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The Influence of Cultural Characteristics of Eating Behavior on the Consequences of Psychogenic Overeating in Children in the Republic of Uzbekistan

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Abstract The development of a biopsychosocial concept of eating disorders in children and adolescents is accompanied by a significant increase in attention to the influence of parental dietary patterns, as well as the dietary traditions of different ethnic groups. The article contains the results of a comparative study of two groups of children suffering from (94 children - the main group) and not suffering from (40 children - the comparison group) psychogenic overeating. The aim of the study was to investigate the influence of the eating behavior of the parental family on the occurrence of such consequences of psychogenic overeating in children as overweight and obesity. Research methods: a clinical examination of children to determine the Body Mass Index, testing children using the EAT-26 (Eating Attitudes Test) food preference questionnaire, interviews with parents. Results. It was found that the overwhelming majority of parental families of children in both groups adhered to the traditional Uzbek dietary style with a predominance of high-calorie national dishes rich in meat and flour products, animal fats and carbohydrates. The children's eating pattern was characterized mainly by two meals a day, refusing breakfast, snacking outside at lunchtime, and eating the main food load in the evening. Children suffering from psychogenic overeating were significantly more likely than children in the comparison group to eat large meals before bedtime, in addition to dinner. Compared to the control group, the study group had a higher proportion of overweight (44.7% vs. 20%) and obese (25.5% vs. 7.5%) children. Only 29.8% of the study group members were of optimal weight, compared to 65% of the comparison group.

Keywords Eating behavior, Psychogenic overeating, Childhood, Cultural characteristics, Uzbekistan

1. Introduction

According to the World Health Organization, 14 million people (1.4% of the world's population), including 3 million children and adolescents, suffer from eating disorders [1]. Over the past ten years, the prevalence of these disorders worldwide has increased by 25%, occurring in approximately 1-3% of young women, 0.1% of individuals aged 10-14 years, and 0.4% of individuals aged 15-19 years [2]. The increased incidence of eating disorders entails the risk of obesity, cardiovascular and endocrine diseases, gastrointestinal diseases, metabolic disorders, certain types of neoplasms, depression, insomnia, and alcohol or drug addiction [3]. Up to 10% of the population suffers from psychogenic overeating (hyperphagic reactions to stress), which remains the least studied in children and adolescents.

The development of maladaptive eating behaviors under the influence of stress can begin as early as 8–9 years of age [4]. An important task is to clarify its diagnostic boundaries, clinical criteria, causes, relationships with numerous biological, psychological, and social factors, and age-related and cultural characteristics. This will open up new opportunities for the development of more effective measures for the correction and prevention of eating disorders.

The involvement of numerous biological, psychological, and sociocultural [5] factors in the etiopathogenesis of eating disorders [6] has been proven. Among these, particular importance has been attached to the dietary traditions of different ethnic groups. Food, its composition, and the methods of preparing everyday, festive, and ritual dishes of any nation constitute an ethnic tradition that develops over the course of historical development. In Uzbekistan, historically established national dietary preferences favor

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meat, dairy, and plant-based foods and animal fats, with many dishes combined with flour products and cereals, primarily rice. National dishes are distinguished by their high calorie content and excellent taste [7].

It has been established that in childhood, the parental family, with its lifestyle, values, customs, and traditions, plays a key role in the formation of eating patterns. Parental eating style and family eating preferences influence the development of overweight and obesity in children [8,9]. It's natural to assume that the dietary preferences, compositional characteristics of national dishes, and traditional attitudes toward food intake characteristic of the Uzbek ethnic population inevitably influence the development of psychogenic overeating and its consequences. This study examines the influence of cultural characteristics of parental eating behavior on the development of overweight and obesity in children suffering from psychogenic overeating.

2. Materials and Methods

A total of 134 children (55 boys and 79 girls) aged 8 to 17 years (mean age 13.6 ± 2.5 years) whose parents sought consultation at the Republican Specialized Scientific and Practical Medical Center of Endocrinology were examined. Clinical examination (questioning, anamnesis collection, observation) and testing with the EAT-26 (Eating Attitudes Test) questionnaire allowed us to diagnose psychogenic overeating (ICD-10 code F50.4, ICD-11 code 6B82) in 94 children (40 boys and 54 girls). The remaining 40 children (15 boys and 25 girls) did not suffer from psychogenic overeating and formed the comparison group. Children under 14 years of age were examined with parental consent; children aged 14 and older were examined with the consent of the adolescent. To assess the consequences of psychogenic overeating (hyperphagic reactions to stress), the body mass index (BMI) was calculated using the formula: BMI = body weight (kg)/height (m^2) and assessed according to WHO recommendations: 16 or less is severely underweight, 16-18.5 is underweight, 19-24.99 is optimal weight (normal), 25-29.99 is overweight, 30-34.99 is grade 1 obesity, 35-39.99 is grade 2 obesity, and 40 or more is grade 3 obesity.

The eating behavior of the parental family was studied using interviews with the parents of the children studied to clarify the family's food preferences, eating style, attitudes toward food, and feeding practices.

The chi-square test was used to assess differences between the identified groups. Differences were considered significant at $p < 0.05$.

3. Results

Calculation of BMI showed that the majority of children suffering from psychogenic overeating are overweight or have some degree of obesity (Table 1).

Only 29.8% of the study group's participants had optimal weight, compared to 65.0% in the comparison group. The study group also had a higher proportion of overweight (44.7% vs. 20.0%) and obese (25.5% vs. 7.5%) children. The intergroup differences were statistically significant ($p < 0.05$).

The study found that the majority of parental families of children in both groups (92.6% of the main group and 97.5% of the comparison group) adhered to a traditional Uzbek diet, with a predominance of national dishes. Only 6.0% of families promoted "healthy eating," emphasizing the consumption of nutritious foods. The eating patterns of the children studied were directly influenced by their parents' eating habits. The distribution of children by mealtime is presented in Table 2.

Table 1. Distribution of children depending on body mass index

Body mass index (BMI)	Main group		Comparison group		Total	
	Abs.	%	Abs.	%	Abs.	%
Underweight	-	-	3	7,5	4	3,0
Normal body weight	28	29,8	26	65,0	53	39,6
Overweight	42	44,7	8	20,0	50	37,3
Obesity grade 1	20	21,3	3	7,5	23	17,2
Obesity grade 2	3	3,1	-	-	3	2,2
Obesity grade 3	1	1,1	-	-	1	0,7
Total	**94**	**100,0**	**40**	**100,0**	**134**	**100,0**

Table 2. Distribution of children depending on meal times

Meal time	Main group (n=94)		Comparison group (n=40)	
	Abs.	%	Abs.	%
Breakfast	2	2,2	-	-
Lunch	37	39,4	26	65,0
Dinner	72	76,6	39	97,5
Before sleep	68	72,3	12	30,0

Table 3. Place of the main meal

Place of eating	Main group		Comparison group		Total	
	Abs.	%	Abs.	%	Abs.	%
Only at home	36	38,3	12	30,0	48	35,8
At home and outside	58	61,7	28	70,0	86	64,2
Total	**94**	**100,0**	**40**	**100,0**	**134**	**100,0**

Table 4. Distribution of children depending on food preferences

Food preferences	Main group (n=94)		Comparison group (n=40)		Total (n=134)	
	Abs.	%	Abs.	%	Abs.	%
Lovers of sweets, flour and meat dishes of national cuisine	93	98,9	39	97,5	132	98,5
Lovers of frequent sandwich snacks	22	23,4	8	20,0	30	22,4
Lovers of fast food	16	17,0	8	20,0	20	14,9

Table 5. Distribution of children depending on the portions of food consumed

Food portions	Main group		Comparison group		Total	
	Abs.	%	Abs.	%	Abs.	%
Large portions	74	78,7	8	20,0	82	61,2
Moderate portions	14	14,9	27	67,5	41	30,6
Small portions	6	6,4	5	12,5	11	8,2
Total	**94**	**100,0**	**40**	**100,0**	**134**	**100,0**

The table data shows that breakfast was extremely rare in the families of children in both groups and was typically limited to baked goods and tea. A characteristic feature was a particular reverence for bread (flatbread), which served as the main food for "snacks" during the day. Eating at lunchtime was significantly less common among children suffering from psychogenic overeating (39.4% versus 65.0%). Most children in both groups ate their main meal in the evening, when the whole family gathered around the table. It was noteworthy that children suffering from psychogenic overeating also ate before bed significantly more often than those in the comparison group (72.3% versus 30.0%). Overall, a single meal and "snacks" during the day were consumed by 14.9% of children in the main group and 20.0% of children in the comparison group. The majority of children in both groups (62.8% and 67.5%, respectively) ate two main meals a day, while 22.3% and 12.5% ate three main meals a day. There were no statistically significant differences between the groups in the distribution of meal frequency. If dinner, according to family traditions, took place in the evening at a common table with parents, then children of both groups, as a rule, had lunch outside (Table 3).

No significant between-group differences ($p>0.05$) were found in the analysis of children's food preferences (Table 4).

At the same time, attention was drawn to the fact that children who suffered from psychogenic overeating significantly more often ($p <0.05$) consumed large portions of food (78.7% of children in the main group versus 20.0% of children in the comparison group) than children from the comparison group (Table 5).

4. Discussion

The results suggest that the dietary preferences, customs, and mealtime traditions typical of the Uzbek ethnic group had a strong influence on the development of the children's eating patterns, which developed under the direct influence of their parents. The eating patterns of children suffering from psychogenic overeating were characterized by a preference for high-calorie Uzbek dishes and the traditional consumption of the main meal in the evening with the family, while forgoing breakfast and a full lunch. Unlike the comparison group, children with psychogenic overeating preferred larger portions of food and ate significantly more often at night. The highly palatable nature of Uzbek national dishes induced a pleasurable response to food, which the child used to compensate for feelings of anxiety, discomfort, depression, and fear arising in response to stressors. This established eating pattern contributed to the accumulation of excess weight and obesity as its negative consequences. It is worth noting that 52.1% of children with psychogenic overeating had one or both overweight parents.

5. Conclusions

Since children internalize the attitudes toward food that characterize their parental family, parents' eating behavior should be an important target for psychological interventions

aimed at changing eating habits and preventing obesity in children. Furthermore, it is clear that ethnocultural factors must be considered when assessing the role of the parental family in eating disorders and developing effective treatment and prevention programs aimed at protecting the health of children.

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