

## Disordered Eating Patterns and Body Image Concerns among Schoolgirls in Mutare, Zimbabwe

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### Abstract

*This study explored the lived experiences of ten schoolgirls aged 14–18 years in Mutare, Zimbabwe, to understand the sociocultural and psychological perceptions underlying disordered eating patterns and body image concerns. Using a qualitative design, semi-structured interviews were conducted, guided by the conceptual framework of the SCOFF questionnaire, and analysed through thematic analysis. Four primary themes emerged in the findings of this research. First, social influence and body image, highlighting the impact of social media ideals and community commentary. Secondly, loss of control and binge-eating symptomatology, thereby revealing emotional eating and cycles of deprivation driven by cultural rules around food preservation. Thirdly, self-perception, demonstrating a significant disconnect between objective body size and lived experience/ Lastly, food dominance, underscoring an intrusive psychological preoccupation with food. These findings provide preliminary evidence that unhelpful eating attitudes and behaviours are present within this demographic group, and are shaped by a complex interplay of global influences and local cultural norms. The study emphasises the necessity for further prevalence studies, culturally adapted assessment tools, and targeted public health interventions to promote positive body image and healthy eating practices among Zimbabwean adolescents.*

**Keywords:** disordered eating, body image, sociocultural factors, adolescent schoolgirls, qualitative research, Zimbabwe.

### Introduction

Eating disorders represent a significant global public health concern. The World Health Organisation estimates that approximately 16 million people worldwide experience eating disorders, including nearly 3.4 million children and adolescents (WHO, 2021; Silén & Keski-Rahkonen, 2022). Hay et al. (2015) reported a 16.3%-point prevalence of eating disorders and disordered eating behaviours within the general population, identifying female adolescents as a particularly vulnerable demographic. In the United States, the National Eating Disorders Association estimates that 28.8 million individuals will experience an eating disorder during their lifetime (NEDA, 2026).

The two most prevalent eating disorders among adolescents are bulimia nervosa (BN) and binge eating disorder (BED). According to the *Diagnostic and statistical manual of mental disorders*, bulimia nervosa is characterised by recurrent binge eating episodes followed by compensatory behaviours such as purging, fasting, or excessive exercise to prevent weight gain. In contrast, binge eating disorder involves recurrent episodes of binge eating without regular compensatory behaviours and is commonly associated with feelings of guilt, shame, and loss of control (DSM-5-TR, 2022; NHS, 2024). Eating disorders are also associated with significant psychological and physical health consequences. Kowalewska et al. (2024) demonstrated that binge-eating disorder is linked to functional impairment and psychiatric comorbidities, including anxiety and mood disorders. Furthermore, compensatory behaviours such as self-induced vomiting and laxative misuse may result in severe medical complications including electrolyte imbalance, gastrointestinal damage, and cardiovascular difficulties (Nitsch et al., 2021). Johnson et al. (2002) further reported that adolescent eating disorders significantly increase the risk of long-term physical and psychological health difficulties.

Although balanced nutrition is essential for adolescent development, growing sociocultural pressure surrounding physical appearance has contributed to increasing body dissatisfaction and restrictive eating behaviours. Digital media and mainstream media representations frequently promote unrealistic body ideals and “size-zero” beauty standards, contributing to body dissatisfaction among adolescent girls (Sharma & Vidal, 2023). Increased exposure to digitally curated appearance ideals may shape adolescents’ perceptions of attractiveness, eating behaviours, and self-worth. Chu et al. (2024) found that greater screen time, problematic social media use, and appearance-based social comparison were associated with increased eating disorder symptoms during early adolescence. Through social learning processes, adolescents may internalise cultural ideals that reinforce unhealthy relationships with food and body image.

Eating behaviours are also shaped by cultural and familial practices. Within households, messages around food consumption and preservation may influence eating habits from childhood. While intended to prevent waste or reflect cultural values, such practices may unintentionally encourage eating beyond satiety and reduce responsiveness to natural hunger cues. These influences highlight how social norms, media, and family environments together form the context in which body image and eating behaviours develop.

Eating disorders are multifactorial conditions influenced by psychological, social, environmental, and biological factors. Research by Stice et al. (2024) identified interpersonal

conflict, familial discord, and childhood trauma as significant developmental risk factors. These vulnerabilities are often intensified by diminished self-esteem, social pressure, and negative body image perceptions. Body dissatisfaction has additionally been associated with depression, self-harm, and low self-esteem, creating a cycle in which emotional distress and disordered eating behaviours reinforce one another. For adolescents, a developmental stage marked by identity formation and heightened sensitivity to evaluation, these psychological factors are particularly impactful and may contribute to the onset or maintenance of disordered eating patterns.

Despite increasing global recognition of eating disorders, epidemiological data from sub-Saharan Africa remain limited. In Zimbabwe, little research has explored school aged eating behaviours, body image concerns, and sociocultural pressures associated with eating disorders. Understanding these experiences is important because adolescence represents a critical developmental stage during which identity, self-esteem, and body image perceptions are highly vulnerable to social influence.

Emerging evidence suggests Westernised beauty ideals and social expectations are increasingly influencing body image perceptions among Zimbabwean adolescents. Williams et al. (2025) found that the overvaluation of body shape and weight significantly predicted binge-eating pathology and subjective loss-of-control eating among female Zimbabwean university students, indicating that sociocultural pressures relating to thinness and appearance may also affect younger adolescent populations. Eating behaviours are nurtured from a young age. Within many Zimbabwean households, economic hardship and beliefs about avoiding food waste encourage the practice of requiring children to finish everything on their plates.

Economic hardship and cultural beliefs around food further shape local practices; Pencil et al. (2025) found that over half of Zimbabwean adolescents demonstrated poor eating habits, particularly among younger adolescents and those with limited nutritional knowledge. Emphasising the importance of nutritional education and school-based health promotion programmes to encourage healthy eating behaviours.

Given the importance of cultural context in understanding eating behaviours, this study employed qualitative interviews guided by the SCOFF Questionnaire (Morgan et al., 1999). While the SCOFF is traditionally a screening instrument, its conceptual aim guided open-ended questioning to explore participants lived experiences and perceptions in greater depth. This study addresses an important gap in Zimbabwean literature by exploring adolescent girls'

experiences of body image concerns, food preoccupation, and disordered eating behaviours within a sociocultural context. The findings may contribute toward future research, culturally sensitive assessment approaches, and school-based mental health interventions targeting adolescent wellbeing in Zimbabwe.

This study was guided by the following objectives:

- i) To examine schoolgirls perceptions of the relationship between eating behaviours and body image concerns.
- ii) To investigate sociocultural influences shaping schoolgirls perceptions of food and body image.
- iii) To analyse emotional factors influencing schoolgirls eating behaviours and body image perceptions.

## **Methodology**

### **Study design**

This study employed a qualitative research design to explore the lived experiences of adolescent girls in Mutare, Zimbabwe, with a specific focus on eating behaviours, body image concerns, and perceptions of compensatory behaviours. Qualitative methodology was selected as it allows for an in-depth exploration of personal narratives. To ensure theoretical consistency, data were collected using semi-structured interviews with open ended questions. These questions were adapted from the SCOFF Questionnaire (Morgan et al., 1999). This approach enabled the researcher to move beyond simple screening questions and gather detailed experiences, perceptions, and feelings.

A non-probability, convenience sampling strategy was utilised to recruit participants for this study. The sample consisted of ten schoolgirls (n=10) aged 14 to 18 years enrolled at a private local day school in Mutare, Zimbabwe. Convenience sampling was deemed appropriate given the exploratory nature of the study, allowing for the efficient recruitment of accessible participants within the target demographic. The use of a convenience sample means the findings are exploratory and cannot be statistically generalised to all adolescent schoolgirls across Zimbabwe.

Data were obtained through face to face semi-structured interviews, which were conducted in a private classroom setting at the school to ensure confidentiality. Data collection instruments were designed to be age appropriate, utilising clear, thematic questions that respected the participants' cognitive development and emotional maturity. In adherence to child protection

safety, an adult supervisor was present throughout to safeguard participant welfare. To mitigate the "observer effect" and encourage open, honest responses, the supervisor remained in a passive observer role. All interviews were audio recorded with permission and transcribed using an intelligent verbatim approach. This method preserves the essence of the participants' voices and meanings while removing unnecessary filler words, aligning with the perspective that lived experiences offer vital insights into the environmental drivers of eating disorders (Frank & Berner, 2020).

Data collected was analysed using thematic analysis, following Braun and Clarke's (2006) widely accepted six phase recursive framework: familiarisation with the data, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes, and producing the results. This systematic approach ensured that findings were the participants' narratives rather than the researcher's assumptions.

To ensure the integrity and quality of the findings, this study adhered to established criteria for qualitative rigour (Lincoln & Guba, 1985). Credibility was established through member checking, whereby preliminary findings and interpretations were shared with participants to confirm that the analysis accurately reflected their intended meanings and experiences. To ensure confirmability, the researcher maintained a personal reflexive journal throughout the process, documenting personal assumptions, biases, and emotional reactions to prevent personal views from influencing data interpretation. Transferability was addressed by providing a rich, detailed description of the setting, participants, and findings, allowing readers to determine if insights are applicable to other contexts. Finally, dependability was achieved by maintaining a clear audit record of all decisions made during coding and analysis, allowing a step-by-step reconstruction of the research process.

To uphold the highest standards of research integrity, several ethical considerations were followed throughout the study. Ethical clearance and formal permission to conduct the study was obtained from the school headmaster and the school director. All participants gave informed assent along with parental consent obtained before participation and were fully informed of the study's purpose and their rights to withdraw at any stage without penalty. To maintain anonymity and protect the privacy of the participants, all personal identifying information was removed and replaced with pseudonyms. Lastly, to safeguard participant well-being, a debriefing session was provided at the conclusion of each interview, including local

mental health practitioner contacts and resource links to the National Eating Disorders Association (NEDA) and BEAT.

## Results

The sample comprised ten female participants (n = 10), aged between 14 and 18 years. All were Zimbabwean, enrolled in secondary education from Form 2 through to Form 6, and proficient in English, demonstrating clear understanding of the research objectives. To preserve anonymity, participants were assigned pseudonyms and coded as P1 to P10. Demographic details are presented in Table 1.

**Table 1: Demographic characteristics of participants**

Participant	Age	Education Level	Nationality
1	16 years	Form 4	Zimbabwean
2	17 years	Lower 6	Zimbabwean
3	17 years	Lower 6	Zimbabwean
4	15 years	Form 3	Zimbabwean
5	18 years	Upper 6	Zimbabwean
6	16 years	Form 4	Zimbabwean
7	15 years	Form 3	Zimbabwean
8	16 years	Form 4	Zimbabwean
9	14 years	Form 2	Zimbabwean
10	14 years	Form 2	Zimbabwean

Analysis of the interview data revealed four interrelated themes that capture the complexity of participants' experiences and perceptions regarding eating behaviours and body image. The four themes are *social influence and body image*, *loss of control and binge-eating symptomatology*, *self-perception*, and *food dominance*. These themes highlight the powerful interplay between external social pressures, internal psychological processes, and cultural norms.

### ***Social influence including social media and body image***

The first theme identified in this study was the influence of external validation and social comparison in participants' self-perception. Social media emerged as a particularly salient factor, with several participants (P1, P3, P7, and P10) reporting that curated online content shaped how they viewed themselves.

Participant 1 stated:

Yes, sometimes I feel pressure to look a certain way because I always see people dressed up with a nice body on Tik Tok, dancing and feel pressure because I want to look like them all the time.

This response reveals how exposure to idealised online images created pressure and feelings of inadequacy regarding body image.

Community commentary also played a significant role, with half of the sample reporting unsolicited remarks about their appearance.

Participant 3 described:

I get told I look healthy by people, and they laugh and say it, and it makes me feel traumatised and bad about my body.

This response illustrates how language intended to convey wellness was interpreted negatively, reinforcing stigma and contributing to distress around body image.

Overall, this theme indicates that both digital and community influences were powerful drivers of body image concerns.

### ***Loss of control and binge-eating symptomatology***

The second theme indicated binge eating marked by perceived loss of control, with eight participants reporting inability to stop eating despite satiety or conscious effort. Triggers included emotional, environmental, and physiological factors. Emotional eating was identified as a key factor.

Participant 10 explained:

I eat sometimes when I am not hungry but just feel like eating, so I end up eating a lot, then I feel like being sick.

This account reflects eating in the absence of actual hunger, driven by internal urges, and demonstrates a perceived loss of control and subsequent urges to purge.

Environmental constraints also contributed to loss of control. Participant 1 explained it thus:

Sometimes we have food at home, and I need to finish it even when I'm full because I know I can't waste it, so I eat it and feel so full. I feel sick after and throw up.

This excerpt demonstrates how learnt household rules regarding food waste appeared to encourage participants to override satiety cues, exacerbating binge-eating behaviours.

For other participants, rapid consumption was a response to intense physical hunger, creating a cycle of deprivation followed by overcompensation. Together, these accounts highlight the risk of binge-eating symptomatology among the sample as it was not solely an internal psychological state but was often reinforced by external domestic structures and physiological triggers.

### ***Self-perception***

The third theme evident in this study was a distinct “body image disconnection”. This self-view was often inconsistent with external reality. Several participants described themselves as “fat” despite being perceived by others as thin.

Participant 2 explained:

People just say I’m thin they don’t mean it really ’cause I know I’m fat. I can see it myself and I know I’m too fat.

This cognitive distortion meant self-perception overrode external feedback, sustaining a negative body image. Social comparison further distorted views and drove behaviour.

Participant 6 reported deliberate weight loss efforts due to feeling “fatter” than peers:

Yes, I’ve lost weight over a few months since starting school because I’m fat and the other girls are not looking so fat like me, so I made myself lose weight. I only eat after some, not always.

Even without objective indicators, comparison with peers led to restrictive eating. This theme highlights how internalised beliefs and social comparison shaped behaviour more strongly than actual appearance, creating a divide between experience and reality.

### ***Food dominance***

While diets generally followed a consistent daily pattern - porridge or cereal for breakfast, bread or pasta for lunch, and sadza with meat and vegetables for dinner - food held significant psychological weight. Six participants reported food “dominating” their lives. For some, focus was functional and nutritional; for most, it involved intrusive thoughts reflecting both enjoyment and anxiety.

Participant 10 described this paradox:

I do think about food all the time because it’s tasty and I like food especially chips and chicken and Zapnacks. But I also think about food because I’m trying not to eat all the time. Do you get it?

This account captures the tension between liking food and trying to restrict intake.

The summary of results are shown in Table 2.

**Table 2: Thematic analysis of body image and eating behaviours among female adolescent Participants**

<b>Theme</b>	<b>Sub-themes and Description</b>	<b>Participant Quote</b>
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Social influence	Impact of social media ideals and community commentary on self-perception and body image.	“I feel pressure to look a certain way because I always see people... with a nice body on Tik Tok” (P1).
Loss of control	Bingeing symptomatology characterised by emotional eating and environmental pressure, such as cultural rules against food waste.	“I need to finish it even when I’m full because I know I can’t waste it... I feel sick after and throw up” (P1).
Self-perception	Cognitive distortions and disconnect between internal perceptions of body size and objective physical reality.	“People just say I’m thin; they don’t mean it really ’cause I know I’m fat. I can see it myself” (P2).
Food dominance	Psychological preoccupation with food, highlighting the conflict between enjoying food and attempts at dietary restriction.	“I do think about food all the time... because I’m trying not to eat all the time. Do you get it?” (P10).

## Discussion

Extant literature largely frames body image concerns as a result of Westernisation and media influence. However, findings from this study suggest that cultural and familial norms — such as the obligation not to waste food and community interpretations of 'health' — play an equally powerful, yet distinct, role in shaping eating behaviours in the Zimbabwean context. Unlike studies conducted in high-income contexts, where thinness is the primary pressure, this study highlights a unique intersection where economic history, cultural values, and global beauty standards combine to create specific patterns of distress for adolescent girls in Mutare. These findings suggest that universal models of eating disorders may not fully capture the lived reality in sub-Saharan Africa, and that locally relevant frameworks are required to understand risk.

Participants frequently engaged in social comparison via online platforms, which shaped their attitudes towards eating. This aligns with Baminiwatta (2021), who found that social media exposure increases body dissatisfaction by providing constant opportunities for appearance-based comparison. Community commentary also emerged as a trigger for cycles of restraint and overeating, consistent with Bucchianeri et al. (2016), who linked sociocultural pressure and Westernised thinness ideals to disordered behaviours. Findings suggest that such patterns arise in Zimbabwe, not only from individual thinking, but also from broader cultural narratives linking self-worth to weight control.

Eighty per cent of participants reported loss-of-control eating characterised by continued consumption despite fullness. This points to growing vulnerability to binge-eating patterns, driven by emotional dysregulation and a paradox: external pressure to be thin encourages restriction, which in turn triggers overeating. This mirrors Lacroix and von Ranson (2020), who described such eating behaviours as compulsive and involuntary. Similar patterns have been noted among Zimbabwean university students (Chitsva & Zirima, 2024), indicating that

loss of control may be a key psychological stressor during transition from adolescence to adulthood.

Widespread dissatisfaction and distorted self-image among participants aged 14–18 years align with observations by Cruz-Sáez et al. (2018), who highlighted how misperceptions of one's own body can contribute to unhelpful eating patterns. These results provide preliminary evidence that such psychological concerns are present among schoolgirls in Mutare, alongside intentional weight loss efforts. The gap between perceived and actual body size coincides with cycles of restriction and overeating, highlighting the need for interventions to address underlying self-perception and psychological relationships with food, rather than focusing on behaviours alone.

A central finding was the experience of food dominance, where thoughts about food occupied significant mental space. This was expressed through compulsive plate-cleaning, discomfort when food remained, and occasional secrecy or shame around eating. These patterns suggest that unhelpful eating behaviours reflect a deep psychological burden. This is compounded by cultural norms against waste where food-related thoughts dominate daily life and reduce personal autonomy.

Overall, this study highlights that eating habits are shaped by a complex interaction of psychological and sociocultural factors. Emotional dysregulation, social pressure, and preoccupation with food combine with body image ideals to create cycles of restriction and overeating. Approaches aiming to support young people must therefore be multifaceted, targeting self-regulation, reducing harmful social influences, and respecting cultural contexts to promote healthier attitudes and behaviours around food and body image.

A key strength of this study is its focus on the lived experience of participants, giving voice to a demographic rarely represented in global literature. However, it is important to acknowledge its limitations. The use of a convenience sample from a private school means findings reflect the experiences of girls exposed to specific socioeconomic conditions and may not represent those from lower-income or rural backgrounds. Future research should therefore intentionally include diverse socioeconomic groups to explore whether these patterns persist or differ across contexts. Despite these limitations, this study provides vital preliminary evidence that disordered eating concerns are present and meaningful within this population, and cannot be overlooked in local health agendas.

## **Conclusion**

This study reveals that, for adolescent schoolgirls in Mutare, disordered eating patterns are not merely personal struggles, but complex responses to converging cultural norms, social media ideals, and community expectations that together shape their relationship with food and their bodies. The findings emphasise the necessity for larger scale quantitative research to examine patterns and risks related to concerns associated with binge eating and bulimia nervosa among Zimbabwean adolescents, as well as the urgent importance of increasing public health awareness surrounding healthy eating practices and positive body image.

### **Recommendations**

Current findings emphasise the critical need for nationwide research to establish the prevalence and scope of binge-eating and related behavioural patterns among adolescents in Zimbabwe. Furthermore, there is an urgent requirement to develop and validate culturally appropriate assessment tools that align with local contexts, values, and lifestyles.

### **Recommendations for future research**

- Follow up studies should employ quantitative sampling strategies encompassing all educational institutions including government, private, and mission schools across Zimbabwe. This would enhance the generalisability of findings and explore how diverse socioeconomic backgrounds influence body image perceptions and eating behaviours.
- Future investigations should include male participants to enable comparative gender analysis and provide a more comprehensive understanding of these issues within the population.
- Longitudinal research and intervention studies are essential to evaluate the effectiveness of school- and community-based prevention programmes, specifically focusing on building resilience among adolescents and reducing identified sociocultural and psychological risk factors.

### **Declaration of conflict of interest**

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