

Scoping Review: Eating Disorders Among Filipino Youth: The Role of Cultural Attitudes and Stigma in Help-Seeking Behavior

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Abstract

Eating disorders (EDs) are a significant yet underexplored public health issue in the Philippines, particularly among adolescents and young adults. Despite extensive research on EDs in Western societies, little is known about these disorders in the Philippines, where cultural attitudes profoundly influence mental health perceptions and help-seeking behaviors. This scoping review investigates how cultural attitudes and stigma affect help-seeking behaviors, serving as barriers to treatment and recovery for Filipinos with EDs. Following Arksey and O'Malley's (2005) framework, the review implemented five stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarizing, and reporting results. Inclusion criteria focused on studies from 2000 onwards examining EDs (anorexia nervosa, bulimia nervosa, and binge eating disorder) that mention cultural attitudes, stigma, and treatment barriers within Filipino youth to young adult populations. Databases searched included Scopus, APA PsycArticles, Taylor & Francis, PUBMED, Scidirect, university repositories, and other government documents pertaining to eating disorders in the Philippines. Findings highlight the significant impact of stigma and cultural norms in shaping help-seeking behaviors, perpetuating misconceptions about EDs, and reducing access to care. Though resources about eating disorders are limited, this review underscores the need for culturally sensitive strategies to reduce stigma and improve access to treatment in the Philippines. Insights from this study aim to inform practitioners in tailoring interventions to Filipino contexts, fostering recovery for individuals with EDs.

Keywords: eating disorders, Philippines, stigma, barriers to treatment, university students, low-middle income countries, cultural attitudes, mental health

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Introduction

Eating disorders (ED) affect young people worldwide. The prevalence of DSM-5 eating disorders worldwide ranges from 3.7% to 32.9% in women aged 16 to 22 and 0.5% to 12.8% in men of the same age group (Silén & Keski-Rahkonen, 2022). While research on eating disorders is extensive in Western countries, these conditions are increasingly recognized as a global public health issue among the youth, with relatively high rates of disordered eating behaviors reported in Southeast Asian countries, including Indonesia, Malaysia, Myanmar, Thailand, and Vietnam (Pengpid & Peltzer, 2018). Eating disorders (ED) remain an inadequately examined public health issue in the Philippines. Despite this, there were reports of Filipino youth engaging in abnormal eating attitudes (Lorenzo et al., 2002). The limited research in the Philippine context contrasts with the growing global recognition of ED, particularly among other Southeast Asian countries (Pengpid & Peltzer, 2018). Globally, the rate of help-seeking among individuals with elevated eating disorder symptoms remains low, with slight improvement observed over the last decade (Hart et al., 2011). Cultural attitudes significantly influence perceptions of mental health challenges and discourage help-seeking behaviors, as reported in studies on other mental health conditions (Garabiles et al., 2011; Tuliao & Velasquez, in press). These cultural attitudes may similarly impact eating disorders, further acting as a barrier to treatment-seeking behavior.

This scoping review aims to explore the prevalence, cultural attitudes, and help-seeking behaviors related to eating disorders among Filipino youth while identifying barriers to treatment and drawing comparisons with other countries.

Methodology

This scoping review follows the five-stage framework outlined by Arksey and O'Malley (2005) and is reported according to the Preferred Reporting Items for Systematic Review and Meta-Analyses Extension for Scoping Reviews Guidelines or PRISMA-ScR (Page et al., 2020). The review was implemented in five stages:

Stage 1: Identifying Research Questions

The review aimed to address the following research questions: (1) What is the prevalence of eating disorders among Filipino youth both in the Philippines and abroad? (2) How do cultural attitudes shape the perception of eating disorders and influence help-seeking behaviors? (3) What forms of stigma are present among Filipino youth, and how do they impact help-seeking behaviors? The objective was to describe the extent of the effects of eating disorders (ED) among Filipino youth and understand how cultural attitudes and stigma influence their help-seeking behaviors.

Stage 2: Identifying Relevant Studies

Eligibility Criteria

The review included research literature focusing on quantitative, qualitative, and mixed methods studies. Studies must examine eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified eating disorders (OSFED). The target population includes Filipino children, adolescents (<18 years), and emerging adults (18-25 years), or studies comparing Filipino youth's experiences with ED in other countries. Studies

that focus on individuals with ED older than 25 years, research unrelated to eating disorders, such as obesity or body image issues, and studies not published in English are excluded. Non-clinical presentations such as emotional eating, stress eating were also excluded.

Database and Literature Search Strategy

The review utilized a systematic search method using 5 primary databases, SCOPUS, PubMed, APA PsycArticles, Taylor & Francis, and ScienceDIRECT. Gray literature sources like institutional repositories such as Animo repository, government reports, reports from non-government organizations, and other mental health organizations such as DOST-PCHRD HERDIN database will also be included. The search will cover articles published between January 2000 to January 2025. The sample search strategy included, but was not limited to, various combinations of the following keywords based on the research question: “eating disorders” “disordered eating behaviors” “Filipino” “Philippines” “Cultural attitudes” “Stigma” “help-seeking behaviors” “Treatment-barriers”.

Stage 3: Study Selection

The third stage, study selection, involved screening titles and abstracts, retrieval of full-articles, followed by full-text assessment to ensure alignment with the inclusion criteria.

Stage 4: Data Charting Process

The fourth stage, data charting, involves extracting key information from each study, including author details, study design, sample demographics, cultural attitudes, stigma factors, and treatment barriers. A data chart will be created to summarize these details, allowing for easier synthesis in the final stage.

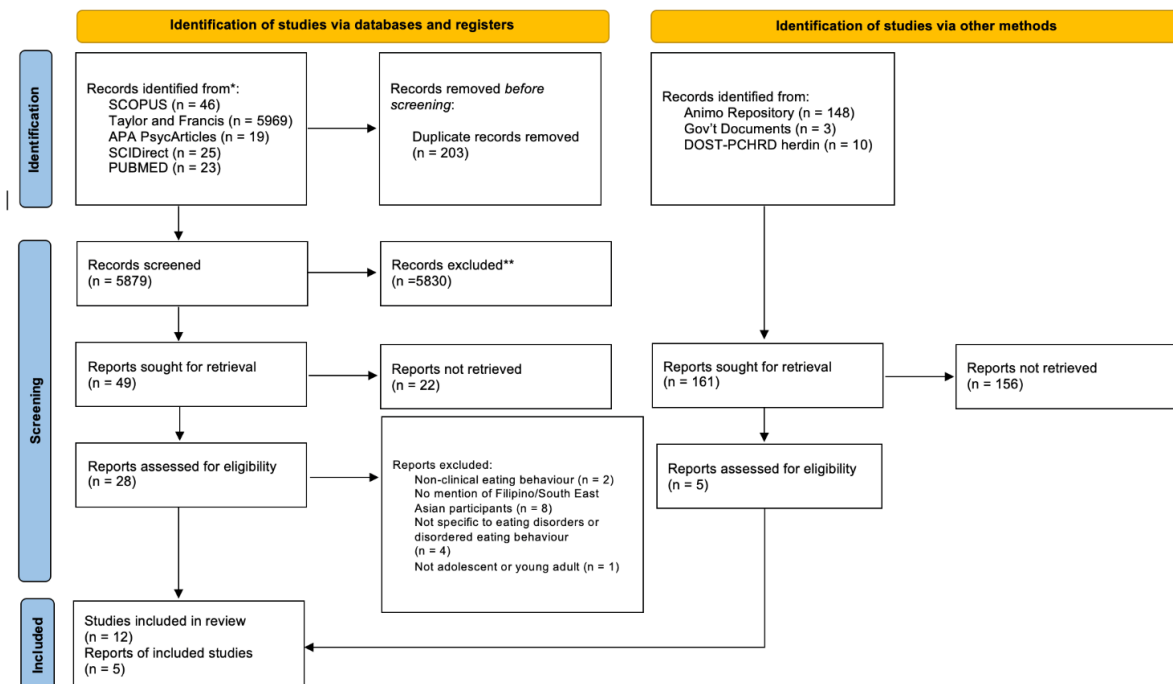
Step 5: Summarizing Results

In the fifth stage, the findings will be collated, summarized, and presented through thematic synthesis. The results were categorized into several key areas. First, studies on the prevalence and presentation of eating disorders among Filipino youth, including research on Filipino experiences, reported prevalence rates and comparisons with other countries, as well as differences based on gender and sexual minority status. Another category focused on cultural and ethnic influences on risk factors, such as parenting styles, family influence, stigmatizing beliefs, and feelings of guilt and shame, alongside the impact of internalized Western attitudes and discrimination because of ethnicity. Lastly, the review examined barriers to treatment, including stigma, lack of awareness about eating disorders, and insufficient familial communication and support. The review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines—extension for scoping reviews.

Results

A total of 5,879 abstracts were identified from primary databases, along with 161 from gray literature and various government and non-government sources. After removing duplicates, screening abstracts, and reviewing full-text articles that excluded those studies with non-clinical presentation of eating behaviors, no mention of Filipino youth population, and those who do not fall under the age range parameters, the final selection included 12 articles from primary databases and 5 from other sources, totaling 17 included articles.

Figure 1
PRISMA Flow Chart



This diagram illustrates the selection process for the scoping review, showing how the initial search results were screened and narrowed down to the final set of included studies.

The scoping review identified a total of 17 studies and documents on Filipino youths' experiences and documentation of eating disorders. Of these, 12 were quantitative studies, 2 were qualitative studies, and 3 were government documents, policies, or acts. Among the quantitative studies, 10 focused on comparative research, while 2 specifically examined the Filipino student population. All included works involved Filipino participants. Among the sources, 12 were published in open-access journals and conference proceedings, 2 were theses or dissertations from academic repositories, and 3 were congressional acts or policies issued by the government.

Table 1
Summary of Data Extraction Table

Study	Participants	Design	Publication Type
Viernes et al. (2007)	Omani and Filipino students (n = 444), Filipino participants, (n = 135)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Ma et al. (2025)	Asian American college students (N = 118), Filipino participants (n = 8)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Le et al. (2023)	Participants, (n = 180), Filipino Participants (n = 17)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Cheng (2014)	Asian American Women, (n = 587), Filipino Participants (n = 17)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Han (2020)	Asian American Women, (n = 244), Filipino Participants (n = 10)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Javier & Belgrave (2019)	Diverse Asian subgroups (Korean: N = 6; Chinese: N = 1; Vietnamese: N = 5; Indian N = 6; Filipino: N = 3; Pakistani: N = 3; Nepali: N = 1; Half-Vietnamese, Half-Lao: N = 1).	Qualitative Study	Journal Article and Proceedings
Cheng et al. (2017)	N = 592, other Asian American identities, Filipino (n = 107)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Lorenzo et al. (2002)	Filipino students (n = 932)	Quantitative Survey	Journal Article and Proceedings
Edman & Yates (2005)	Filipino participants (n = 133), Caucasian (n = 157)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Madanat et al. (2006)	Filipino students (n = 202), American (n = 138)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Kayano et al. (2008)	Japanese (n = 411), Indian (n = 130), Omani (n = 135), Euro-American (n = 113), and Filipino adolescents (n = 196)	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Assari & DeFreitas (2018)	N = 17,729, Vietnamese (n = 520), Filipino (n = 508), Chinese (n = 600), Other Asian (n = 656), Cuban (n = 577), Puerto Rican (n = 495), Mexican (n = 1442), Other Hispanic (n = 1106), African American (n = 4746), and Non-Latino Whites (n = 7587).	Quantitative Survey - Comparative Study	Journal Article and Proceedings
Dar Juan (2023)	Filipino Students (n = 207)	Quantitative Survey	Thesis and Dissertations
Dang et al. (2024)	Filipino Students (n = 4)	Qualitative Study	Thesis and Dissertations
Fifteenth Congress (2010)	NA	Congressional Act	Policies and Reports
Thirteenth Congress (2005)	NA	Congressional Act	Policies and Reports
Eighteenth Congress (2021)	NA	Congressional Act	Policies and Reports

This table presents an overview of the 17 included articles, detailing study authors, participant characteristics, study design, and type of publication. A full data extraction table is available in the Appendix for reference.

Discussion

Prevalence and Presentation of Eating Disorder Symptomatology Among Adolescent Filipinos

5 studies were found to tackle eating disorders among Filipino youth that reflected a concerning prevalence of disordered eating attitudes and behaviors. A quantitative study found a high percentage of adolescent Filipinos, both male and female, with pathological Eating Attitudes Test (EAT) scores, though these scores showed only slight correlations with Body Mass Index (BMI) or Beck Depression Inventory (BDI) scores (Lorenzo et al., 2002). Another study revealed that Filipino females exhibited higher Drive for Thinness, dieting tendencies, and body dissatisfaction compared to males while Filipino males reported higher Drive for Thinness and body dissatisfaction than their Caucasian counterparts (Edman & Yates, 2005). Additionally, Filipino students were found to be 10.9 times more likely to have disordered eating attitudes and behaviors than their American peers, even after controlling for demographics (Madanat et al., 2006). Furthermore, comparative research highlighted that Filipinos demonstrated the most abnormal eating attitudes, including excessive dieting, bulimic behaviors, and a strong need for control over their eating patterns, with Indian and Filipino populations displaying greater dysfunction in eating attitudes compared to Europeans, particularly among women (Kayano et al., 2008). It is reflected that appearance-focused social comparison among youth was identified as a significant predictor of disordered eating behaviors, mediated by body dissatisfaction among Filipino students (Dar Juan, 2023). Despite these alarming trends, there are no exact national statistics on the prevalence of specific eating disorders in the Philippines.

Although attempts have been made to address the issue, including the proposal of three government documents introduced by Senator Miriam Defensor Santiago and Senator Ramon Bong Revilla, Jr. under an act mandating the Department of Education to create educational programs on eating disorder awareness among Filipino children, comprehensive nationwide data remains lacking. This acknowledges the government's understanding and awareness of this issue (Thirteenth Congress, 2005, Fifteenth Congress, 2010; Eighteenth Congress, 2021). The proposed acts seek to enhance the recognition, prevention, and treatment of eating disorders among students. This legislation mandates the Department of Education (DepEd), the Commission on Higher Education (CHED), and the Department of Health (DOH) to implement programs that facilitate the early identification of eating disorders, raise awareness among students and parents, and equip educators with effective prevention and support strategies. Public service announcements will serve as a tool to reach a wider audience and encourage open discussions about eating disorders. Moreover, research findings will guide evidence-based policies and improvements in existing programs, ensuring that prevention and awareness efforts remain effective and responsive to the needs of Filipino students. This is especially important as the review reflects the lack of data on the prevalence, awareness, and need for eating disorders within the Philippine setting.

Cultural Attitudes That Influence Eating Disorder Behaviors and Risk Factors

Socioeconomic and Racial Risk Factors in the Philippines

Socioeconomic and racial risk factors significantly influence the development and maintenance of disordered eating behaviors among Filipino youth. As a low- and middle-income country (LMIC), the Philippines faces structural challenges that shape health outcomes, including those related to nutritional education, and body image. Economic and social adversity such as poverty, food insecurity, and low parental education have been linked to heightened

vulnerability to both obesity and disordered eating, particularly in marginalized communities (Edman & Yates, 2005). Research indicates that obesity is especially prevalent among Filipino males, with corresponding health concerns such as hypertension, heart disease, and diabetes. These outcomes are often due to insufficient nutritional knowledge and education (Devlin et al., 2000). Economic instability may also limit access to balanced diets and reinforce patterns of eating that are reactive rather than preventive. This may interfere with developing healthy eating habits that may lead to disordered eating behaviors.

In urban areas, the Philippines has experienced rapid economic growth and a shift in nutritional environments, which was observed to affect their response to food. For instance, Filipino college women were more likely to eat based on non-hunger-based cues. These cues include frequent exposure to appetizing food, increased dining out, and the use of food as a coping mechanism for emotional stress—such as anxiety or loneliness—and have been identified as triggers for disordered eating behaviors (Kayano et al., 2008). Furthermore, body dissatisfaction is also shaped by social and cultural expectations primarily about Western beauty standards. In the Philippine context, shorter stature, lower social status, and slower acculturation have been associated with low self-esteem and increased desire for weight loss, often as a means of achieving perceived social or romantic acceptability (Kayano et al., 2008). These issues are exacerbated by the internalization of Western beauty standards, especially among Filipino women exposed to global media. Cheng (2014) found that Asian American women, particularly those of Filipino descent, often experience body dissatisfaction stemming from comparisons to idealized Western body types. Experiences of racial discrimination and teasing contribute to the internalization of dominant beauty ideals, which may contribute to body dissatisfaction and disordered eating behaviors (Cheng et al., 2017). These racialized experiences intersect with socioeconomic vulnerability, compounding stressors that impact mental health and body image. This concern is further extended to sexual minorities who feel more negatively about their race and are shown to engage in more disordered eating habits. It was found that emotional eating mediated the relationship between internalized racism and disordered eating behavior (Le et al., 2023). With globalization trends, Filipino adolescents are increasingly exposed to Western beauty through social media, which may reinforce social comparison and low self-worth. These findings highlight the need for an understanding of both socioeconomic and racial factors in the context of eating disorders in the Philippines. Though social comparison is a known risk factor, body dissatisfaction plays a mediating role in the development of disordered eating. This distinction points to the layered psychological mechanism where cultural attitudes influence how body dissatisfaction is internalized and expressed through eating habits (Dar Juan, 2023).

Cultural Differences in Attitudes Toward Body Dissatisfaction

Cultural context significantly shapes how individuals perceive their bodies and experience distress related to body image. Several studies have explored how Filipino cultural perspectives differ from Western conceptualizations of body dissatisfaction and disordered eating. While Western research often emphasizes fat phobia and the pursuit of thinness as central to eating disorder pathology, this framework may not fully capture the Filipino experience. Some research do suggest that despite having no poor ratings on mental and physical health on disordered eating prevalence, cultural factors play a role in how eating behaviors relate to perception of health (Assari & DeFreitas, 2018).

In a comparative study by Viernes et al. (2007), Filipino adolescents demonstrated notably different attitudes toward body image compared with their Euro-American and Omani counterparts. Western teens showed concern over weight gain and exhibited fat phobia,

Filipino youth did not appear to share the same level of fear around fatness. However, this does not necessarily suggest an absence of body image issues. It was further expounded that Filipino adolescents may experience and express body dissatisfaction differently—potentially through more indirect or internalized forms of distress.

The concealment or denial of body dissatisfaction among Filipino youth may also reflect broader cultural themes, such as emotional restraint or a reluctance to express personal distress. These tendencies may stem from deeply rooted values around *hiya* (shame) and *utang na loob* (debt of gratitude), which often discourage open discussions about psychological suffering (Garabiles et al., 2011; Tuliao & Velasquez, in press). In this light, emotional responses like shame and guilt can manifest as introjected regulation of eating—where eating behaviors are driven not by personal goals but by internalized standards and perceived social obligations. (Ma et al., 2025). Moreover, body dissatisfaction among Asian women has also been linked to their generally smaller body frames compared to their Western counterparts. Kawamura (2012) stated that this may heighten distress when women perceive themselves as deviating from their cultural body ideals. It is observed that Filipino women in particular may struggle with disordered eating behaviors when their body size diverges from both traditional and Westernized ideals, contributing to a distorted sense of self and body image conflict (Cheng, 2014). These insights affirm that culture shapes how individuals understand and evaluate their bodies. In Filipino society, where indirect communication, emotional restraint, and collective identity are highly valued, distress related to body image may be less overt and more entangled with broader relational and cultural dynamics. This calls for culturally informed models of assessment and treatment that do not simply impose Western frameworks but instead seek to understand how body dissatisfaction is felt, hidden, or transformed within specific sociocultural settings.

The Role of Family, Expectations, and Parenting in Shaping Eating Attitudes

Cultural values surrounding family dynamics and parenting styles are central to understanding the development of eating attitudes and behaviors in Filipino youth. In many Filipino and broader Asian households, familial relationships are not only foundational but also deeply intertwined with personal identity and expectations. These dynamics create a unique environment in which eating behaviors and body image are shaped. Immediate family members (ie. mother, father, grandparents) influence how Filipino youth perceive and shape ideas around eating behavior and body image. Comments from elders, even when well-intentioned, often reinforce societal ideals about appearance, thinness, or suitability for marriage (Javier & Belgrave, 2019). This reflects a cultural link between physical appearance and familial honor. The strong emphasis on family honor, achievement, and conformity, stated as “Asian Values” further emphasizes the pressure to meet external expectations (Han, 2020). When young people perceive themselves as failing to live up to these ideals, they may experience internal distress, which can manifest through disordered eating behaviors such as binge eating or dietary restriction. These behaviors may be coping strategies for managing feelings of inadequacy, shame, or loss of control.

Parenting style plays a crucial role in this dynamic. Authoritarian parenting, characterized by strict rules, high expectations, and limited emotional responsiveness, has been linked to an increased risk of disordered eating. Dang et al. (2024) emphasized that children raised in such environments often internalize feelings of self-consciousness and inadequacy, especially when love and acceptance are perceived as conditional. In the Filipino context, narratives from youth reveal how food is sometimes used as a tool for discipline, whether through restriction, forced

eating, or body-shaming remarks intended to instill obedience or uphold family values (Javier & Belgrave, 2019). These forms of control can affect self-efficacy and the development of a healthy relationship with food.

All of these factors not only contribute to the development of disordered eating but also shape attitudes toward seeking help. In cultures that highly value familial harmony and discourage the open expression of distress, discussing mental health struggles—including eating disorders—can feel taboo. Shame, fear of dishonoring the family, or the belief that problems should be handled privately may prevent individuals from accessing professional support.

Barriers and Difficulties in the Treatment of Culture and Stigma

Cultural stigma was shown to hinder the recognition and treatment of eating disorders among Filipino youth and Asian communities. While familial and cultural attitudes deeply influence body image and eating behaviors, they also shape how individuals interpret their struggles and whether they consider seeking treatment. As previously discussed, the apparent lack of overt fat phobia among Filipinos does not necessarily reflect an absence of body image concerns. Rather, it may indicate a difficulty in expressing distress, emphasizing concealment, denial, or emotional restraint over explicit dissatisfaction (Viernes et al., 2007). This may be related to the stigma within the family unit and culture. Javier and Belgrave (2019) highlights how families who remain silent or pressure their children to maintain appearances can further discourage seeking professional help. Cheng et al. (2013) point out that among Asian populations, including Filipinos, mental health treatment is often avoided due to fears of bringing shame to the family or appearing emotionally vulnerable. Similarly found high levels of reluctance among Asian and Asian American individuals to seek professional psychological support, including for disordered eating (Franko, 2007). Even when individuals do acknowledge their struggles, structural barriers are also a primary concern that hinders treatment. Access to specialized services remains limited in many Filipino communities due to financial, geographic, and systemic constraints (Javier & Belgrave, 2019). For those who do enter treatment, family support is crucial. While it can foster healing, it can also reinforce denial or cultural beliefs that minimize the disorder (Dang et al., 2024).

Addressing eating disorders in Filipino youth requires a multi-layered approach that considers not just individual behaviors, but also the cultural, familial, and systemic forces at play. In a university setting, there is a way to address these concerns by normalizing mental health conversations, reducing stigma, and creating access points for care. This can be achieved through peer-led mental health initiatives, culturally competent training for staff, and inclusive campaigns that validate diverse expressions of distress. By fostering a compassionate and informed environment, students feel safe, seen, and supported in seeking the care they deserve.

Limitations

A key limitation of this scoping review is the limited availability of studies and resources specifically focusing on Filipino youth's experiences with eating disorders. Due to this scarcity, the researcher included comparative studies conducted abroad to provide a broader understanding of the issue. However, while these studies offer valuable insights, they may not fully capture the unique sociocultural and economic factors that influence eating disorders in the Philippines. Additionally, access to data remains restricted, with many local studies being unpublished, inaccessible, or lacking rigorous documentation.

Moving forward, it is crucial to encourage more research on eating disorders among Filipino youth. As time passes, increased academic interest and funding should be directed toward studying this issue in local contexts. Universities, mental health organizations, and government institutions can play a key role in supporting research initiatives, improving data accessibility, and addressing barriers to publication. While current data remains scarce, the absence of extensive research does not equate to the absence of the problem. The growing awareness of eating disorders in the Philippines highlights the urgent need for more studies to inform culturally sensitive interventions, policies, and support systems tailored to the Filipino experience.

Conclusion

This review highlights the significant cultural, social, and familial influences that shape the prevalence, manifestation, and treatment of eating disorders among Filipino youth. Socioeconomic adversity, shifting dietary habits, and internalized beauty standards contribute to the development of disordered eating behaviors, while the stigma surrounding mental health and limited access to care further hinder treatment-seeking. The perception of body image in the Philippines differs from Western ideals, with fat phobia being less prominent, leading to atypical presentations that may delay recognition and diagnosis. Additionally, family plays a dual role—both reinforcing societal pressures and serving as a key factor in treatment decisions, underscoring the need for culturally sensitive approaches.

To address these challenges, policy efforts should focus on education, awareness, and access to care. The Department of Education (DepEd) should implement school-based programs that integrate discussions on body image, mental health, and eating disorders into the curriculum, helping to normalize conversations around these issues and reduce stigma. Teacher training on identifying warning signs and providing support should also be prioritized. Public health campaigns tailored to Filipino cultural contexts can further challenge harmful beauty standards and promote positive body image. Additionally, universities should offer mental health resources specifically addressing eating disorders, including peer support groups and culturally competent counseling services. Strengthening the country's mental health infrastructure by integrating specialized ED services within existing healthcare systems will ensure that individuals struggling with disordered eating receive timely and appropriate care. Finally, future research should continue exploring cultural barriers to treatment, to develop interventions that are both effective and culturally responsive. By addressing these factors at multiple levels, we can work toward reducing stigma, improving access to care, and fostering a more supportive environment for Filipino youth struggling with eating disorders.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

In the development of this scoping review, I utilized Scopes AI to support the gathering, organization, and initial synthesis of relevant literature. Grammarly was also used to assist with grammar, spelling, and clarity checks throughout the writing process. All final analyses, interpretations, and conclusions were made by the author.

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Appendix

Figure 2

Full Data Extraction Table

Study	Participants	Design	Publication Type	Prevalence of ED in the Philippines	Cultural Context and Attitudes	Barriers and Challenges
Viernes et al. (2007)	Omani and Filipino students (n = 444), Filipino participants, (n = 135)	Quantitative Survey - Comparative Study	Journal Article and Proceedings		The majority of Euro-American teenagers had strong desires or preoccupations with weight and body shape suggesting morbid fear of weight gain, an excessive concern with dieting or a strong desire for thinness, mindsets that were significantly different for teenagers from Oman and the Philippines.	Such a study is likely to shed light on whether 'concealment', 'denial' or 'atypical' manifestations equated with lack of fat phobia may be instead due to a different way of communicating distress.
Cheah et al. (2025)	Asian American college students (N = 118), Filipino participants (n = 8)	Quantitative Survey - Comparative Study	Journal Article and Proceedings		Controlling eating behaviors due to shame or guilt (i.e., introjected regulation of eating) is a core symptom across different types of eating disorders, - parental practices among asian american college students increasing the risk of eating behavior disorder	As Asians/Asian Americans tend to report high levels of stigma toward seeking mental health services (Cheng, Kwan, & Sevig, 2013), it is perhaps not surprising that few Asian/Asian American women seek needed treatment for disordered eating issues (Franko et al., 2007).
Le et al. (2023)	Participants, (n = 180), Filipino Participants (n = 17)	Quantitative Survey - Comparative Study	Journal Article and Proceedings		Asian American men who feel more negatively about their own race also engage in greater disordered eating habits. Additionally, we found that emotional eating mediated the relationship between internalized racism and disordered eating. These findings suggest that sexual minority Asian American men may respond to the negative emotions elicited by internalized racism	

					by engaging in emotional eating, which can then invoke disordered eating behaviors.	
Cheng (2014)	Asian American Women, (n = 587), Filipino Participants (n = 17)	Quantitative Survey - Comparative Study	Journal Article and Proceedings		Given that most Asian/Asian American women tend to have relatively smaller body size (Kawamura, 2011), perhaps having a larger body size, which would be further from one's cultural norm, is relatively more influential on Asian/Asian American women's disordered eating than subjective feelings of body dissatisfaction	
Han (2020)	Asian American Women, (n = 244), Filipino Participants (n = 10)	Quantitative Survey - Comparative Study	Journal Article and Proceedings		"The Asian values that I found associated with binge eating and restricted eating were family honor through achievement and conformity to norms"	
Javier & Belgrave (2019)	Diverse Asian subgroups (Korean: N = 6; Chinese: N = 1; Vietnamese: N = 5; Indian N = 6; Filipino: N = 3; Pakistani: N = 3; Nepali: N = 1; Half-Vietnamese, Half-Lao: N = 1).	Qualitative Study	Journal Article and Proceedings		Salient among South Asian American women and families - the mention of marriage in relation to appearance is a factor for ED behaviors and dissatisfaction the influence of immediate family, especially in the form of elders (e.g. mother, father, grandparents), on body image and eating behaviors. specifically in shaping attitudes about body image and eating behaviors.	The biggest barrier to treatment seeking apart from lack of available resources was cultural stigmatization of mental illness. - discuss a lack of acknowledgement that mental illness exists, which can be seen as neutral. Other individuals describe mental illness using a negative perspective or mention that members of their cultural and ethnic groups see mental illness in a negative way. The family unit permeated not only body image ideals, but also treatment-seeking motivations among Asian American women. In fact, family seems to

						be the single most prevalent driving factor in an individual's decisions to both seek out and remain in treatment for an eating disorder. Family influence did not occur in a vacuum, however, and may extend from cultural stigmatization of mental illness in general.
Cheng et al. (2017)	N = 592, other Asian American identities, Filipino (n = 107)	Quantitative Survey - Comparative Study	Journal Article and Proceedings		In terms of similar mediation patterns, we found that Asian American women who reported greater levels of racial/ethnic teasing or racial discrimination were more likely to adopt main-stream media prescriptions of beauty ideals.	
Lorenzo et al. (2002)	Filipino students (n = 932)	Quantitative Survey	Journal Article and Proceedings	high percentage of boys and girls with pathological EAT scores, with only slight correlations between them and either BMI or BDI scores		
Edman & Yates (2005)	Filipino participants (n = 133), Caucasian (n = 157)	Quantitative Survey - Comparative Study	Journal Article and Proceedings	females and Filipino males appeared to be at higher risk for eating disorders than Caucasian males. Females reported higher Drive for Thinness, dieting, and self-dissatisfaction scores than males, and Filipino males, reported higher drive for thinness and body dissatisfaction than Caucasian males.	high percentage of obese Filipino males, as obesity has been linked to a variety of health concerns such as hypertension, heart disease, and diabetes mellitus (Devlin, Yanovski, & Wilson, 2000). Past studies suggest that some ethnic minority populations may have a high risk of obesity (Devlin, Yanovski, & Wilson), and this may be due to higher levels of economic and social adversity. Childhood adversity, including low parental education, low parental involvement, and	

					poverty have been found to be associated with eating and weight problems among adolescents and young adults The majority of Filipino males and both groups of females preferred a smaller figure.	
Madanat et al. (2006)	Filipino students (n = 202), American (n = 138)	Quantitative Survey - Comparative Study	Journal Article and Proceedings	Filipino students were 10.9 times (p-value <0.0001) more likely to have eating disordered attitudes and behaviors than their American counterparts controlling for the demographics collected.		
Kayano et al. (2008)	Japanese (n = 411), Indian (n = 130), Omani (n = 135), Euro-American (n = 113), and Filipino adolescents (n = 196)	Quantitative Survey - Comparative Study	Journal Article and Proceedings	Filipinos had the most abnormal eating attitudes, including dieting, bulimic behavior and a strong need for control over their eating. Indian and Filipino subjects had greater dysfunction in eating attitudes compared to Europeans, and mostly bulimic in nature especially in women.	The more disordered eating behavior of Filipino subjects compared to Europeans may be due to the Philippines following predicted trends associated with demographic changes, economic development and nutritional transitions. Short stature, lower social status, or slower acculturation lead to a risk for low self-esteem and disappointment in romantic relationships; this, in turn, could generate a sense of disenfranchisement and a heightened desire to lose weight to make the body more pleasing to women	
Assari & DeFreitas (2018)	N = 17,729, Vietnamese (n = 520), Filipino (n = 508), Chinese (n = 600), Other Asian (n = 656), Cuban (n = 577),	Quantitative Survey - Comparative Study	Journal Article and Proceedings		As reflected in the results there was no significant association with poor ratings on mental and physical health on disordered	

	Puerto Rican (n = 495), Mexican (n = 1442), Other Hispanic (n = 1106), African American (n = 4746), and Non-Latino Whites (n = 7587).				eating prevalence. It is suggested that cultural factors may play a role in how eating behaviors relate to an individual's perception of both physical and mental health.	
Dar Juan (2023)	Filipino Students (n = 207)	Quantitative Survey	Thesis and Dissertations	The results showed that appearance focused social comparison predicted disordered eating behaviors through body dissatisfaction as a mediator in filipino students.		
Dang et al. (2024)	Filipino Students (n = 4)	Qualitative Study	Thesis and Dissertations			In the case of the participants, most did not mention in their narratives the internal processing that occurred within their family, which consequently led to misunderstanding and confusion in addressing their weight issues. - internalization of comments as well
Fifteenth Congress (2010)	NA	Congressional Act	Policies and Reports			
Thirteenth Congress (2005)	NA	Congressional Act	Policies and Reports			
Eighteenth Congress (2021)	NA	Congressional Act	Policies and Reports			