13TH INTERNATIONAL ACHARAKA CONGRESS ON MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES PROCEEDINGS BOOK

FEBRUARY 16-18, 2026
BAKU, AZERBAIJAN

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%,45 Turkish Participant Rate

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All Submissions Have Passed a Double-Blind Referee Evaluation Process
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13. ULUSLARARASI ACHARAKA TIP, HEMŞİRELİK, EBELİK VE SAĞLIK BİLİMLERİ KONGRESİ

16-18 ŞUBAT 2026

YÜZ YÜZE & ÇEVRİMİÇİ

AZERBAYCAN TIP ÜNİVERSİTESİ

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16-18 Şubat 2026 tarihlerinde ZOOM üzerinden çevrimiçi ve Azerbaycan'ın Bakü kentinde Azerbaycan Tıp Üniversitesi'nde yüz yüze olarak gerçekleştirilen 13. Uluslararası Acharaka Tıp, Hemşirelik, Ebelik ve Sağlık Bilimleri Kongresi **YÖK ÜAK kuralları ve üniversiteniz yönetmeliğiniz gereği akademik teşvik kriterlerini sağlamaktadır.** Toplam 443 adet bildirinin yer aldığı kongre üç gün boyunca çevrimiçi ve yüz yüze olarak gerçekleştirilmiştir.

Türkiye dışından toplam **7 farklı ülkeden açılış konuşmacısı; 22 farklı ülkeden katılım (detaylar kongre bildiri kitabında yer alan kongre programında yer almaktadır)** sağlanmış olup, 443 adet bildirinin 240 tanesi yabancı, 203 tanesi Türk katılımcı tarafından sunulmuştur. Kongrenin yabancı katılımcı oranı %55'dir.

Bu belge ilgili üniversitenin akademik teşvik komisyonuna takdim edilmesi üzerine verilmiş.

İlgili bilgilerin detayları kongre bildiri kitabının künye kısmında yer almaktadır.

Kongremize ilginiz için teşekkür ederiz.

Saygılarımızla,

Prof. Dr. Paul ZÖLLNER
Scientific Committee Member

Dr. Rina BERNARD
Scientific Committee Member

Bu belge 16-18 Şubat 2026 tarihleri arasında Azerbaycan Tıp Üniversitesi'nde verilmiştir.

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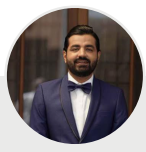
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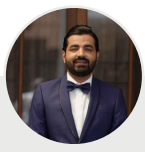
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DAY 2 – FEBRUARY 17, 2026 | ZOOM (ONLINE)
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SESSION (1) - DAY (2) - HALL (3) | OTURUM (1) – GÜN (2) – SALON (3)

	17.02.2026	Time: 12^{00}-14^{45} (Turkey Local time GMT+3) Time: 13^{00}-15^{45} (Azerbaijan Local time GMT+5)	MODERATOR(S) / SESSION CHAIR: *Serap İNCEDAL IRGAT* COORDINATOR: *Baha Ahmet YILMAZ*
	Authors	**Affiliation**	**Topic title**
12^{00}-12^{15}	Hakan TOĞUÇ Büşra HÖKELEK	*İnönü University, Türkiye*	ASTAXANTHIN AND BREAST CANCER
12^{15}-12^{30}	Büşra HÖKELEK Hakan TOĞUÇ	*İnönü University, Türkiye*	A FERMENTED BEVERAGE: KOMBUCHA
12^{30}-12^{45}	İlayda AKKAYA Şeyma SÜNBÜL Şükran PIRIL ÇOKKESER Gökçen ORAK Alev KESER	*Ankara University, Türkiye*	ASSESSMENT OF EATING ATTITUDES, ORTHOREXIA RISK, AND BODY ESTEEM IN ADOLESCENT FEMALE VOLLEYBALL PLAYERS
12^{45}-13^{00}	Şeyda GÖGEBAKAN Alev KESER	*Ankara University, Türkiye*	THE RELATIONSHIP BETWEEN PARENTS' FOOD NEOPHOBIA AND THEIR CHILDREN'S EATING BEHAVIOR AND EMOTIONAL STATES
13^{00}-13^{15}	Ceren ŞARAHMAN KAHRAMAN Cansu MEMİÇ İNAN	*Alanya Alaaddin Keykubat University, Türkiye* *Hitit University, Türkiye*	IS FOOD DISGUST AMONG UNIVERSITY STUDENTS AN OBSTACLE TO SUSTAINABLE NUTRITION
13^{15}-13^{30}	Hande BAKIRHAN Yunus Emre BAKIRHAN	*Kahramanmaraş Istiklal University, Türkiye* *Izmir Katip Celebi University, Türkiye*	THE COST OF THE INDUSTRIAL DIET: HEALTH CONSEQUENCES OF ULTRA- PROCESSED FOODS
13^{30}-13^{45}	Nigar GARAHMADOVA Fitnat Şule ŞAKAR	*Haliç University, Türkiye*	THE RELATIONSHIP BETWEEN ORTHOREXIC BEHAVIOR AND DIETARY SUPPLEMENT USE AMONG INDIVIDUALS WHO EXERCISE
13^{45}-14^{00}	Muhammed Yusuf ÇAĞLAR Dursun Alper YILMAZ Gökhan DEGE	*Ağrı İbrahim Çeçen University, Türkiye*	SLEEP QUALITY AND CHRONONUTRITION IN HOSPITAL SETTINGS: THE POTENTIAL OF TRYPTOPHAN AND MELATONIN-RICH FUNCTIONAL FOODS
14^{00}-14^{15}	Dursun Alper YILMAZ Muhammed Yusuf ÇAĞLAR Gökhan DEGE	*Ağrı İbrahim Çeçen University, Türkiye*	NUTRITIONAL ANALGESIA IN CHRONIC PAIN MANAGEMENT: FROM INFLAMMATION MODULATION TO NEUROPATHIC
14^{15}-14^{30}	Serap İNCEDAL IRGAT	*Karamanoğlu Mehmetbey University*	ULTRA-PROCESSED FOODS AND CARDIOVASCULAR DISEASES
14^{30}-14^{45}	Şura AYDIN Nildem KIZILASLAN	*Tokat Gaziosmanpaşa University*	EFFECT OF MICROBIOTA AWARENESS ON BODY COMPOSITION AND EATING BEHAVIORS IN ADULTS

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ASSESSMENT OF EATING ATTITUDES, ORTHOREXIA RISK, AND BODY IMAGE IN ADOLESCENT FEMALE VOLLEYBALL PLAYERS

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ABSTRACT

Adolescence is a critical developmental stage characterised by rapid biological growth, hormonal changes, and psychosocial matutarion, during which eating behaviours and body esteem perceptions are shaped. This study aims to assess eating attitudes, orthorexia nervosa risk and body esteem among adolescent female volleyball players and examine the relationships between these variables.

This cross-sectional study was conducted with 128 female adolescent volleyball players aged 12–18 years. Data were collected using the Sociodemographic Information Form, the Eating Attitudes Test (EAT-26), the Düsseldorf Orthorexia Nervosa Scale (DOS), and the Body Esteem Scale (BES) through face-to-face interviews. Body composition was assessed using a TANITA BC-545 body composition analyser. Statistical analyses were performed using SPSS 26.0, employing descriptive statistics and Pearson's correlation analysis.

The participants' mean age was 12.35±1.80 years, with a mean sports participation durationof 2.68±1.60 years. They trained an average 1.91±0.39 times per week, with a daily training duration of 66.8±13.2 minutes. Most participants' body weight (kg), height (cm), body mass index (BMI, kg/m²), body fat percentage (%), and handgrip strength (kg) percentiles were within age and sex specific ranges Mean scale score were 9.38 ± 8.56 for EAT-26; 16.89 ± 5.30 DOS, and 43.37 ± 8.79 for BES. Among athletes with normal eating behavior, a positive and statistically significant correlation was observed between orthorexia risk and body esteem scores (r= 0.271, p=<0.05). No significant relationship was found in athletes with abnormal eating behavior (p>0.05)

In conclusion, the association between orthorexic tendencies and body esteem appears to differ according to eating behavior status in adolescent female athletes. These findings highlight the

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importance of monitoring eating patterns and body esteem perceptions together, particularly in early adolescent athletes engaged in competitive sports.

Keywords: Adolescent athletes, Eating attitudes, Orthorexia nervosa, Body esteem, Disordered eating

INTRODUCTION

Adolescence is a multidimensional transition period spanning the ages of 10 to 24, commencing with biological growth and hormonal changes, and characterized by intense neurological, social, and emotional transformations alongside physical development. While this process brings about fundamental changes in both the physiological and psychosocial structure of the individual, it is biologically completed with the epiphyseal fusion of long bones (Best and Ban, 2021). As the most rapid growth phase following infancy, adolescence is a critical period where nutrient requirements per unit of body weight exceed adult levels. The persistence of nutritional habits developed during this stage into adulthood directly determines an individual's lifelong health profile and morbidity risk through micronutrient deficiencies associated with low diet quality, obesity, and cardiometabolic risks (Moore Heslin and Mcnulty, 2023).

These rapid changes accompanying physical development can predispose adolescents to maladaptive eating attitudes and body image concerns. Eating disorders observed in youth can lead to serious systemic damage across a wide spectrum: extending beyond psychosocial issues such as low self-esteem to changes in cerebral cortex structure, decreased bone density, and growth delay (Rojas-Padilla et al., 2024). In this context, body image emerges as a subjective visual representation that an individual forms in their mind, independent of their actual physical characteristics. This multidimensional construct, encompassing an individual’s perceptions, feelings, and the value placed on their physical appearance, is dynamically shaped by various internal and external factors such as gender, age, sport discipline, and athletic competence (Bodega et al., 2023; Li et al., 2024).

The impact of sports on adolescent body image is addressed from two different perspectives in the literature. While Baceviciene et al., (2023) reported that adolescent female athletes exhibit greater susceptibility to sociocultural pressures and body image ideals than their adult counterparts, sport participation is also regarded as a protective element that enhances body image. Toselli et al., (2022) observed that adolescent female volleyball players exhibited lower levels of body dissatisfaction and a reduced predisposition to weight management disorders compared to their non-athlete peers. These researchers highlighted that sports participation may facilitate the adoption of healthier, active lifestyles during adolescence.

In recent years, eating attitudes among athletes have been discussed not only in terms of clinical disorders but also through Orthorexia Nervosa, which represents the progression of "healthy eating" motivation into a pathological dimension (Foyster et al., 2023; Staśkiewicz-Bartecka et al., 2025; Zydek

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et al., 2025). Orthorexia Nervosa is the most clinically severe form of an individual's obsessive fixation on consuming only "pure," "clean," and "healthy" foods. This condition is characterized by rigid rules regarding food quality and preparation processes, leading to intense anxiety, impairment in daily functioning, and significant psychological distress resulting from extreme dietary restrictions (Horovitz and Argyrides, 2023). It is noted that young women participating in sports where aesthetic expectations and high-performance pressure intersect carry a more pronounced risk for both eating disorders and orthorectic tendencies compared to the general population (Hardie et al., 2022; Kontele et al., 2022; Staśkiewicz-Bartecka et al., 2024).

The vast majority of current research focuses on aesthetic-based sports; however, risks regarding eating behavior and body image in team sports like volleyball, where both physical performance and body composition are prominent, remain a frequently overlooked topic in the literature. In this context, the present study aims to evaluate eating attitudes, orthorexia nervosa risk, and body image perception among adolescent female volleyball players, while also identifying the relationships between these factors.

MATERIALS AND METHODS

Study Design and Participants

This cross-sectional study was conducted among adolescent female athletes aged 10–16 years who were actively participating in volleyball training. Adolescents whose parents read and approved the Informed Consent Form and who voluntarily agreed to participate were included in the study. Data were collected through face-to-face interviews under researcher supervision. The Sociodemographic Information Form, Eating Attitudes Test-26 (EAT-26), Düsseldorf Orthorexia Nervosa Scale (DOS), and Body Esteem Scale (BES) were administered. All instruments used in the study were self-report measures and were not intended for diagnostic purposes. Body composition measurements were performed using a TANITA BC-545 device based on the bioelectrical impedance analysis (BIA) method.

Sociodemographic Information Form

This form was used to determine the participants' basic characteristics, including age, years of sports participation, weekly training frequency, and daily training duration.

Eating Attitudes Test-26 (EAT-26)

The Eating Attitudes Test-26 (EAT-26) was used to assess participants' risk-related attitudes toward eating behaviors. The scale was originally developed by Garner et al. (1982), and the validity and reliability of the Turkish short form were established by Ergüney Okumuş and Sertel-Berk (2019). The EAT-26 is a 26-item self-report instrument rated on a 6-point Likert scale and consists of three sections. Section A includes demographic information as well as body weight, height, and lifetime minimum and maximum body weight. This section provides supportive information for clinical evaluation. Section B

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consists of 26 items scored as follows: “always” (3 points), “usually” (2 points), and “often” (1 point), while “sometimes,” “rarely,” and “never” receive 0 points. Item 26 is reverse-scored; for this item, “sometimes” is scored 1 point, “rarely” 2 points, and “never” 3 points. Section C includes five items assessing the presence of disordered eating behaviors within the past six months. Sections A and C are not included in the total score calculation but provide additional information regarding potential eating pathology. Higher total EAT-26 scores indicate increased risk of eating disorders. Individuals scoring 20 or above are classified as having risky eating attitudes. The scale is intended for screening and risk assessment rather than clinical diagnosis (Ergüney Okumuş & Sertel-Berk, 2019).

Düsseldorf Orthorexia Nervosa Scale (DOS)

The Düsseldorf Orthorexia Nervosa Scale (DOS) was used to evaluate orthorexic eating behavior tendencies. The scale was developed by Barthels et al. (2015), and the Turkish validity and reliability study was conducted by Kavsara et al. (2025). The DOS consists of 10 items rated on a 4-point Likert scale (1 = never, 4 = always). All items are positively scored, and there are no reverse-coded items. Total scores range from 10 to 40, with higher scores indicating greater orthorexic tendencies. Similar to the EAT-26, the DOS is a screening instrument and is not designed for clinical diagnosis (Barthels et al., 2017; Kavsara et al., 2025).

Body Esteem Scale (BES)

The Body Esteem Scale (BES) was administered to assess participants’ body image and satisfaction with their bodies. The scale was developed by Mendelson et al. (2001) as a self-report instrument measuring individuals’ subjective evaluation of their bodies. The BES consists of 23 items rated on a 5-point Likert scale (0 = never, 4 = always). It includes three subscales: Appearance (10 items), Attribution (5 items) and Body Weight (8 items). There is no established cut-off score for the BES. Higher total and subscale scores reflect a more positive body image. The Turkish validity and reliability study was conducted by Sevi Tok and Gedik (2019), demonstrating that the Turkish version is a psychometrically valid and reliable measurement tool. The scale is used for research and screening purposes rather than clinical diagnosis.

Body Composition Measurements

Participants’ height, body weight, body fat percentage (%), and handgrip strength were measured using non-invasive methods. Height was measured using a fixed stadiometer, with participants standing barefoot, heels together, body upright, and head positioned in the Frankfurt plane. Measurements were recorded from the highest point of the head in accordance with international anthropometric measurement standards (WHO, 2020). Body weight and body fat percentage were assessed using the bioelectrical impedance analysis (BIA) method. BIA is a reliable method widely used in clinical and epidemiological studies, based on differences in electrical conductivity between fat mass and fat-free

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mass (Buchholz et al., 2004). To enhance measurement accuracy, participants were measured wearing light clothing and barefoot. They were instructed to refrain from food intake for at least two hours prior to measurement, avoid strenuous physical activity within the previous 24 hours, avoid excessive fluid intake before measurement, ensure bladder emptying, and remove metal accessories during measurement. Handgrip strength, an indicator of upper extremity muscle strength, was measured using a hand dynamometer. Measurements were conducted with participants seated, shoulders adducted and neutrally rotated, elbows flexed at 90°, and forearm and wrist in a neutral position. Handgrip strength assessment is considered a valid and reliable method for evaluating muscle strength in children and adolescents (Dodds et al., 2014; Bohannon, 2017).

Statistical Analysis

Statistical analyses were performed using SPSS version 26.0. Descriptive statistics were presented as frequency (n), percentage (%), mean ($\bar{X}$), and standard deviation (SD). The normality of data distribution was assessed using the Kolmogorov–Smirnov test. The Mann–Whitney U test was applied for the analysis of categorical variables, and Pearson correlation analysis was used to examine relationships between variables. Statistical significance was set at $p < 0.05$.

RESULTS

Table 1. Characteristics of Participants Regarding Age and Years of Sports Participation

Variables	$\bar{x} \pm SS$	Median (Min–Max)
Age (years)	12.35 ± 1.79	12 (10–16)
Years of sports participation	2.68 ± 1.59	3 (1–9)

The mean age of the participants was 12.35 ± 1.79 years, and the median age was 12 (10–16) years. The mean duration of sports participation was 2.68 ± 1.59 years, with a median of 3 (1–9) years (Table 1).

Table 2. Sociodemographic Characteristics and Training Habits of the Participants

Variables		N=128	
		n	%
Weekly Training Frequency (sessions per week)	1-2	16	12,5
	3-4	108	84,4
	4-5	4	3,1
Daily Training Duration (minutes)	45 min	6	4,7
	60 min	82	64,1

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	75 min	21	16,4
	90 min	15	11,7
	120 min	4	3,1
Maternal Educational Status	Primary Education	3	2,3
	Secondary Education	2	1,6
	High School	23	18
	Bachelor's Degree	75	58,6
	Postgraduate Degree	25	19,5
Paternal Educational Status	Primary Education	2	1,6
	Secondary Education	3	2,3
	High School	29	22,7
	Bachelor's Degree	71	55,5
	Postgraduate Degree	23	18

A total of 84.4% of the participants reported training three to four times per week. The most frequently reported daily training duration was 60 minutes (64.1%). Regarding parental educational status, 58.6% of mothers and 55.5% of fathers held a bachelor's degree (Table 2).

Table 3. Anthropometric Characteristics of the Participants

Percentile Classification	**Body Weight n (%)**	**Height n (%)**	**Body Mass Index (BMI) n (%)**	**Body Fat Percentage n (%)**	**Handgrip Strength n (%)**
Very Low	2 (1,6)	-	5 (3.9)	5 (3.9)	
Low	6 (4.7)	4 (3.1)	6 (4.7)	-	34 (26.6)
Normal	73 (57)	89 (69.5)	75 (58.6)	102 (79.7)	71 (55.5)
High	20 (15.6)	19 (14.8)	23 (18)	12 (9.4)	16 (12.5)
Very High	27 (21.2)	16 (12.5)	19 (14.8)	9 (7)	7 (5.5)
Total	128 (100)	128 (100)	128 (100)	128 (100)	128 (100)

A total of 57% of the participants had body weight values within the normal percentile range, while 69.5% had height and 58.6% had BMI values classified as normal percentiles. In terms of body fat percentage, 79.7% of the participants were evaluated within the normal category. Regarding handgrip strength, 55.5% were found to be at a normal level (Table 3).

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Table 4. Descriptive Statistics of Scale Scores

Scale	$\bar{x} \pm SS$	Median	Min-Max
Eating Attitudes Test (EAT-26)	9.38 ± 8.56	7.00	0–43
Düsseldorf Orthorexia Nervosa Scale (DOS)	16.89 ± 5.30	16.00	10–31
Body Esteem Scale (BES)	43.37 ± 8.79	44.00	18–68

The mean Eating Attitudes Test (EAT-26) score of the participants was 9.38 ± 8.56, with a median value of 7.00. The mean Düsseldorf Orthorexia Nervosa Scale (DOS) score was 16.89 ± 5.30, while the mean Body Esteem Scale (BES) score was 43.37 ± 8.79 (Table 4).

Table 5. Correlation Analysis of DOS and BES Scores Between Eating Attitude Groups

Variables	Normal Eating Behavior (n=117)	Abnormal Eating Behavior (n=11)
	BES- SCORE	BES- SCORE
DOS- SCORE	,240**	,224
p	,009	,508

In the group with normal eating attitudes, a weak, positive, and statistically significant correlation was found between DOS and BES scores ($\rho = 0.240$, $p = 0.009$), indicating that higher orthorexic tendencies were associated with higher body esteem scores. In contrast, no statistically significant relationship was observed between the two variables in the group with abnormal eating attitudes ($\rho = 0.224$, $p = 0.508$) (Table 5).

DISCUSSION

In this study, the relationships among eating attitudes, orthorexic tendencies, and body image perceptions in adolescent female volleyball players were examined in detail. The majority of participants were within the normal anthropometric percentile range and engaged in regular training, suggesting that participation in sports may exert a protective effect on physical parameters. The literature indicates that sports participation may positively influence body image in adolescents (Toselli et al., 2022; Caniklitemel et al., 2024). However, Baceviciene et al. (2023) emphasize that young female athletes may be more vulnerable to sociocultural body pressures. This dual perspective suggests that sports participation may hold both protective and risk-enhancing potential.

In the present study, the low levels of Eating Attitudes Test (EAT) scores suggest that the risk of clinically significant eating disorders within the sample may be limited. Nevertheless, it has been reported that subclinical eating problems may emerge in adolescent athletes in relation to performance

pressure and heightened emphasis on body composition (Pustivšek et al., 2020; Borowiec et al., 2023). Therefore, low mean scores should not be interpreted as the complete absence of risk.

The finding of a weak but statistically significant positive association between orthorexic tendencies and body image among individuals with normal eating attitudes is noteworthy. Orthorexia nervosa is defined in the literature as the transformation of a motivation for "healthy eating" into a rigid and obsessive pattern, and it has been associated particularly with performance-oriented nutritional behaviors in athletes (Segura-García et al., 2012; Surala et al., 2020; Manzanares-Cabrera et al., 2025). Staśkiewicz-Bartecka et al. (2025) reported that orthorexic tendencies and body image variables may be interrelated in adolescent athletes. In this context, athletes who place greater importance on their bodies may be more inclined to maintain stricter control over their dietary habits. However, the weak magnitude of the association indicates that this interaction is limited. The absence of a significant relationship within the smaller subgroup with abnormal eating attitudes may be attributable to insufficient sample size. Furthermore, the relationship between orthorexia and body image has been reported to vary according to cultural context, type of sport, and performance level (Li et al., 2024; Staśkiewicz-Bartecka et al., 2025).

In conclusion, this study demonstrates that among adolescent female athletes participating in team sports, the relationship between orthorexic tendencies and body image differs according to eating attitude status. The findings underscore the importance of promoting healthy nutritional awareness in adolescent athletes while simultaneously considering the psychosocial dimension to prevent the development of obsessive and rigid behaviors.

CONCLUSION

This study demonstrated that although the overall risk of disordered eating attitudes was low among adolescent female volleyball players, orthorexic tendencies were present and showed a weak positive association with body image in athletes with normal eating attitudes. The findings highlight the importance of monitoring health-oriented eating behaviors in young athletes, as performance-focused nutrition practices may, in some cases, shift toward rigid patterns. Preventive strategies in sports settings should promote balanced and flexible nutritional approaches during adolescence.

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Certificate

OF PARTICIPATION

THIS CERTIFICATE IS PRESENTED TO

Şeyma SÜNBÜL

has participated and presented in the 13TH INTERNATIONAL ACHARAKA CONGRESS ON MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES during February 16-18, 2026 at Azerbaijan Medical University (AMU) in Baku, Azerbaijan and orally presented the paper entitled

"ASSESSMENT OF EATING ATTITUDES, ORTHOREXIA RISK, AND BODY ESTEEM IN ADOLESCENT FEMALE VOLLEYBALL PLAYERS"

Prof. Dr. Paul ZÖLLNER
Scientific Committee Member

Dr. Rina BERNARD
Scientific Committee Member

Given this on February 16-18, 2026 at Azerbaijan Medical University (AMU) in Baku, Azerbaijan