

Disordered Eating Behaviors and Associated Factors Among Children: Results from a Nationally Representative Survey

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Introduction: Disordered eating behaviors in childhood represent early manifestations of atypical eating patterns and may be relevant to later health outcomes. However, population-based evidence on factors associated with these behaviors in young children is scarce. This study examined: (1) sociodemographic and perinatal correlates of selected disordered eating behaviors, and (2) the associations between these behaviors and weight status among children.

Methods: Data were derived from the Israeli National Kids Health and Nutrition Survey (2015-2016), a nationally representative sample of children aged 2-11 years. Parents or guardians interviewed using a structured questionnaire administered by trained personnel, and children’s height and weight were measured. Eating behaviors were assessed using four domains of the Children’s Eating Behavior Questionnaire (CEBQ)¹. Multivariable linear regression models examined associations between child characteristics and eating behavior domains. Associations between these behaviors and child weight status were also examined.

Results: A total of 1,792 children (mean age 6.3±2.5 years; 51.6% boys) were included. The sample primarily comprised Jewish children (76.5%) born to highly educated mothers (60.5%). Most children were breastfed (86%) and had normal birth weight (90.4%). The majority (75.7%) had normal weight, while 7.8%, 9.0%, and 7.5% were classified as underweight, overweight, and obese, respectively. Disordered eating behaviors were differentially associated with sociodemographic and perinatal characteristics (Table), and with children’s weight status (Figure).

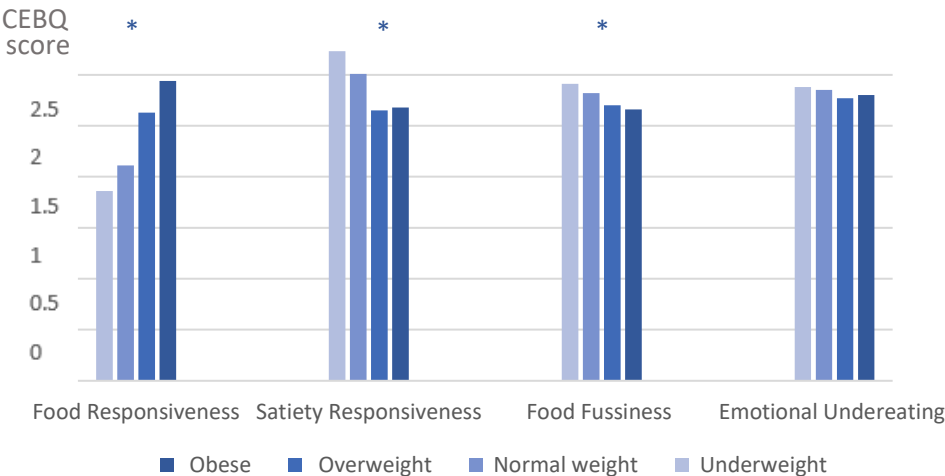
Conclusions: This study demonstrates that disordered eating behaviors are associated with sociodemographic and perinatal characteristics, as well as with both underweight and excess weight. These findings underscore the importance of early identification of atypical eating behaviors to help prevent adverse weight-related health outcomes and support the development of targeted preventive interventions among vulnerable subgroups of Israeli children.

Associations of sociodemographic and perinatal characteristics with disordered eating behaviors : Beta (standard error), Multivariable models

Characteristic	Food Responsiveness	Satiety Responsiveness	Food Fussiness	Emotional Undereating
Age (years)	0.010 (0.004)*	-0.036 (0.007)**	-0.007 (0.009)	-0.036 (0.009)**
Sex (girls/boys)	0.020 (0.019)	-0.006 (0.037)	-0.152 (0.043)**	-0.021 (0.0466)
Population group (Arabs/Jews)	0.052 (0.023)*	0.104 (0.044)*	-0.197 (0.052)**	0.084 (0.055)
Mother education (>12yr/≤12 yr)	-0.033 (0.021)	0.053 (0.040)	0.082 (0.047)	0.067 (0.051)
Birth weight (kg)	0.033 (0.014)*	-0.080 (0.028)*	-0.020 (0.033)	0.027 (0.035)
Breastfeeding (no/yes)	-0.004 (0.028)	0.087 (0.053)	0.109 (0.063)	0.047 (0.068)

*p<0.05, **p<0.001

Associations of disordered eating behaviors with weight status



* p<0.05; P-for-trend derived from multivariable regression models treating weight status as an ordinal variable (four categories). Sensitivity analysis using BMI z-score showed similar results. Models were adjusted for age, sex, population group, maternal education, birth weight, and breastfeeding.

¹ Wardle J et al. J Child Psychol Psychiatry. 2001;42(7):963-70.