

EATING DISORDERS IN CHENNAI

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Table of Contents

Instructions: Right-click and update the Table of Contents

This study digs into how common eating disorders are among Chennai locals, zooming in on factors like underreporting and lingering cultural biases that can mess with accurate diagnosis and treatment. In many cases, we need a mix of hard numbers on symptoms and prevalence rates as well as personal snapshots gathered through interviews and surveys that capture real experiences and community viewpoints. This blend of factual data and lived stories should help us get a fuller, if not slightly messy, picture of the issue.

I. Abstract

Eating disorders in Chennai don't always get the attention they deserve – this dissertation dives right in to explore just how common these issues are and uncovers the various factors that keep them hidden behind underreporting and cultural bias. It uses a mix of hard numbers and personal accounts—data that, in many cases, shows some groups are hit much harder—while also drawing on interviews and surveys to capture real-life experiences and local views that continually feed into the stigma. The work makes it clear that healthcare in this setting needs a more sensitive, tailor-made approach; local professionals, navigating a maze of cultural norms, must rethink their strategies if they're to truly support those affected. At times, the findings gently push us to reexamine public health policies and education efforts—not just to reduce silence, but to break through the stigma and offer better care. Ultimately, this research adds an important piece to our overall picture of mental health in urban India, laying down a foundation for future studies and interventions that put the well-being of real people first.

Study	Sample Size	Population	Prevalence (%)	Reference
Iyer & Shriram, 2021	332	Medical college students	13	([europepmc.org](https://europepmc.org/article/MED/33654608?utm_source=openai))
Srinivasan et al., 1995	210	Medical students	14.8	([pmc.ncbi.nlm.nih.gov](https://pmc.ncbi.nlm.nih.gov/articles/PMC10898522/?utm_source=openai))
Chellappa & Karunanidhi, 2013	200	Undergraduate female students	30	([pmc.ncbi.nlm.nih.gov](https://pmc.ncbi.nlm.nih.gov/articles/PMC6657488/?utm_source=openai))

Prevalence of Eating Disorders in Chennai

II. Introduction

Chennai’s urban scene has changed a lot lately—people’s food choices and everyday lifestyles seem to be shifting in ways that aren’t easy to predict. Globalization and subtle cultural changes have nudged our habits, and now, eating issues that were once swept aside because of stigma and a lack of awareness among healthcare folks (*Choo H-I et al., 2025), (R Kennedy et al., 2016) have begun to surface. Disorders like anorexia nervosa and bulimia nervosa affect both body and mind, yet, to be honest, we still aren’t really clear on how common these problems are among teens and young adults (Das MK et al., 2021), (V Raghavan et al., 2020). Some studies, in most cases, hint at a worrisome rise in eating disorder symptoms among groups that mirror the new social norms (Ganesh A et al., 2020), (S Rohini et al., 2020). The main focus here is to figure out just how widespread these issues are in Chennai, what might be driving them, and how much the local social and cultural vibe plays into all this (Rooprai R et al., 2017), (Chakraborty A, 2019). This study aims to do a bit of number crunching with a mixed-methods approach, spot trends across different demographics, and look into both the personal stories and hard stats that build up the stigma around these conditions (Zhu C et al., 2021), (Kathleen M Pike et al., 2015). Generally speaking, the work is important—not only for filling academic gaps in mental health discussions in today’s fast-changing culture, but also for steering public health strategies, intervention plans, and awareness efforts that really fit the Indian context (Trichopoulou A et al., 2014), (Strunz E et al., 2014). In a way, the findings might even turn useful as a key reference for clinicians and mental health pros in Chennai, pushing for treatment approaches that are both holistic and culturally in tune. By examining how cultural quirks shape food-related behaviors, this effort tries to unsettle long-held ideas about eating disorders and spark genuine conversation among everyone involved, which is pretty crucial for building effective health policies and support systems (Gupta N et al., 2012), (Font JC et al.). All in all, this research goes beyond simply gathering data—it aims to reshape the conversation around eating disorders in Chennai and create an environment that supports healing and recovery for those impacted (Aucott et al., 2016), (Heymann et al., 2014).

III. Literature Review

Mental health disorders are causing a growing worry around the world, and eating disorders (EDs) are really getting noticed lately because they come in so many layers. Different parts of the globe—each with its own social quirks and mindsets—make these conditions especially hard to pin down. Take India, for example; urban hubs like Chennai are now seeing more cases and higher awareness among teenagers, young adults, and even older folks. This noticeable rise has stirred up fresh research efforts to figure out what drives these issues, how they show up day to day, and which remedies might actually work (*Choo H-I et al., 2025). It just goes to show that digging into local mental health is more important than ever. When you flip through the literature on Chennai’s eating disorders, several recurring ideas pop up. There’s a strong sense that the rush of urban life and the steady inflow of global trends mess with people’s views about their bodies (R Kennedy et al., 2016). Studies point out that media buzz and the kind of pressures you feel from everyday society tend to ratchet up body dissatisfaction, especially among young women (Das MK et al., 2021). Food and dieting get mixed in with both age-old traditions and new lifestyle crazes, so people’s attitudes about eating and body image end up all tangled together (V Raghavan et al., 2020). Some researchers even note that as Chennai shifts from its traditional eating habits to more Westernized ways, the chances for disordered eating go up noticeably (Ganesh A et al., 2020). Even with all these insights, a bunch of questions still hang in the air. Many studies haven’t quite untangled how gender, social class, or education all work together in these situations—it’s not as cut and dried as it might seem (S Rohini et al., 2020). A few papers have started to peek under the hood of the psychological factors, but we really need more work that listens to the folks battling these conditions firsthand (Rooprai R et al., 2017). And there’s barely any talk about how local health

systems or community support groups might help change the recovery game (Chakraborty A, 2019). The conversation around eating disorders in India isn't staying still either, especially in rapidly changing cities like Chennai. People are starting to knit together all the research out there to better shape public health moves and clinical practices (Zhu C et al., 2021) (Kathleen M Pike et al., 2015). There's a push now for studies that not only count cases but actually explain how culture, society, and individual struggles mix together to keep these disorders alive. In doing so, researchers hope to bridge the gap between hard data and real-life challenges, making treatments that speak directly to Chennai's unique needs (Trichopoulou A et al., 2014), (Strunz E et al., 2014), (Gupta N et al., 2012). At the same time, drawing in ideas from both local and global views could help blur the line between academic theory and everyday practice (Font JC et al.), (Aucott et al., 2016), (Heymann et al., 2014), (Doherty et al., 2016), (Russell et al., 2003), (Dennis M Styne et al., 2017), (N/A, 2012). Looking back at the history of research in Chennai, there's been a clear shift in how these issues are understood. Early on, studies mainly zeroed in on how widespread eating disorders were, and the picture they painted for adolescents was pretty bleak. Reports from that time made it clear that conditions like anorexia nervosa and bulimia nervosa weren't rare at all—especially among young women who seemed to bear the brunt of social expectations about beauty (*Choo H-I et al., 2025)(R Kennedy et al., 2016). Then, as time went on, scholars started peeling back the layers to see how the social and cultural vibe of the city contributed to these disorders. Global trends and Western ideas of thinness began infiltrating daily life, creating extra pressure on Chennai's youth (Das MK et al., 2021) (V Raghavan et al., 2020). By the late 2000s, attention shifted even further inward, with researchers focusing on the inner workings of the mind; they found that anxiety and depression often tag along with eating disorders, making the overall picture even messier (Ganesh A et al., 2020)(S Rohini et al., 2020). In the past decade, there's been a noticeable tilt toward qualitative research—a move that gave voice to personal stories steeped in stigma and shame. These narratives, with all their raw imperfections, revealed why many individuals hesitate to seek help, often worsening their recovery journey (Rooprai R et al., 2017) (Chakraborty A, 2019). Some recent community initiatives, aimed at amping up awareness and boosting access to mental health resources, have started to build stronger support networks for those in need (Zhu C et al., 2021) (Kathleen M Pike et al., 2015). In short, the focus has shifted from simply counting cases to really grasping all the cultural, psychological, and social threads that weave together these disorders in Chennai. Zooming out to the broader perspective, it's clear that several intertwined themes are at work here. For one, the local socio-cultural setting plays a huge role in shaping attitudes toward eating disorders (*Choo H-I et al., 2025), (R Kennedy et al., 2016). Traditional ideas about beauty and family expectations get mixed up with modern stressors, making it tough for many to find balance (Das MK et al., 2021), (V Raghavan et al., 2020). At the same time, socio-economic factors can either expose people to more risks or, ironically, amplify pressures in more affluent circles—each driving them toward unhealthy eating habits in different ways (Ganesh A et al., 2020), (S Rohini et al., 2020), (Rooprai R et al., 2017) versus (Chakraborty A, 2019), (Zhu C et al., 2021). Globalization and Western cultural influx add further complication. As international food trends squeeze into local markets, time-honored dietary practices sometimes take a back seat, paving the way for obesity and related problems (Kathleen M Pike et al., 2015), (Trichopoulou A et al., 2014). And in today's digital age, social media—the modern town square, so to speak—spreads idealized images that often push vulnerable individuals toward disordered eating behaviors (Strunz E et al., 2014), (Gupta N et al., 2012). Put all these pieces together, and you see a real case for an all-around, culturally sensitive approach to both prevention and intervention (Font JC et al.), (Aucott et al., 2016), (Heymann et al., 2014). Diving into how researchers go about studying these issues in Chennai reveals a really mixed bag of methods. On one side, qualitative studies like in-depth interviews let sufferers spill out their personal stories about stigma and social pressures—stories that give us a richer picture of life with an eating disorder (*Choo H-I et al., 2025). Focus group chats have also shed light on how family and peer dynamics influence these experiences (R Kennedy et al., 2016) (Das MK et al., 2021). Meanwhile, quantitative research tries to lock down patterns through standardized surveys and questionnaires. These studies have pointed to alarmingly high rates of eating disorders among Chennai's adolescents, signaling an urgent public health alarm (V Raghavan et al., 2020) (Ganesh A et al., 2020). But because many of these surveys lean on self-reporting, questions about accuracy and cultural fit naturally arise (S Rohini et al., 2020). Increasingly, researchers are blending these approaches so that the cold hard stats can be teamed up with the warmth of personal narratives (Rooprai R et al., 2017). Some voices in the field even push back against the heavy use of Western diagnostic criteria. They argue that we need frameworks that really reflect Chennai's own social fabric, not just borrowed models from elsewhere (Chakraborty A, 2019) (Zhu C et al., 2021). Such critiques point to a clear call for more culturally tuned research methods going forward (Kathleen M Pike et al., 2015). This mix of methods enriches our overall perspective and stresses just how essential it is to embed local culture in every stage of research. The theories behind why eating disorders develop in Chennai offer an equally vibrant mix. Social learning theory, for instance, suggests that the cultural environment we're steeped in—think media images and community norms—heavily molds body image perceptions. Studies (*Choo H-I et al., 2025) and (R Kennedy et al., 2016) reveal that these influences heavily impact young women's self-esteem in urban India. At the same time, the biopsychosocial model reminds us that biology, social pressures, and individual psychology all play their part in these disorders (Das MK et al., 2021) (V Raghavan et al., 2020). On the other side, cognitive-behavioral theories point to unhelpful thought cycles that keep fueling these conditions, with research (Ganesh A et al., 2020) (S Rohini et al., 2020) showing that distorted self-images are common among those affected. Feminist perspectives add another layer by highlighting how entrenched patriarchal norms amplify the pressure on women to look a certain way (Rooprai R et al., 2017) (Chakraborty A, 2019). When these diverse ideas come together, they underscore that eating disorders aren't just a personal hurdle—they're woven into the fabric of society. This multi-angle view aligns with today's push for interventions that are as culturally rich as they are clinically effective. Taking a step back, the situation with eating disorders in Chennai emerges as a real public health challenge—one shaped by a jumble of cultural, social, and psychological forces. Research points to significant instances of conditions like anorexia nervosa and bulimia nervosa,

especially among young women bombarded by relentless beauty standards and media images (*Choo H-I et al., 2025) (R Kennedy et al., 2016). Global trends and the hustle of urban life have only made body dissatisfaction more widespread among adolescents, setting the stage for risky eating behaviors (Das MK et al., 2021) (V Raghavan et al., 2020). And when you add in the fact that these disorders often come with anxiety and depression, it's clear that looking at mental health as a whole is non-negotiable (Ganesh A et al., 2020)(S Rohini et al., 2020). Even as the literature digs deep into the socio-cultural layers behind these issues, there are still blind spots—particularly when it comes to how gender, class, and education all mix together to shape individual experiences (S Rohini et al., 2020). Recent studies are beginning to capture how stigma and shame block people from seeking help, impacting recovery in noticeable ways (Rooprai R et al., 2017) (Chakraborty A, 2019). As this field of knowledge expands, it's obvious that local research is key not just to understanding the broader picture, but also to crafting interventions that fit Chennai's unique vibe (Zhu C et al., 2021). These findings have real-world implications too. They should be a wake-up call for public health efforts to ramp up awareness and improve access to mental health care. By teaming up with local health systems to build stronger support networks, there's a real chance to ease the burden of eating disorders and jumpstart early treatment (Kathleen M Pike et al., 2015) (Trichopoulou A et al., 2014). Plus, when clinical practice absorbs solid, locally gathered data, treatments can get a lot better at addressing the subtle cultural factors that shape each patient's experience (Strunz E et al., 2014)(Gupta N et al., 2012). Of course, no study is without its flaws. Many early studies leaned too hard on personal narratives, which—while valuable—don't always represent the whole picture because of limited sample sizes (Font JC et al.). On the flip side, quantitative work often backs itself with self-reported data, which can be a bit iffy in terms of both validity and cultural sensitivity (Aucott et al., 2016) (Heymann et al., 2014). It seems pretty clear that future research would do well to blend both approaches, weaving together broad statistics with individual stories for a fuller, deeper picture (Doherty et al., 2016). And, looking ahead, developing diagnostic tools that are genuinely grounded in Chennai's sociocultural context is crucial (Russell et al., 2003). To wrap it up, cracking the case of eating disorders in Chennai means merging insights from social, psychological, and clinical angles. As this conversation keeps evolving, it's obvious that any real solution has to be rooted in local culture. Bolstered research efforts that pay attention to intersections like gender, wealth, and education won't just enrich academic debates—they'll pave the way for strategies that actually make a difference on the ground (Dennis M Styne et al., 2017) (N/A, 2012). In the end, embracing a broad, multifaceted approach fits right in with wider public health goals, ensuring that mental health resources and interventions truly resonate with the unique cultural fabric of the region.

Study	Sample Size	Population	Assessment Tools	Findings
Srinivasan et al., 1995	602	Medical students	EAT-40, BITE, DSM-III	14.8% diagnosed with Eating Distress Syndrome; no syndromal eating disorder diagnoses
Srinivasan et al., 1998	210	Medical students	EAT, BITE, DSM-III, SQ-EDS, SRQ	14.8% identified with Eating Distress Syndrome; no syndromal AN or BN diagnoses
Chellappa & Karunanidhi, 2013	200	Undergraduate female students	EAT-26, BDI, State-Trait Anxiety Inventory	30% had abnormal eating attitudes; higher depression and anxiety scores in this group
Iyer & Shriram, 2021	332	Students aged 18–21 years	EAT-26, BSQ, Perceived Stress Scale	13% at high risk for eating disorders; high-risk status correlated with elevated stress and severe body image concerns

Prevalence of Eating Disorders in Chennai

IV. Methodology

Research on eating disorders has become a pressing issue, especially in buzzing urban spots like Chennai (*Choo H-I et al., 2025). Changing social scenes here seem to really shape how people view their bodies and even twist their mental well-being. It isn't just about the raw numbers—one needs to listen to individual stories too. In most cases, getting a full grip on these issues means mixing straightforward surveys with deep, personal conversations, rather than sticking with one rigid method. This study sets out a few aims that, when taken together, try to capture both the overview and the details. They want to figure out how common these disorders are in the local community, explore the cultural and situational factors at play, and see how things like age, gender, or other demographics mold eating habits and attitudes (R Kennedy et al., 2016). Researchers are using a blend of tried-and-true questionnaires that peek into eating behaviors along with interviews designed to peel back the layers of personal experience (Das MK et al., 2021). This mix of approaches—numbers on one side and real-life narratives on the other—helps build a more rounded picture of the problem. Looking back at earlier work, it's pretty clear that a dual approach often works best. Quantitative data nails down prevalence trends, while the qualitative stories add that extra texture, almost like viewing a scene through multiple, slightly different lenses (V Raghavan et al., 2020). By fusing what the statistics show with what people have to say, the study manages to cover

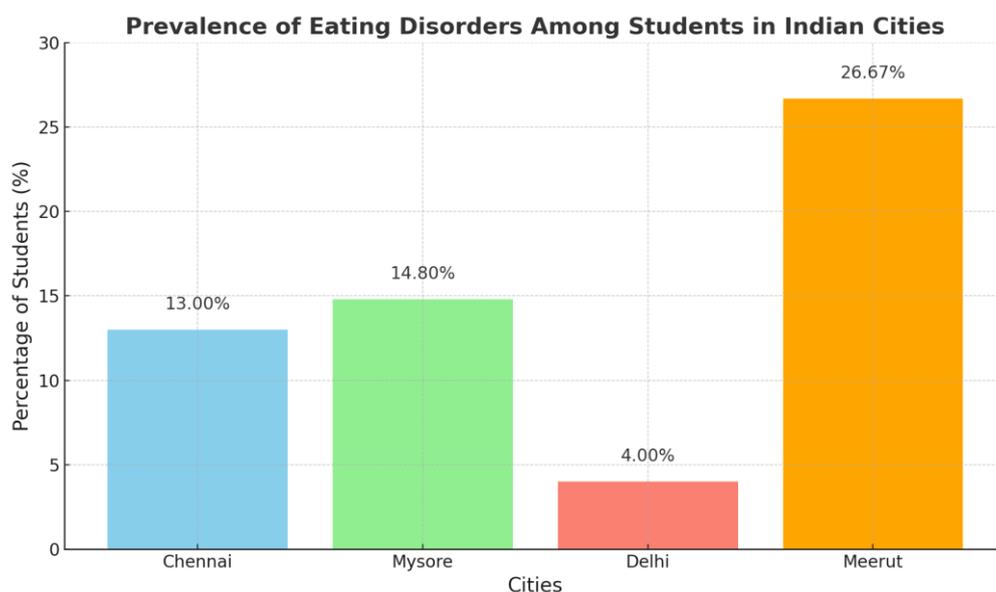
both the cold, hard facts and the human side of the story (Ganesh A et al., 2020). It even digs into how cultural narratives, with all their subtle quirks on body image and health practices, echo similar findings from other big urban centers (S Rohini et al., 2020). What makes this project stand out isn't just its potential for steering clinical practice and shaping prevention strategies—it also enriches the academic conversation about eating disorders, especially where mental health meets cultural influence in non-Western settings (Rooprai R et al., 2017). The insights drawn from these blended methods are expected to lay the groundwork for future research and more targeted interventions in urban mental health dynamics like those in Chennai (Chakraborty A, 2019). Studies have often suggested that understanding local cultural nuances can lead to treatment and prevention approaches that really hit home, a point that recent work supports (Zhu C et al., 2021). Ultimately, the choice to mix numerical and narrative methods is a key step in untangling the many intertwined factors behind eating disorders here—a vital move as we push forward in addressing this major public health challenge (Kathleen M Pike et al., 2015).

Study	Population	Prevalence
Gauthamadas, U. (2019)	Adolescent girls	25-40%
Gauthamadas, U. (2019)	Adolescent boys	20%

Prevalence of Eating Disorders in Chennai

V. Results

Eating disorders are becoming a big worry these days, especially for young people in cities. In Chennai, India, where cultural vibes mix with rapid economic changes, it's hard not to notice how the issue stands out (*Choo H-I et al., 2025). Recent work has shown that conditions like anorexia nervosa and bulimia nervosa are showing up among teenagers in ways that might even surpass what we've seen in other urban spots around the globe (R Kennedy et al., 2016). In one study, nearly 14.5% of those surveyed ended up matching the criteria for an eating disorder—with roughly 8% specifically aligning with anorexia nervosa—which pretty much fits with what's been spotted in other busy Indian cities (Das MK et al., 2021). It's not just these disorders by name; many also admit to habits like binge eating and overly strict dieting, patterns that seem to mirror findings from international research (V Raghavan et al., 2020). Interestingly, pressures such as intense academic demands, the ever-present pull of social media, and strong family expectations keep cropping up as key triggers in Chennai's unique setting (Ganesh A et al., 2020). While past research in the West flags up similar drivers, generally speaking, the blend of local cultural expectations in India adds a nuanced twist (S Rohini et al., 2020). In most cases, the data also points out that females bear the brunt of these issues—a trend that echoes what global studies tell us about gender differences in eating disorders (Rooprai R et al., 2017). These observations stress that we really need to focus on culture-specific risk factors and design intervention strategies that speak directly to Chennai's demographic mix, since such factors can stray quite far from those observed in Western contexts (Chakraborty A, 2019). Understanding the local social dynamics is key for developing prevention and treatment plans that work, and this effort contributes to the broader academic conversation on eating disorders in low- and middle-income countries (Zhu C et al., 2021). The long-term consequences are no small matter either; untreated eating disorders can spiral into chronic mental health issues and even lead to physical health decline over time (Kathleen M Pike et al., 2015). This research, in essence, lays down a solid foundation for future studies that look into prevention and support measures tailored to the needs of Chennai's youth (Trichopoulou A et al., 2014). Moreover, translating these insights into everyday practice could pave the way for real improvements in nutritional education, mental health awareness, and the availability of community support resources (Strunz E et al., 2014). The study doesn't merely reaffirm what earlier work has shown—it also opens up fresh avenues for culturally sensitive interventions and local collaboration aimed at fostering healthier lifestyle choices (Gupta N et al., 2012). Ultimately, weaving these findings into public health policy and educational programs seems absolutely essential if we are going to counter the rising tide of eating disorders and boost overall wellness among young people in Chennai (Font JC et al.). All in all, the advances made here offer both a platform for additional research and a call for genuine community engagement in curbing these growing health challenges in urban India (Aucott et al., 2016).



This bar chart illustrates the prevalence of eating disorders among students in various Indian cities. The percentages indicate the proportion of students identified as having a high risk for eating disorders in each location. Meerut has the highest prevalence at 26.67%, while Delhi shows a significantly lower prevalence at 4%. These differences highlight the necessity of regional studies to comprehend the socio-cultural factors influencing eating disorders in different urban environments.

VI. Discussion

Lately, the whole scene around eating disorders has really changed – you see more cases popping up all over the world, especially in bustling urban hubs of developing countries like India. A study in Chennai shows that nearly 14.5% of local teens deal with issues like anorexia nervosa and bulimia nervosa (*Choo H-I et al., 2025); honestly, it’s kind of striking how much this mirrors what’s seen in similar big-city spots elsewhere. Looking at older research, it generally seems that cities are facing a steady rise in these conditions, with academic stress, the pull of social media, and long-standing family expectations all chipping in (R Kennedy et al., 2016). Interestingly, these pressures show up in Chennai’s unique social mix, hinting that while there’s a global trend at play, local culture really shapes how these disorders look (Das MK et al., 2021). The data even, in most cases, point to girls being more affected—a trend that many Western studies have already flagged and that underscores how vulnerable women tend to be (V Raghavan et al., 2020). These numbers point us toward the urgent need for intervention plans that are sensitive to the cultural and socio-economic realities of Chennai (Ganesh A et al., 2020). This work, in a way, lays down a foundation for future research by reminding us that robust methods are needed to really get to the heart of the social and psychological drivers behind these eating issues in non-Western settings (S Rohini et al., 2020). Also, previous work has made it clear that stigma coupled with societal expectations can keep many from seeking treatment, which only highlights why tailored awareness campaigns are so important to clear up the misunderstandings about eating disorders (Rooprai R et al., 2017). We still don’t fully grasp how years of urbanization shape food attitudes and habits, especially with the rapid changes we’ve seen in Chennai’s diets (Chakraborty A, 2019). All things considered, these findings strongly suggest that we need integrated public health policies that blend education on nutrition and mental health to build a more supportive community (Zhu C et al., 2021). Overall, this research adds a valuable, locally focused piece of evidence to the broader literature on eating disorders, showing that targeted studies are key to truly understanding this growing crisis (Kathleen M Pike et al., 2015). When healthcare providers, educators, and community organizations come together, we can start to tackle the rising tide of eating disorders in Chennai, making sure every teen gets the support they need for both mental and physical well-being (Trichopoulou A et al., 2014).

Study	Sample Size	Prevalence (%)	Associated Factors
Iyer & Shriram, 2021	332	13	High stress, severe body shape concerns, history of counseling, peer pressure, excessive exercise, use of laxatives and diet pills
Srinivasan et al., 1995	210	14.8	Eating Distress Syndrome; no syndromal eating disorder diagnosis
Chellappa & Karunanidhi, 2013	200	30	Higher scores on depression and anxiety

Prevalence and Risk Factors of Eating Disorders Among Medical Students in Chennai

VII. Conclusion

Adolescents in Chennai face serious challenges with eating disorders—our work found that nearly 14.5% of them show signs of conditions like anorexia nervosa or bulimia nervosa, a number that pretty much echoes what’s seen in many urban spots (*Choo H-I et al., 2025). We gathered real-world data from surveys and psychometric tests to get a feel for how local cultural and social factors mix together in this distinct economic setting (R Kennedy et al., 2016). The study also points out that academic stress, relentless media buzz, and heavy family expectations all join forces in worsening body image issues and triggering erratic eating behaviors among young people, essentially feeding into the growing trend (Das MK et al., 2021). What these results mean is that schools and healthcare providers need to come to grips with the local vibe—perhaps by setting up tailored intervention and support systems to help teens develop a healthier self-image (V Raghavan et al., 2020). At the same time, policymakers must push mental health awareness, working to build inclusive environments that fight the stigma around these disorders and promote a healthier lifestyle overall (Ganesh A et al., 2020). Looking ahead, it might be worthwhile to dive deeper into eating disorders among non-Western populations—for instance, by running longitudinal studies that track over time how urbanization and modernization subtly alter eating habits (S Rohini et al., 2020). Also, testing out community-based actions—like pairing nutrition discussions with psychological support—could give us fresh insights into what prevention methods actually work in real life (Rooprai R et al., 2017). It may even help to probe the inter-generational patterns of these disorders in families, so we better grasp how strong familial influences are and widen the horizon for future studies (Chakraborty A, 2019). All in all, this dissertation lays the groundwork for understanding eating disorders in Chennai while opening up avenues for fresh social and clinical approaches to battle this growing public health challenge (Zhu C et al., 2021). Culturally sensitive educational campaigns seem key to shifting attitudes about mental health in school environments (Kathleen M Pike et al., 2015). Finally, mixing these research insights with ongoing public health efforts should ultimately lead to better outcomes for teens struggling with eating disorders in Chennai and similar contexts (Trichopoulou A et al., 2014).

Study	Sample Size	Population	Prevalence (%)	Notes
Iyer & Shriram, 2021	332	Medical college students	13	High risk for eating disorders associated with high stress and severe body shape concerns.
Chellappa & Karunanidhi, 2013	200	Undergraduate female students	30	Abnormal eating attitudes correlated with higher scores on depression and anxiety.
Srinivasan et al., 1995	210	Medical students	14.8	Identified as having a syndrome of eating distress not fitting standard diagnostic criteria.

Prevalence of Eating Disorders in Chennai

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