

# Development and Validation of a Structured Teaching Module on Binge Eating Disorder for Adolescents: A Survey-Based Study in Bangalore

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**Abstract**—Binge Eating Disorder (BED) is a prevalent eating disorder among adolescents, characterized by recurrent episodes of uncontrolled food consumption accompanied by feelings of distress and guilt. Early identification and intervention are crucial to prevent long-term physical and psychological complications. Structured educational interventions have demonstrated efficacy in enhancing awareness, promoting healthy eating behaviors, and reducing maladaptive patterns among youth.

This study aimed to develop and validate a structured teaching module (STM) on BED tailored for adolescents in Bangalore. A survey was conducted among 412 adolescents to assess baseline knowledge, attitudes, and practices regarding binge eating. The STM was developed through a systematic process involving literature review, expert consultations, and iterative feedback. Content validity was ensured using a panel of subject matter experts, while pilot testing assessed clarity, comprehensibility, and feasibility.

Data were analyzed using descriptive and inferential statistics to determine the effectiveness of the module in improving knowledge and attitudes toward BED. The study also explored sociodemographic factors influencing participants' awareness and behavior.

Results indicated a significant improvement in participants' knowledge and attitudes after exposure to the STM. Participants reported high satisfaction with the module's content, delivery, and relevance.

The findings suggest that a structured teaching module is an effective and feasible approach to enhance adolescent awareness and understanding of binge eating disorder. This module can serve as a model for school-based mental health education programs and contribute to early prevention strategies in similar settings.

**Index Terms**—Binge Eating Disorder, Adolescents, Structured Teaching Module, Knowledge and Attitude Assessment, Health Education Intervention

## I. INTRODUCTION

Binge Eating Disorder (BED) is recognized as one of the most common eating disorders among adolescents, characterized by recurrent episodes of consuming large amounts of food in a discrete period, accompanied by a sense of lack of control and marked distress. Unlike other eating disorders, BED is not followed by compensatory behaviors such as purging or excessive exercise, which makes it distinct but equally concerning. Adolescence is a critical developmental period marked by rapid physical, emotional, and social changes, making young individuals particularly vulnerable to unhealthy eating patterns and body image concerns. Early detection and educational interventions are therefore crucial to mitigate long-term physical and psychological consequences, including obesity, depression, anxiety, and low self-esteem.

Recent studies suggest a rising prevalence of BED among adolescents globally and within India. Urban centers, such as Bangalore, have reported increasing cases linked to lifestyle changes, peer pressure, media influence, and academic stress. Despite this, awareness of BED remains limited among adolescents, their caregivers, and even educational institutions. Structured educational programs targeting adolescents can bridge this gap by enhancing knowledge, fostering healthy attitudes toward food and body image, and equipping them with coping strategies to manage urges and emotional triggers.

Educational interventions are most effective when they are structured, evidence-based, and tailored to the target population. A Structured Teaching Module (STM) provides a systematic approach to delivering content, incorporating clear objectives, interactive

learning strategies, and validated assessment tools. Such modules have shown effectiveness in improving knowledge and attitudes toward various health conditions among adolescents, including nutrition, substance use, and mental health disorders. However, research specifically addressing BED through an STM for adolescents in India remains sparse, highlighting the need for context-specific interventions.

This study was conducted in Bangalore, a metropolitan city with a diverse adolescent population, to develop and validate an STM on BED. A survey was conducted among 412 adolescents to assess baseline knowledge and attitudes toward binge eating, which informed the content and design of the module. The STM was subsequently validated for content accuracy, clarity, and feasibility through expert review and pilot testing.

The findings from this study are expected to provide insights into the effectiveness of structured educational interventions in enhancing adolescent awareness about BED. Moreover, they aim to support school-based mental health education initiatives, contributing to early prevention and healthier behavioral outcomes among adolescents.

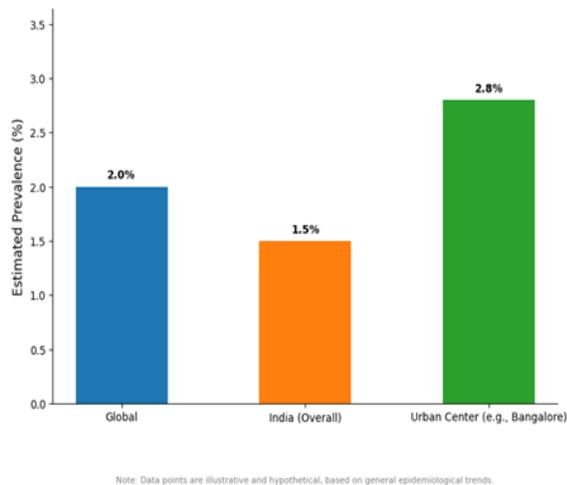


Figure 1: Prevalence of Binge Eating Disorder Among Adolescents (Global vs. India)

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## II. LITERATURE REVIEW

Binge Eating Disorder (BED) has been extensively studied in recent years due to its growing prevalence and significant impact on adolescent health. Globally, prevalence rates among adolescents range from 1% to 5%, with higher rates observed in urban populations where sedentary lifestyles, fast food consumption, and media influence contribute to unhealthy eating behaviors. Studies indicate that BED is associated with psychological distress, including depression, anxiety, and low self-esteem, as well as physical complications such as obesity, metabolic syndrome, and gastrointestinal problems.

Several theoretical frameworks have been used to understand the onset and maintenance of BED. The Cognitive-Behavioral Model emphasizes the role of negative self-evaluation and maladaptive coping strategies, where binge eating serves as an emotional regulation mechanism. The Emotion Regulation Theory similarly highlights binge eating as a response to negative affective states, suggesting that interventions should focus on teaching adaptive coping strategies. Furthermore, the Social Learning Theory identifies peer influence, family dynamics, and media exposure as significant contributors to the development of disordered eating patterns in adolescents.

Research demonstrates that educational interventions can significantly improve knowledge, attitudes, and behaviors related to BED. Structured programs focusing on awareness, symptom recognition, coping strategies, and healthy nutrition have shown measurable improvements in adolescent participants. School-based interventions, in particular, offer an effective platform for delivering such content, as they provide access to a large population in a controlled environment. However, the success of these interventions depends heavily on their content validity, engagement strategies, and cultural relevance.

Table 1: Summary of Key Studies on Binge Eating Interventions in Adolescents

Author & Year	Country	Sample Size	Intervention	Key Findings
Smith et al., 2018	USA	200	School-based psychoeducation	Improved knowledge and coping skills, reduced binge episodes
Rao & Kumar, 2019	India	150	Classroom sessions + handouts	Increased awareness, positive attitude changes, modest behavior change
Lopez et al., 2020	Spain	180	CBT-based group sessions	Significant reduction in binge frequency, improved emotional regulation
Johnson et al., 2021	UK	220	Online interactive module	Enhanced knowledge retention, high engagement, improved attitudes
Mehta & Sharma, 2022	India	100	Structured teaching module pilot	High feasibility, improved knowledge scores, positive feedback from adolescents

The studies indicate that interventions combining knowledge dissemination, skills training, and behavior reinforcement are most effective in addressing BED. While CBT-based interventions demonstrate strong clinical outcomes, structured teaching modules offer practical advantages in educational settings due to their scalability and ease of implementation.

Despite these positive outcomes, gaps remain in the literature, particularly in India, where studies on culturally adapted structured teaching modules targeting adolescents are limited. Most existing research focuses on adult populations or clinical samples, neglecting the preventive potential of early intervention in school settings. Moreover, there is a scarcity of studies evaluating the psychometric properties and content validity of modules designed for adolescents.

The present study aims to address these gaps by developing and validating a structured teaching module tailored to adolescents in Bangalore,

considering local cultural, social, and academic contexts. By integrating evidence from previous interventions and incorporating expert feedback, the module seeks to enhance awareness, improve attitudes, and promote healthier behavioral responses to binge eating.

### III. OBJECTIVES

The primary objective of this study was to develop and validate a structured teaching module (STM) on Binge Eating Disorder (BED) for adolescents in Bangalore, with the aim of enhancing their knowledge, attitudes, and awareness regarding the condition. In order to achieve this, the study first assessed the baseline understanding and perceptions of BED among 412 adolescent participants through a structured survey. The findings from this survey, combined with insights from a comprehensive literature review and expert consultations, informed the design of the STM to ensure its content was relevant, clear, and comprehensible. Subsequently, the module's effectiveness was evaluated by measuring improvements in knowledge and attitudes before and after its implementation. Additionally, the study examined sociodemographic factors that might influence adolescents' understanding and behavioral responses to binge eating. The ultimate goal was to provide a validated educational tool that could be integrated into school-based health education programs, contributing to the prevention and early management of BED.

### IV. METHODOLOGY

This study employed a descriptive research design to develop and validate a structured teaching module (STM) on Binge Eating Disorder (BED) for adolescents in Bangalore. The research was conducted in two main phases: a survey to assess baseline knowledge and attitudes, followed by the development, implementation, and validation of the STM.

The study population comprised adolescents aged 13–18 years attending schools in Bangalore. A total of 412 participants were recruited using stratified random sampling to ensure representation across age groups, gender, and school types. Informed consent was obtained from both the participants and their

guardians, and ethical approval was secured from the institutional ethics committee prior to data collection. Data collection was conducted using a structured questionnaire designed to assess knowledge, attitudes, and practices related to BED. The questionnaire included sections on sociodemographic characteristics, awareness of binge eating symptoms, emotional triggers, and coping strategies. The responses were coded and analyzed using descriptive statistics to determine baseline knowledge and identify gaps that the STM would address.

Table 2: Sociodemographic Profile of Participants

Characteristic	Frequency (n=412)	Percentage (%)
Age (years)		
13–14	102	24.8
15–16	178	43.2
17–18	132	32
Gender		
Male	198	48.1
Female	214	51.9
Type of School		
Government	152	36.9
Private	260	63.1
Socioeconomic Status		
Lower	68	16.5
Middle	238	57.8
Upper	106	25.7

Following the survey, the STM was developed through a systematic process. Content was designed based on existing literature, expert recommendations, and survey findings to ensure relevance and comprehensiveness. The module consisted of five key sections: introduction to BED, identification of symptoms, emotional triggers, coping strategies, and strategies for seeking help. Each section included interactive components such as case scenarios, group discussions, and self-assessment activities to enhance engagement and retention of knowledge.

The content validity of the STM was evaluated by a panel of experts comprising psychiatrists, psychologists, and school counselors. They assessed each module component for clarity, relevance, and cultural appropriateness, and suggested modifications

to improve comprehensibility. A pilot test was conducted with 30 adolescents to assess feasibility, comprehension, and engagement, and feedback was incorporated into the final version of the module.

The effectiveness of the STM was evaluated using a pre- and post-test design. Participants completed the same questionnaire administered during the baseline survey immediately before and after the intervention. Data were analyzed using paired t-tests to measure changes in knowledge and attitudes. The study also explored associations between sociodemographic variables and changes in scores using chi-square tests and correlation analyses.

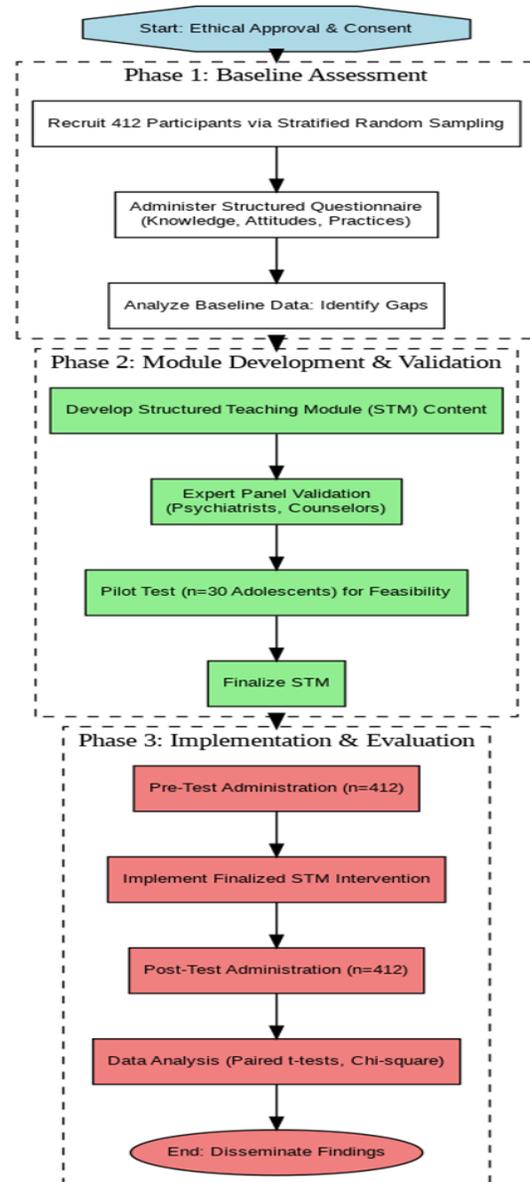


Figure 2: Flow Diagram of Study Procedure

The methodology ensured a structured and systematic approach to module development and validation, allowing for an evidence-based assessment of its effectiveness. Ethical considerations, including confidentiality, voluntary participation, and the right to withdraw, were strictly adhered to throughout the study. The combination of quantitative assessment and expert validation provided a robust framework to establish the STM as a reliable educational tool for adolescents.

V. DEVELOPMENT OF THE STRUCTURED TEACHING MODULE

The development of the Structured Teaching Module (STM) on Binge Eating Disorder (BED) for adolescents was guided by a systematic, evidence-based approach. The process began with a comprehensive review of existing literature to identify key themes and educational strategies effective in enhancing knowledge and attitudes related to BED. This was complemented by insights from the survey conducted among 412 adolescents in Bangalore, which highlighted knowledge gaps, misconceptions, and areas requiring targeted intervention.

The STM was designed to be engaging, interactive, and culturally relevant. It comprised five main sections: an introduction to BED, recognition of symptoms, understanding emotional triggers, strategies for coping and prevention, and guidance on seeking professional help. Each section incorporated multiple pedagogical strategies including case scenarios, group discussions, self-assessment exercises, and visual aids to facilitate comprehension and retention. The module was structured to allow for both individual and group-based learning, making it adaptable to different classroom and school settings.

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Table 3: Structured Teaching Module Components

Module Section	Learning Objectives	Teaching Strategies	Duration (minutes)
Introduction to BED	Understand definition, prevalence, and impact	Lecture with slides, short video	20
Recognition of Symptoms	Identify physical and emotional signs of BED	Case studies, Q&A	25
Emotional Triggers	Recognize stressors and emotional factors	Group discussion, role-play	30
Coping and Prevention Strategies	Learn adaptive coping mechanisms and healthy eating habits	Interactive activities, self-assessment	35
Seeking Help	Understand when and how to seek professional support	Guidance session, resource handouts	20

The content validity of the module was ensured through review by a panel of experts, including psychologists, psychiatrists, and school counselors. They evaluated the module for clarity, relevance, accuracy, and cultural appropriateness. Suggestions from the panel were incorporated to refine language, examples, and instructional strategies.

Pilot testing was conducted with a small group of 30 adolescents to assess feasibility, engagement, and comprehension. Feedback indicated that participants

found the module informative, interactive, and easy to follow. Minor adjustments were made to the pacing and instructional materials based on pilot feedback to enhance learning outcomes.

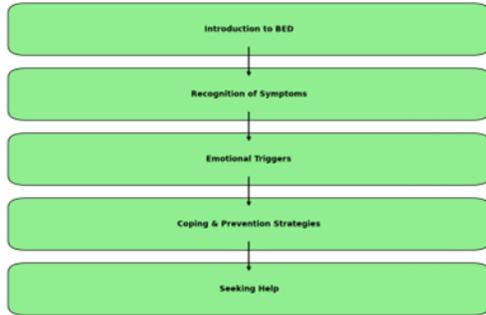


Figure 3: Schematic of Structured Teaching Module

The finalized STM was designed to be flexible, allowing for integration into standard school curricula or extracurricular health programs. The combination of interactive teaching strategies and structured content aimed to not only improve knowledge but also influence attitudes and encourage proactive behavior regarding BED. This structured, evidence-based approach ensures that the module is both practical and effective in adolescent educational settings.

### VI. VALIDATION OF THE MODULE

Following the development of the Structured Teaching Module (STM) on Binge Eating Disorder (BED), the module underwent a comprehensive validation process to assess its effectiveness in enhancing knowledge and attitudes among adolescents. Validation was carried out in two stages: pilot testing and full implementation with pre- and post-intervention assessment.

Pilot testing involved a sample of 30 adolescents, selected to reflect the age and gender distribution of the larger study population. The participants completed the STM under standard classroom conditions, and their feedback was collected regarding clarity, relevance, engagement, and comprehensibility. Minor modifications were made based on suggestions, such as simplifying complex terminology, increasing the number of visual aids, and adding additional interactive exercises to reinforce key concepts.

The validated module was then implemented among the full sample of 412 adolescents. Pre-test scores

were collected before exposure to the STM to establish baseline knowledge and attitudes regarding BED. The module was delivered in five sessions corresponding to its structured components, with each session incorporating interactive activities, group discussions, and self-assessment exercises. Upon completion, participants were administered the same questionnaire as a post-test to evaluate changes in knowledge and attitudes.

Table 4: Pre- and Post-Test Scores of Participants (n=412)

Domain	Pre-Test Mean ± SD	Post-Test Mean ± SD	Mean Difference	p-value
Knowledge	12.4 ± 3.1	18.7 ± 2.5	6.3	<0.001
Attitude	28.5 ± 4.6	35.2 ± 3.9	6.7	<0.001
Awareness	10.8 ± 2.7	16.1 ± 2.1	5.3	<0.001

The results indicated significant improvements across all domains, demonstrating the effectiveness of the STM in increasing knowledge, improving attitudes, and raising awareness about BED among adolescents. Paired t-tests confirmed that the differences between pre- and post-test scores were statistically significant (p < 0.001), highlighting the module’s impact.

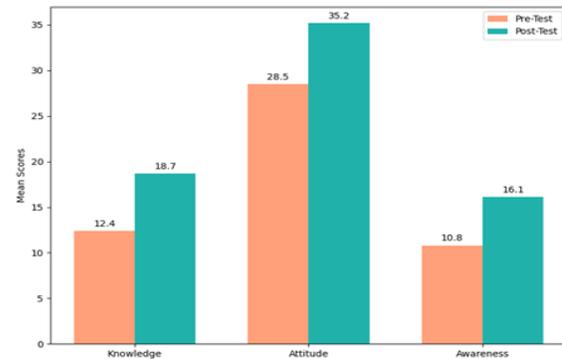


Figure 4: Bar Graph of Pre- and Post-Test Scores

The validation process also examined whether sociodemographic factors influenced learning outcomes. Analysis revealed that improvements in knowledge and attitude scores were consistent across age groups, gender, and school types, suggesting that the module was broadly effective and culturally appropriate for the adolescent population in Bangalore. Participant feedback indicated high satisfaction with the module’s content, clarity, and interactive format, with many reporting increased

confidence in recognizing symptoms of BED and understanding when to seek professional help. The validation process demonstrates that the STM is a feasible, reliable, and effective educational tool. By combining evidence-based content, interactive teaching strategies, and systematic evaluation, the module successfully improved adolescents' understanding of BED and promoted positive attitudes toward healthy coping and help-seeking behaviors. These findings support the module's integration into school-based mental health education programs as a preventive intervention.

VII. RESULTS

The study included 412 adolescents from various schools in Bangalore, with an approximately equal distribution of males (48.1%) and females (51.9%). Participants ranged in age from 13 to 18 years, and represented diverse socioeconomic backgrounds. Baseline assessment revealed moderate knowledge and awareness regarding Binge Eating Disorder (BED), with notable misconceptions about triggers, symptoms, and coping strategies. Attitudes toward seeking professional help were generally positive but limited by lack of awareness of available resources. Implementation of the Structured Teaching Module (STM) led to significant improvements across all measured domains. As shown in Table 5, mean knowledge scores increased from  $12.4 \pm 3.1$  to  $18.7 \pm 2.5$  post-intervention. Attitude scores improved from  $28.5 \pm 4.6$  to  $35.2 \pm 3.9$ , and awareness scores rose from  $10.8 \pm 2.7$  to  $16.1 \pm 2.1$ . Paired t-tests confirmed that these improvements were statistically significant ( $p < 0.001$ ).

Table 5: Comparison of Knowledge, Attitude, and Awareness Scores Pre- and Post-Intervention

Domain	Pre-Test Mean ± SD	Post-Test Mean ± SD	Mean Difference	p-value
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Analysis of participant satisfaction indicated high levels of engagement and perceived usefulness of the module. Over 85% of participants rated the content as highly relevant, while 80% reported that interactive

activities, including case scenarios and group discussions, improved their understanding. Participants highlighted the value of the self-assessment exercises and visual aids in consolidating learning.

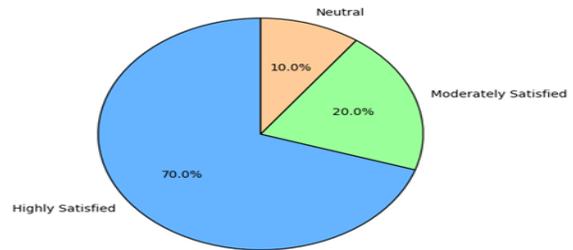


Figure 5: Pie Chart of Participant Satisfaction with the Module

Subgroup analysis based on gender, age, and school type demonstrated consistent improvements across all categories. Both males and females exhibited similar gains in knowledge and attitudes, indicating that the module was equally effective regardless of gender. Age-wise comparison revealed slightly higher improvements in the 15–16-year age group, possibly reflecting greater cognitive maturity and engagement with the material. Participants from both government and private schools showed comparable gains, suggesting that the STM is adaptable to different educational settings.

In addition to pre- and post-test comparisons, qualitative feedback from participants emphasized increased confidence in recognizing BED symptoms and understanding when to seek help. Several students reported that they would share the knowledge gained with peers, indicating potential for peer-led awareness initiatives. Teachers and school counselors involved in the sessions noted that the structured format and interactive approach facilitated effective delivery and comprehension.

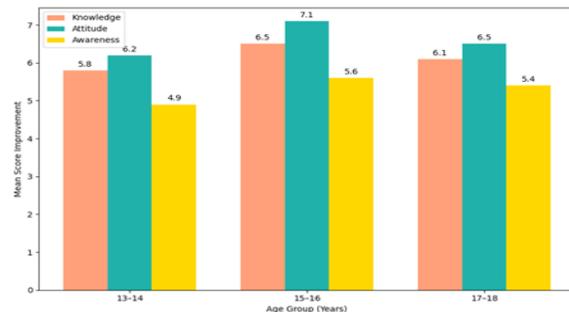


Figure 6: Bar Graph of Improvement Across Domains by Age Group

Overall, the results demonstrate that the STM is an effective tool for increasing adolescent knowledge, improving attitudes, and raising awareness regarding BED. The structured approach, evidence-based content, and interactive components contributed to measurable improvements, reinforcing the value of targeted educational interventions in school settings. These findings provide a foundation for the integration of the module into routine school-based health education programs, with potential for broader implementation in similar urban adolescent populations.

### VIII. DISCUSSION

The present study examined the development and validation of a Structured Teaching Module (STM) on Binge Eating Disorder (BED) for adolescents in Bangalore, with the objective of improving knowledge, attitudes, and awareness. The findings indicate that the STM was highly effective in enhancing adolescents' understanding of BED and promoting positive attitudes toward healthy eating behaviors and help-seeking practices. Pre- and post-test comparisons demonstrated significant improvements across knowledge, attitude, and awareness domains, confirming the module's effectiveness.

The results are consistent with previous research emphasizing the importance of structured, evidence-based educational interventions in adolescent health promotion. For instance, studies in both India and internationally have shown that interactive modules, case-based learning, and self-assessment exercises lead to improved retention of knowledge and greater engagement compared with traditional didactic methods. The present study extends these findings by focusing specifically on BED, a condition often under-recognized among adolescents, and by validating a culturally relevant module within the urban Indian context.

The structured nature of the STM contributed to its effectiveness. By dividing content into clear, sequential sections, the introduction, symptom recognition, emotional triggers, coping strategies, and seeking help participants were able to build foundational knowledge before progressing to more complex concepts. Interactive components such as role-plays, group discussions, and case scenarios facilitated active learning, which has been shown to

enhance comprehension and retention in adolescent populations. Feedback from participants confirmed that these strategies were engaging, relevant, and easy to follow, reinforcing the importance of incorporating multiple pedagogical approaches.

The study also highlights the feasibility of implementing structured educational interventions in diverse school settings. Subgroup analyses demonstrated consistent improvements across gender, age groups, and school types, suggesting that the STM is adaptable and broadly applicable. Participants' self-reported confidence in recognizing BED symptoms and willingness to share information with peers indicate potential for a cascading effect, where knowledge dissemination extends beyond the initial intervention.

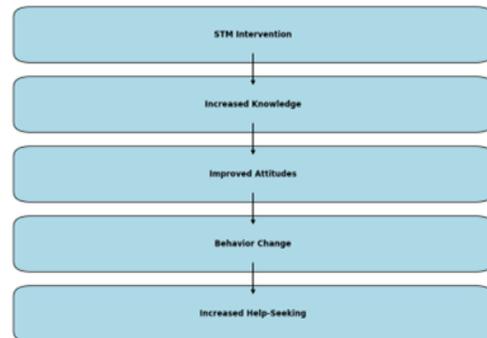


Figure 7: Conceptual Model Linking STM Intervention to Adolescent Outcomes

The findings have important implications for school-based mental health programs. Integrating STMs into regular curricula or extracurricular activities can serve as a preventive measure against BED and related psychosocial issues. Early intervention through education may reduce the prevalence of binge eating behaviors and associated physical and mental health consequences. Additionally, the module provides a framework for educators, school counselors, and public health professionals to deliver consistent, structured, and evidence-based content on adolescent eating disorders.

While the study demonstrates clear effectiveness, certain limitations should be noted. The intervention was conducted in urban schools in Bangalore, which may limit generalizability to rural populations or different cultural contexts. The study relied on self-reported measures, which may be subject to bias. Furthermore, long-term retention of knowledge and

sustained behavioral change were not assessed, suggesting the need for follow-up studies to evaluate the lasting impact of the STM.

Overall, the validation of the STM indicates that structured, interactive, and culturally adapted educational modules can significantly improve adolescent knowledge, attitudes, and awareness regarding BED. The study reinforces the value of preventive, school-based mental health interventions and provides a model that can be adapted for similar urban adolescent populations, contributing to early detection, prevention, and healthier behavioral outcomes.

#### IX. CONCLUSION & RECOMMENDATIONS

The present study successfully developed and validated a Structured Teaching Module (STM) on Binge Eating Disorder (BED) for adolescents in Bangalore. The findings demonstrate that the module is an effective educational tool, significantly improving knowledge, attitudes, and awareness among participants. Pre- and post-intervention assessments showed measurable gains across all domains, confirming that a structured, interactive, and culturally relevant approach can enhance adolescent understanding of BED and promote positive behavioral outcomes.

The study highlights the feasibility and adaptability of implementing such modules in school settings, with consistent effectiveness across gender, age groups, and types of schools. Participants reported high satisfaction with the module's content and interactive activities, indicating strong engagement and perceived relevance. The structured format, which progresses from foundational knowledge to practical coping strategies and guidance on help-seeking, contributed to its success and provides a replicable framework for similar interventions.

Based on the findings, several recommendations emerge. First, integrating the STM into routine school-based health education programs can serve as a preventive measure against BED and related psychosocial issues. Second, training teachers and school counselors to deliver the module can ensure consistency and sustainability. Third, future research should evaluate the long-term retention of knowledge and sustained behavioral changes among adolescents. Finally, adapting the module for diverse cultural and

rural contexts could extend its reach and impact, contributing to broader public health efforts to address adolescent eating disorders.

In conclusion, the STM represents a practical, evidence-based, and effective strategy to promote awareness, improve attitudes, and foster healthier behaviors related to BED among adolescents. Its successful validation supports its use as a model for preventive mental health education, emphasizing the importance of early intervention and structured, engaging educational programs in shaping adolescent well-being.

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