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# The Influence of Gender Identity on Eating Disorders: Differences Between Gender Groups

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## Abstract

This study focused on exploring the relationship between gender identity and eating disorders in high school students, in order to clarify the differences in rates, manifestations and levels of influence between different gender groups. Using a combination of qualitative and quantitative methods with 170 students participating in the survey in Hanoi, the results showed that the rate of eating disorders was highest in females, followed by males and the other gender group. In particular, the other gender group had the most severe and diverse levels of eating disorders. Factors such as body dissatisfaction, social pressure on body standards, gender discrimination and internalization of appearance standards had a significant impact on eating disorder behavior. The study also showed that eating disorders negatively affected students' mental health, while coping ability was limited and there was a lack of appropriate support. On that basis, the study proposes educational, communication and school psychological support solutions for effective prevention and intervention, with special attention to gender-diverse student groups.

**Keywords:** Gender Identity, Eating Disorders, Mental Health, High School Students, Gender Diversity, Body Image, Social Stigma

## 1. Problem statement

### *1.1. Reason for choosing the topic*

Eating disorders have become a very common problem in recent times and are increasingly prevalent among young people. However, most of the research on this issue often revolves around women, leading to the disease being overlooked by other genders such as men, transgender people, non-binary people and LGBTQ+ individuals.

Eating Disorders (EDs) are increasingly becoming a serious mental health concern among young people, especially high school students. At this age, students are in a period of strong physical and psychological development, and are easily affected by social factors such as body image standards, social media influence, academic pressure, and peer relationships. Many studies have shown that the onset of eating disorders is often between 15 and 25 years old - this is also a key period that requires early intervention to prevent long-term physical and mental consequences.

While eating disorders have long been studied from a psychological and sociological perspective, a less-explored but important factor—gender identity—has a profound impact on the risk of developing these disorders. Gender identity includes gender identity, biological sex, and social gender roles—all of which contribute to self-image and eating-related behaviors. However, other disorders, such as binge eating disorder, are more common in both sexes, and there is growing evidence that people who are non-binary, transgender, or exploring their gender identity are at increased risk for eating disorders but are often overlooked in current research and interventions.

In Vietnam, most of the existing research still focuses mainly on the common causes of eating disorders without really deeply analyzing gender identity as an independent and important variable. Especially, in the context of Vietnamese society being more and more open to gender diversity/LGBTQIA+ community, but still having many prejudices and lack of understanding, studying the relationship between gender identity and eating disorders is extremely necessary at this time. Although this topic has been studied in other places in the world, it has never been deeply exploited in a country where issues related to LGBTQIA+ and mental health are still sensitive but in the development stage, like Vietnam, especially in the context of gradually increasing social awareness, this is a valuable opportunity to contribute to the domestic knowledge base, while opening up new approaches to psychological support in the school environment.

This study is not only of academic significance, but also of practical significance – helping educators, school psychologists and parents better understand the potential risks, thereby building psychological support programs suitable for each group of students according to gender and gender identity. This is also the first step towards a comprehensive school environment, where all students – regardless of gender or identity – are listened to, understood and properly supported. For these reasons, the authors conducted a study entitled “ *The influence of gender identity on eating disorders: Differences between gender groups* ”. Accordingly, this study will emphasize the importance of considering the intersectionality of students’ experiences, recognizing the many social and gender factors that play an important role in their experiences and their consequences on body image, which can even lead to eating disorders.

### *1.2. Research purpose*

- Determine the relationship between gender identity and risk of eating disorders in high school students.
- The study will compare the prevalence of eating disorders across different gender groups, including men, women, and non-binary gender identities.
- From there, we hope to clarify the differences in psychological experiences and social pressures that each group faces. The research results will be the basis for proposing more appropriate, diverse and inclusive psychological support solutions in the school environment. At the same time, we propose to build a gender-sensitive psychological support system to help prevent and intervene early in eating disorders for all students.

### *1.3. Research object and scope*

#### *1.3.1. Research subjects*

The research subjects of the topic are high school students, including different gender and gender identity groups such as: **Male** (cisgender male) ; **Female** (cisgender female) ; **Transgender** male/female ; Non-binary, genderqueer, genderfluid,... )

In addition, the study also focused on:

- + Symptoms and severity of eating disorders in target groups.
- + Body awareness, social pressures related to appearance and gender.
- + Social factors (gender discrimination, pressure to conform to gender norms, appearance expectations) influence eating disorders.

#### *1.3.2. Scope of research*

**- Scope of content:**

- + Explore the relationship between gender identity and eating disorders such as anorexia nervosa, bulimia nervosa, and atypical eating disorder (OSFED).
- + Compare the differences in the severity and manifestation of eating disorders between different gender groups.
- + Explore some mediating or moderating factors (such as social stigma, internalized self-stigma, body image) in the relationship between gender identity and eating disorders.

**- Spatial scope:** The study was conducted mainly in high schools in Hanoi.

**- Time range:** The study was conducted between **February 2025** and **June 2025**.

#### *1.4. Research questions*

- (1) How does gender identity influence the risk and manifestation of eating disorders?
- (2) Are there differences in the prevalence of eating disorders between gender groups?
- (3) What factors mediate or moderate the relationship between gender identity and eating disorders?

#### *1.5. Organization and research methods*

##### *1.5.1. Research organization*

The study was organized in the following phases:

**Phase 1: Building theoretical foundation and research overview :** Studying theories about gender identity, eating disorders and the relationship between them. Synthesis of domestic and foreign studies on the influence of gender identity on eating disorders.

**Phase 2: Design research tools :** Build a survey form including tested scales on:

Degree of eating disorder (using the EAT-26 scale or equivalent).

Gender identity recognition.

Feelings about body image.

Level of stigma and social pressure related to gender and appearance.

Design in-depth interview scenarios for a number of typical subjects belonging to different gender identity groups.

**Phase 3: Data collection:** Publish online and offline surveys to ensure gender identity diversity. Conduct in-depth interviews with 2-3 people representing gender groups to further explore personal experiences and social factors.

**Phase 4: Data processing and analysis :** Quantitative analysis using SPSS statistical software or equivalent to:

Comparison of eating disorder levels between gender groups (T-test, ANOVA).

Regression analysis to examine the impact of gender identity, social stigma on eating disorders

Qualitative analysis of interview content using coding and thematic analysis.

**Phase 5: Writing a report and making recommendations :** Synthesize research results ; discuss results based on theory and practice and make recommendations for psychological counseling, community support and policy making.

##### *1.5.2. Research methods*

**- Theoretical research method:** Collect and analyze documents and theories related to gender identity, eating disorders, and influencing social factors.

- **Quantitative research method:** Using a survey questionnaire with standardized scales to assess the level of eating disorders and related variables. Descriptive, comparative and regression statistical analysis.
- **Qualitative research method:** In-depth interviews to collect information about personal experiences related to gender, body image, social pressure and eating behavior.

### *1.6. Scientific and practical significan*

- **Scientific significance :** The research contributes to supplementing and perfecting the theoretical basis of the relationship between gender identity and eating disorders in the fields of psychology and sociology. Through analyzing the differences between gender groups, the research helps clarify the psychological and social mechanisms that affect eating behavior and body image, especially in the context of Vietnamese culture - where research on gender identity and mental health has not received enough attention. The research results also provide reference data for subsequent research projects related to mental health in diverse gender groups.

- **Practical significance :** The study provides an important basis for developing eating disorder prevention and intervention programs appropriate for each gender identity group. At the same time, the research results can help psychologists, educators and health professionals better understand the impact of social pressure and gender discrimination on mental health, thereby providing effective support solutions for adolescents and young people, especially vulnerable groups in terms of gender identity.

## **2. Research Results**

### **2.1.1. Research abroad**

The history of international research on the influence of gender identity on eating disorders has gone through several stages of development, reflecting the changing scientific and social perceptions of gender and mental health. Initially, eating disorder research focused primarily on young women in Western countries from the late 19th century, when Sir William Gull first described anorexia nervosa in 1873. Throughout the 20th century, eating disorders were viewed as a “female-specific” problem and were limited to the cultural norms of body image and femininity in Western industrialized societies. International research during this period paid little attention to the role of gender identity and largely ignored diverse gender groups.

In the late 20th and early 21st centuries, with the development of gender and gender identity research, scientists began to realize that eating disorders are not only a problem for cisgender women, but are also common and have specific manifestations in transgender and gender diverse (TGD ) people. Diemer et al.'s (2015) study of a sample of university students in the United States showed that the prevalence of eating disorders in transgender and gender diverse people is significantly higher than in the cisgender group. Rasmussen's (2024) study in Denmark also confirmed that transgender people, especially transgender men, are at higher risk of eating disorder symptoms than the control group. Rasmussen also highlights the positive impact of gender-affirming medical interventions in alleviating these symptoms, thereby contributing to a broader understanding of the link between gender identity and mental health.

Additionally, Matthews (2024) in her dissertation synthesized qualitative studies and found that gender diverse people often face a variety of social pressures, stigma, and lack of support within the healthcare system, leading to a higher risk of developing eating disorders and related mental health problems. Similarly, Schepis (2022) also emphasized the role of gender dysphoria, social stigma, and lack of access to appropriate health services as factors that promote eating disorders in the transgender and gender diverse community.

Research by Budge, Adelson, and Howard (2013) has shown that transgender people have higher rates of eating disorders than non-transgender people, and that incongruence between gender identity and biological sex may be a risk factor. Impact of stigma and discrimination on mental health: A study by Balsam, Molina, Beadnell, Simoni, and Walters (2011) showed that stigma and discrimination can lead to mental health problems, including eating disorders, in LGBTQ+ people. Gender differences in eating disorders: Research by McHugh, Whitlock, and Lacey

(2013) has shown that eating disorders not only affect women but also occur in men and transgender people, with different manifestations and risk factors. In many individuals, the lack of congruence between biological sex and gender identity leads to eating as a tool to modify their appearance to “better fit” themselves or to cope with social pressure, stigma, and non-acceptance.

Globally, studies have shown that the spread of Western body ideals has increased eating disorder rates in many Asian, African, and Latin American countries, which previously had much lower rates. A study published in *Nature Communications Medicine* (2024) also found that gender-affirming medical interventions can reduce the risk of eating disorders in the TGD community, opening up new avenues for more effective treatment. International health organizations such as the WHO have updated their classification of gender identity disorders, shifting from a pathological perspective to one that protects the rights and health of gender-diverse people, contributing to promoting more inclusive global health research and policies.

It is clear from this that gender identity plays an important role in the risk and manifestation of eating disorders. Awareness and extensive research on this relationship will not only help expand the scope of research from cisgender women to diverse gender groups, but also contribute to the development of more appropriate and effective prevention and intervention strategies for each target group worldwide.

### 2.1.2. Research in Vietnam

In recent years, mental health issues have received increasing attention, of which eating disorders have emerged as an alarming phenomenon, especially among young people. Eating disorders are not simply a nutritional problem but also a profound manifestation of psychological imbalance, closely related to body image, self-perception and the relationship between individuals and society. According to a study by Duong Minh Tam and Tran Nguyen Ngoc (2022), using a cross-sectional descriptive method, 68 patients were diagnosed with mild, moderate and severe depression according to the diagnostic criteria according to the F32 code of ICD - 10 for examination and treatment at the Institute of Mental Health - Bach Mai Hospital. The study results showed that patients with depression with eating disorders had an average age of about  $40.01 \pm 15.79$  and were mainly female (64.7%). Up to 95.6% of people had eating symptoms. Most of the symptoms appeared simultaneously with depression (63.2%). 16.2% of patients with depression had the habit of eating alone and 64.7% of patients had unhealthy eating habits. In patients with unhealthy eating habits, the rate of emotional eating was the highest (50%). In particular, the group of female patients who ate emotionally and ate more sweets accounted for a higher rate than the group of male patients.

In Vietnam, eating disorders in children and adolescents are an emerging problem. According to a UNICEF study, 8% to 29% of Vietnamese adolescents experience mental health problems, including eating disorders. Girls are at higher risk of emotional disorders such as anxiety and depression, while boys are more likely to develop behavioral disorders. A study conducted by Doan Duy Tan and colleagues (2020) examined the prevalence of eating disorders in high school students in Vietnam. The results showed that factors such as gender, social pressure, body image, school stress, and body image all influence the risk of eating disorders. Specifically: “Female students are at higher risk than male students”; “Students who are considered “fat” by others are 1.4 times more likely to have an eating disorder than students who are considered thin”. Another study published in the *Vietnam Journal of Preventive Medicine*, which surveyed 362 high school students, noted: The rate of students with eating disorders is 44.5%. Related factors include: female gender, not eating breakfast regularly, having symptoms of depression, anxiety and high levels of school stress.

In a 2018 study, Nguyen Thi Thu Ha examined eating disorders among female high school students in Hanoi. The results showed that there was a clear link between negative body image and negative eating behaviors. Students with distorted body image often felt “fat” despite having a completely normal body mass index (BMI). As a result, they tended to apply unhealthy measures to control their weight, such as prolonged fasting, extreme dieting, using diet pills, or trying to vomit after eating. The study also found that peer pressure and media contributed to this negative perception. The study highlighted the importance of educating about healthy body image, and suggested the need for school counseling programs to intervene early and prevent eating disorders in female students. One

of the factors that has a clear influence on eating disorders but has not been studied extensively in Vietnam is gender identity. While most traditional research focuses on women, recent studies around the world have shown that men, transgender people and people of non-binary gender groups are also at high risk of eating disorders, with specific manifestations and causes. Gender identity – that is, how a person perceives and expresses their gender – can strongly influence how they view their body, their experience with beauty standards, and the level of social pressure they face. Incongruence between gender identity and social expectations about body shape can lead to negative eating behaviors, anxiety, depression or other forms of mental disorders. Transgender people, for example, may use eating control as a way to change their body shape to better match their gender identity, whereas men tend to hide their psychological problems and are less likely to seek help for eating disorder symptoms.

In Vietnam, research on eating disorders is still quite limited, especially in relation to gender identity. Most of the literature focuses on adolescent and college girls, while other gender groups have not been fully exploited. This leads to a significant research gap, but also an opportunity to expand understanding and develop more appropriate, comprehensive and gender-equitable interventions. In a study by Ruusunen et al. (2014) in Finland, it was shown that an unhealthy diet can increase the risk of depression by up to 41%.<sup>3</sup> With the desire to clarify the characteristics of eating habits and diet of patients during the depressive phase, we conducted this topic. The objective of the topic is to "describe the characteristics of eating habits and diet of patients during the depressive phase treated as inpatients at the Institute of Mental Health - Bach Mai Hospital"

According to Sam Vinh Loc's research (2017): "It can be affirmed that eating disorders (Eating Disorders - EDs) are a form of mental disorder, or at least a mild form of psychological and behavioral disorder. Currently, the widely used set of criteria for diagnosing specialized mental disorders is DSM-5 developed by APA (The National Institute of Mental Health, 2013). Eating disorders (EDs) are classified into the group of feeding and eating disorders (Feeding and Eating Disorders). In addition, according to the standard set of criteria for classifying mental and behavioral disorders (The ICD-10) published by the World Health Organization (WHO), eating disorders (EDs) are also classified into the Classification of Mental and Behavioral Disorders (Classification of Mental and Behavioral Disorders) related to biological problems. Correctly identifying the cause and assessing the impacts of this type of disorder will help guide research as well as choose treatment approaches. reasonable treatment."

## 2.2. Prevalence of eating disorders in gender groups

According to another study in the US, there are about 30 million people in the US who have experienced eating disorders. Of these, about 20 million are women and about 10 million are men. (According to Very Well Health). In the world, the total lifetime rate of eating disorders is: 8.4% in women, 2.2% in men. According to research by the American Journal of Psychiatry, the rate of eating disorders has a clear difference between gender groups with the rate: 2.0% for men and 4.8% for women.

Conducting a survey of high school students in Hanoi, the gender ratio of participants in the survey is shown in the table below:

Table 1: Number of male, female and third gender students participating in the survey.

STT	Sex	Quantity	Percent (100%)
1	Male	64	36.6%
2	Female	102	60%
3	Third gender	4	2.4%
<i>N = 170</i>			

In this study, the total number of students participating in the survey was *170 students*, of which *64 were male students (37.6%)*, *102 female students (60%)* and *4 students of other gender groups (2.4%)*. Examining diverse gender groups allows research to have a more comprehensive view of the relationship between gender identity and eating disorder risk.

The survey results showed that the rate of eating disorders in female students was the highest, with common manifestations such as weight anxiety, body dissatisfaction, and the application of negative eating control measures such as fasting, weight loss or irregular eating. In the male group, although the rate of incidence was lower than in female students, there were also recorded behaviors related to eating disorders, often associated with the desire to gain muscle and develop a body according to the ideal masculine model.

In particular, in the other gender group (2.4% of the total survey), although the number is small, 100% of participants showed high levels of disordered eating, with extreme control over eating to conform to their desired gender identity. This group also faced greater social stigma and body dissatisfaction, leading to a higher risk of severe disordered eating.

Thereby, it can be seen that eating disorders are an increasing problem among adolescents , especially among women and people with different gender identities. This raises an urgent need to raise public awareness, build prevention programs, and provide psychological support appropriate to each gender group to minimize the consequences on physical and mental health for young people today.

### 2.3. Manifestations of eating disorders in gender groups

Many studies around the world have shown the link between gender identity and eating disorders with significant differences between gender groups. According to Dakanalis et al. (2015), women have a significantly higher rate of eating disorders such as anorexia nervosa and bulimia nervosa than men, due to the strong influence of thin body standards in society. In contrast, men tend to pursue a muscular body, leading to abnormal eating behaviors to gain muscle and lose fat.

Research by Watson et al. (2017) on the mental health of transgender people also shows that this group is at higher risk of eating disorders than cisgender people (people whose gender identity matches their biological sex). Body dissatisfaction, the desire to change their appearance to match their gender identity, along with social stigma are factors that increase negative eating control behaviors in this group.

In Vietnam, research on the relationship between gender identity and eating disorders is still relatively limited. However, research by Nguyen Thi Minh Phuong (2021) showed that the proportion of female students who show signs of anxiety about weight and body shape is high, leading to unhealthy eating behaviors. On the other hand, the rise of social media and modern appearance standards also contributes to promoting eating disorders in both men and other gender identity groups.

Based on theoretical foundations and previous studies, the authors surveyed *170 students , including 64 males, 102 females and 4 students of other gender groups* , to find out the rate and manifestation of eating disorders in each group. Detailed results are shown in the table below:

Table 2: Symptoms of eating disorders by gender group

STT	Expression	Female		Male		Other gender	
		SL	TS	SL	TS	SL	TS
1	Worry about weight and body shape	66	65%	26	40%	4	100%
2	Fasting or excessive dieting	59	58%	12	18%	4	100%
3	Irregular eating	53	52%	13	20%	4	100%
4	Self-induced vomiting after eating	18	18%	3	5%	2	50%
5	Use weight loss pills, detox tea	15	15%	2	3%	2	50%



6	Force yourself to eat a lot to gain muscle	10	10%	23	36%	1	25%
7	Use muscle gain supplements	5 friends	5%	18	28%	1	25%
8	Overtraining to change your body shape	12	12%	14	22%	3	75%
$N = 170 = 100\%$							

Survey results show clear differences in eating disorder symptoms between gender groups, reflecting the link between gender identity and ways of controlling body image.

In the female group, the most common eating disorder symptoms are concerns about weight and body shape (65%), along with negative behaviors such as fasting or excessively reducing food intake (58%) and irregular eating (52%). Notably, a significant number of female students choose to self-induce vomiting after eating (18%) or use diet pills or detox teas (15%) to control their weight. These symptoms clearly reflect the pressure of societal beauty standards on women, where a slim body is often considered the ideal.

Meanwhile, in men, the rate of eating disorders is lower than in women but has different characteristics. 36% of boys force themselves to eat a lot to gain muscle, 28% use muscle-building supplements, and 22% overwork to achieve a "standard masculine" body shape. This shows that boys are also under pressure from stereotypes of healthy, muscular bodies, although they rarely admit to worrying about their weight like women.

In particular, in the other gender group, although the number of students participating in the survey was only 4, all of them showed signs of eating disorders at a high and serious level. 100% of them had fasted, eaten irregularly, and most of them over-exercised (75%) or self-induced vomiting, used extreme weight loss measures (50%). This reflects a strong need to control their body shape to match their desired gender identity, while also being under a lot of pressure from gender discrimination and dissatisfaction with their current body.

This shows that eating disorders are no longer a problem for women alone, but have spread to both men and other gender groups, but the ways and motivations of each group are very different. This result shows the need to design prevention and intervention measures that are differentiated by gender and gender identity, to more effectively support each group in improving mental health and healthy eating behaviors.

#### 2.4. Gender identity factors influence eating disorders

- Model showing the relationship between gender identity factors and eating disorders:

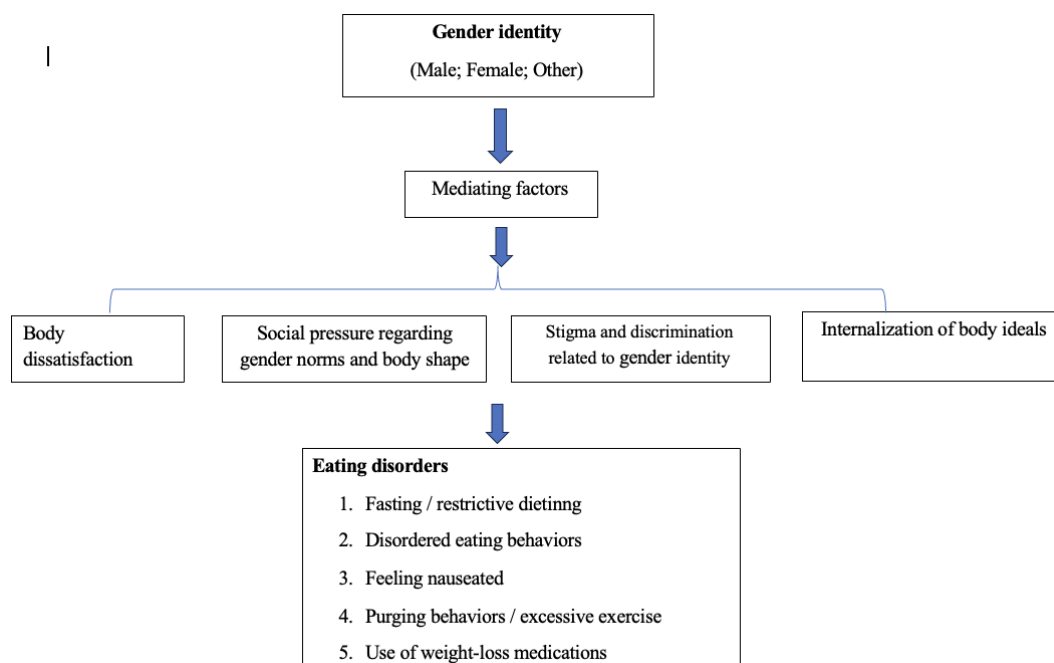


Figure 1: Theoretical Model: The Influence of Gender Identity on Eating Disorders

The research model on the influence of gender identity on eating disorders is built on the integration of fundamental theories in social psychology and health psychology, including: **Body dissatisfaction theory** , **Internalized body standards theory** , **Minority stress theory** , and **Gender role theory** . People whose gender identity does not match their biological sex often feel that their bodies do not reflect who they are, leading to body dissatisfaction. When gender identity is different, individuals are not only confronted with traditional gender norms but also have to adjust themselves to fit their desired gender identity. Internalizing these standards increases pressure to change their body shape, leading to eating disorders such as fasting, binge eating, or abusing unhealthy weight loss methods. Sexual and gender minorities often face stigma, discrimination, and rejection from their families and society. The prolonged stress caused by these negative experiences not only harms mental health but also indirectly increases eating disorder behaviors as a way to control oneself in a psychologically unsafe environment.

Theoretical models suggest that gender **identity does not directly cause eating disorders** , but rather acts through mediating factors such as body dissatisfaction, internalized body standards, gender role pressures, and social stigma. These factors not only increase the risk of eating disorders but also cause the severity and manifestation of the disorder to differ significantly between different gender groups.

Research conducted on students showed that:

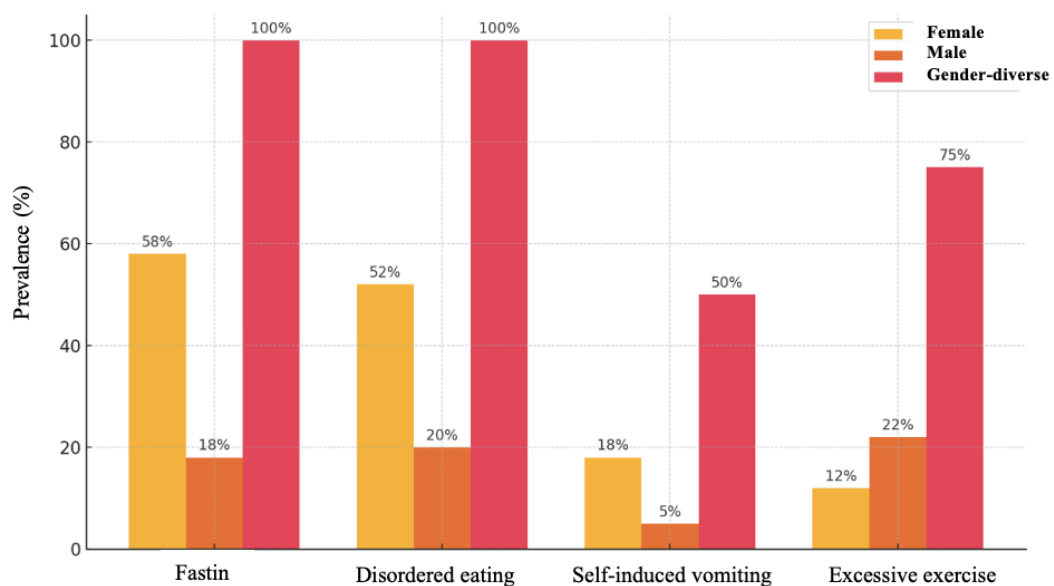


Figure 2: Prevalence of Eating Disorder Behaviors by Gender Group

The results showed eating disorder symptoms in three gender groups: females, males, and other gender groups. The results showed significant differences in the severity and type of symptoms between the groups.

In females, the rate of behaviors related to eating disorders is high. Specifically, 58% of female students fast or reduce their food intake, 52% eat irregularly , and 18% have self-induced vomiting behavior after eating . In addition, 12% of female students exercise excessively with the aim of controlling their weight and body shape. This clearly reflects the pressure from social beauty standards placed on females, in which a slim figure is still the ideal model, leading to girls easily tending to control their eating negatively.

In men , the rates of fasting and self-induced vomiting are relatively low, 18% and 5% respectively , but the most prominent are overtraining (22%) and force-feeding to gain muscle (36% - previous data) . This shows that male students also face physical pressures but in a different direction, that is, the desire to have a toned, muscular body, consistent with the masculine model.

At In the other gender groups, the rates of manifestations were all very high. 100% of students in this group said they had fasted and eaten irregularly, 50% self-induced vomiting after eating, and 75% overtrained. These figures show the serious level of damage to the physical and psychological health of this group, when they were not only dissatisfied with their bodies, but also suffered from social pressure about their appearance as well as discrimination related to their gender identity.

Overall, the survey results show that gender identity is closely related to eating disorder manifestations, with females and other gender groups being the most at risk. Although the manifestations in males are different in characteristics, they cannot be ignored, as body image pressure in this group is increasingly evident. This result is an important basis for proposing appropriate prevention and intervention measures for each gender group in the current school context.

### 2.5. The impact of eating disorders on students' mental health

Eating disorders not only affect physical health but also have many serious consequences for students' mental health. Negative eating control behaviors, prolonged obsession with body shape and weight can easily lead to negative emotions such as anxiety, sadness, low self-esteem or even sleep disorders. Therefore, it is necessary to understand the level of impact of eating disorders on students' mental life in order to identify potential risks early and have appropriate intervention solutions. Specific survey results on this content are presented in the table below.

Table 3: Manifestations of the impact of eating disorders on students' mental health

STT	Expression of influence	Number of students	Proportion
1	Chronic anxiety about body shape and weight	40	23.5%
2	Sad, depressed because of not achieving the desired body shape	35	20.5%
3	Self-consciousness, inferiority complex, avoidance of social interaction	25	14.7%
4	Sleep disturbance, irritability, emotional	10	5.9%
5	No noticeable effect	60	35.4%
<i>N = 170</i>			

The survey results show that the impact of eating disorders on students' mental health is very worrying . Of the 170 students, up to 92 students (about 54%) admitted that they had experienced negative emotions associated with eating behavior, including: 40 students (23.5%) felt prolonged anxiety about their body shape and weight; 35 students (20.5%) fell into a state of sadness and depression because they did not achieve their desired body shape; 25 students (14.7%) showed signs of low self-esteem, self-consciousness, and avoidance of social interaction due to body image disorders; 10 students (5.9%) showed signs of sleep disorders, irritability or emotionality related to pressure about eating and body shape. In particular, in the other gender group, all students shared that eating disorders not only affect physical health but also cause serious mental health problems, accompanied by feelings of helplessness, isolation and prolonged stress.

### 2.6. Students' ability to cope with eating disorders

In addition to recording the level of impact on mental health, the study also looked at students' ability to cope when they noticed signs of an eating disorder. Students' proactive efforts to seek support, adjust their eating behaviors, or have appropriate coping strategies will help minimize long-term consequences. Conversely, if students lack awareness, hide, or do not know how to cope, the eating disorder can persist and become more serious. The survey results on students' ability to cope are shown in the table below.

Table 4: Students' ability to cope with eating disorders

STT	How to cope	Number of students	Proportion
1	Seek support from friends, teachers, experts	28	16.5%
2	Adjust your eating and exercise habits to be healthier	47	27.6%
3	No specific response strategy	75	44.1%
4	Conceal or deny the problem	20	11.8%
<i>N = 170</i>			

The survey also showed that students' ability to cope with eating disorders is still limited . Specifically: 28 students (16.5%) said they had sought support from friends, teachers or psychologists when they noticed signs of eating disorders; 47 students (27.6%) shared that they tried to adjust their eating habits and exercise more healthily , but there was no specific method and it was easy to relapse;

Notably, 75 students (44.1%) had no coping strategies at all , were not even aware of their condition, and let their eating disorder behaviors continue; 20 students (11.8%) tended to hide or deny the problem , fearing stigma or negative evaluation if they shared it with others.

These figures show that the majority of students do not have adequate skills and knowledge to cope with eating disorders , and there is also a lack of effective psychological support systems in the school environment.

### 3. Conclusion and recommendations

Research on the influence of gender identity on eating disorders and differences between gender groups in students has shown that eating disorders are a real and growing problem in schools today. The survey results of 170 students showed clear differences in the rate and manifestation of eating disorders between gender groups. Females were the group with the highest rate of behaviors such as fasting, irregular eating and self-induced vomiting, while males tended to force-feed and over-exercise to gain muscle. In particular, the other gender group revealed a more severe level of eating disorders, accompanied by profound mental health damage.

In addition, the study also highlighted the negative impact of eating disorders on mental health, with symptoms of anxiety, sadness, low self-esteem, and sleep disturbances at alarming levels. However, students' ability to cope with this problem is still limited, as most of them have not proactively sought help or lack the skills to adjust healthy eating behaviors.

These results suggest that there is a need for psychological education, nutrition, and body awareness programs in schools, with particular attention to students with diverse gender identities. Creating safe, non-discriminatory school environments, while enhancing school counseling services and specialized psychological support are necessary solutions to prevent and intervene early on eating disorders and their associated mental health consequences.

From the above results, the group The study proposes the following recommendations:

#### For schools:

It is necessary to strengthen propaganda and education activities on mental health, nutrition, and proper awareness of body shape for students.

Develop life skills programs to help students identify and cope with psychological disorders, including eating disorders.

Develop and strengthen school psychological counseling services to provide timely support to students with psychological difficulties.

**For family:** It is important to pay attention, monitor and create a safe space for children to share psychological problems, academic pressure and body image. Educate children that self-worth does not depend on body shape or unrealistic beauty standards.

**For society:** Strengthen communication campaigns on gender and body diversity, to reduce stigma and social pressure about rigid body standards. Collaboration between schools, psychologists and social organizations to build a friendly school environment that respects gender and gender identity diversity.

The above recommendations are an important premise for effective prevention and intervention of eating disorders, contributing to protecting the physical and mental health of students, especially groups of students in gender-diverse communities.

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