



**A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE  
REGARDING EATING DISORDER AMONG ADOLESCENT IN SELECTED  
SCHOOL AT SIKAR DISTRICT (RAJASTHAN)**

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## ABSTRACT

*Nutrition is a major environmental influence of physical and mental growth and development in early life. Eating disorders are complex illnesses that affect adolescents with increasing frequency. The rank has the third most common chronic illness in adolescent females. Eating disorders are a variety of disordered eating attitude; seriously interrupt in women in the process of adapting nourishing habits during the pre conceptual period. Eating disorders are a daily struggle for ten million females and one million males in the U.S. The three most common eating disorders are Anorexia nervosa, Bulimia nervosa and binge eating disorders. These eating disorders are a coping mechanism the result in an obsession with food and / or weight, anxiety around eating guilt, and severe and adverse effects and psychological and physical health. Eating disorder should be taken very seriously. Although it is a socio cultural problem of developed society, now days it is also increasing rapidly in developing countries. No specific cause can be found for these disorders. They affect persons from all socio economic classes, ages, genders and ethnic cultures. Two major sub groups of the disorders are recognized a restrictive form in which food intake is severely limited (Anorexia nervosa) and a bulimic form, in which binge eating episodes are followed by attempts to minimize the effects of over eating via vomiting, catharsis, exercise or fasting<sup>10</sup>. The finding of the study showed that the overall mean knowledge score with standard deviation was 3.32 and the highest frequency of adolescents 60 (60.00%) had inadequate knowledge on eating disorders and in attitude the mean attitude score with SD was 8.48 and the most of 70 (70.00%) adolescents had positive attitude towards eating disorders. The negative correlation ( $r = -0.020$ ) was found between the knowledge of adolescents and attitude of adolescents towards eating disorders. The result of association between knowledge regarding eating disorders among adolescents with age (calculated  $\chi^2$  value 55.18), gender (calculated  $\chi^2$  value 22.37) education (calculated  $\chi^2$  value 9.84), type of family (calculated  $\chi^2$  value 81.77) and body built (calculated  $\chi^2$  value 5.991) are found significant at 0.05 level of significance. Association of the level of attitude with Age (calculated  $\chi^2$  value 17.12), gender (calculated  $\chi^2$  value 5.51) Education of adolescent (calculated  $\chi^2$  value 9.58) are found significant at 0.05 LOS.*

**Keywords: Adolescents; eating disorder; knowledge; attitude; Anorexia nervosa; EAT 26; Bulimia nervosa; binge eating disorder**

## **INTRODUCTION**

Nutrition is a major environmental influence of physical and mental growth and development in early life. Eating disorders are complex illnesses that affect adolescents with increasing frequency. Health care professional's educators and students need to understand eating disorder, one of the major impediments to nutritional health in the adolescent period<sup>5</sup>.

Monitoring the quality of the foods consumed during childhood and adolescence is important as little is known about the factors that promote changes in the eating behavior and as fasting, irregular and restricted diets, compulsive or frequent consumption of highly energetic foods, rich in sugar and fat are frequent to replace healthy food during this food<sup>6</sup>. These practices are the main factors responsible for the current epidemiological situation of overweight, obesity, nutritional deficiencies, non-transmissible chronic illnesses and risk behaviors for eating disorders during childhood and adolescence<sup>7</sup>. Developing the knowledge and attitude of adolescent about eating disorders is helpful in prevention of medical and psychiatric complications that may result from Anorexia nervosa, and Bulimia nervosa<sup>12</sup>.

## **NEED OF THE STUDY**

Most people in India struggle to get enough to eat - one estimate is that 60% of India's women are clinically malnourished. But psychiatrists in urban areas are reporting cases of anorexia nervosa, the so-called slimming disease that can cause sufferers to starve themselves to death

The national institute of mental health reports that 2.7% of teens aged 13-18 years old struggle with an eating disorder 50% of teenage girls and 30% of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, vomiting and taking laxatives to control their weight. 90% of those who have eating disorder are women between the age of 12 and 25 years<sup>16</sup>. 15% of young women in the US who are not diagnosed with an eating disorder display substantially disordered eating attitude and behavior. Anorexia is the 3<sup>rd</sup> most common chronic illness among adolescents.<sup>17</sup>

## OBJECTIVE OF THE STUDY

- To assess the existing knowledge regarding eating disorders among adolescent in selected school at Sikar District.
- To assess the attitude regarding eating disorders among adolescent in selected school at Sikar District.
- To find the association between knowledge with selective demographic variables among adolescent in selected school at Sikar District.
- To find the association between attitude with selective demographic variables among adolescent in selected school at Sikar District.
- To establish relationship between knowledge and attitude regarding eating behaviour of adolescents of selected school at Sikar District (Rajasthan).

## HYPOTHESES

**H<sub>1</sub>**- There is a significant association between knowledge and selected demographic variables regarding eating disorder among adolescent in selected school at Sikar District at 0.05 level of significance.

**H<sub>01</sub>**- There is no significant association between knowledge and selected demographic variables regarding eating disorder among adolescent in selected school at Sikar District at 0.05 level of significance.

**H<sub>2</sub>**- There is a significant association between attitude and selected demographic variables regarding eating disorder among adolescent in selected school at Sikar District at 0.05 level of significance.

**H<sub>02</sub>**- There is no significant association between attitude and selected demographic variables regarding eating disorder among adolescent in selected school at Sikar District at 0.05 level of significance.

**H<sub>3</sub>**- There is a significant relationship between knowledge and attitude regarding eating disorder among adolescent in selected school at Sikar District at 0.05 level of significance.

**H<sub>03</sub>**- There is no significant relationship between knowledge and attitude regarding eating disorder among adolescent in selected school at Sikar District at 0.05 level of significance.

## METHODOLOGY

The present study was utilised quantitative research approach and a non -experimental descriptive design to assess the knowledge and attitude regarding eating disorder. The population of the study consist of adolescent of 12-18 years. The sample size is 100. The structured knowledge questionnaire and The Eating Attitude modified EAT-26 six point scales were selected and developed on selected aspects of eating disorders. The demographic variables consist of age, gender, education (Class of Adolescent), type of family, source of information, Food eating habits, and body built of adolescent and Residence.

The inclusion criteria for the study is adolescent of 12-18 year of age while the exclusion criteria are the adolescent more than and less than the age group of j12 to 18 years of age.

The data collected after obtaining the formal permission from competent authority and informed consent was taken from the participants before administered the questionnaire. The data collected was analysed by using descriptive and inferential statistics.

## RESULTS

**Table -1 Frequency and percentage distribution of adolescents according to demographic characteristics**

**N=100**

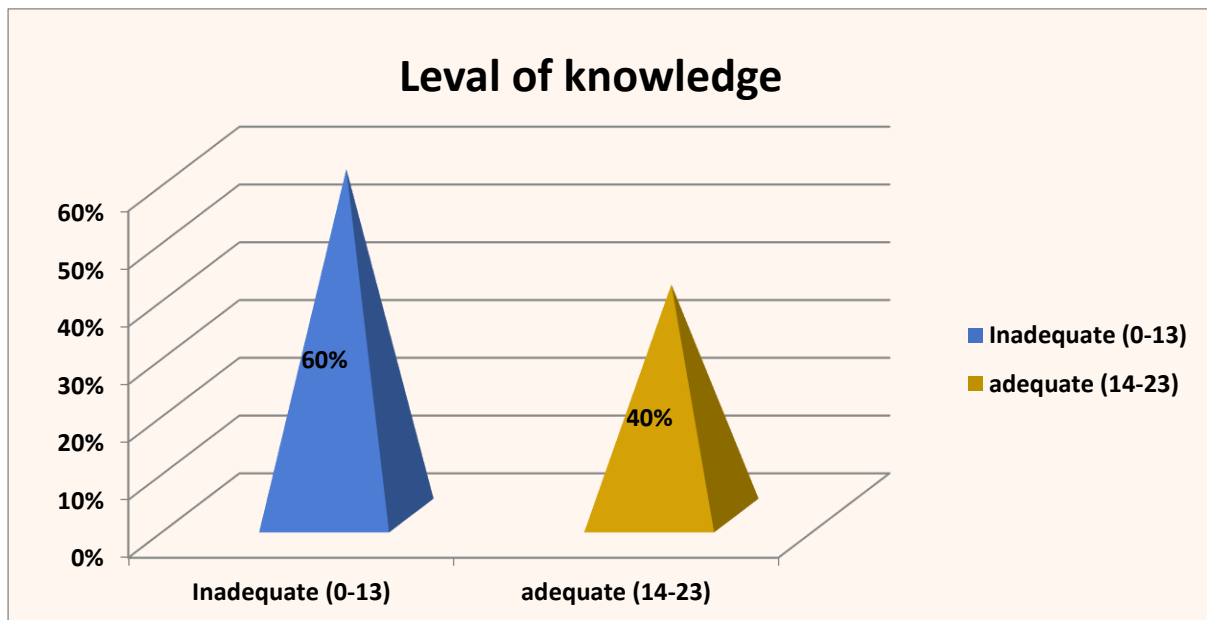
S. no.	Socio-demographic variables		Frequency	Percentage
1.	Age	12-14 years	16	16%
		15-16 years	40	40%
		17-18 years	44	44%
2.	Gender	Male	41	41%
		Female	59	59%
3.	Education	9 <sup>th</sup>	21	21%
		10 <sup>th</sup>	19	19%
		11 <sup>th</sup>	32	32%
		12 <sup>th</sup>	28	28%
4.	Type of family	Joint	67	67%
		Nuclear	33	33%
5.	Source of information	Healthcare worker	11	11%
		Family member	54	54%
		Friends	9	9 %
		Media	26	26 %
6.	Food eating habits	Home made	76	76%
		Fast food	16	16 %
		Junk food	8	8 %
7.	Body built of adolescent	Thin built	14	14%
		Moderately built	83	83%
		Obese	3	3 %
8.	Residence	Rural	60	60%
		Urban	40	40%

**Table-2**

**Over all knowledge on eating disorder among the adolescents**

**N=100**

<b>Knowledge</b>		
<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Inadequate (0-13)	60	60%
adequate (14-23)	40	40%

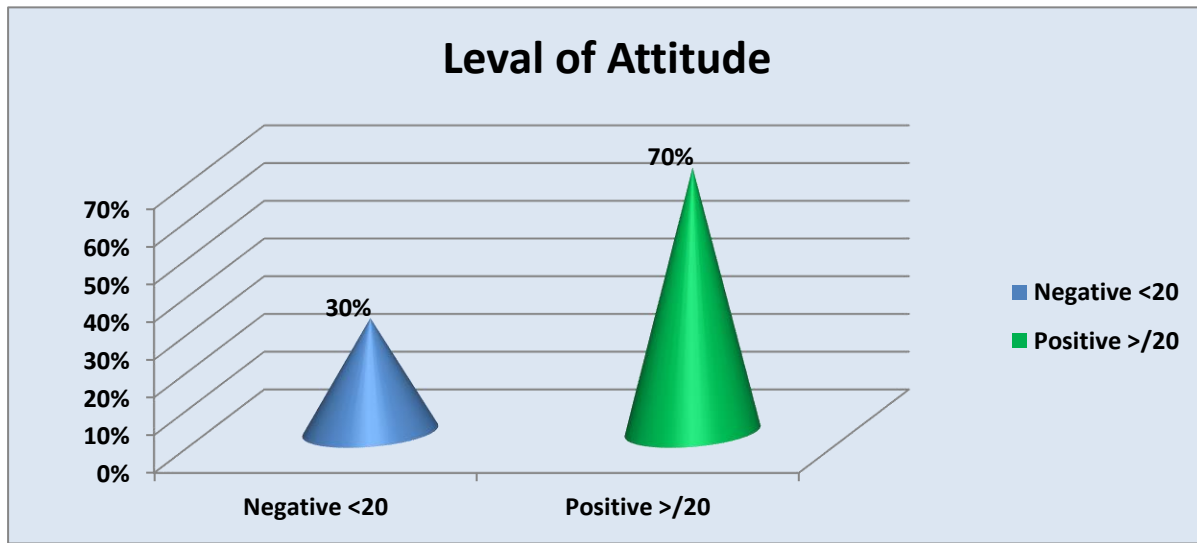


**Table No. 3**

**Attitude level of adolescents regarding eating disorders**

**N=100**

<b>Attitude</b>		
<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Negative <20	30	30%
Positive >/20	70	70%



**Table -4**

**Over all knowledge and attitude on eating disorder among the adolescents**

**N=100**

Aspects	Max.Score	Respondents Response		
		Mean	Mean (%)	SD
Knowledge	23	12.4	53.91%	3.32
Attitude	78	17.8	68.4%	8.48



**Table 5 - Association of the level of knowledge with selected socio-demographic Variables**

**N =100**

S. no.	Demographic variables		Frequency		Chi-square (Calculated value) ( $\chi^2$ )	Degree of freedom (df)	Tabulated value	L.O.S. @ 0.05
			Knowledge score					
			Inadequate (A)	Adequate (B)				
1.	Age	12-14 years	0	16	55.18	2	5.991	S
		15-16 years	17	23				
		17-18 years	43	01				
2.	Gender	Male	36	05	22.37		3.84	S
		Female	24	35				
3.	Education	9 <sup>th</sup>	7	14	9.84	3	7.815	S
		10 <sup>th</sup>	13	6				
		11 <sup>th</sup>	24	8				
		12 <sup>th</sup>	16	12				
4.	Type of family	Joint	27	40	81.77	1	3.841	S
		Nuclear	33	0				
5.	Source of information	Healthcare worker	7	4	2.746	3	7.815	NS
		Family member	35	19				
		Friends	6	3				
		Media	12	14				
6.	Food eating habits	Home made	46	30	0.121	2	5.991	NS
		Fast food	9	7				
		Junk food	5	3				
7.	Body built	Thin built	14	0	13.64	2	5.991	S
		Moderately built	43	40				
		Obese	3	0				
8.	Residence	Rural	40	20	2.76	1	3.841	NS

**Table 6 - Association of the level of attitude with selected socio-demographic Variables**

**N =100**

S. no.			Frequency		Chi-square (Calculated value) ( $\chi^2$ )	Degree of freedom (df)	Tabulated value	L.O.S. @ 0.05
			Attitude Score					
			Negative	Positive				
1.	Age	12-14 years	0	16	17.12	2	5.991	S
		15-16 years	8	32				
		17-18 years	22	22				
2.	Gender	Male	7	34	5.51	1	3.841	S
		Female	23	36				
3.	Education	9 <sup>th</sup>	3	18	9.58	3	7.815	S
		10 <sup>th</sup>	4	15				
		11 <sup>th</sup>	16	16				
		12 <sup>th</sup>	7	21				
4.	Type of family	Jont	19	48	0.257	1	3.841	NS
		Nuclear	11	22				
5.	Source of information	Healthcare	3	8	2.646	3	7.815	NS
		Family member	18	36				
		Friends	4	5				
		Media	5	21				
6.	Food eating habits	Home made	23	53	0.106	2	5.991	NS
		Fast food	5	11				
		Junk food	2	6				
7.	Body built	Thin built	8	6	5.785	2	5.991	NS
		Moderately built	21	62				
		Obese	1	2				
8.	Residence	Rural	19	41	0.196	1	3.841	NS

**Table : 7**

**Relationship between knowledge and attitude regarding eating disorder**

**N= 100**

Sr. No.	Mean	Mean Parentage (%)	SD	Calculated value of coefficient correlation	Tabulated value	LOS 0.05%
1	12.4	53.91	3.32	-0.020	0.19	NS
2	17.8	68.41	8.48			

**DISCUSSION**

The result of the study showed that the overall mean knowledge score with standard deviation was 3.32 and the highest frequency of adolescents 60 (60.00%) had inadequate knowledge on eating disorders and in attitude the mean attitude score with SD was 8.48 and the most of 70 (70.00%) adolescents had positive attitude towards eating disorders. The negative correlation ( $r = -0.020$ ) was found between the knowledge of adolescents and attitude of adolescents towards eating disorders. The result of association between knowledge regarding eating disorders among adolescents with age (calculated  $\chi^2$  value 55.18), gender (calculated  $\chi^2$  value 22.37) education (calculated  $\chi^2$  value 9.84), type of family (calculated  $\chi^2$  value 81.77) and body built (calculated  $\chi^2$  value 5.991) are found significant at 0.05 level of significance. Association of the level of attitude with Age (calculated  $\chi^2$  value 17.12), gender (calculated  $\chi^2$  value 5.51) Education of adolescent (calculated  $\chi^2$  value 9.58) are found significant at 0.05 LOS.

**CONCLUSION**

The study revealed that the level of knowledge and attitude regarding eating disorder was low among the adolescents. The findings also provide guidelines to plan different level of intervention strategies at primary secondary and tertiary level that present and control eating disorders and by contributing towards adolescent’s health and safety.

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