



“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF ANOREXIA NERVOSA AMONG ADOLESCENT GIRLS STUDYING IN SELECTED COLLEGES OF AHMEDABAD CITY”

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ABSTRACT

A Descriptive Study to Assess the Knowledge of Anorexia Nervosa among Adolescent Girls Studying in Selected Colleges of Ahmedabad City. The objectives of the study were: To assess the knowledge of adolescent girls regarding anorexia nervosa, To find out the association between the level of knowledge of adolescent girls regarding anorexia nervosa with their selected demographic variables, To develop and distribute information booklet regarding anorexia nervosa among adolescent girls studying in selected colleges of Ahmedabad city. Quantitative research approach was used. Non experimental research design was adopted for the study. Total 120 samples were selected from the selected colleges of Ahmedabad city through Non- Probability Convenient Sampling Technique. The researcher used structure knowledge questionnaire for data collection. As a part of intervention information booklet was provided to the adolescent girls. The collected data were analysed by using descriptive and inferential statistical method. Chi square was used to find out the association of knowledge with selected demographic variables. Mean score was 10.69 and standard deviation was 3.84. Researcher found the association with demographic variables. i.e., age and type of the family.

KEYWORDS : Assess, Knowledge, Anorexia Nervosa And Adolescent Girls.

II. BACKGROUND OF STUDY:

“We turn skeletons into goddesses and look to them as if they might teach us how not to need” -Marya Hornbacher.

In a report by The Times of India on Jul 18, 2007, NEW DELHI: Rising obesity among children and adolescents in Delhi might be the concern of many but cases of young girls falling prey to eating disorder are increasing at an equally alarming rate.

Ten years ago, the cases of eating disorders – the most common of which is anorexia nervosa – were negligent in India. However, psychiatrist claim that in past few years, the number has increased from anything between 5 and 10 times. What is more alarming is that increasingly girls of a younger age are falling prey to anorexia and bulimia.

Several epidemiological studies have shown that although eating disorders in the adult population are frequent, the maximum incidence appears during the adolescent period. It is inevitably important to create awareness among the adolescents regarding eating disorders.

III. NEED OF THE STUDY:

Globally, anorexia is estimated to affect 2.9 million people as of 2015. In 2013 it directly resulted in about 600 deaths globally, up from 400 deaths in 1990.

Most cases of anorexia develop in girls, with 1 in every 200 women being affected. Symptoms of anorexia usually first develop during the teenage years, at the 2 average age of 15. However, the condition can develop at any time, including childhood.

The developing world shows different statistics in comparison. In 2004 it was reported that in a cumulative period of 320 years of practice, Kenyan psychiatrists had seen just twenty cases. One Study in an Indian child and adolescent psychiatry unit recorded an overall prevalence of general eating disorder as 1.25% with only 14.6% of those suffering from anorexia nervosa and Korean statistics suggest their national prevalence is approximately 0.5%-1.0%.

An exploratory study was conducted among 577 adolescent girls on eating and weight concerns at Sikkim India. The findings revealed that concern with weight reduction is growing among adolescent girls, particularly among urban girls of affluent families Girls from families with a higher economic status are about two times more likely to report dissatisfaction with their body weight and these girls are five times more likely to report the need for dieting.

Adolescents are highly influenced by television & internet with super slim models idolizing them. There is immense emphasis on being thin by the society as well. Therefore nurse plays an important role in

helping adolescents from becoming victims of anorexia nervosa. By imparting knowledge to parents and adolescents we can overcome this problem.

IV. OBJECTIVES OF THE STUDY:

1. To assess the knowledge of adolescent girls regarding anorexia nervosa.
2. To find out the association between the level of knowledge of adolescent girls regarding anorexia nervosa with their selected demographic variables.
3. To develop and distribute information booklet regarding anorexia nervosa among adolescent girls studying in selected colleges of Ahmedabad city.

V. ASSUMPTIONS:

- It is assumed that adolescent girls may have some knowledge regarding anorexia nervosa.
- It is assumed that knowledge regarding anorexia nervosa may be influenced by the selected demographic variables.

VI. DELIMITATIONS:

The study is delimited to:

- The study is delimited to those adolescent girls at selected colleges, Ahmedabad.
- The study is delimited to adolescent girls who are willing to participate in the study.
- The study is delimited to adolescent girls who are able to read and understand English.

VII. RESEARCH METHODOLOGY:

- **RESEARCH APPROACH:** A Quantitative Approach
- **RESEARCH DESIGN:** Non Experimental Research Design
- **RESEARCH SETTING:** Selected colleges of Ahmedabad city
- **POPULATION:**

Target Population: Adolescent girls of Ahmedabad City.

Accessible Population: Adolescent girls from selected colleges of Ahmedabad City

VARIABLES

RESEARCH VARIABLE: Knowledge of anorexia nervosa among adolescent girls.

DEMOGRAPHIC VARIABLE: Age, Height, Weight, Place of Residence, Type of Family, Religion, Stream of Education

- **SAMPLING TECHNIQUE:** Non-Probability Convenient Sampling Technique.
- **SAMPLE:** Adolescents girls from selected colleges of Ahmedabad.
- **SAMPLE SIZE:** 120 adolescent girls.

Table 1: Samples Participated In Research Study From Selected Colleges Of Ahmedabad City.

Sr no	Name of college	Selected area	Total no of
1	College no 1	Pilot study	20
2	College no 2	Main study	40
3	College no 3	Main study	40
4	College no 4	Main study	40

SAMPLING CRITERIA:**INCLUSION CRITERIA:-**

- Adolescent girls who are willing to participate in the study.
- Who are available during the period of data collection.
- Include only adolescent girls

EXCLUSION CRITERIA:-

- Adolescent girls who are not willing to participate in study.
- Those who are not available at the time of data collection.
- Those who are refuse to give informed consent.

SELECTION OF TOOL:**Tool consists of two sections:****Section 1: Socio-demographic variables.**

Personal information was collected in terms of Age, Weight, Height, Place of residence, Type of family, Religion, Stream of education.

Section 2: Structured knowledge questionnaire.

Structured knowledge questionnaire consist of 25 items and each item carries one marks. Maximum score of questionnaire was 25. Every correct answer was given a score of 1 and wrong answer was given 0 score. For knowledge score is divided into 3 categories that are Poor (0-08), Average (09-16), Good (17-25).

VALIDITY:

The tool was given to 10 experts. Experts were M.Sc. in mental health nursing. Tool was validated by experts in various nursing colleges and psychiatrist. The necessary modification has been done as per the expert's opinion and advices.

RELIABILITY:

The reliability of tool was checked before pilot study. The reliability of structured knowledge questionnaire was determined by "Test Retest Method" by using 'Karl Pearson's formula' which was found 0.80.

PILOT STUDY:

The objective for the pilot study were to validate the consistency of the data collection instrument, adequacy of the contents, feasibility of the study and time duration required for responding the data collection instruments.

The Pilot study was conducted in selected College of Ahmedabad. 20 samples were selected. The test was conducted on 27th January, 2020. Knowledge of samples was assessed by administering Structured Knowledge Questionnaire. After the analysis and interpretation of data it was concluded that 25% of the sample had poor, 50% of the sample had average knowledge and 25% had good knowledge regarding anorexia nervosa.

VIII. DATA COLLECTION PROCESS:

Formal permission was obtained from concerned authorities from principals of selected colleges of Ahmedabad city. Investigator took the permission from the Principal of selected colleges. An informed written consent from participants took before starting study. After that tool was administered. Data collection procedure was conducted in March month.

IX. DATA ANALYSIS PLAN:

The Investigator planned to analyses the data in the following manner.

Section-I: Demographic variable to be analysed using frequency and percentage will be presented in the form of table and graphs.

Section II: The data from the Structured Knowledge Questionnaire will be analysed using mean, standard deviation (SD) and chi – square test and will present in the form of tables and graphs.

X. MAJOR FINDINGS OF THE STUDY:

Findings related to Distribution of Samples based on Knowledge Score

35 (29.2 %) samples had poor knowledge, 71 (59.2 %) samples had average knowledge and 14 (11.6 %) samples had good knowledge.

Findings related to Analysis and interpretation of level of knowledge regarding anorexia nervosa.

The knowledge score obtained by the samples regarding anorexia nervosa among adolescent girls. The result related knowledge mean score was 10.69, and standard deviation of knowledge score.

Findings Related to association between demographic data and knowledge score.

There was no significant association between the demographic data such as weight, height, place, religion and stream with knowledge level score of adolescent girls.

There was significant association between the demographic data such as age and type of family with knowledge level score of adolescent girls.

XI. RECOMMENDATIONS:

The following recommendations are made on the basis of the findings of the study

1. A longitudinal study can be done using post test after 1 month - 6 months and 1 year to see the effectiveness of structured teaching programme
2. Evidenced Based Nursing Practice Must takes higher Profile in Order to Increase Their Knowledge regarding anorexia nervosa.
3. A Study can be conducted by using Other Teaching Strategies.
4. A similar study on large sample in a different setting of the country can carry out to determine applicability of the tool developed and variation that need to be made.
5. A survey study to assess the knowledge and attitude regarding prevention and management of anorexia nervosa.

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