The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 13, Issue 3, July- September, 2025
DIP: 18.01.398.20251303, DOI: 10.25215/1303.398
https://www.ijip.in

Research Paper

Internet Addiction and Eating Attitude among College Students

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ABSTRACT

Internet addiction (IA) has become a growing global concern, particularly among college students. This study aimed to examine the relationship between Internet addiction and eating attitudes among college students. A total of 150 participants (77 males and 73 females), aged 18 to 24 years, were selected using a simple random sampling method. Participants completed a demographic questionnaire along with the Internet Addiction Test (IAT-20) and the Eating Attitudes Test (EAT-26). Pearson correlation analysis revealed that dimensions of Internet addiction—specifically social isolation, deprivation, and total IA—were positively associated with dieting behaviour ($r = .20$, $p < .05$; $r = .18$, $p < .05$; $r = .17$, $p < .05$, respectively). Bulimia and food preoccupation were significantly correlated with avoidance, social isolation, deprivation, and total IA ($r = .20$ to $.41$, $p < .01$). Avoidance was positively correlated with oral control ($r = .18$, $p < .05$). Total IA and its three sub-dimensions also showed significant positive correlations with overall eating attitudes ($r = .20$ to $.29$, $p < .01$). Gender differences were found in eating attitudes: male students scored higher than females in bulimia and food preoccupation, oral control, and total eating attitude scores. Students from joint families and those belonging to higher socioeconomic status demonstrated higher mean scores in eating attitude dimensions. These findings suggest a significant relationship between Internet addictions and disordered eating behaviours, with demographic factors such as gender, family type, and socioeconomic status playing a moderating role. The study underscores the need for targeted interventions to address co-occurring behavioral and psychological issues among youth.

Keywords: *Internet addiction, eating attitudes, college students, gender differences, socioeconomic status, family type*

In the digital era, the Internet has become an integral component of daily life, particularly for adolescents and young adults. While its benefits for academic, social, and professional purposes are undeniable, excessive use has given rise to a behavioral concern known as Internet addiction (IA) (Kuss & Lopez-Fernandez, 2016). Internet addiction is defined as poorly controlled preoccupations, urges, or behaviors related to Internet use that result in distress or impairment (Shaw & Black, 2008). Manifestations of IA include compulsive engagement with social networking sites, online gaming, and prolonged browsing, which can negatively impact psychological, social, academic, and physical well-being (Young, 1998; Andreassen, 2015). College students are considered especially vulnerable to IA due to

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Received: September 08, 2025; Revision Received: September 26, 2025; Accepted: September 30, 2025

developmental factors such as identity exploration, emotional regulation, and the need for social belonging (Kuss & Lopez-Fernandez, 2016). Parallel to this concern is the increasing prevalence of disordered eating behaviors among college students. The transition to higher education is often accompanied by irregular schedules, heightened stress, and exposure to peer and media influences, which can foster unhealthy eating patterns. Disordered eating encompasses behaviors such as restrictive dieting, binge eating, and preoccupation with body image, which are commonly reported in college populations (Quick & Byrd-Bredbenner, 2013). The Eating Attitudes Test (EAT-26) remains a widely used instrument for identifying symptoms characteristic of eating disorders, including dieting, bulimia, and oral control (Garner et al., 1982).

Emerging research suggests a potential interplay between IA and eating attitudes. Excessive Internet use may contribute to maladaptive eating behaviors through mechanisms such as sedentary lifestyles, disrupted sleep patterns, and increased exposure to idealized body images on social media platforms (Rodgers et al., 2020). Moreover, IA has been associated with psychological vulnerabilities, including low self-esteem, emotional dysregulation, and heightened levels of anxiety and depression—factors also strongly linked to disordered eating (Huang et al., 2020; Tao & Liu, 2009). Despite these overlaps, limited empirical research has examined the direct association between IA and eating attitudes, particularly in the Indian context. Given the influence of cultural norms, family structures, and socioeconomic conditions on both internet use and eating behaviors, further investigation is warranted. The present study seeks to address this gap by exploring the relationship between Internet addiction and eating attitudes among Indian college students. Additionally, the study examines the moderating roles of gender, family type, and socioeconomic status. By doing so, it contributes to a growing body of research on behavioral addictions and eating psychology, offering insights that may inform early detection and culturally sensitive intervention strategies for vulnerable student populations.

LITERATURE REVIEW

The phenomena of **Internet addiction (IA)** and **disordered eating behaviors** have emerged as critical areas of concern in mental health research, particularly among college students. The transition from adolescence to young adulthood is characterized by a heightened vulnerability to both technological overuse and emotional maladjustment, which can manifest as maladaptive behaviors such as compulsive Internet use and unhealthy eating attitudes (Kuss & Lopez-Fernandez, 2016; Quick & Byrd-Bredbenner, 2013).

Internet Addiction was first conceptualized by Young (1998) as a behavioral addiction similar in nature to pathological gambling, characterized by excessive or poorly controlled urges related to Internet use. Young developed the Internet Addiction Test (IAT), which remains one of the most widely used tools in IA research. Shaw and Black (2008) further elaborated on the clinical dimensions of IA, noting its association with academic disruption, emotional distress, and interpersonal conflicts. College students, due to increased autonomy, lack of parental supervision, and academic stress, are particularly susceptible to excessive Internet use (Kuss & Lopez-Fernandez, 2016; Andreassen, 2015).

Parallel to IA, **eating disorders and disordered eating behaviors** have gained attention as prevalent psychological issues among students. The Eating Attitudes Test (EAT-26) is a validated screening tool designed to assess eating-related concerns such as dieting, bulimia, and oral control (Garner et al., 1982). Studies have shown that stress, anxiety, peer influence, and body image dissatisfaction are among the primary triggers for disordered

eating in young adults (Quick & Byrd-Bredbenner, 2013). The constant exposure to idealized body types on social media platforms further reinforces unrealistic beauty standards, contributing to body dissatisfaction and compensatory eating behaviors (Rodgers et al., 2020).

Emerging research has begun to **explore the intersection between Internet addiction and disordered eating**. A meta-analysis by Huang et al. (2020) indicated that IA is significantly correlated with unhealthy lifestyle patterns, including irregular meal timing and poor sleep, which are closely linked to eating disturbances. Similarly, Tao and Liu (2009) found a higher prevalence of eating disturbances among adolescents with excessive Internet use. These findings suggest a potential bidirectional relationship, where IA exacerbates emotional dysregulation and body dissatisfaction, thereby triggering disordered eating patterns. Moreover, demographic variables such as **gender, socioeconomic status, and family structure** appear to moderate these behaviors. Males may be more prone to Internet gaming and compulsive online behaviors, while females often exhibit heightened sensitivity to body image cues and dieting (Andreassen, 2015; Rodgers et al., 2020). Socioeconomic status influences access to technology, food security, and cultural norms surrounding body ideals, all of which affect both IA and eating attitudes (Quick & Byrd-Bredbenner, 2013). Family structure, particularly the presence of joint or nuclear family systems in collectivist societies like India, may also play a role in moderating behavioral outcomes (Tao & Liu, 2009). Despite growing evidence, **empirical studies directly linking IA and eating attitudes within the Indian college context remain scarce**. Most existing research focuses on either IA or disordered eating in isolation, neglecting their possible interdependence. There is a pressing need to address this gap through focused studies that incorporate cultural, psychological, and environmental variables to provide a comprehensive understanding of this comorbidity.

METHODS

Sample and Procedure

This study was conducted among college students in the Salem District of Tamil Nadu, India. A total of 150 students participated, comprising 77 males and 73 females, aged 18 to 24, with a mean age of 21 years. A simple random sampling technique was employed to ensure a representative sample. Prior to data collection, informed consent was obtained from all participants, ensuring their voluntary participation and understanding of the study's purpose. Following this, questionnaires were distributed to participants under the direct supervision of the researcher to ensure proper administration and minimize errors.

Table 1: Distribution of the samples based on demographic variables

S No	Demographic Variables	Categories	Frequency	Percentage
1.	Gender	Male	77	51.3%
		Female	73	48.7%
2.	Type of family	Nuclear	116	77.3%
		Joint	34	22.7%
3.	Socio-economic status	Upper	18	12.0%
		Middle	114	76.0%
		Lower	18	12.0%

METHODOLOGY

Research Design

The present study employed a **quantitative, correlational research design** to examine the relationship between Internet addiction and eating attitudes among college students. This design was chosen to measure the strength and direction of association between the two psychological variables using standardized psychometric instruments.

Participants

A total of **150 college students** (77 males and 73 females), aged **between 18 and 24 years**, participated in the study. The participants were selected using **simple random sampling** from various undergraduate departments of a government-affiliated arts and science college in India. Inclusion criteria required participants to be full-time students, within the specified age group, and willing to provide informed consent. Students with diagnosed psychiatric conditions or on psychotropic medications were excluded to control for confounding variables.

Instruments

1. **Demographic Questionnaire**: A self-structured questionnaire was used to gather demographic information such as age, gender, type of family (joint or nuclear), and socioeconomic status (upper, middle, lower).
2. **Internet Addiction Test (IAT-20)**: Developed by Young (1998), the IAT consists of 20 items rated on a 5-point Likert scale (ranging from 1 = rarely to 5 = always). It measures the level of Internet addiction across four dimensions: avoidance, social isolation, deprivation, and total Internet use. The IAT has demonstrated high reliability and validity in various cultural settings (Widyanto& McMurran, 2004).
3. **Eating Attitudes Test (EAT-26)**: Developed by Garner et al. (1982), the EAT-26 is a widely used screening tool for identifying eating disorder symptoms. It consists of 26 items grouped into three subscales: dieting, bulimia and food preoccupation, and oral control. Items are rated on a 6-point Likert scale, with higher scores indicating more problematic eating attitudes.

Procedure

Prior to data collection, ethical approval was obtained from the Institutional Human Ethics Committee. Participants were informed about the purpose and confidentiality of the study, and written informed consent was secured. The questionnaires were administered in a classroom setting during scheduled lecture hours under the supervision of the researcher. Each participant was provided sufficient time (approximately 20–25 minutes) to complete the forms. Data collection was completed within a span of two weeks.

Data Analysis

The collected data were coded and analyzed using **IBM SPSS Statistics (Version 26.0)**. Descriptive statistics (mean, standard deviation) were used to summarize participant demographics and scale scores. **Pearson correlation coefficient** was computed to determine the strength and direction of relationships between Internet addiction and eating attitudes. Additionally, **independent samples t-tests** and **one-way ANOVA** were employed to assess differences in eating attitudes and Internet addiction across gender, family type, and socioeconomic status. A significance level of $\mathbf{p < .05}$ was set for all statistical analyses.

RESULTS

Hypothesis1: There will be a significant association between internet addiction and eating attitudes among college students.

Table 2: Relationship between internet addiction and eating attitudes

Internet Addiction	Eating attitudes			
	Dieting	Bulimia and food preoccupation	Oral control	Eating attitudes
Difficulty to control	0.01 NS	- 0.01 NS	0.03 NS	.017NS
Avoidance	0.13 NS	0.20*	0.18*	.206*
Social Isolation	0.20*	0.41**	0.11NS	297**
Deprivation	0.18*	0.18*	0.14NS	.234**
Internet Addiction Total	0.17*	0.27**	0.15 NS	.244**

***. Correlation is significant at the 0.01 level (2-tailed), *. Correlation is significant at the 0.05 level (2-tailed), NS= Not significant.*

The correlational analysis revealed significant associations between dimensions of internet addiction and eating attitudes among participants. Difficulty to control internet use was not significantly correlated with dieting (r = .01, n.s.), bulimia and food preoccupation (r = –.01, n.s.), oral control (r = .03, n.s.), or overall eating attitudes (r = .017, n.s.). However, avoidance showed a significant positive correlation with bulimia and food preoccupation (r = .20, p < .05), oral control (r = .18, p < .05), and overall eating attitudes (r = .21, p < .05), suggesting that higher avoidance in internet use is associated with more problematic eating behaviors. Social isolation demonstrated the strongest associations with dieting (r = .20, p < .05), bulimia and food preoccupation (r = .41, p < .01), and overall eating attitudes (r = .30, p < .01). This indicates that individuals experiencing greater social isolation due to internet addiction are more likely to exhibit disturbed eating patterns. Similarly, deprivation was positively correlated with dieting (r = .18, p < .05), bulimia and food preoccupation (r = .18, p < .05), and overall eating attitudes (r = .23, p < .01). Finally, total internet addiction scores were significantly associated with dieting (r = .17, p < .05), bulimia and food preoccupation (r = .27, p < .01), and overall eating attitudes (r = .24, p < .01), but not with oral control (r = .15, n.s.). Taken together, these findings suggest that higher levels of internet addiction, particularly the aspects of social isolation and deprivation, are significantly related to disordered eating attitudes. This aligns with previous studies showing that excessive internet use and problematic online behaviors are linked with unhealthy eating patterns and body image concerns (Çelik et al., 2015; Rodgers et al., 2020).

Hypothesis 2: There will be a significant difference in eating attitudes among college students based on the gender.

Table 3: Gender difference in eating attitudes

Eating attitude	Gender				
	Male (77)		Female (73)		
	M	SD	M	SD	't' value
Dieting	9.23	5.00	7.87	5.37	0.11NS
Bulimia & Food Preoccupation	4.84	3.48	2.91	3.20	0.00*
Oral Control	5.11	3.21	3.95	3.48	0.00*
Eating Attitude Total	19.19	9.63	14.75	9.62	0.15 NS

**'t' Value is significant at 0.05 levels, NS= Not Significant.*

An independent-samples t-test was conducted to examine gender differences in eating attitudes. Results indicated no significant difference between males (M = 9.23, SD = 5.00) and females (M = 7.87, SD = 5.37) in dieting (t = 0.11, n.s.). However, significant gender differences were found for bulimia and food preoccupation, with males (M = 4.84, SD = 3.48) scoring higher than females (M = 2.91, SD = 3.20), t = 0.00, p < .05. Similarly, males (M = 5.11, SD = 3.21) scored significantly higher than females (M = 3.95, SD = 3.48) on oral control, t = 0.00, p < .05. For overall eating attitudes, no significant difference was observed between males (M = 19.19, SD = 9.63) and females (M = 14.75, SD = 9.62), t = 0.15, n.s. Thus, although males and females did not differ in total eating attitudes, males exhibited significantly higher tendencies toward bulimia, food preoccupation, and oral control compared to females. These findings contrast with much of the existing literature, which often reports that females exhibit higher rates of disordered eating and dieting behaviors than males (Rodgers et al., 2020; Sweeting et al., 2015). However, the present results may reflect changing sociocultural dynamics, with increasing pressure on males to conform to muscularity-oriented body ideals (Nagata et al., 2019).

Hypothesis 3: There will be a significant difference in eating attitudes among college students based on the Type of Family.

Table 4: type of family difference in eating attitudes

Eating attitude	**Type of family**				
	Nuclear (116)		**Join (34)**		
	M	**SD**	**M**	**SD**	**'t' value**
Dieting	8.09	5.28	10.20	4.67	0.03*
Bulimia & Food Preoccupation	3.50	3.46	5.29	3.22	0.00*
Oral Control	4.16	3.44	5.88	2.86	0.00*
Eating Attitude Total	15.75	9.86	21.38	8.62	0.00*

An independent-samples t-test was conducted to compare eating attitudes between individuals from nuclear and joint families. Results revealed that participants from joint families (M = 10.20, SD = 4.67) reported significantly higher dieting scores than those from nuclear families (M = 8.09, SD = 5.28), t = 0.03, p < .05. Similarly, bulimia and food preoccupation scores were significantly higher in participants from joint families (M = 5.29, SD = 3.22) compared to those from nuclear families (M = 3.50, SD = 3.46), t = 0.00, p < .05. Oral control also showed significant differences, with joint family participants (M = 5.88, SD = 2.86) scoring higher than those from nuclear families (M = 4.16, SD = 3.44), t = 0.00, p < .05. In terms of overall eating attitudes, individuals from joint families (M = 21.38, SD = 8.62) scored significantly higher than those from nuclear families (M = 15.75, SD = 9.86), t = 0.00, p < .05. These findings indicate that individuals from joint family structures tend to report greater dieting behaviors, food-related preoccupations, and overall disordered eating attitudes than those from nuclear families. This may be attributed to the stronger social and familial influences present in joint families, where group eating patterns, collective decision-making, and interpersonal comparisons can shape body image concerns and eating practices (Khan et al., 2018; Nasser, 1997). Additionally, cultural norms within joint families may reinforce food-related expectations and pressures, increasing susceptibility to disordered eating (Pike & Dunne, 2015).

Hypothesis 4: There will be a significant difference in eating attitudes among college students based on the Socio-economic status.

Table 5: Socio-economic status difference in eating attitude

Eating attitude	Socio-economic status						
	Upper (18)		Middle (114)		Lower (18)		
	M	SD	M	SD	M	SD	F value
Dieting	10.77	3.60	8.57	5.55	6.38	3.12	3.28*
Bulimia & Food Preoccupation	6.94	2.53	3.37	3.44	4.22	3.02	9.15*
Oral Control	5.50	3.24	4.36	3.48	4.77	2.90	0.90^{NS}
Eating Attitude Total	23.22	6.38	16.31	10.35	15.38	7.14	4.28*

** 'f' Value significant at 0.05 level, NS= Not Significant.*

A one-way ANOVA was conducted to examine differences in eating attitudes across socio-economic status groups (see Table X). Significant differences were observed for dieting, $F(2, 147) = 3.28$, $p < .05$. Participants from the upper socio-economic group ($M = 10.77$, $SD = 3.60$) reported higher dieting scores than those from the middle ($M = 8.57$, $SD = 5.55$) and lower ($M = 6.38$, $SD = 3.12$) groups. Similarly, bulimia and food preoccupation differed significantly across groups, $F(2, 147) = 9.15$, $p < .05$, with the upper group ($M = 6.94$, $SD = 2.53$) scoring higher than both the middle ($M = 3.37$, $SD = 3.44$) and lower ($M = 4.22$, $SD = 3.02$) groups. In contrast, no significant differences were found for oral control, $F(2, 147) = 0.90$, ns. Total eating attitude scores also varied significantly by socio-economic status, $F(2, 147) = 4.28$, $p < .05$, with participants in the upper group ($M = 23.22$, $SD = 6.38$) reporting higher disordered eating attitudes compared to those in the middle ($M = 16.31$, $SD = 10.35$) and lower ($M = 15.38$, $SD = 7.14$) groups.

DISCUSSION

The results of this study highlight significant associations between internet addiction and eating attitudes. Specifically, avoidance, social isolation, and deprivation were positively correlated with dieting, bulimia and food preoccupation, and overall eating attitudes. These findings suggest that problematic internet use, particularly when it fosters isolation or compensatory behaviors, may contribute to maladaptive eating patterns. This aligns with prior research indicating that excessive online activity is linked with disordered eating behaviors, possibly through mechanisms of emotional dysregulation, reduced offline social support, and heightened exposure to media-driven body ideals (Kuss & Griffiths, 2015; Rodgers et al., 2020).

Gender differences were also observed, with males scoring significantly higher on bulimia, food preoccupation, and oral control than females. This challenges the conventional assumption that disordered eating is predominantly a female concern and supports emerging evidence that males are increasingly vulnerable to body dissatisfaction and maladaptive eating, particularly in cultural contexts where muscularity and control are emphasized (Murray et al., 2017; Strother et al., 2012).

Family structure further shaped eating attitudes. Participants from joint families reported higher dieting tendencies, bulimic symptoms, and overall disordered eating compared to those from nuclear families. These findings suggest that the dynamics of extended family living may intensify sociocultural pressures regarding food, body image, or conformity,

thereby influencing eating behaviors. Prior studies have also noted that family environments characterized by heightened scrutiny or collective expectations can impact individual dietary patterns (Eisenberg et al., 2005).

Socio-economic status (SES) played a significant role as well. Individuals from upper SES backgrounds scored higher on dieting, bulimia and food preoccupation, and overall eating attitudes compared to middle- and lower-SES groups. These results suggest that affluence may heighten exposure to Westernized beauty standards, diet culture, and appearance-related pressures, consistent with previous findings (Bordo, 2003; Neumark-Sztainer et al., 2002; Story et al., 1995). Interestingly, oral control did not differ significantly across SES groups, suggesting that control-related eating patterns may be less influenced by socio-economic context and more reflective of individual psychological traits (Keel & Forney, 2013). Taken together, these findings underscore the multifactorial nature of eating attitudes, shaped by digital behaviors, gender, family dynamics, and socio-economic context. They highlight the importance of culturally sensitive approaches in prevention and intervention strategies that account for these intersecting influences.

CONCLUSION

The study demonstrates that disordered eating attitudes are not the result of a single factor but emerge from a constellation of psychosocial and structural influences. Internet addiction, particularly avoidance and social isolation, was associated with greater disordered eating. Gender differences highlighted male vulnerabilities, while family type and socio-economic status further differentiated patterns of eating attitudes. These findings suggest that interventions should address digital well-being, gender-inclusive health education, and socio-cultural influences on eating behavior. Public health strategies should integrate these insights into prevention and treatment programs to mitigate the growing risks of maladaptive eating in diverse populations.

Limitations and Future Research

Despite offering valuable insights, this study has several limitations that should be acknowledged. First, its cross-sectional design restricts the ability to establish causal relationships between internet addiction and eating attitudes. Second, the reliance on self-reported measures may have introduced response biases, as participants could have underreported or exaggerated their behaviors. Third, the sample was drawn from a specific demographic and cultural context, limiting the generalizability of the findings to broader populations. Moreover, other potentially influential factors—such as peer pressure, media exposure, or psychological distress—were not directly assessed, even though they may play significant roles in shaping both internet use and eating attitudes.

Future research should adopt longitudinal and experimental designs to examine causal pathways and developmental changes over time. Broadening the sample to include diverse socio-cultural groups and a wider age range would enhance the external validity of findings. Qualitative approaches could also provide deeper insights into the lived experiences of individuals facing challenges with excessive internet use and disordered eating. Furthermore, incorporating mediating variables such as body image dissatisfaction, stress, or coping strategies would strengthen theoretical models and inform intervention frameworks. Such directions would not only advance scholarly understanding but also guide the development of culturally sensitive, evidence-based prevention and treatment programs.

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Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Shanmugapriya & Selvaraj, N. (2025). Internet Addiction and Eating Attitude among College Students. *International Journal of Indian Psychology*, *13*(3), 4350-4360. DIP:18.01.398.20251303, DOI:10.25215/1303.398