



Unmasking Risk and Protective Factors of Binge Behaviors in Young People: A Review

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Abstract:

Young people aged 10 to 24 years undergo rapid physical, cognitive and emotional development, which increases their vulnerability to impulsivity and risk-taking due to neurobiological changes specifically, the imbalance between a developing prefrontal cortex and an overactive limbic system. This heightened impulsivity and risk-taking contribute to the emergence of binge behaviors such as eating, drinking, watching, gaming and gambling etc during this critical phase of identity formation and autonomy. These binge behaviors often emerge as maladaptive coping mechanisms in response to emotional distress, peer influence and escapism. Prevalence varies widely by region, socio-economic status and culture with increasing digital access intensifying engagement in binge watching, gaming, and online gambling, particularly in India. Persistent binge behaviors can escalate into addictive patterns, negatively impacting mental health, relationships and academic or occupational functioning among young people. Protective factors such as healthy coping mechanisms, family support and community resources as key interventions to mitigate the impact of binge behaviors. It advocates for culturally sensitive, multi-level approaches centered on education, media literacy and accessible mental health services for young people. Emphasizing early identification and developmentally informed strategies, the paper calls for longitudinal, interdisciplinary research to better understand risk factors and enhance prevention and intervention efforts. This paper explores the prevalence rates of different types of binge behaviors at Indian and global context and complex interaction of developmental, psychological, social and cultural factors contributing to binge behaviors, drawing on various theoretical frameworks.

Key Words: Binge behaviors, Young People, Prevalence, Risk Factors, Protective Factors.

Introduction

The World Health Organization defines adolescents as individuals aged 10–19 years, youth as those aged 15–24, and young people as the broader group aged 10–24 years. This developmental period involves critical tasks such as self-exploration, identity formation, belief system development, and the pursuit of autonomy (Arnett, 2000). It is marked by significant biological, psychological, and social changes. Biologically, the limbic system, responsible for emotions and reward processing, matures earlier than the prefrontal cortex, which continues developing into the early twenties an imbalance that increases vulnerability to risky behaviors (Steinberg, 2008). Psychosocially, Erikson's theory emphasizes identity exploration as essential for well-being; difficulties such as identity confusion, lack of commitment, or peer pressure can lead young people to engage in binge behaviors as coping or social strategies, potentially impairing stable identity development (Marcia, 1980). Peer influence

(Brown, 2004) and hormonal shifts during puberty, such as rising testosterone, also promote sensation-seeking and unhealthy behaviors (Vermeersch et al., 2008).

Binge behaviors are an emerging concern among young people worldwide, including in India, characterized by episodes of excessive, uncontrolled engagement in substances or activities Defined as "a period of unrestrained, immoderate, excessive, or uncontrolled self-indulgence" (Wechsler & Nelson, 2001), these behaviors often resemble addictive patterns due to their repetitive and compulsive nature (Ferriter & Ray, 2011; Laghi et al., 2012). These patterns span various domains: binge eating (APA, 2013), binge drinking, binge-watching (Flayelle et al., 2020), binge gaming (Mahapatra et al., 2021), and binge gambling (Werle et al., 2021). The increasing accessibility of digital content, substances, and entertainment platforms has intensified the prevalence of such behaviors (Flayelle & Lannoy, 2021). Common features include loss of control, persistent cravings, mood changes, interpersonal conflicts, and withdrawal symptoms (Griffiths, 2006; Benjamin & Wulfert, 2005). Binge behaviors are linked with adverse physical and psychological outcomes and may serve as early indicators of more serious problems like addiction (Cassin & Ranson, 2007; Cowlshaw et al., 2018; Wechsler et al., 2002). Identifying and strengthening protective factors is crucial for early intervention, reducing risks, and promoting healthier behavior patterns. Addressing binge behaviors holistically can help mitigate their long-term impact on the well-being of young people.

Theories and models to understand various types of binge behaviors.

Binge behaviors	Theories and models	Key Concepts	References
Binge Eating	Dietary Restraint Theory	Chronic dieting leads to physiological hunger, increasing susceptibility to overeating	Herman & Mack (1975); Herman (1985)
	Cognitive Behavioral Model	The overemphasis on weight and shape, coupled with inflexible thought patterns, contributes to binge eating as a means of coping with negative emotions.	Fairburn et al. (1986)
	Emotional Regulation Theory	Binge eating serves as a maladaptive coping mechanism for negative emotions, frequently arising from interpersonal stressors or low self-esteem.	Lacey (1986)
Binge Drinking	Social Learning Theory	Binge drinking can be acquired through observation and imitation, as individuals often adopt these behaviors by watching peers or media figures engage in similar activities.	Bandura, A. (1977). Wolfe, T. W., (2007)
	Social Norms and Theory of Planned Behavior	Social norms theory links behavior to perceived group acceptability; the theory of planned behavior ties actions to intentions, attitudes, and perceived control.	Tindle, H. A., & Gerlach, K. K. (2006).
Binge Watching	Uses and Gratifications Theory	It suggests that individuals seek media to meet specific needs, such as entertainment or emotional regulation.	Rubin (1983)
	Mood Management Theory	The theory posits that individuals choose media content to regulate their emotions, with binge-watching often used as a strategy to enhance mood or escape negative feelings.	Zillmann, D. (1988).
Binge Gaming	Self-Determination Theory	Theory posits that individuals engage in activities to satisfy psychological needs for competence, autonomy, and relatedness; in gaming, binge behavior often fulfills these needs through intrinsic motivation.	Ryan, R. M., & Deci, E. L. (2000).
	Incentive Sensitization Theory	This theory suggests that repeated engagement in rewarding behaviors sensitizes neural reward pathways, heightening the salience of related cues.	Laier, C., & Young, K. S. (2014).
	Escapism Theory	Gaming offers an immersive escape from real-world stress, providing a sense of control and mastery that appeals to individuals facing anxiety or adversity.	Kuss, D. J., & Griffiths, M. D. (2012).

Binge Gambling	Addiction Model	Gambling is frequently characterized as an addiction, sustained by a reinforcement cycle of wins and the emotional fluctuations they trigger.	Griffiths, M. D. (2009).
	Self-control Theory	Binge gambling reflects a breakdown in self-regulation, where impulsive urges override the ability to stop despite negative consequences.	Dickerson, M. G., & Griffiths, M. D. (2004).

Types of Binge Behaviors

Binge Eating: It is characterized by the consumption of large quantities of food within a short timeframe, accompanied by a loss of control over eating behavior (American Psychiatric Association, 2013). According to the DSM-5, binge eating involves eating more than what most people would in similar circumstances, typically within a two-hour period, and is marked by feelings of guilt afterward. Binge eating episodes occur at least once a week for three months and are not associated with compensatory behaviors like purging. Binge eating most often involves high-calorie, palatable foods like sweets, desserts, fast foods, and snacks, chosen for reward and emotion regulation. It is more prevalent among females, though rates are rising among males (Davis, 2013; Reents & Pedersen, 2019; Hudson et al., 2007; Kessler et al., 2013). Globally, binge eating disorder (BED) is a significant concern due to its adverse effects on physical and emotional health. It is particularly prevalent among young people in India, with prevalence rates varying by region and demographic factors (Gupta et al., 2013). BED is linked to various mental health issues, including depression, anxiety and personality disorders, which can impair social functioning. Additionally, it can lead to physical health problems such as hypertension, stomach pain and elevated blood sugar levels (National Eating Disorders Association, 2018).

Binge Drinking: It is a prevalent pattern of alcohol consumption among young people, defined as consuming excessive amounts of alcohol in a short period, typically resulting in a blood alcohol concentration (BAC) of 0.08% or higher. This generally corresponds to five or more drinks for men and four or more for women within two hours (National Institute on Alcohol Abuse and Alcoholism, 2020). The definition of binge drinking varies across studies, often encompassing the consumption of four to eight drinks in a single occasion (Gamel et al., 2011; Wechsler, Dowdall, Davenport, & Rimm, 1995). It is a key component of the AUDIT and AUDIT-C screening tools for alcohol use disorder (Saunders, et al., 1993). Binge drinking is found to be more prevalent among males than females, with men engaging in more frequent and heavier binge episodes across cultures, though the gender gap has been narrowing in recent years (Johnston et al., 2021; World Health Organization, 2018). Binge drinking is strongly associated with numerous negative outcomes, including injuries and other alcohol-related morbidities (Ham & Hope, 2003; Kutscher et al., 2017; Rehm et al., 2010). This behavior is particularly common among young people globally, including in India. A study by the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore highlighted that binge drinking is prevalent among adolescents in Karnataka, influenced significantly by peer pressure and alcohol availability (Benegal et al., 2009).

Binge-Watching: According to American Psychological Association binge watching can be defined as the consumption of multiple episodes of a television show in one sitting, often facilitated by streaming services (APA, 2023). This behavior typically involves watching several hours of content in rapid succession, with over-the-top (OTT) platforms like Netflix, Amazon Prime Video, and Disney+, MX Player, Voot, Jio Cinema, Alt Balaji, YouTube and many more enabling viewers to watch two or more episodes at a time (Silverman & Ryalls, 2016, Rashmi Singh and Upasna Singh, 2022). Granow et al. (2018) describe binge-watching as the intense and consecutive viewing of a series in a single session. In India, binge-watching is increasingly popular among young people, driven by easy access to content and the engaging nature of serialized storytelling (Chinmayi, 2021). This trend spans various age groups, affecting individuals up to 65 years old, with a notable prevalence among those aged 18 to 39 (Starosta et al., 2020; Chang, 2020). Research by Sun and Chang (2021) indicates that binge-watching does not show significant gender differences, although preferences vary, with women tending to favor comedies and dramas, while men lean towards fantasy and sci-fi series. This behavior often leads to instant

gratification, resulting in a loss of self-control and extended viewing times beyond initial intentions (Starosta et al., 2020).

Binge Gaming: It is characterized by excessive and compulsive video game use, has emerged as a growing concern, especially following the World Health Organization's inclusion of gaming disorder in the ICD-11 (2019). Binge gaming refers to the act of playing video games for an extended, continuous period, typically defined as five or more consecutive hours, often involving a loss of control and potential negative consequences for the gamer's mental, social, and academic well-being (Mermet et al., 2023). This behavior reflects a form of behavioral addiction marked by prolonged gaming sessions, loss of control, and negative impacts on psychological well-being, sleep, and daily functioning (Anderson, 2013; Cash, 2013). Binge gaming is marked by a loss of control over gaming habits, resulting in significant time spent in a single session (Griffiths, 2011). Binge gaming is more prevalent among males than females, as men are more drawn to competitive, achievement-oriented, and immersive game features (Müller et al., 2015; Wittek et al., 2016). Its rise in recent years is linked to increased accessibility of online games, mobile platforms, and social connectivity within gaming communities, which reinforce longer play sessions (Kuss & Griffiths, 2017; Przybylski et al., 2010). Gaming may offer some benefits (Gonigal, 2011), excessive engagement often leads to social withdrawal and neglect of responsibilities (Greenfield, 2009). Heightened immersion can further reduce self-regulation, reinforcing preoccupation with gaming an indicator of gaming disorder (Lemmens, Valkenburg, & Peter, 2009).

Binge Gambling: Binge gambling is characterized by episodic and excessive gambling behavior that can have profound personal, familial, and societal consequences. Defined by extended periods of play marked by loss of control and impulsive decision-making, binge gambling often results in severe financial harm and emotional distress (Petry et al., 2014). Nower and Blaszczynski (2003) distinguished it from pathological gambling by emphasizing its irregular and sudden-onset episodes, impaired control, and excessive expenditures, noting that unlike pathological gambling which is defined by persistent urges and continuous preoccupation (Lesieur & Custer, 1984) binge gamblers generally show little craving or rumination outside episodes. These gambling binges are frequently triggered by psychosocial stressors rather than financial availability alone, and are exacerbated by psychological vulnerabilities such as anxiety, depression, and substance use. Social and environmental influences, including peer pressure and the accessibility of gambling opportunities, further intensify the problem (Shaffer et al., 2004). Binge gambling is more prevalent among males than females, as men are more likely to engage in risk-taking and competitive betting activities especially lotteries and sports bettings (Johansson et al., 2009; Slutske et al., 2015). Its increase in recent years is attributed to the expansion of online gambling platforms, easy access through smartphones, and targeted digital marketing, which have normalized and promoted frequent gambling (Gainsbury et al., 2015; Hing et al., 2018). The repercussions of binge gambling are severe, extending beyond individuals to families and communities, and often manifest as financial collapse, strained relationships, and significant social costs (Ladouceur et al., 2003). Effective interventions typically involve cognitive-behavioral therapy to address maladaptive thinking and behavior patterns, peer support groups for social reinforcement, and medication in cases of co-occurring mental health disorders, underscoring the importance of multidimensional prevention and treatment strategies (Hodgins et al., 2009).

Prevalence rate of various types of binge behaviours among young people

Global Scenario:

The table reveals distinct patterns in binge behaviors among young people, with binge-watching emerging as the most prevalent, affecting approximately 52%–70% of viewers globally. In contrast, problem gambling among adults shows the lowest prevalence at around 1.41%, though adolescent rates vary significantly by region, reaching as high as 17.9%. Binge drinking remains widespread among college-aged individuals, though recent data suggests a slight overall decline. Notably, Binge gaming is on the rise (33.3%) especially among young

people, driven by the growing accessibility of online gaming and esports. Binge eating disorder shows significant variation across demographics, with higher rates among specific ethnic and regional groups. Overall, the data underscores the shifting landscape of behavioral health risks, emphasizing the need for age- and media-specific prevention strategies.

Binge Behavior	Prevalence (Population & Setting)	Overall Range	Trend	Key References
Binge Eating	Adolescents (Global): 0.7%–3.5% (2018) Adults (14 countries): 1.4% lifetime (2013) US Adolescents (AA & White): 17%–26% episodes (2002)	0.7%–26%	Slight increase; higher in some ethnic groups	WHO (2018); Kessler et al. (2013); Johnson et al. (2002)
Binge Drinking	US College Students (18–22): 28.9% (2023) US Youth (12+): 21.7% (2022) High School (Grades 8–12): 2.2%–12.6%	2.2%–29.5%	Slight decline overall; remains high among youth	NSDUH (2022–2023); Monitoring the Future (2022)
Binge-Watching	US Viewers: 60%–70% (2022–2023) US College Students: 52% (2018) Young Adults, South Korea: 56% (2017)	52%–70%	Rising globally due to streaming platforms	Nielsen & Netflix (2022–2023); Exelmans & Vanden (2018); Sung et al. (2017)
Binge Gaming	Europe: 5.1% (2021) Netherlands Adolescents: 4.5% (2015) US Adolescents: 3.1% (2014) Canada: 33.3% of the sample engaged in binge gaming at least once in the previous year, and 6.1% at least weekly (2023) Hongkong: The overall prevalence of binge gaming in the study sample was 31.7%. 30.0% of the respondents reported at least one episode of binge gaming in the last month, with 38.3% in boys and 24.0% in girls. (2025)	3.1%–33.3%	Increasing with online gaming/esports	Pontes et al. (2021); Lemmens et al. (2015); Gentile et al. (2014); Marmet et al., (2023); Tse et al., (2025)
Binge Gambling/Problem Gambling	Global Adults: 1.41% (2024) Adolescents (Global): 17.9% past-year (2024) Europe Adolescents: 0.2%–12.3% (2016) Australia Young Adults: 4.5% (2020)	0.2%–17.9%	Increasing with online gambling access	Lucy et al. (2024); Dowling et al. (2020); Filipa et al. (2016)

Indian Scenario:

The above data indicates that binge watching has the highest prevalence among Indian youth, ranging from 49% to 73.7%, with a notable surge during the COVID-19 period. Binge gaming, while currently showing the lowest prevalence (0.8%–8.8%), is an emerging concern, particularly among younger demographics and male users. Binge gambling presents a persistent behavioral risk, with approximately 7% of youth exhibiting problem gambling patterns. Binge eating demonstrates wide variability across settings and populations, indicating the need for context-specific understanding and interventions. These findings underscore the growing impact of digital and behavioral addictions among young people in India. Strategic, population-tailored awareness initiatives and early intervention programs are essential to address these evolving public health challenges.

Binge Behavior	Prevalence (Population & Setting)	Overall Range	Trend	Key References
Binge Eating	Adolescents: 50.1% moderate, 36.8% severe (2020) College students: 1.6% (2021)	1.6% – 86.9%	Increasing awareness; varies by setting	Dorai et al. (2020); Sharma et al. (2021)
Binge Drinking	North Indian youth: 15% (2020) Kerala students: 15.1% lifetime (2016)	~15%	Stable but concerning	Raj et al. (2020); Jaisoorya et al. (2016)
Binge Watching	Tamil Nadu students: 73.7% (2023) OTT users & digital youth: 49%–70% (2021–23)	49% – 73.7%	Sharp rise post-COVID	Dixit (2023); Kuppusamy et al. (2023); Ormax (2021); DAN (2021)
Binge Gaming	School & college youth: 0.8%–8.8% Gender disparity noted	0.8% – 8.8%	Emerging concern	Gurjar et al. (2024); Thakur et al. (2023); Sharma et al. (2021); Yarasani (2018)
Binge Gambling/ Problem Gambling	Kerala & South India youth: 19.5%–27.9% ever gambled 7.1%–7.4% problem gambling	7.1% – 27.9%	High engagement in lotteries and sports bettings results in persistent risk	Arun Kumar et al. (2017); Jaisoorya et al. (2017)

Risk factors associated with various types of binge behaviors:

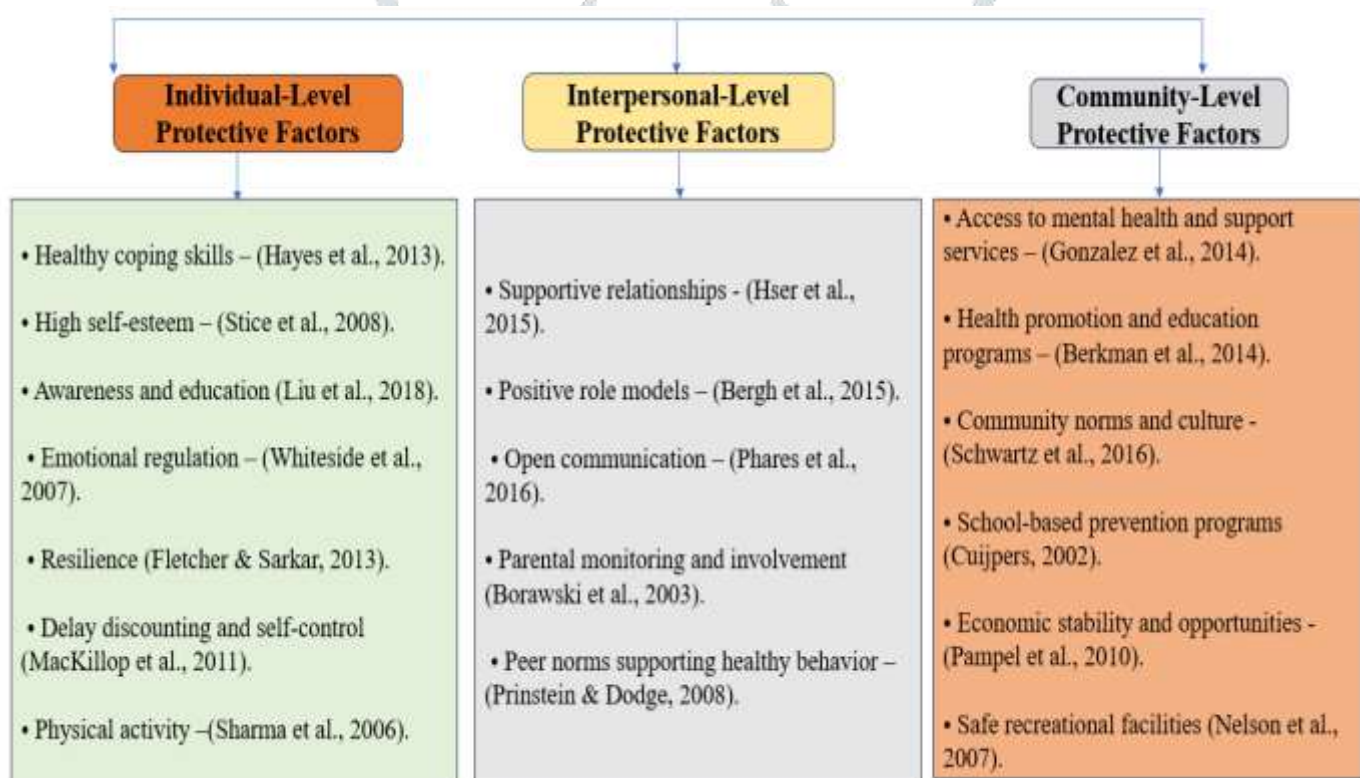


Binge behaviors such as binge eating, binge drinking, binge watching, binge gaming and binge gambling arise from an interplay of individual, psychological and social risk factors. Individual factors like genetic

predisposition (Chernoff & Baker, 2016), impulsivity (Dick et al., 2010), and neuroticism (Matt & Keel, 2011) are linked to behaviors like binge drinking and binge eating. Psychological factors, including emotional dysregulation, trauma, and mood disorders such as depression and anxiety, contribute to binge eating and binge watching (Udo & Grilo, 2019; Reinecke et al., 2018). Cognitive distortions further fuel behaviors like binge gambling (Toneatto et al., 1997). Socially, dysfunctional family environments, peer pressure and media exposure normalize or reinforce such behaviors particularly binge drinking, binge gaming and binge watching (Stattin & Kerr, 2000; Robinson et al., 2001). These multifactorial risks emphasize the need for integrative strategies addressing both internal vulnerabilities and external influences.

Protective factors

Protective factors against binge behaviors exist across individual, interpersonal and community levels. Individually, healthy coping strategies, emotional regulation, resilience, self-control, awareness, high self-esteem and physical activity reduce vulnerability (Hayes et al., 2013; Stice et al., 2008; MacKillop et al., 2011). Protective factors at Interpersonal level include supportive relationships, positive role models, open communication, parental involvement and health-oriented peer norms (Hser et al., 2015; Borawski et al., 2003). At the community level, access to mental health services, educational initiatives, positive cultural norms, economic stability, school-based programs and recreational resources further contribute to prevention (Gonzalez et al., 2014; Berkman et al., 2014).



Conclusion:

Binge behaviors among young people including binge eating, drinking, watching, gaming, and gambling reflect a complex interplay of developmental, psychological, social, and cultural influences. Adolescents and young people (10–24 years) are especially vulnerable due to neurodevelopmental imbalances, identity formation challenges, and emotional regulation issues. These behaviors often serve as maladaptive coping mechanisms in response to stress, identity confusion, or peer pressure, and can significantly impact mental health, relationships, and academic functioning. The rising global and Indian prevalence, intensified by digital access and post-pandemic shifts, highlights an urgent public health concern. In India, regional and socio-cultural disparities further complicate the landscape. Despite some policy-level interventions, there remains a lack of comprehensive,

culturally-sensitive, and developmentally-informed strategies. Addressing this issue requires a holistic, multi-level approach combining psychological education, digital literacy, family and school-based support, and accessible mental health services. Prevention efforts must focus on early identification, resilience-building, and promotion of adaptive coping. An integrated, evidence-based, and culturally relevant response is essential to support young people in navigating this critical developmental stage with resilience and purpose.

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