

ARTICLE INFORMATION

Received: June, 25, 2026

Revised: July, 30, 2026

Available online: July, 31, 2026

at: <https://e-jurnal.ipphorr.com/index.php/mhc>

## Emotional eating experiences among first-year medical students: A qualitative study

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### Abstract

**Background:** Emotional eating is an eating behaviour triggered by emotional states rather than physiological hunger. Academic stress experienced by first-year medical students may increase the tendency to engage in emotional eating, potentially affecting their physical and psychological well-being.

**Purpose:** To explore emotional eating behaviour among first-year medical students.

**Method:** A qualitative phenomenological study. Data were collected through focus group discussions (FGDs) involving first-year medical students at the Faculty of Medicine, Universitas Malahayati. Participants were selected using purposive sampling with maximum variation. Data were analysed using the Miles and Huberman qualitative analysis framework, supported by source triangulation and expert validation.

**Results:** Emotional eating was commonly reported as a response to academic stress and adaptation challenges during the first year of medical education. Participants described changes in eating behaviours, including overeating, increased consumption of sweet foods, eating in response to negative emotions, and impulsive eating. These behaviours were perceived to influence both physical health and emotional well-being.

**Conclusion:** Emotional eating among first-year medical students functions as a coping strategy for academic stress and adaptation difficulties. Strengthening emotional regulation and providing psychological support may help reduce emotional eating behaviours and promote healthier coping mechanisms.

**Keywords:** Academic Stress; Coping Behaviour; Emotional Eating; First-Year Medical Students; Qualitative Study.

### INTRODUCTION

Eating behaviour is a fundamental aspect of human health that is influenced not only by physiological hunger but also by psychological and emotional factors (Fayasari & Lestari, 2022). Emotional states such as stress, anxiety, sadness, and anger may alter eating patterns and encourage individuals to consume food for emotional comfort rather than to satisfy energy requirements. This behaviour, commonly referred to as *emotional eating*, is characterized by eating in response to emotional distress instead of biological hunger. Emotional eating is frequently associated with excessive food intake and a preference for energy-dense foods high in sugar and fat. When sustained over time, this behaviour may negatively affect physical health, psychological well-

being, and overall quality of life (Harris, Goldman, Gurkas, Butler, & Bookman, 2022). University students are particularly vulnerable to changes in eating behaviour because of the academic demands and psychosocial challenges encountered during higher education (Ramadhani, 2022). The transition from secondary education to university requires students to adapt to a new academic environment, establish new social relationships, and develop greater independence in managing their daily lives (Ackermans, Heininga, de Jong, & Jonker, 2026). These adjustments often generate academic stress and emotional pressure, which may influence eating behaviour. For some students, food becomes a coping mechanism to relieve emotional distress,

highlighting the important role of psychological factors in shaping dietary habits (Sinaga, Lubis, Silalahi, & Simatupang, 2025).

First-year university students experience a particularly vulnerable transition period that may affect both their physical and mental health (Dewi, Satiadarma, & Wijaya, 2023). During this stage, students must adapt to unfamiliar academic expectations, social environments, and campus culture, all of which may contribute to increased emotional stress. One maladaptive response to these challenges is emotional eating, in which individuals consume food excessively to regulate negative emotions rather than physiological hunger. This phenomenon has become increasingly common among university students in Indonesia, where unhealthy eating behaviours are often used as a strategy to cope with emotional problems (Piloto & Nugraheni, 2025). Emotional eating has important implications for both physical and psychological health. Previous studies have demonstrated that emotional eating is associated with increased consumption of foods high in calories, sugar, and fat, thereby increasing the risk of overweight, obesity, metabolic disorders, type 2 diabetes mellitus, hypertension, and cardiovascular disease (Rahmadina & Setiarini, 2024). In addition, emotional eating may disrupt sleep quality, impair concentration, reduce academic performance, and contribute to a cycle in which emotional distress triggers overeating, followed by guilt and additional emotional stress (Ghzzawi, Alotaibi, Alshehri, Al Wadani, Alshehri, Alharbi, & Alnami, 2026). Consequently, emotional eating represents a multidimensional public health and mental health concern that warrants further investigation.

Medical students may be particularly susceptible to emotional eating because medical education is characterized by intensive academic workloads, high performance expectations, and substantial psychological demands. First-year medical students are required to master large volumes of academic material while simultaneously adapting to a learning system that differs considerably from their previous educational experience. Academic pressure, combined with personal and family expectations, may increase stress levels and emotional exhaustion. Under these circumstances, emotional eating may emerge as a coping strategy to temporarily alleviate

negative emotions (Auliya, Andriani, Fardani, Ustiawaty, Utami, Sukmana, & Istiqomah, 2020). Although emotional eating among university students has been reported in previous studies, qualitative evidence exploring how first-year medical students experience and interpret this behaviour remains limited, particularly in the Indonesian context. At the Faculty of Medicine, Universitas Malahayati, no qualitative studies have specifically explored emotional eating among first-year medical students. Understanding students' lived experiences is essential for identifying the psychological and contextual factors underlying emotional eating and for developing appropriate mental health promotion and preventive interventions within medical education (Smith, Comeau, & Hess, 2025).

## RESEARCH METHOD

A qualitative study with a phenomenological approach was conducted to explore emotional eating behaviour among first-year medical students at the Faculty of Medicine, Universitas Malahayati. The study population consisted of all 84 first-year medical students enrolled in the 2025 academic cohort. Participants were recruited using purposive sampling with a maximum variation sampling strategy to ensure diversity in participant characteristics. Two Focus Group Discussion (FGD) sessions were conducted, each involving four to six participants. Data were collected through semi-structured FGDs using a discussion guide. Prior to the discussions, participants completed a brief questionnaire to obtain demographic characteristics and initial perspectives on emotional eating. All FGDs were audio-recorded with participants' written informed consent to ensure complete and accurate data collection. The data were analysed using the qualitative analysis framework proposed by Miles and Huberman, which consists of data collection, data reduction, data display, and conclusion drawing and verification. The trustworthiness of the findings was ensured through source triangulation, cross-checking of the data, and expert validation by a clinical psychologist. This study received ethical approval from the Health Research Ethics Committee of Universitas Malahayati (No. 5275/EC/KEP-UNMAL/IV/2026). All participants provided written informed consent before participating, and confidentiality and anonymity were maintained throughout the study.

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DOI: <https://doi.org/10.56922/mhc.v5i4.3702>

## RESEARCH RESULTS

Table 1. Characteristics of the Focus Group Discussion Participants

| Initial | Gender | Residence      | Block |     |     | Age<br>(Years) |
|---------|--------|----------------|-------|-----|-----|----------------|
|         |        |                | GS    | BMS | BHP |                |
| MF      | Female | Dormitory      | B     | B   | B   | 18             |
| DO      | Female | Dormitory      | B     | B   | B   | 18             |
| DHP     | Female | Dormitory      | B     | B   | C   | 19             |
| AF      | Male   | Dormitory      | B     | C   | C   | 19             |
| ADE     | Male   | Boarding House | C     | B   | C   | 20             |
| SDH     | Male   | Dormitory      | B     | D   | C   | 18             |
| RK      | Female | Dormitory      | B     | B   | C   | 18             |
| NV      | Female | Dormitory      | B     | B   | C   | 19             |
| AD      | Female | Boarding House | B     | C   | B   | 19             |
| AR      | Female | Dormitory      | B     | B   | B   | 19             |
| FEB     | Male   | Boarding House | B     | B   | C   | 20             |
| AZ      | Male   | Family House   | C     | D   | C   | 35             |

Source: Processed data (2026)

Twelve participants were involved in the two Focus Group Discussion (FGD) sessions. The participants comprised seven females and five males. Most participants resided in university dormitories, while the remainder lived in boarding houses or with their families. Participants ranged in age from 18 to 35 years, with the majority being late adolescents or young adults. One participant aged 35 years was intentionally included to provide broader experiential perspectives through the maximum variation sampling strategy. Academic performance, represented by grades in the GS, BMS, and BHP block courses, showed considerable variation among participants. Most participants achieved grade B, whereas several obtained grades C or D in specific blocks, indicating diversity in academic achievement across the study sample.

## DISCUSSION

The analysis of the focus group discussions revealed that emotional eating among first-year medical students was characterized by several interconnected behavioural patterns. Participants commonly described eating as a coping mechanism when experiencing academic stress and emotional distress during their transition to medical school. Rather than eating in response to physiological hunger, they reported consuming food to relieve negative emotions, reduce tension, and obtain

temporary comfort. One participant explained, “*When I'm stressed, I just want to eat. After eating, my stress decreases a little*” (ADE). These findings indicate that emotional eating serves as an emotion-focused coping strategy for managing psychological distress. University students frequently use eating as a form of emotional regulation during periods of academic stress (Wardani, Anatayu, & Febrinasari, 2024). Described emotional eating as a behavioural response to psychological distress rather than biological hunger (Rohmah, 2022).

In addition to emotional regulation, participants' eating behaviour was strongly influenced by external environmental stimuli. Many participants admitted that visually appealing foods, food bazaars, cafés, and shopping centers frequently encouraged them to eat despite not experiencing hunger. One participant stated, “*I often end up eating because the food looks tempting, even though I'm already full*” (DO). These findings suggest that environmental food cues substantially influence students' eating behavior. Visual exposure to food and easy access to food increase the likelihood of excessive food consumption among university students (Wijayanti & Fathiyah, 2023).

The findings also demonstrated that craving-based eating was a prominent characteristic of emotional eating among first-year medical students. Participants frequently expressed a strong preference

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for sweet foods and beverages, including coffee, desserts, chocolate, and cheesecake, particularly while studying or completing academic assignments. One participant remarked, *"When I'm working on assignments, I always want snacks—especially something sweet like coffee"* (ADE). These findings suggest that academic stress enhances cravings for palatable foods that provide temporary emotional comfort and satisfaction. Identified sweet foods and caffeinated beverages as the most frequently consumed comfort foods among students experiencing academic pressure (Susanti, PAF, Rahmadhoni, & Nelson, 2022).

Another important pattern identified in this study was socially triggered eating. Participants explained that eating frequently occurred because of invitations from friends or participation in group dining activities, regardless of whether they were physically hungry. As expressed by one participant, *"When my friends invite me to eat, I usually join them"* (DO). This finding indicates that peer relationships and social interaction play a substantial role in shaping eating behaviour. Emotional eating among first-year students therefore appears to be influenced not only by internal emotional states but also by social norms and environmental contexts surrounding food consumption (Sharma & Magan, 2025).

The present study further identified several factors contributing to emotional eating among first-year medical students. Academic stress emerged as the primary contributing factor. Heavy coursework, practical assignments, examination pressure, and concerns regarding academic performance generated emotional distress that participants frequently managed through food consumption. Academic stress produces emotional, cognitive, behavioural, and physiological responses, with changes in eating behaviour representing one of the most common behavioural reactions (Radzi, Ibrahim, Saad, Nazori, & Shamsuddin, 2022). Students who lack adaptive coping strategies are therefore more vulnerable to emotional eating as a temporary method of stress reduction (Nurkhofifah, 2022).

Participants also reported relying on food to regulate negative emotions because eating created feelings of calmness and emotional relief. Although this strategy temporarily reduced stress, it did not resolve the underlying causes of emotional distress. Instead, food functioned as a short-term emotional

regulation strategy that provided immediate psychological comfort without addressing academic or personal problems. These findings support the concept that emotional eating represents an emotion-focused coping mechanism rather than a problem-focused coping strategy. Habitual eating behaviours and food cravings also contributed to emotional eating. Participants commonly reported snacking while studying, consuming sweet foods automatically, and experiencing difficulty stopping once they had started eating. Several participants admitted that they often ate without consciously recognizing hunger. Emotional eating may gradually become an automatic behavioural response when repeatedly associated with stressful situations or negative emotional experiences, thereby strengthening maladaptive eating patterns over time (Fathanah & Hasanah, 2021).

The social environment further reinforced emotional eating behaviours among participants. Invitations from peers, food-related trends on social media, and the availability of food around campus frequently stimulated eating behaviour even in the absence of physiological hunger. External eating behaviour is strongly influenced by sensory food cues, including taste, smell, and visual appearance, rather than internal hunger signals (Nabila & Wahyudi, 2026). Collectively, these findings indicate that emotional eating develops through the interaction of academic stress, maladaptive emotional regulation, habitual eating behaviours, food cravings, impulsivity, and environmental influences. From a psychological perspective, these behaviours can be understood as both emotion-focused coping and avoidance coping, whereby individuals temporarily reduce emotional distress by consuming preferred foods instead of addressing the underlying source of stress (Natu, Artawan, & Trisno, 2022).

Participants also described several consequences of emotional eating affecting their physical health, academic functioning, and psychological well-being. Regarding physical health, many participants perceived that emotional eating contributed to weight gain because stressful situations increased their consumption of sugary and high-calorie foods. One participant stated, *"Because I deal with stress by eating, I've gained weight"* (ADE). Some participants also expressed concerns about possible metabolic consequences associated with excessive

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consumption of sweet foods. These findings suggest that persistent emotional eating may increase the risk of obesity and other diet-related non-communicable diseases if maintained over time (Putri, Noviani, & Niamilah, 2026).

Emotional eating also affected participants' academic performance. Several students reported that eating while studying or completing assignments reduced their concentration because their attention shifted toward food rather than academic tasks. One participant commented, *"I focus more on eating, so I spend less time studying"* (AR). Consequently, emotional eating appeared to interfere with learning effectiveness, productivity, and academic performance by reducing students' ability to maintain concentration during study activities (Mathunjwa, Shandu, Ndwandwe, Shongwe, Linda, Elumalai, & Shaw, 2024).

Finally, participants described important psychological consequences associated with emotional eating. Although eating temporarily reduced stress, many participants subsequently experienced guilt, dissatisfaction with their body image, and decreased self-confidence because of weight gain. As one participant explained, *"I've gained weight, so I feel less confident"* (NV). These findings demonstrate the cyclical nature of emotional eating, in which food temporarily alleviates emotional distress but subsequently creates additional psychological burden. Rather than resolving emotional problems, emotional eating may perpetuate maladaptive coping patterns that negatively affect students' psychological well-being. Overall, the findings indicate that emotional eating among first-year medical students is a multidimensional phenomenon influenced by interactions among academic demands, emotional regulation, eating habits, and environmental factors. These findings highlight the need for universities to strengthen psychological support services, emotional regulation training, stress management programs, and healthy coping interventions to reduce reliance on food as a strategy for managing emotional distress (Sanzari, Gorrell, Anderson, Reilly, Niemiec, Orloff, & Hormes, 2023).

## CONCLUSION

Emotional eating among first-year medical students was characterized by coping emotional eating, external cue eating, craving-based eating, and

socially triggered eating. These behaviors were mainly influenced by academic stress, emotional factors, environmental food cues, and peer influence, resulting in adverse physical, psychological, and academic outcomes. These findings emphasize the need for interventions that promote adaptive coping strategies and emotional regulation to support students' mental well-being.

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