



"IDENTIFY THE PREVALENCE OF EATING DISORDERS AMONG TEENAGERS AT SELECTED JUNIOR COLLEGES"

Nursing

Mr. Anupam P. Kamerikar

Assistant Professor, Department of Child Health Nursing, D. Y. Patil College of Nursing, Kolhapur.

ABSTRACT

Eating Disorders are serious conditions related to persistent eating behaviors that negatively impact the health, emotions and ability to function in important areas of life. Most eating disorders involve focusing too much on weight, body shape and food, leading to dangerous eating behaviors. These behaviors can significantly impact body's ability to get appropriate nutrition. Eating disorders can harm the heart, digestive system, bones, and teeth and mouth, and lead to other diseases.¹

Objectives: To identify the prevalence of eating disorders among teenagers at selected junior colleges of Kolhapur.

Methods: A descriptive research design was used consisted a group of 200 participants. The multistage sampling method was used for the present study. Initially by cluster sampling method the Kolhapur city was clustered in to four areas namely north, south, east and west Kolhapur. From each cluster by lottery method the four junior colleges were chosen for the study. Then from each college by convenient sampling method the 200 samples were chosen. (50 sample from each cluster). Data was collected using modified eating attitude test (EAT-26) scale.

Results: The results revealed that, out of 200 samples, majority of samples 122 (61%) had < 20 scores & 78 (39 %) had > 20 scores as per the modified EAT-26 scale, which is suggestive of a eating disorder & requires further investigation by qualified professionals.

KEYWORDS

prevalence of eating disorder, teen agers

selected junior colleges of Kolhapur.

INTRODUCTION:

Eating disorders are complex medical illnesses that have serious physical, mental and psychosocial consequences as well as association with high mortality rates. Eating disorders involve an unhealthy relationship with food and cause significant interference with daily functioning. Some examples of eating disorders include anorexia nervosa, atypical anorexia nervosa, bulimia nervosa, binge eating disorder and avoidant restrictive food intake disorder.²

Many kids particularly teens are concerned about how they look and can feel self conscious about their bodies. This can be especially true when they undergo dramatic physical changes during puberty and face new social pressures. Unfortunately, for a growing proportion of kids and teens, that concern can grow into an obsession which may become an eating disorder. Eating disorders such as anorexia nervosa or bulimia nervosa cause dramatic weight fluctuations which interfere with normal daily life, and damage vital body functions.

Being more common among girls, eating disorders can affect boys too. They are so common in the U.S. that 1 or 2 out of every 100 kids will struggle with one, most commonly anorexia or bulimia. Unfortunately, many kids and teens successfully hide eating disorders from their families for months or even years.³

NEED FOR THE STUDY:

Buhrich reported that 0.05% of the psychiatric patient samples in Malaysia were diagnosed with anorexia nervosa.⁴ Lee reported in 1989 that anorexia sufferers were very few in Hong Kong compared with Western countries.⁵ In Japan, Kuboki conducted a survey among the general and female patient population of 732 hospitals in 1988. He found that the female patient population had about 1.5 times more anorexia sufferers than the general population, although the prevalence rate was still only 0.0063%. Kuboki repeated the same survey in 1992. The prevalence of anorexia nervosa was now higher than the previous data. Among the general population, the rate had increased from 0.0036% to 0.0045%. Among the female patient population, the rate had increased from 0.0063% to 0.0097%.⁶ Nakamura's survey suggested that the rate of anorexia sufferers was 0.0048% among 130 hospitals and 1326 clinics in Japan.⁷ Results from a questionnaire-based survey recently conducted in Iran indicate that the prevalence of anorexia nervosa is 0.9% among school girls.⁸ This is the highest rate reported among non-Western countries.

Problem Statement:

"An Exploratory Survey To Identify The Prevalence Of Eating Disorders Among Teenagers At Selected Junior Colleges Of Kolhapur"

OBJECTIVE :

1) To identify the prevalence of eating disorders among teenagers at

MATERIALS & METHODS:

A descriptive research design was used for the present study. This consisted a group of 200 participants. The multistage sampling method was used for the present study. Initially by cluster sampling method the Kolhapur city was clustered in to four areas namely north, south, east and west Kolhapur. From each cluster by lottery method the four junior colleges were chosen for the study. Then from each college by convenient sampling method the 200 samples were chosen for this study. (50 sample from each cluster).

The tool was developed based on extensive review of literature and discussion with experts. The content validity of the tool was done, which suggested that tool was reliable.

Data was collected using modified eating attitude test (EAT-26) scale for eating disorders among teenagers at selected junior colleges of Kolhapur.

RESULTS & DISCUSSION:

The data obtained were entered into a master data sheet for tabulation and statistical analysis of data was organized and presented under the following headings,

Table 1: Frequency & percentage distribution of sample according to their socio demographic variables. n=200

Sr. No.	Socio demographic variables	Frequency (f)	Percentage (%)
1.	Age		
	A. 16-17	85	42.50
	B. 18-19	115	57.50
2.	Gender		
	A. Male	112	56.00
	B. Female	88	44.00
3.	Height in cm		
	A. 141-150	29	14.00
	B. 151-160	112	57.00
	C. 161-170	59	29.00
4.	Weight in kg		
	A. 31-40	32	16.00
	B. 41-50	70	35.00
	C. 51-60	87	43.50
	D. 61 and above	11	5.50
5.	BMI		
	A. 12-17 (underweight)	24	12.00
	B. 18-25 (normal weight)	164	82.00
	C. 25-31 (overweight)	10	5.00
	D. Above 31 (obese)	2	1.00

6.	Habitat		
	A. Rural	93	46.50
	B. Urban	107	53.50
7.	Religion		
	A. Hindu	116	58.00
	B. Muslim	43	21.50
	C. Christian	39	19.50
	D. Other	02	1.00
8.	Type of family		
	A. Nuclear	121	60.50
	B. Joint	79	39.50
9.	Working parents		
	A. Father	127	63.50
	B. Mother	34	17.00
	C. Both	39	19.50
10.	Number of siblings		
	A. 0	08	4.00
	B. 1	70	35.00
	C. 2	83	41.50
	D. 3	39	19.50
11.	Birth order		
	A. 1st order	93	46.50
	B. 2nd order	82	41.00
	C. 3rd order	25	12.50
12.	Education of the head of the family		
	A. Professional Degree	14	7.00
	B. Graduate or postgraduate	31	15.50
	C. Intermediate or post high school diploma	42	21.00
	D. High school certificate	77	38.50
	E. Middle School certificate	22	11.00
	F. Primary school certificate	12	6.00
	G. Illiterate	02	1.00
13.	Occupation of the head of the family		
	A. Professional (white color)	14	7.00
	B. Semi professional	65	32.50
	C. Clerical, shop owner, farm	51	25.50
	D. Skilled worker	48	24.00
	E. Semi skilled worker	12	6.00
	F. Unskilled worker	06	3.00
	G. Unemployment	04	2.00
14.	Monthly income of family		
	A. >52, 734	15	7.50
	B. 26, 355- 52, 733	25	12.50
	C. 19, 759- 26, 35	45	22.50
	D. 13,161- 19, 758	62	31.00
	E. 7, 887-13, 160	36	18.00
	F. 2, 641- 7, 886	15	7.50
	G. <2640	02	1.00

Table 2:Frequency & percentage distribution of samples according to modified eating attitude scale scores n=200

Sr. No.	Interpretation	Frequency (f)	Percentage (%)
1.	< 20	122	61.00
2.	> 20	78	39.00

Table 2 indicates that,

Out of 200 samples, Majority of samples 122 (61%) had < 20 scores & 78 (39 %) had > 20 scores as per the modified EAT-26 scale, which is suggestive of a eating disorder & requires further investigation by qualified professionals.

The findings of this study are supported with the study done by Amit Upadhyah et al was conducted during 2012. The results revealed that, disturbed eating attitudes and behaviors were present in 26.67 % of adolescents girls in the sample studied. This group was significantly older, had earlier menarche and lower BMI. Mean scores and percentage scores on all the scales to assess psychological risk factors were found to be significantly higher in the ED group i.e. there were significant associations ($p < 0.0001$) between elevated EAT scores and dieting behavior, higher drive for thinness and body dissatisfaction, external pressures, mood susceptibility of feeding patterns, perfectionism, occurrence of negative life events and presence and adequacy of emotional support system.⁹

However, this is suggested that there is a prevalence of eating disorders among teen agers of selected junior colleges of Kolhapur.

Table 3- Mean, Median, Mode, Standard Deviation & Range of EAT-26 score of teen agers. n=200

Mean	Median	Mode	Standard Deviation	Range
18	18	19	2.66	29

CONCLUSION:

Based on the findings of the study it is suggestive of a eating disorder & requires further investigation by qualified professionals. There is an emerging need to provide information booklet on eating disorders and its prevention. It is high time we should understand that all the parents should know the need to prevent from eating disorders.

NURSING IMPLICATION

The findings of the present study have served implications in different areas which are discussed in following area;

Nursing Education-

The finding of the study revealed that the prevalence of eating disorders among teen agers is comparatively more. So stress should be made. The informational booklet can also be utilized by the students in community & hospital.

Nursing Practice-

The present study shows that majority of teen agers are more prone to develop an eating disorders. The information can be given during educational session, which helps in preventing or reducing eating disorders among teen agers.

Nursing Administration-

Nurses are vital source in educating the public on various health related issues. The information can be considered as an awareness program from junior college students & teachers. The nursing administrator can use informational booklet, posters & charts regarding eating disorders & its prevention in hospitals with pediatric OPD & in patient ward facilities & community areas. In order to make the parents aware about the eating disorders & its prevention, the administrators can communicate these findings to the parents of teen agers. They can incorporate this in practice.

Nursing Research-

The present study can be a source of review of literature for others who are intending to conduct studies on eating disorders among teen agers. Evidence based practice improves the quality of life and this study focuses on prevalence of eating disorders among teen agers.

ACKNOWLEDGEMENT:

I am grateful to the D.Y. Patil Education Society, Institution Deemed to be University, Kolhapur for making it possible to study here. I express immense gratitude to Principals of selected junior colleges of Kolhapur who granted permission and extended their kind co-operation and also providing an excellent work environment during the study. I also acknowledge with much appreciation the crucial role of the study samples for their participation in the study.

REFERENCES:

- Health, N. (2019, December 27). Eating disorders in children: More common than you might think. Narayana Health Care. Retrieved from <https://www.narayanahealth.org/blog/eating-disorders-in-children-more-common-than-you-might-think/>
- Newsroom, Eating Disorders in Children and Adolescents, Posted on Dec 21, 2020, <https://www.hopkinsallchildrens.org/ACH-News/General-News/Eating-Disorders-in-Children-and-Adolescents>
- Foster, R. L. (1989). Family-centered nursing care of children. Saunders.
- Buhrich, N. (1981). Frequency of presentation of anorexia nervosa and bulimia nervosa in a geographically defined area in Japan. International Journal of Eating Disorders, 28(2), 173-180. [https://doi.org/10.1002/1098-108x\(200009\)28:2<173::aid-eat6>3.0.co;2-i](https://doi.org/10.1002/1098-108x(200009)28:2<173::aid-eat6>3.0.co;2-i)
- Lee, S. (1991). Anorexia nervosa in Hong Kong: A Chinese perspective. Psychological Medicine, 21(3), 703-711. <https://doi.org/10.1017/s0033291700022340>
- Kuboki, T., Nomura, S., Ide, M., Suematsu, H., & Araki, S. (1996). Epidemiological data on anorexia nervosa in Japan. Psychiatry Research, 62(1), 11-16. [https://doi.org/10.1016/0165-1781\(96\)02988-5](https://doi.org/10.1016/0165-1781(96)02988-5)
- Nakamura, K., Yamamoto, M., Yamazaki, O., Kawashima, Y., Muto, K., Someya, T., Sakurai, K., & Nozoe, S. (2000). Prevalence of anorexia nervosa and bulimia nervosa in a geographically defined area in Japan. International Journal of Eating Disorders, 28(2), 173-180. [https://doi.org/10.1002/1098-108x\(200009\)28:2<173::aid-eat6>3.0.co;2-i](https://doi.org/10.1002/1098-108x(200009)28:2<173::aid-eat6>3.0.co;2-i)
- Nobakht, M., & Dezhkam, M. (2000). An epidemiological study of eating disorders in Iran. International Journal of Eating Disorders, 28(3), 265-271. [https://doi.org/10.1002/1098-108x\(200011\)28:3<265::aid-eat3>3.0.co;2-1](https://doi.org/10.1002/1098-108x(200011)28:3<265::aid-eat3>3.0.co;2-1)
- Upadhyah, A., Misra, R., Parchwani, D., & Maheria, P. (2014). Prevalence and risk factors for eating disorders in Indian adolescent females. National Journal of Physiology, Pharmacy and Pharmacology, 4(2), 153. <https://doi.org/10.5455/njpp.2014.4.041220131>