

Loneliness, Emotional Eating, and COVID-19 in Youth

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Objectives: Negative emotions, such as the feeling of loneliness, are significantly associated with emotional eating. As a coping mechanism to regulate and reduce negative emotions, adolescents and young adults are found to lose control and binge. The global pandemic and enforced lockdowns have imposed psychological changes, depressive symptoms, and perceived stress. COVID-19 has led to psychiatric morbidity and dietary changes in youth. This study was designed to see if the feeling of loneliness and emotional eating is associated with contraction COVID-19.

Methods: A descriptive cross-sectional study was conducted using internationally validated questionnaires such as the Dutch Eating Behavior Questionnaire (DEBQ), UCLA loneliness scale, Patient Health Questionnaire-9 (PHQ-9), and the Beck Anxiety Inventory (BAI). An online survey comprised of these questionnaires and the history of diagnosed COVID-positive contractions was administered among undergraduate and graduate students in Karachi, Pakistan.

Results: Around 10% of the 234 respondents had a high tendency for emotional eating. Adolescents and young adults who had good eating behaviors (a low tendency for emotional eating) were less likely to be COVID positive (OR = 0.24; 95% CI = 0.08, 0.75), than those with a high tendency for emotional eating. Youth who had been COVID-positive had a significantly higher tendency for emotional eating ($p = 0.02$). Around 26% of the students had a loneliness score greater than the average and the median. People who felt less lonely were two times more likely to be COVID negative (OR = 2.78; 95% CI = 1.02, 7.55). Youth with overall good mental health (i.e., experiencing none or mild to moderate depression) were more likely to experience lower anxiety (OR = 8.19; 95% CI = 2.86, 23.48).

Conclusions: During the corona pandemic, youth feel more lonely and develop a tendency for emotional eating which is linked to being COVID positive. Building on this pilot data, future long-term intervention, and follow-up research are required to establish causation. Until then, mental health counseling and nutrition education may be integrated into education. Equipping academia to cater to the evolving youth demands should become a public health priority.

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