was found between doing sports and the risk of eating disorders in the same study. In light of these results, it is possible to argue that these results are compatible with our study (Ünalan et al., 2009).

CONCLUSION

In conclusion, it was found that gender did not affect the eating attitude, but the eating attitude behaviors of the female students were negative compared to the males. It was also found that the grade variable did not affect the eating attitude, it did not create a risk factor for nutrition in those with a history of Covid-19, and the fathers who were primary school graduates had eating attitude disorders. Although the sports branch and sleep duration did not affect eating attitudes, having a psychological disease affected it negatively. Considering the results of the study, the variables that affected the tendency of eating attitude disorder should be determined well and appropriate approaches should be taken by taking them under control. In this context:

- Awareness studies should be performed to develop a positive eating attitude in risk groups.
- It should be aimed to be healthy both physically and mentally in people by providing opportunities to encourage sports.
- Individuals should be given regular training on adequate and balanced nutrition starting from primary school age.
- Educational programs should be organized to improve students' perception of nutrition. It should discuss issues of insufficient nutrition in students, and the time of the training should be adjusted according to the students.
- Individuals' awareness of healthy life should be increased with the joint efforts of the National Education, University, governors, local government, and provincial health directorates, and firstly, the family that makes up the society should be educated. Adequate-balanced nutrition and physical activity awareness in individuals will bring healthy generations.

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Citation: Ocal, Z. S. S. (2023). Examination of eating attitudes of sports high school students according to different variables. African Educational Research Journal, 11(2): 225-232.