



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING ANOREXIA NERVOSA AMONG ADOLESCENT GIRLS STUDYING IN GOVT. P.G COLLEGE SOLAN (H.P) WITH A VIEW TO DEVELOP INFORMATIVE BOOKLET.

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ABSTRACT

Anorexia Nervosa also known as just anorexia, is an eating disorder. Anorexia nervosa makes person obsessed about food and weight. Person with this problem may have warped body image and see yourself as fat as even though you have a very low body weight. Expert do not know what cause anorexia. It often begins as regular dieting. This problem affects more women than men and its start during the teenage year. The number of young women between the age of 15-19 who have anorexia nervosa has increased every 10 years since 1930. **Aim** of the study is to assess the knowledge regarding anorexia nervosa among adolescent girls studying in Govt. P.G college Solan (H.P) with a view to develop informative booklet. **Material and Method-** Quantitative approach and descriptive research design was adopted for this study. The study was conducted among 145 adolescent girls selected by convenient sampling technique. Data were collected by using 30 self-structured knowledge questionnaires regarding anorexia nervosa. Data was presented in tabulation and analyzed by descriptive and inferential statistics. **Results:** The finding of study revealed that out of 145 samples maximum study sample 43.4% were in age group of 18 year followed by 34.5% in 19 year and 21.1% are of 17-year adolescent girls. The study findings shows that majority of subjects (77.9%) had poor knowledge, 22.1% had average knowledge, 0.0% girls had good knowledge regarding anorexia nervosa. Chi square was used to find out the association of knowledge with their selected demographic variables. The mean knowledge score of study is 11.25+ 4.01 which is 37.49 of mean difference. **Conclusion:** On the basis of result the study concluded that adolescent girls had poor knowledge regarding anorexia nervosa and there is need to provide more education so as to prevent the adolescent girls from the future consequences and informative booklet is also a useful medium to bring the above stated condition in consideration.

KEYWORDS : Adolescent girls, Anorexia nervosa, Knowledge, Informative booklet.

Food is the prime necessity of life. The food we eat is digested and assimilated in the body and used for its maintenance and growth, during adolescence, physiological age is a better guide to nutritional needs than chronological age. Energy needs to increase to meet greater metabolic demands of growth healthy diet is the diet that is arrived with the intent of improving or maintaining optimal health. The diet includes all the nutrients in appropriate amounts from all food groups including an adequate amount of water.¹

Anorexia nervosa is an eating disorder characterized by a fierce quest for thinness. The patients with anorexia nervosa as having an intense fear of gaining weight, putting undue influence on body shape or weight for self-image, having a body weight which is less than 85% of the weight that would be predicted, and missing at least three consecutive menstrual periods.

Anorexia is an emotional disorder that focused on food. But it is actually an attempt to deal with perfectionism and a desire to control things by strictly regulating food and weight people with anorexia often feel that their self-esteem is tied to how thin they are anorexia is increasingly common especially among young women in industrialized countries where cultural expectations encourage women to be thin, fueled by popular fixations with thin and lean bodies.²

The cause of anorexia nervosa is not known. It appears that hereditary due to genetics, family and learned behavior, culture and media and restrictive eating severe trauma or emotional stress during puberty or pre puberty. Abnormalities in brain chemistry. A tendency towards perfectionism fear of being humiliated and family history of anorexia. Approximately 95 percentages of those affected by anorexia are female, but males can develop the disorder as well. It begins to manifest itself during later adolescence; it is also seen in young children and adults.³

The signs and symptoms of anorexia is severe weight loss. Physical signs including excessive weight loss, scanty or absent menstrual periods, thinning hair, dry skin, brittle nails, cold or swollen hands and feet bloated or upset stomach downy hair covering the body, low blood pressure fatigue, abnormal heart rhythms, osteoporosis, psychological and behavior signs including distorted self-perception, being preoccupied with food, refusing to eat, inability to remember things, refusing to acknowledge the seriousness of the illness, obsessive compulsive behavior, depression.⁴

Diagnosis of anorexia nervosa is lab tests may include blood tests- to look for signs of anemia to check electrolytes and to check liver and kidney function, electrocardiogram to look for abnormal heart rhythms, bone density test -to check for osteoporosis, The most successful treatment is a combination of psychotherapy, family therapy and medication.⁵

Therapeutic strategies for anorexia nervosa, focuses primarily on family therapy. The combination of nutritional supervision and family therapy with parental approval may cure and prevent this problem. Internet based intervention for prevention of eating disorders to college students and presence of specifically trained counselors at private universities may be useful in inculcating positive attitude towards perception of body image. The most successful treatment is a combination of psychotherapy, family therapy and medication. Combination of treatments can give the person the medical psychological, and practical support they need cognitive behavioral therapy, along with anti-depressants can be an effective treatment for eating disorders.⁶

OBJECTIVES OF THE STUDY:

1. To assess the knowledge of adolescent girls regarding anorexia nervosa among adolescent girls studying in government P.G college Solan, Himachal Pradesh.
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 informative booklet regarding anorexia nervosa among adolescent girls studying in government PG college Solan, Himachal Pradesh.

METHODOLOGY

Research Approach - Quantitative approach

Research Design - Descriptive research design

Study Population - Adolescent girls of Govt. P.G College Solan H.P

Sample Size - 145 Adolescent girls

Sampling Criteria

Inclusion Criteria:

- College student who are willing to participate in study.
- Subjects consist of adolescent girls.
- Adolescents' girls of 17-19 age group.

Exclusive Criteria:

- Students who are absent at the time of data collection
- Students who are not willing to participate in study.

Development Of Tool:

A self-structured questionnaire was prepared to collect the data.

Description Of Tool:

Tool will consist of two sections:

Section A: Demographic variable:

Age, religion, type of family, monthly family income, area of residence, dietary pattern, frequency of daily meal, do you know about anorexia nervosa, do you have any family history of anorexia nervosa and source of information.

Section - B:

It consists of Structured knowledge Questionnaire to assess the knowledge regarding anorexia nervosa. It consists of 30 multiple choice questions regarding Anorexia Nervosa.

Validity of Tool -

To ensure the validity of tool it was submitted to 7 experts

Permission -

Permission was taken from the Principal of Govt. P.G college Solan H.P to conduct the study.

Ethical Consideration -

Ethical approved was taken from the institutional ethical committee of Murari Lal Memorial school and college of nursing Solan for conducting the study.

Data Collection -

The data was collected on my own under the guidance of my supervisor.

Data Analysis -

It was done with appropriate statistical test in terms of frequency percentage mean standard deviation and chi square test where $p < 0.001$ which was found to be statistically significant.

RESULTS

Frequency and percentage wise distribution of adolescent girls as per their socio-demographic variables.

Sociodemographic Variables	Options	Percentage (%)	Frequency (f)
Age	17 years	22.1%	32
	18 years	43.4%	63
	19 years	34.5%	50
Religion	Hindu	95.9%	139
	Muslim	2.8%	4
	Christian	0.7%	1
	Others	0.7%	1
Type of family	Nuclear family	28.3%	41
	Joint family	63.4%	92
	Extended family	0.0%	0
	Single parent child	8.3%	12
Monthly family income	Below Rs. 10,000	27.6%	40
	Rs. 10,000-20,000	17.2%	25
	Rs. 21,000-30,000	22.1%	32
	Above 30,000	33.1%	48
Area of residence	Rural	75.2%	109
	Urban	24.8%	36
Dietary pattern	Vegetarian	70.3%	102
	Non- Vegetarian	29.7%	43
Frequency of daily meals	One time	5.5%	8
	Two times	13.8%	20
	Three times	66.2%	96
	More than 3 times	14.5%	21
Do you know about anorexia nervosa	Yes	0.7%	1
	No	99.3%	144
Any family history of anorexia nervosa	Yes	0.7%	1
	No	99.3%	144

Table 1 There were 145 study subjects were taken for the study. The maximum study subjects (22.1%) were in the age group of 17 years, followed by (43.4%) in the age group of 18 and (34.5%) in the age of 19 years. The religion status consisted of Hindu, Muslim, Christian and others. Their religion status (95.9%) were Hindu, (2.8%) were Muslim, (0.7%) were Christian and (0.7%) were Others. The type of family consisted of Nuclear family, joint family, Extended family and single parent family. Their family status (28.3%) were nuclear family, (63.4%) were joint family, (0.0%) were extended family and (8.3%) were single parent family. Monthly family income (in Rs), less than 10,000 (27.6%), 10,000-20,000/- (17.2%) 21,000-30,000/- (22.1%) and above 30,000/- (33.1%). Area of residence consisted of urban and rural areas. Their residence status (75.2%) were in rural areas and (24.8%) were in urban areas. Dietary pattern consist of vegetarian and non vegetarian. Dietary pattern status consist of (70.3%) were vegetarian and (29.7%) were in non vegetarian. Frequency of daily meals contains one time (5.5%), (13.8%) contain two times, (66.2%) contains three times and (14.5%) were in more than 3 times. Most of the students did not have source of information about anorexia nervosa (99.3%) and (0.7%) respondent has knowledge from internet, friends and books. (99.3%) respondents have no any family history of anorexia nervosa and (0.7%) had family history of anorexia nervosa.

Knowledge Score

N=145

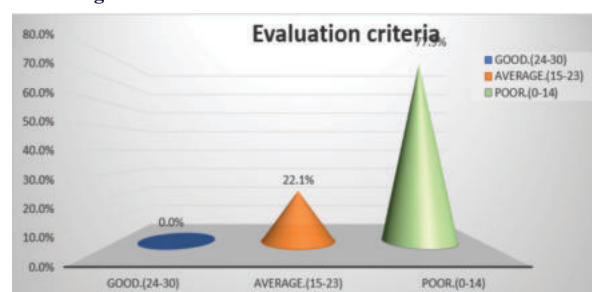


Fig 1 Shows that 77.9% of the adolescent girls had poor knowledge, 22.1% of the girls had average knowledge, none of the girls had good knowledge.

Table 2 - Mean SD and Mean Percentage of pre test knowledge score regarding anorexia nervosa among adolescent girls. N=145

DESCRIPTIV E STATISTICS	Mean	Media n	S.D	Maximu m	Minimu m	Rang e	Mean %
KNOWLEDG E SCORE	11.25	11	4.01	21	2	19	37.49

Table 2 illustrates the mean, SD and mean percentage of knowledge score among adolescent girls regarding anorexia nervosa. The analysis reveals that mean knowledge score is 11.25 ± 4.01 which is **37.49%** of total mean knowledge percentage score. The above results substantiate that the adolescent girls under the study had poor knowledge regarding anorexia nervosa.

Association of knowledge level with their selected demographic variable

Chi-square value shows that there is significance association between the score level and demographic variables (**Type of family**). The calculated chi-square values were more than the table value at the 0.05 level of significance. There is no significance association between the level of scores and other demographic variables (Age, religion, area of residence, Monthly family income, Dietary pattern, frequency of meals, Knowledge about anorexia nervosa, family history about anorexia nervosa) The calculated chi-square values were less than the table value at the 0.05 level of significance.

Thus, the H₀ hypothesis rejected for all the sociodemographic variable association except for the type of family for which it is accepted.

The first objective is to assess the knowledge regarding anorexia nervosa among adolescent girls. Finding of the present study revealed that (77.9%) of adolescent girls were having Poor knowledge, (22.1%) of adolescent girls were having average knowledge were as (0%) of adolescent girls were having Good knowledge regarding anorexia nervosa. These findings are supported from the study conducted by Anuska Ghatak, Tanaya Kshirabdh, Prahras Manisha, Sahu susmita, jana anindita et al (2020).

The second objective is to find out the association between knowledge scores with selected demographic variables. The finding of the present study revealed that there is significance association between the score level and demographic variables (Type of family). The calculated chi-square values were more than the table value at the 0.05 level of significance. There is no significance association between the level of scores and other demographic variables (Age, religion, area of residence, Monthly family income, Dietary pattern, frequency of meals.) The calculated chi-square values were less than the table value at the 0.05 level of significance. These findings are supported from the study conducted by **Chauhan Hardik, Patel palak(2021)**

The third objective is to develop and distribute informative booklet regarding anorexia nervosa among adolescent girls studying in govt PG college solan H.P which was successfully developed to enhance the knowledge of adolescent girls.

CONCLUSION

The present study concluded that the majority of adolescent girls had poor knowledge regarding anorexia nervosa. It has been revealed that there is significant association between knowledge score with their demographic variables. It has been found that there is a significant correlation between knowledge of anorexia nervosa among adolescent girls.

Implications Of The Study:

The findings of the study have implications in various areas of nursing education, nursing administration, nursing practice and nursing research.

Nursing Education

- Education is the key component in improving the knowledge of nurses.
- The present study emphasizes on the enhancements in the knowledge regarding anorexia nervosa among adolescent girls. .
- Nurse educators need to organize regular short-term training programmes, workshops etc., with support of nursing administrator for the nurses about anorexia nervosa.
- Nurse educators can identify the student nurses and nurses who don't have sufficient knowledge regarding anorexia nervosa.
- Assess the student nurse and nurses' knowledge and give appropriate knowledge regarding promotion of mental health of the general population and adolescents.
- Identify the areas where commonly seen mental health issues, especially anorexia nervosa in population, and give guidance regarding promotion of mental health and how people can overcome with the anorexia nervosa and suggest proper interventions.
- Nurse educators can arrange education programmes regarding anorexia nervosa in schools and colleges as a school mental health programme.
- Evaluate the teaching programme done regarding promotion of mental health.

Nursing Practices

- Nurses need to have adequate knowledge regarding anorexia nervosa. Early identification is helpful, so that no population remain unidentified and under diagnosed. The findings imply that there is a need for regular health education programmes to be carried out by nurses.
- Counseling centers may be recognized by nurses in wards, OPD, community centers to provide counseling and educate sufferer and family members on mental illness and promotion of mental health.
- Nurse can also identify anorexia nervosa signs & symptoms and effects of mental illness and suggest appropriate remedies to solve the problem.
- Nurses should expand their time for mental health issues such as anorexia nervosa.
- Address the family members to meet psychological and emotional needs and also provide proper guidance regarding the treatment and regular follow ups.
- The findings of the study could be utilized as a basis for in service education of the nurses so that constant awareness and clear understanding may be created on anorexia nervosa, for those who have less knowledge regarding depression and promotion of mental health.

Nursing Administration

- Nurse administrators should constitute nursing team to develop nursing practice standards, protocols and manuals, for nursing implications on mental illness child, and facilitate the utilization of standards to provide quality care to sufferer of anorexia nervosa for better outcome.
- Nurse administrator should plan, schools, selected communities, and community health programmes in rural areas during which anorexia nervosa signs and symptoms can be identified early and curative measures can be planned.

Nursing Research

- There is a need to conduct more research studies on specific areas to inculcate the knowledge regarding anorexia nervosa among teachers, which prevents many students from suffering with anorexia nervosa.
- Based on the study result the student nurses can be educated as per their learning needs
- Similar studies in this area can be done, so that impact factor on the study findings can be identified. There is still a lot of scope for exploring more on this topic.
- The present study gives an idea to other researchers in the field of nursing or any other professionals in future a basic knowledge regarding anorexia nervosa.

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