

EATING DISORDERS AMONG SCHOOL GOING CHILDREN OF HIMACHAL PRADESH

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ABSTRACT

Eating disorders are serious medical problems. Anorexia nervosa, bulimia nervosa, and binge-eating disorder are all types of eating disorders. Eating disorders frequently develop during adolescence or early adulthood, but can occur during childhood or later in adulthood. The primary objective of the study was to find out prevalence of eating disorders among children of Himachal Pradesh and secondary objective of the study was to compare which district children are more prone to eating disorders. Nine hundred eighteen male and female participants were recruited for the study with the age range 14 to 18 years. EAT-26 was used and data was collected during school hours with the permission of principal. Two way ANOVA was employed to find out difference in eating disorders district wise as well as gender wise and also percentage of participants was also computed under three different categories of EAT-26. The results of the study revealed that 62.42% male and female participants had unlikely chances of suffering from eating disorders. There were also a huge number of male and female participants under likely category of eating disorders. Two way analysis of variance was employed and f-value obtained was significant at .05 level. Further post hoc test revealed a significant difference between participants of Bilaspur and Kullu, Hamirpur and Kullu and between Kullu and Una. The cause of eating disorders is complex and badly understood. There may be a genetic predisposition, and certain specific environmental risk factors and we concluded that there is a need to educate children in relation to eating disorders.

Key Words:- *Eating Disorders, Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder*

INTRODUCTION:

Improvement in the technology has resulted in designing electronic machines for each and every work. This is making many of us as couch potatoes. Many of us spend many hours watching television and always keep munching all the time. Increased eating along with sedentary lifestyle increases the risk of many health problems.

Eating disorders are a group of serious conditions in which you're so preoccupied with food and weight that you can often focus on little else. The main types of eating disorders are anorexia nervosa, bulimia nervosa and binge-eating disorder.

Eating disorders can cause serious physical problems and, at their most severe, can even be life-threatening. Most people with eating disorders are females, but males can also have eating disorders. An exception is binge-eating disorder, which appears to affect almost as many males as females. Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships.

Eating disorders arise from a variety of physical, emotional, social issues. Although there is no single known cause of eating disorders, several things may contribute to the development of these disorders such as culture, personal characteristics, other emotional disorders, stressful events or life changes, biology, families etc.

The primary objective of the study was to find out prevalence of eating disorders among children of Himachal Pradesh and secondary objective of the study was to compare which district children are more prone to eating disorders. The study was delimited to male and female participants studying from 9th to 12th class with age range 14 to 18 years.

METHODS:

Nine hundred and eighteen (N = 918) male and female participants were selected randomly from five different districts of Himachal Pradesh, namely, Bilaspur, Hamirpur, Mandi, Kullu and Una. All participants were selected from state government schools only. The students of these grades were educated enough to understand and provide relevant responses to the questions asked in the scale. Since the aim was to assess eating disorders among participants, so an Eating Attitude Test (EAT) developed by M.Garner was used as a tool.

The EAT-26 has been particularly useful a screening tool to assess "eating disorder risk" in high school, college and other special risk samples such as athletes (Garner, Rosen and Barry, 1998). The scale was standardize, but it was also converted into hindi, so an attempt was made to make the wording of the statements clear, relevant and free from ambiguity with six point likert scale. The scale was comprised of 26 statements. Provision was made in which six responses

were kept to the right side of each statement to note the response of the participants. They need to read each statement and tick on one of the option out of six (Always, Usually, Often, Sometimes, Rarely and never).

With the help of the scale researchers had tried to get the reflection of attitude of the respondents towards eating habits. Permission for participation of school male and female participants was taken from the principal of the school. Before the administration of scale all the participants were explained about the purpose of the study and were ensured strict confidentiality, following which verbal informed consent was taken from each of them before the administration of scale. Participants were given option of not participating in the study if they did not want to. The scale was distributed to all participants and was requested to fill the scale during school hours. The responses were collected after the completion. The statements in the scale were designed to evaluate the attitude of school children regarding eating attitude. The scale was administered by the researchers among nine hundred and seventeen male and female participants in face to face settings. Descriptive statistic along with percentage were employed to find out participants' eating attitude and also two way ANOVA was conducted to find out the difference in their eating attitude (EAT).

RESULTS:

Descriptive statistics along with percentage of participants under different categories of EAT is given in following tables:-

Descriptive statistics (Mean and standard Deviation) male and female participants of Himachal Pradesh

District	Male	Female	Total
Bilaspur	17.75+7.48	17.48+7.45	17.63+7.45
Hamirpur	19.78+7.66	16.98+6.43	18.33+7.17
Kullu	15.65+7.61	14.14+6.16	14.90+6.95
Mandi	20.31+9.65	14.29+5.89	17.35+8.55
Una	20.78+8.85	18.52+9.34	19.64+8.96
Total	18.81+8.36	16.30+7.35	17.58+7.98

Percentage of participants under different categories of EAT

District		Unlikely	Probable	Likely	Total
Bilaspur	N	100	38	34	172
	P	58.14%	22.09%	19.78%	
Hamirpur	N	112	35	54	201
	P	55.72%	17.41%	26.86%	
Kullu	N	150	18	22	190
	P	78.95%	9.47%	11.58%	
Mandi	N	116	25	28	169
	P	68.64%	14.79%	16.57%	
Una	N	95	41	50	186
	P	51.07%	22.04%	26.88%	
Total	N	573	157	188	918
	P	62.42%	17.10%	20.48%	

N – Number of Participants, P – Percentage of Participants

Further two way analysis of variance was employed find out difference districts wise as well as gender wise. In all cases calculated f-value was found significant as shown in table below:-

Univariate test

Source of Variation	df	SS	MSS	F-value	p-value
District	4	2311.577	577.894	9.751	.000
Gender	1	1488.019	1488.019	25.108	.000
Dist*Gndr	4	789.477	197.369	3.330	.010
Error	908	53812.953	59.265		
Total	918	341990.000			

To find out further difference post hoc test was employed and findings are given as below:-

Multiple Comparisons among Male and Female Participants of Different Districts

Bilaspur	Hamirpur	Kullu	Mandi	Una	Mean Difference	p-value
17.63	18.33				0.70	0.943
17.63		14.90			2.73*	0.024
17.63			17.35		0.28	0.998
17.63				19.64	2.01	0.195
	18.33	14.90			3.43*	0.001
	18.33		17.35		0.98	0.830
	18.33			19.64	1.31	0.595
		14.90	17.35		2.45	0.061
		14.90		19.64	4.74*	0.000
			17.35	19.64	2.29	0.100

*Significant at .05 level

On the basis of results and researcher' own observation concluded that participants who scored high in EAT need to consult doctor because high score in EAT predicts likely chances of suffering from eating habits and also all participants (male and female) need to be given information with regard to eating and nutritious diet.

DISCUSSION OF FINDINGS:

Screening eating disorders is based on the assumption that early identification of an eating disorders can lead to earlier treatment, thereby reducing serious physical and psychological complications or even death. Eating disorders difficult habits to break and serious clinical problems that require professional treatment by doctors, therapists, and nutritionists.

Some research suggests that media images contribute to the rise in the incidence of eating disorders. Most celebrities in advertising, movies, TV, and sports programs are very thin, and this may lead girls to think that the ideal of beauty is extreme thinness. Boys, too, may try to

emulate a media ideal by drastically restricting their eating and compulsively exercising to build muscle mass.

Results of the study showed that male and female have different eating habits and if we see the output district wise then a significant difference was obtained between participants of Bilaspur and Kullu, Hamirpur and Kullu and between Kullu and Una.

Eating disorders are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. Scientists and researchers are still learning about the underlying causes of these emotionally and physically damaging conditions.

While eating disorders may begin with preoccupations with food and weight, they are most often about much more than food. People with eating disorders often use food and the control of food in an attempt to compensate for feelings and emotions that may otherwise seem overwhelming. For some, dieting, bingeing, and purging may begin as a way to cope with painful emotions and to feel in control of one's life, but ultimately, these behaviors will damage a person's physical and emotional health, self-esteem, and sense of competence and control.

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