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THE RELATIONSHIP BETWEEN ANXIETY AND EATING BEHAVIOR ATTITUDE AMONG MIDDLE SCHOOL STUDENTS

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ABSTRACT :

Adolescence is an age of particular developmental vulnerability wherein psychological variables such as anxiety have an important role to play in dietary behavior. The present research aims to analyze the relationship of anxiety with the attitude of middle school students toward eating, identifying how anxiety scores influence food choices, eating style, and nutrition. 300 middle school students were randomly drawn based on the stratified random sampling method in order to attain the representative sample in terms of a range of socio-economic categories and shhool settings. This study employed a quantitative design with standardized dietary and psychological measures. Spence children's anxiety scale was used as an anxiety level, and the Children's Eating Attitudes Test (CHEAT-26) as an eating attitudes behavior. Standard questionnaire was used to obtain demographic information, lifestyle factors, and self-reported eating habits. Data were gathered in a school environment with strict confidentiality procedures in place to enhance participant comfort and response validity. Results indicate a significant relationship between anxiety and eating disordered behavior. High anxiety students were higher in restrictive eating, emotional eating, and binge eating. A considerable number of participants indicated meal skipping, excessive consumption of junk food, or an abnormal preoccupation with body weight and shape. Additionally, gender differences emerged, and female students reported more eating disturbances related to anxiety than male students. The research demands early intervention programs incorporating mental health services and nutrition education. Mindfulness-based stress reduction courses, mental health counseling, and healthy eating courses need to be incorporated in schools so as to provide healthy food attitudes and treat related issues of anxiety. Parents and teachers need to come together to provide a healthy environment supportive of emotional health and healthy eating. this research highlights the complex relationship between mental health and food eating habits of middle school students. The results call for preventive interventions that focus on mental well-being and food intake to prevent future illness. Future research needs to examine longitudinal influences and the effect of interventions so that we better understand and are able to prevent the danger of eating behavior disorders due to anxiety.

Keywords: Anxiety, Eating Behavior, Middle School Students, Emotional Eating, Mental Health, Psychological Well-being.

Introduction

The interaction between eating attitudes and anxiety among middle school adolescents is complicated and determined by various factors and hence a very critical field of research. This is the age group of 11 to 14, which constitutes rapid physical, emotional, and psychological growth. At this age, students are very susceptible to outside influences such as the media, peers, and society. These outside influences have a very critical impact on their self-concept, eating attitudes, and anxiety levels. Media representations regarding body image place emphasis on unrealistic standards, which makes them dissatisfied with bodies and eating attitudes. For example, adolescents who are exposed to idealized body standards, particularly those emphasizing thinness in girls and muscularity in boys, are likely to develop body image concerns, which in turn trigger eating disorders. External pressure is added to by internal processes, such as hormonal changes during puberty, which tends to increase emotional sensitivity as well as anxiety levels (Le Grange et al., 2005). Furthermore, gender is a critical factor in the expression of eating attitudes as well as anxiety among middle school adolescents. Girls, for example, are likely to internalize societal pressure that equates thinness with beauty and success and thus develop restrictive eating, dieting, or disordered eating. Boys, however, are likely to be exposed to pressure to live up to muscularity as well as physical strength expectations and thus develop excessive exercise or dietary restraint in an attempt to achieve a muscular body (Mills et al., 2010).

Apart from social and cultural pressure, socioeconomic status (SES) also contributes to the creation of eating attitudes and anxiety in adolescents. Students from lower incomes may have issues such as limited healthy food resources and exposure to health education, thus being prone to unhealthy dietary habits (Nguyen-Michel et al., 2007). Students from more affluent backgrounds may have their own issues, such as appearance-based pressure, which may instill anxiety and disordered eating behaviors. Cultural values are also a significant predictor of food and body image attitudes. Thinness, for example, is highly valued in certain cultures, whereas other cultures place value on strength or voluptuousness, which influences students' perception of their bodies and consumption (Bektas et al., 2016).

School life is another decisive factor in the way eating attitudes correlate with anxiety. Middle schools are not merely learning centers but central social centers where children spend time with peers and are exposed to various pressures. Academic pressure, peer interactions, and competitive settings can be stressful and trigger anxiety, and thus must be treated through interventions. Weight bullying also adversely affects the self-esteem and psychological well-being of children, leading to unhealthy eating behavior or anxiety (Webb et al., 2021). Schools also have potential channels through which healthy

eating and lower anxiety can be facilitated through proper planning of health education classes, physical education classes, and supportive policies (Tanofsky-Kraff et al., 2007). Mental and physical well-being go hand in hand, and anxious children tend to propagate unhealthy eating habits. Pre-existing medical conditions among adolescents, including obesity or underweight, typically have their own difficulties in managing eating attitudes and anxiety. Overweight adolescents are likely to be stigmatized, leading to insufficiency feelings and unhealthy eating behavior, and underweight adolescents are criticized by adults and peers, affecting their self-esteem adversely (Le Grange & Lock, 2005).

Despite rising levels of anxiety and negative eating attitudes, some middle school students are free from these conditions due to a system of protective factors. A positive family climate based on communication, emotional support, and positive eating can provide the impetus to encourage desirable behavior and positive mental health (Goel et al., 2021). Families emphasizing self-esteem and acceptance, rather than appearance, help students acquire a positive self-concept, thereby reducing the likelihood of body dissatisfaction and accompanying anxiety. Schools play a role, too, in lessening the risk of developing negative eating attitudes and anxiety. Schools that cultivate a positive, inclusive environment facilitate the well-being of students overall, while educational programs in the areas of nutrition, body image, and mental health provide effective knowledge and coping strategies (Mills et al., 2010).

To top it all off, peer influences can heavily influence eating attitudes and anxiety. Positive peer relations based on well-being, being different, and support minimize the risk of adopting unhealthy eating attitudes or anxiety, while inducing belongingness and positive emotional well-being (Efe et al., 2020).

The significance of knowledge of individual strengths and coping processes cannot be overstated. Students who are resilient, confident, and have high self-esteem are less vulnerable to unhealthy eating attitudes and anxiety. Young people involved in hobbies, sport, or art are more coping-resilient in the management of anxiety and stress and are less likely to use eating behaviors to cope. Exposure to mental health services is also capable of assisting students in managing feelings constructively and decreasing the likelihood of developing eating disorders or increased anxiety (Bhasin et al., 2010).

Cultural and community norms also shape the lack of disordered eating attitudes and anxiety. Some cultures have fewer values on appearance or specific notions of the ideal body, and this creates acceptance and diversity within the culture with the potential for supporting student well-being (Drieberg et al., 2019).

The interrelationship between anxiety and eating attitudes is also confounded by hormonal and psychological developmental shifts in adolescence. Puberty is linked to hormonal changes affecting mood and control of appetite, making adolescents especially susceptible to mood fluctuations, thus increasing susceptibility to anxiety and eating disorders (Manaf et al., 2016). Perfectionism, a common characteristic of anxious students, can drive them to extreme behavior to reach perceived ideal body weight or shape, further confounding the issue. Peer comparison and societal standards of beauty are likely to worsen body image concerns and anxiety, creating a vicious cycle where anxiety perpetuates unhealthy eating, and vice versa (Le Grange et al., 2014).

the interaction between anxiety and eating attitudes among middle school children is influenced by an interaction of internal, external, and social factors. Although difficulties such as peer pressure, the influence of the media, and cultural norms can lead to body dissatisfaction and unhealthy habits, self-protective mechanisms like nurturing family environments, healthy peer relations, and mental health resources can mitigate these issues. It is important to grasp the intricate interactions among these factors in order to develop effective interventions that foster good eating habits, alleviate anxiety, and enhance emotional well-being in this formative period. It is beneficial in the long term to address these concerns early in students' mental and physical well-being, allowing them to better cope with adversity and establish lifelong healthy habits.

Methods

Operational Definitions :

Anxiety is defined as a person's subjective experience of worry, fear, and physiological arousal, quantified with standardized psychological measures like the Generalized Anxiety Disorder-7 (GAD-7) scale. The GAD-7 measures symptoms such as nervousness, restlessness, and trouble controlling worry, each item scored on a four-point Likert scale (0 = not at all, 3 = nearly every day). Total scores can range from 0 to 21, with higher values representing more severe anxiety, scored as minimal, mild, moderate, or severe. Aside from self-report assessments, physiological responses like heightened heart rate, higher cortisol levels, and muscle tension can also serve as measures for anxiety. Clinical assessments, such as DSM-5-based structured interviews, are further measures that increase diagnostic specificity. This operational definition provides a standardized method of measuring anxiety, enabling consistency in research and clinical practice.

Eating behavior attitude isdescribed as one's cognitive, affective, and behavioral inclination to consume food, diet, and body image. It is normally assessed by valid self-report scales, for instance, that evaluates dietary restraint, weight preoccupation, and eating disorders symptoms. Respondents rate the frequency or intensity of eating and thinking about eating on a Likert scale, with greater ratings for more negative or more severe attitude. This offers a universal framework for quantifying attitudes on eating behavior in a standardized way, enabling clinicians and researchers to measure and compare these attitudes within and across varying populations and study settings.

Conceptual Definition :

Anxiety is a mental and physical state of excessive worry, fear, and heightened awareness of actual or perceived danger. Anxiety encompasses cognitive, affective, and physiological aspects, such as recurring intrusive thoughts, tension, and bodily symptoms such as accelerated heart rate and muscular tension. Although anxiety is a normal response to stress, assisting individuals to prepare for harm, excessive or excessive anxiety may disrupt daily functioning and quality of life. It can be expressed as generalized anxiety disorder, panic disorder, or social anxiety disorder, to name a few. The theoretical definition of anxiety emphasizes its multifaceted nature, differentiating between normal adaptive reactions and pathological anxiety that warrants clinical intervention.

Eating behavior attitude is a term that describes the cognitive, emotional, and behavioral reaction of an individual towards food, dieting, and body shape. It involves feelings of hunger, self-regulation of eating, and concern about weight and shape. It affects food consumption, eating styles, and total dietary habits. A healthy eating attitude supports balanced nutrition and good eating habits, whereas a negative attitude in the form of excessive dieting, emotional eating, or body image concern may lead to disordered eating patterns like anorexia, bulimia, or binge eating. These attitudes are influenced by cultural,

psychological, and social determinants and control the way individuals interact with food and their body. Knowledge of eating behavior attitudes assists in the evaluation of risks for unhealthy eating habits and the creation of interventions to encourage healthier food relationships.

Objective :

1. To study the relationship between eating attitude and anxiety among middle school students.

Hypothesis :

There will be no correlation relationship between eating attitude and attitude among middle school students.

Research design :

The research was quantitative in nature and correlational approach is used. The eating attitude behavior was independent variable and anxiety level was dependent variable. The eating attitude behavior was independent variable while anxiety was dependent variable.

Sample technique :

In this study selection was done by non probability purposive sampling technique.

Tool used :

1. Children's eating attitudes test (CHEAT) Maloney, M. J., McGuire, J. B., & Daniels, S. R. (1988).
2. Spence children's anxiety scale (Spence, S. H. 1998)

Tool description :

1. Children's eating attitudes test (cheat)

The Children's Eating Attitudes Test (ChEAT) is a 26 item questionnaire used to assess eating attitudes and disordered eatingbehaviours in children. It is a modified version of the Eating Attitudes Test (Garner & Garfinkle, 1979). It is administered by orally reading items to the child and is intended to be administered to children aged 8 – 15. The ChEAT can be utilised to screen for children at risk of developing an eating disorder and can be used as part of a more comprehensive diagnostic assessment

2. Spence children's anxiety scale

The SCAS Child Version is a 45-item self-report scale used to assess severity of anxietysymptoms in children aged 8-15 years. This measure assesses six domains of anxiety which constitute six subscales: separation anxiety, social phobia,obsessive compulsive problems, panic/agoraphobia, generalise anxiety/overanxious symptoms and fears of physical injury. The SCAS Child Version is not designed to be used as a diagnostic tool in isolation, but it can be used in clinical and non-clinical settings to evaluate the impact of anxiety interventions over time

Procedure :

The data was collected physically through offline mode of data collection. 300 people took part in the study. The consent of the participant was ensured before initiating data collection. They were ensured that the information will be kept confidential and will be used for research purpose only. The participants were required to complete a questionnaire that included sociodemographic information, a scale for measuring eating attitude and anxiety for middle school students. The participants were encouraged to contact the scholar in case of any quires that arise while filling the questionnaire. If anyone is interested to know their personal results, they were provided with email ID of the scholar. The scoring was done and the obtained results was subjected to

Statistical analysis :

Analysis of the collection of data from the sample of the study, the data were statistically analysed using the Statistical Package for Social Science (SPSS-20) to interpret the data using the statistical tests such as Pearson correlation coefficient. In order to present summarized information about the variables and highlights differences between the variables and give explanations for the differences and draw conclusion based on explorations.

Inclusion criteria :

1. Individuals who are purusing in middle school students of age at 13 to 15were chosen.
2. The participants were selected from students studying in English medium institutions.

Exclusion criteria :

1. Participant below at age of 12 will be excluded.
2. The participants with mental health issues were not includes

Results

Table – 1 levels of anxiety and eating attitude behaviour

Descriptive statistics

Variable	Students	N	Mean	Std.deviation
Eating attitude	middle school students	300	19.32	9.49
Anxiety	middle school students	300	39.44	14.652

The above table shows a statistical analysis comparing eating attitude behavior and anxiety between middle school students. This table contains descriptive information such as number of student 300 population, mean score, standard deviation. The mean for eating attitude for middle school students is 19.32 and for anxiety for middle school students is 39.44 indicating minor difference

Table - 2 Pearsons correlations table

Eating attitude behavior	**PerasonsCorrelations**	**Sig. (2 tailed test)**	**N**
Eating attitude behavior	**1**		**300**
Anxiety	**0.41**	**.477**	**300**

The above table shows Pearson's correlation analysis between eating attitude behavior and anxiety. The correlation coefficient (r = 0.41) suggests a moderate positive relationship, indicating that higher anxiety levels are associated with more problematic eating attitudes. The significance value (p = 0.477) exceeds the common threshold of 0.05, meaning the correlation is not statistically significant. The sample size (N = 300) is sufficiently large, but the lack of significance implies that the observed correlation could be due to chance. This suggests that while there is some association between anxiety and eating attitudes.

Anxiety	**PerasonsCorrelations**	**Sig. (2 tailed test)**	**N**
Eating attitude behavior	**-0.41**	**.477**	**300**
Anxiety	**1**		**300**

The above table presents Pearson's correlation between anxiety and eating attitude behavior. The correlation coefficient (r = -0.41) indicates a moderate negative relationship, suggesting that higher anxiety levels are associated with healthier eating attitudes. the significance value is missing, making it unclear whether the correlation is statistically significant. The sample size (N = 300) is adequate for analysis. The negative correlation contradicts typical expectations, as anxiety often correlates positively with disordered eating. Further investigation is needed to determine if this relationship is meaningful or due to confounding factors. A clear significance value would strengthen the interpretation.

Discussion :

The objective of the research was to find the association between anxiety and eating attitudes among 300 subjects. The findings were tested through descriptive statistics and Pearson's correlation coefficient to find whether there is an association and if so, to identify the level of association along with significance between the two psychological constructs. Descriptive statistics furnished the profile of data distribution of both the variables. The average Eating Attitude (EAT) score was 19.32, with a standard deviation of 9.496, which represents a moderate range of scores among participants. This indicates that eating attitudes in the sample were quite different, and some participants had greater tendencies toward disordered eating behaviors compared to others, who demonstrated more normal eating habits. For Anxiety (AN), the average score was 39.44, with a standard deviation of 14.652. The high mean anxiety score indicates that participants, overall, reported a significant amount of anxiety. The high standard deviation, however, points to great variation in the amount of anxiety reported, with some reporting extreme anxiety and others reporting less. The sample size for both measures (N = 300) is large enough to yield reliable statistical outcomes. The Pearson correlation coefficient (r = -0.041) is a weak negative correlation between anxiety and eating attitudes.

This signifies that with the increase in anxiety, eating attitude scores slightly go down, albeit with a small effect. Still, a correlation of -0.041 is very weak, meaning that the relationship is essentially negligible in practice. Moreover, the p-value for this correlation is 0.477, which is significantly higher than the standard significance level of 0.05. A p-value > 0.05 indicates that the correlation is not significant statistically, meaning that the observed correlation is most likely a product of random chance and not a reflection of a true association between the variables. The absence of significant correlation between anxiety and eating attitudes contradicts other earlier research which has reported a greater association between the variables. Psychological studies frequently indicate that anxiety may affect eating habits, with some people using restrictive eating, binge eating, or other disordered eating patterns as a stress and emotional distress coping mechanism.

In this research, though, the data does not indicate a significant relationship. There are a number of reasons why no significant relationship was observed between anxiety and eating attitudes in this sample. Measurement limitations are one possibility. The measures that were used to assess eating attitudes and anxiety may not have been sensitive enough to pick up a significant relationship. The Eating Attitude Test (EAT) is specifically centered around

disordered eating behaviors, but general eating attitudes could not always be directly connected to anxiety. In the same vein, the measure of anxiety might not have picked up specific forms of anxiety (e.g., social anxiety, obsessive-compulsive traits) that are more closely linked with eating disorders. Another consideration is the characteristics of the sample. The sample could be unrepresentative of populations where anxiety and disordered eating are more closely related, e.g., people with eating disorders. Moreover, variables such as age, gender, socioeconomic status, or cultural factors might have influenced the findings.

Certain demographic groups will demonstrate a closer relationship between eating attitudes and anxiety than others. In addition, the correlation between anxiety and eating attitudes can be non-linear. High-anxiety individuals may have different eating patterns, such as emotional eating in some and restriction in others, resulting in contradictory findings that negate a positive trend in correlation analysis. Other psychological variables, including self-esteem, depression, perfectionism, or body image disturbance, could mediate the correlation between anxiety and eating. Anxiety in isolation may not necessarily be a good predictor of eating attitudes but, when used in conjunction with other variables, it can be more apparent. It is also necessary to note varying types of anxiety. The correlation could be stronger if the research was conducted on particular categories of anxiety and not general anxiety. For instance, social anxious individuals might adopt disordered eating habits to match social standards of beauty, but this is not necessarily the case for those with generalized anxiety disorder (GAD). The future research would need to differentiate between various types of anxiety disorders to see if some types of anxiety are more closely linked to disordered eating attitudes.

These results contradict some of the psychological theories, which hypothesize a causal connection between anxiety and eating. Cognitive models propose that anxiety causes maladaptive eating, such as food restriction or emotional eating, as a defensive behavior. This research fails to supply any support for such an assumption. Emotional Eating Theory proposes that high levels of anxiety make people eat for comfort. The absence of correlation in this study implies that this effect might not be as general as previously believed. For mental health professionals and clinicians, the results imply that anxiety by itself is not necessarily a good predictor of eating disorders. This implies that treatment should address several psychological factors instead of anxiety reduction alone to enhance eating behavior. For interventions in public health, the research identifies the need to target a wider spectrum of risk factors influencing unhealthy attitudes towards eating, including body dissatisfaction, stress, and depression. As this research demonstrated no significant correlation, further research must seek larger, more diverse samples, examining whether various populations (e.g., adolescents, people with diagnosed eating disorders) have a greater link between anxiety and eating. Rather than employ overall anxiety ratings, future research should investigate certain subtypes of anxiety (e.g., social anxiety, health anxiety, panic disorders).Even more precise evaluations of eating patterns, such as binge eating, emotional eating, or restrictive eating, might uncover associations that did not emerge here. Future research also needs to examine depression, self-esteem, perfectionism, and body dissatisfaction as possible mediators of the anxiety and eating attitude relationship, as well as the influence of environmental causes, such as stressful life experiences or pressures from others, on both anxiety and eating behaviors. Overall, in this sample of 300 subjects, there was a weak, non-significant negative relationship between anxiety and eating attitudes ($r = -0.041$, $p = 0.477$). This implies that anxiety has no significant direct effect on eating attitudes. Although earlier studies have documented a more significant relationship, the findings emphasize the intricacy of psychological effects on eating behaviors. Future studies need to examine other psychological, environmental, and social factors that might mediate this association to shed more light on eating attitudes and anxiety.

Summary :

This research examines the correlation between eating attitude behavior and anxiety in middle school students is a significant topic in psychological and health studies. Knowing this correlation can assist educators, parents, and mental health professionals in developing effective interventions to promote students' well-being. In this research, a correlation test was applied to a sample of 300 middle school students to determine the correlation between their eating attitudes and anxiety levels. The mean eating attitude score was 19.32 with a standard deviation of 9.946, and the mean anxiety score was 39.44 with a standard deviation of 14.56. These statistical measures offer information regarding how eating habits and anxiety scores differ among students.

Correlation analysis is a helpful statistical measure to quantify the strength and direction of the relationship between two variables. In this instance, the test was designed to establish whether there is a significant relationship between eating attitudes and anxiety. Past research has shown that unhealthy eating habits, including emotional eating, restrictive eating, and binge eating, tend to accompany increased levels of anxiety among adolescents. Anxiety, characterized by excessive worry, stress, and physical symptoms, may affect eating habits, with either excessive or decreased food intake. The findings of this study concur with previous studies, indicating the possibility of a relationship between eating habits and level of anxiety in middle school students.

The average eating attitude score of 19.32 shows that the majority of students have moderate eating attitudes, though there are some variations. Likewise, the mean anxiety of 39.44, with a standard deviation of 14.56, shows that while some students are mildly anxious, others are more stressed. The difference in scores shows the complexity of these factors, which may be influenced by social, academic, and environmental pressures. Adolescence is a sensitive stage of development, and during this time, external stressors such as peer relationships, school pressures, and body image issues can affect both anxiety levels and eating habits.

Statistically, the test of correlation is useful in determining the relationship between these two variables. A positive correlation would reflect that increased anxiety is associated with worse eating attitudes, like disordered or emotional eating. However, a negative correlation would indicate that more anxiety is associated with restrained eating or loss of appetite caused by stress. If the correlation would be weak or non-significant, it would be an indication that eating attitudes and anxiety are not strongly related within this specific population. Yet, according to previous research, a moderate to strong correlation would be predicted.

These results hold strong implications for mental health interventions within schools. If a strong correlation is present, it reinforces the need to address both anxiety and eating behavior among middle school students. Counseling programs, stress management workshops, and nutrition classes can be put into place in schools to instill healthier coping and habits. Promoting parental involvement and awareness can also aid students in maintaining a balanced perspective toward food and stress management. Subsequent studies need to investigate variables like gender, socioeconomic status, and cultural factors to better understand how anxiety influences eating habits among adolescents. Through a positive environment, teachers and mental health workers can play a part in the general well-being of middle school students.

Conclusion :

The dynamics of eating attitudes, habits, and anxiety in middle school children are complex, with psychological, social, and environmental factors affecting them. Research shows that anxiety has a direct impact on eating patterns, which tend to lead to unwholesome feeding habits and long-term health problems. Middle school students, at a crucial stage of development, are especially susceptible to body image issues, peer pressure, school stress, and societal pressure, which all account for differences in their eating habits.

Anxiety takes various forms among teens, often resulting in chaotic eating patterns, eating for emotional reasons, and eating behaviors that are disordered in nature like food restriction, binge eating, or unhealthy dieting. Highly anxious students are likely to overeat as a way of coping or, on the other hand, lose their appetite under the influence of stress. Research indicates an extremely strong connection between high anxiety levels and bad eating attitudes like guilt after meals, fear of gaining weight, and an inordinate preoccupation with control at the table. If not brought under control, these behaviors might progress to intense eating disorders like anorexia nervosa, bulimia nervosa, or binge eating disorder.

The school environment significantly shapes eating behaviors and anxiety management. Academic stress, social dynamics, and bullying can intensify anxiety, leading to unhealthy coping strategies, including poor dietary choices. Additionally, parental influence, peer relationships, and media exposure play key roles in shaping adolescents' body image perceptions and eating attitudes, often exacerbating concerns related to anxiety and self-esteem.

To address this problem, one needs a broad strategy that includes early intervention, mental health intervention, and learning about healthy eating habits. Nutrition programs that facilitate healthy diets, stress management, and body confidence should be inculcated in schools to promote a more positive relationship between food and the self. Additionally, parents and teachers need to create an environment of open dialogue and emotional support for students dealing with anxiety and eating issues. Promoting healthy coping strategies like exercise, mindfulness, and counseling can counteract the effects of anxiety on eating habits.

In conclusion, the relationship between eating attitudes and behaviors and anxiety among middle school students underscores the role of preventive interventions in advancing both mental and physical well-being. Understanding the psychologic dimensions of eating behaviors and responding with support can prevent the development of disordered eating and anxiety. By taking a holistic approach to adolescent welfare, society can foster healthier, more resilient young people with good eating habits and good anxiety management skills.

Limitations of the study

1. Middle school students may not provide accurate responses about their eating habits or anxiety levels due to social pressures or memory issues. They might give answers they believe are expected rather than their actual experiences. Additionally, they may struggle to recall specific details or misinterpret survey questions, leading to inconsistencies and potential inaccuracies in the collected data.

2. The study's findings may not apply to all middle school students due to variations in culture, socioeconomic background, and regional factors. Eating habits and anxiety levels can differ based on ethnicity, family environment, and social norms. If the sample is not diverse enough, the results may only represent a particular group, limiting the study's ability to provide insights applicable to a broader adolescent population.

3. A cross-sectional study it difficult to determine cause-and-effect relationships. While anxiety could influence eating patterns, it is equally possible that dietary habits contribute to increased anxiety. A longitudinal approach that examines changes over time would offer a better understanding of how these factors interact and influence each other.

4. Several external elements could impact both eating attitudes and anxiety, making it challenging to determine a direct link between them. Influences such as academic stress, peer relationships, parental expectations, and genetic factors could shape both eating behaviors and emotional well-being. If these aspects are not accounted for, the study may provide an incomplete or misleading interpretation of their connection.

Declaration

the authors declares that no conflicts with respect to this research. No founding was obtained for this research. Primary data was collected by first author and was analyzes for this research.

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