



A Study of Awareness about Anorexia Nervosa –An Eating Disorder among Adolescent Girls (A study of Patna town)

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Abstract : *Anorexia nervosa is an eating disorder that has gained a lot of attention both in the popular media and scientific literature since the last 20 to 25 years. The irony is that in our country where many people do not have enough food to eat, some people do not want to eat despite having enough. The two most common eating disorders- anorexia nervosa and bulimia nervosa have been described since the time of the ancient Greeks. Anorexia nervosa is characterised by extreme weight loss, distorted body image, and an irrational, almost morbid fear of obesity and weight gain. During adolescence, a period of turbulent sexual and social tensions, teenagers seek*

– and are often expected – to establish separate and independent lives. In the attempt to take change of their lives, some teenagers try to maintain extreme control over their bodies, which promotes anorexia nervosa. The discrepancy between actual and perceived body shape is an important gauge of the severity of the disease. Looking good does not help people deal with anger, depression, low self esteem, or past experiences with sexual abuse. If the issues are behind the disorder and are not resolved as weight is lost, the individual may intensify efforts to lose weight “to look even better” rather than work through unresolved psychological concerns. A combination of many factors as genetic factors, metabolism, personality issues, coping skills, family functioning, psychological issues, the social factors appear to contribute to the risk of anorexia. Treating patients, especially children and adolescents, usually involves a multi-disciplinary team approach. Treatment needs to be individualized depending on the person and family needs. Various treatments that have been suggested for anorexia nervosa include psychotherapy, psychoanalysis, simple supportive therapy, isolation, acupuncture, family therapy, behaviour modification and cognitive therapy. If left untreated, some of the physical effects of anorexia are irreversible.

Key words: *Adolescence, anorexia, eating disorder, bulimia.*

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Introduction :

Anorexia nervosa is an eating disorder that has gained a lot of attention both in the popular media and scientific literature from the last 20 to 25 years. The irony is that in our country where many people do not have enough food to eat, some people do not want to eat despite having enough. The term “anorexia” means loss of appetite but people with anorexia ignore hunger and thus control their desire to eat (Insel, 2007). Approximately 90% of the people diagnosed with anorexia are female, although the incidence of anorexia in adolescent males is also increasing. Currently, males make up about 20 to 30% of the cases of anorexia among youth.

The two most common eating disorders- anorexia nervosa and bulimia nervosa have been described since the time of the ancient Greeks. Both disorders are psychological problems expressed in part by food practices. Both erode medical, social and psychological well-being (Rao et al 1998). Anorexia is a condition that is seen most commonly in industrialized countries. In fact, anorexia is diagnosed most commonly in females ages 14 to 18. Study indicates that girls who felt negatively about their bodies in early adolescence were more likely to develop eating disorders, two years later, than their counterparts who did not feel negatively about their bodies (Attie & Books –Gunn 1989). The concerns of adolescents about maintaining good nutrition and health can sometimes lead to disordered or unhealthy eating (Polivy et al 2006). Teenagers use many strategies to avoid putting on too much weight. A recent national survey found that of the 62% of girls and 30% of boys, who were currently trying to lose weight, most had used exercise as a weight control technique and almost half had changed their eating habit (Eaton, 2006). Some adolescents become so concerned about losing weight that they take extreme measures.

Anorexia nervosa is characterised by extreme weight loss, distorted body image, and an irrational, almost morbid fear of obesity and weight gain. During adolescence, a period of turbulent sexual and social tensions, teenagers seek – and are often expected – to establish separate and independent lives (Wardlaw 1999). At the same time, their bodies are changing, and much of the change is beyond their control. Adolescents often lack appropriate coping mechanisms for the stresses of the teen years. In the attempt to take change of their lives, some teenagers try to maintain extreme control over their bodies, which promotes anorexia nervosa.

People with anorexia nervosa typically see themselves as fat as even though they are extremely thin. The discrepancy between actual and perceived body shape is an important gauge of the severity of the disease (Santrock, 2008). Still, looking good does not necessary help people deal with anger, depression, low self esteem, or past experiences with sexual abuse. The stress of having to maintain a certain weight to look attractive or competent on a job can also lead to distorted eating. If these issues are behind the disorder and are not resolved as weight is lost, the individual may intensify efforts to lose weight “to look even better” rather than work through unresolved psychological concerns. People diagnosed with anorexia tie their self-esteem with their ability to lose weight and stay thin. They view their weight loss as a sign of self-worth, but it is seen as a sign of weakness, poor self-discipline and failure. An anorexic seems to have a greater fear of becoming obese than of dying of starvation. Self-induced weight loss is caused by avoiding fatty foods and doing excessive exercises, using laxative or secretive or self induced vomiting. About 6% people with anorexia die within ten years of diagnosis –from suicide, heart ailments and infections. About one fourth of those with anorexia

nervosa recover the rest simply exist with the disease or go on to develop another form of eating disorder. The longer someone suffers from this eating disorder, the poorer the chances of complete recovery.

Anorexics are very concerned about controlling all aspects of their lives. They may seem very rigid, inflexible, or strict in their views of the world. They seem more depressed, sad or irritable. People with anorexia have trouble sleeping or staying focused on tasks, and they may withdraw from social interactions or lose interest in activities that used to give them great pleasure. Denial is a hallmark psychological characteristic of anorexia (Patterson, 2008). These individuals often do not accept, or simply don't understand, that there may be links between recent life events, their emotional condition, and their current eating patterns. Such denial and lack of insight often frustrates friends and family members, cause conflict with others and adds to the person's sense of social isolation.

A combination of many factors as genetic factors, metabolism, personality issues, coping skills, family functioning, psychological issues, the social factors appear to contribute to the risk of anorexia (Kalpana, 2007). It is not just a problem with food or weight; it is an attempt to use food and weight to deal with emotional problems such as stress, anxiety, unhappiness and feeling that life is out of control. Anorexia is a negative way to cope with these emotions. Young people involved in sports, particularly those in which weight is a consideration, such as gymnastics or wrestling, also are more at risk for developing anorexia. Extremely low body weight, intense fear of gaining weight or becoming fat, distorted views of body weight and shape, failure of menstruation are the significant symptoms of an anorexic (Williams, 2005).

Treatment for anorexia suffers from an unfortunate dilemma. This disorder has the highest mortality rate of any psychiatric diagnosis, but treatment does not show a high success rate. Between 5% to 10% of all anorexics die from their disorder. Most die of cardiac arrhythmia, but suicide is also a frequent cause of death (Nix, 2009). Despite the very real possibility of death, anorexia nervosa remains one of the most difficult behaviour disorders to treat. About 50% of anorexics recover, 30% improve but struggle with eating related or body image problems and 20% experience continued pathology.

Treating patients, especially children and adolescents, usually involves a multi-disciplinary team approach. The team consists of a primary care clinician, dietician, psychologist and a psychiatrist. Treatment needs to be individualized depending on the person and family needs. Various treatments that have been suggested for anorexia nervosa include psychotherapy, psychoanalysis, simple supportive therapy, isolation, acupuncture, family therapy, behaviour modification and cognitive therapy (Santrock, 2006). The doctor must frequently advise integrated and multifaceted programmes for anorexics because they differ widely in psychological, social, behavioural and biological functioning. The most difficult and critical factor in treatment is to convince the patient to go for therapy as most of them deny their illness and insist that they are healthy and nothing is wrong with them. Milder forms of the disorder with a short duration could be treated in outpatients department, but chronic forms with severe weight loss; dehydration, hypotension etc need hospitalization. The emphasis is laid more on gaining weight and on eating, though the eating has to be encouraged and supervised. Gaining at least 90% of the expected weight is the target. Along with the attempts to improve weight there is a need for supportive psychotherapy to help the patient to deal with her current emotional problems and family therapy to educate the family about the

disorder and its management and to sort out the tensions in the family relationships. Nutrition counselling should be done in consultation with mental health professionals who can give psychotherapy to these patients. They help these patients to understand their perceptions and unrealistic expectations for themselves, family members and other significant persons. For the management of the disease, maintaining honest and careful relationship with the parents, educating the parents about the clinical features and factors responsible for anorexia, importance of weight gain and persuading the patient to gain weight in a slow and controlled way is of paramount importance. If left untreated, some of the physical effects of anorexia are irreversible.

Objectives:

1. To know about the awareness of eating disorders in adolescent girls.
2. To find out the causes and symptoms of anorexia nervosa.
3. To find out the risk factors responsible for emotional and behavioural changes in adolescent girls.

Methodology:

Sample and sampling : An incidental sampling technique was adopted for the study keeping in mind the age of the girls/women.

Sample size : The 100 cases in the age group of 16 to 20 years were taken.

Sampling method: A incidental sampling technique was adopted for the study.

Research Tools: An interview schedule having 27 questions were prepared for data collection.

Statistical technique : The data collected was tabulated and analyzed with the frequency distribution method and further expressed in percentage.

Area of study: Patna Women’s College and J.D.Women’s College, Patna.

Results and Discussion: The obtained results were discussed under the following headings:

1. Knowledge about Anorexia nervosa.
2. Causes of Anorexia Nervosa.
3. Psychological risk factors.
4. Physical effects of Anorexia nervosa.
5. Methods of prevention.

Anorexia nervosa is a complex and serious eating disorder with three key features as, refusal to maintain a healthy body weight. Anorexics have intense fear of gaining weight. Following table no. 1 shows that 86% respondents said that anorexia nervosa is an eating disorder whereas 4% respondents told that anorexia is a physical disorder. No one has related it with psychological state of mind. 10% girls said they do not know anything about this.

Table No.-1 : About Anorexia Nervosa (N=100)

Sl. No.	Anorexia nervosa	Number	%
1.	Eating disorder	86	86
2.	Psychological disorder	–	–
3.	Physical disorder	4	4
4.	Do not know	10	10
	Total	100	100

There is no specific cause of anorexia nervosa. Researchers still are not sure why some people get anorexia while others do not. A combination of factors, including genetic factors, metabolism, personality issues, coping skills, family functioning, psychological issues and social factors appear to contribute to the risk for anorexia. When asked about whether they know about causes of anorexia nervosa, no one considered any social or genetic factor as the reason of anorexia. 72% said that eating very less food is the main cause of anorexia. Due to the fear of gaining weight, 6% respondents do not take adequate amount of food recommended for their age group.

Metabolic functions are totally ignored by every respondent. 18% respondents considered all above factors responsible for anorexia nervosa.

Table No. – 2 : Cause of Anorexia Nervosa (N=100)

Sl. No.	Cause of Anorexia Nervosa	Number	%
1.	Social factors	—	—
2.	Eating very less food	72	72
3.	Genetic or parental factors	—	—
4.	Fear of gaining weight	6	6
5.	Metabolic function	—	—
6.	Wrong dieting technique	4	4
7.	All	18	18
	Total	100	100

Table No. – 3 : Psychological risk factors (N=100)

Sl. No.	Psychological Factors	Number	%
1.	Fear of gaining weight	6	6
2.	Perfectionism	8	8
3.	Lack of self-esteem	2	2
4.	Teasing about weight and body shape	4	4
5.	All above	80	80
	Total	100	100

According to above table no 2, 6% respondents said that anorexics don't want to eat food due to the fear of gaining weight. Another 8% girls answered that people with anorexia are often perfectionists. 2% respondents considered lack of self-esteem as a result of anorexia. Teasing about weight and body shape (4%) is also a major risk factor for anorexics. Rest of 80% respondents considered all the factors (lack of self-esteem, fear of gaining weight, teasing by family and friends) responsible for anorexia nervosa.

Anorexia nervosa has very devastating physical effects. Not only in our country, but in many

African countries, people are suffering from acute hunger and malnutrition. They have no food to eat whereas some people do not eat only to maintain their figure. When we asked the respondents about the physical effects of anorexia, 32% said that anorexia results in malnutrition. No one voted to amenorrhea and osteoporosis. 6% respondents told people suffer from electrolyte imbalance due to regular extensive fasting or anorexia nervosa. 10% respondents complained low blood pressure and 12% said that anorexics suffer from anaemia. Rest of 40% girls told that an anorexic face all above problems.

Table No. – 4 : Physical effects of Anorexia Nervosa (N=100)

Sl. No.	Physical Effects	Number	%
1.	Malnutrition	32	32
2.	Amenorrhea		
3.	Osteoporosis		
4.	Electrolyte imbalance	6	6
5.	Low blood pressure	10	10
6.	Anaemia	12	12
7.	All above	40	40
	Total	100	100

Educating the public about the important health benefits of appropriate nutrition is generally beneficial. When we asked the respondents about the measures to prevent anorexia nervosa, 26% respondents told that people should be made aware of good eating habits to be healthy.

Table No. – 5 : Methods of prevention (N=100)

Sl. No.	Methods of Prevention	Number	%
1.	By developing good eating habit	26	26
2.	Maintaining ideal body weight	4	4
3.	Good and healthy diet	58	58
4.	By spreading awareness about the ill Effects of eating disorder	12	12
	Total	100	100

4% respondents believed that maintaining ideal weight according to the age and height will eradicate this problem. 58% stressed on having good, healthy and nutritious diet. 12% respondents said that people should be made aware of the ill effects of eating disorder.

Conclusion and Recommendations :

It is imperative from the study that the health status of adolescent girls is not good. During the survey, we found that many girls were unaware of their daily nutritional requirement. They had no knowledge of the nutrient to be taken and the quantity to be taken very small percentage of adolescents knew something about anorexia, its causes, and symptoms and how it can be prevented. This scenario calls for immediate response of the parents, society and the government. Adolescent girls need access to information regarding proper and good eating habits, diet plans, the daily requirement of each nutrient and health services made available for them. Health and nutrition awareness programmes can reach the girls through a variety of avenues, including schools, workplaces, youth oriented health programmes, health camps etc. Promoting female education and literacy can improve nutrition and encourage in adopting them healthy eating habit. Parents should be also careful to the eating habits of their children and be sure that they take nutritious diet always. Then the country will be empowered and healthy. To save the precious life of the people following steps should be taken.

- Make the people aware of the nutrition, especially good nutrition.
- Consult a chart that contains height-weight recommendation or body-mass index rather than a fashion magazine to determine what the correct weight is for them.

- Give-up dieting. Instead consider any dietary change as a permanent change. Concentrate less on food restriction and more on exercise as a way to change body shape of the body.
- Help the anorexics to feel the physical and emotional damages they have suffered.
- Eating disorder professionals should be contacted who can give help and advice to the anorexics to regain their weight and develop healthier attitudes towards food and their bodies.

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