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Adolescents' Awareness and Attitude towards Disordered Eating in Imo State (Pp 164-173)

Okereke, Chinwe - Faculty of Education, Imo State University, Owerri
E-mail: chynetf@yahoo.com

Abstract

The study investigated on the knowledge and attitude of secondary school students towards disordered eating. A sample of 300 students from six secondary schools was randomly selected in Owerri Municipal. A questionnaire titled QSKATDE was developed, structured and validated ($r = 0.80$). Four research questions and one null hypothesis were formulated for the study statistical weighted mean was used to answer the research questions and t-test was used in testing the null hypothesis. The results showed that the adolescents have poor knowledge of various forms of disordered eating; they know little about the effects of disordered eating. There is a significant difference in the boys and girls knowledge and attitude towards disordered eating. Based on the findings, recommendations were made.

Introduction

For humans, eating food is more than a mere biological necessity; it is an experience that reflects a person's cultural identify. Human nutrition is the study of how food affects the health and survival of the human body. Human beings require food to grow, reproduce and maintain good health. Without food, our bodies could not stay warm, build or repair tissues or maintain a heartbeat. Eating the right foods can help us avoid certain diseases or recover faster when illness occurs (Encarta, 2008).

Adolescents have complex nutritional needs because of their continued physical growth and development with great participation in strenuous activities. Some indulge in abnormal feeding behaviour which include; skipping of meals, eating more than they can stand, trying unconventional diets, due to peer pressure and fashion.

Disordered eating refers to mild and temporary changes in eating pattern that occur in relation to stressful events, illness or in adequate food. It does not lead to significant mental, social health, school problems and rarely causes major medical complications. Latten not handled properly can become more serious. Some adolescents enslave themselves with unhealthy rituals around the process of eating. Eating disorders are conditions in which an individual experiences severe disturbances in eating behaviours. According to Ofoegbu (2002), there are two major types of disordered eating:-

- Anorexia Nervosa
- Bulimia Nervosa

Anorexia Nervosa: This is a disordered eating in which the individual starves self and loose weight at some point in their lives but people with anorexia nervosa carry the wish to an extreme, developing an intense fear of becoming fat that leads them to diet to the point of emancipation. According to Halgin and Whit Bournes (1994), this fear of becoming fat is a central feature of assessment techniques used for diagnosing anorexia nervosa. Some also engage in various behaviours geared towards weight loss, like abusive use of laxatives and engaging in compulsive physical exercises.

Effects of Anorexia Nervosa

Due to the starvation associated with anorexia nervosa, a number of abnormalities are caused such as disturbance in menstruation, dry and cracking skin, slowed heartbeat, intolerance to cold, thin brittle hair.

Bulimia Nervosa: It is an eating disorder usually characterized by fast eating of large quantity of food at least two times a week with periods of self induced purging. The bulimic takes large quantities of food in a short period of time and gets rid of the food from the body by self-included vomiting, use of diuretics or vigorous exercising.

Bulimics maybe too much concerned with the image and weight of their bodies. And since they fear weight gain, they indulge in severe dieting, they

are ashamed and disgusted of their odd eating habit and are uncontrollable in the sight of food. Vomiting and purging gives them relief from the discomfort of over eating.

Societal emphasis on being thin and the use of very thin girls as models showcase thin as an "in thin". The pressure is more on females because they always want to "belong". Many girls conclude that they are overweight because their bodies are much rounder than those of the fashion models and actresses who are held up as paragons of female perfection.

Interestingly, many men do not find such extreme thinness in women as an attraction, but on the contrary, prefer a body sized girl of some what larger than the one referred to as ideal (Fralton and Rocip, 1985).

Effects of Bulimia Nervosa

Bulimia Nervosa causes Electrolyte imbalance, pancreases dysfunction, swollen salivary gland, chemical induced pneumonia, gast intestinal disturbance, cardiac irregularities, sore throat and rupture of the heart (Mitchelleta, 1991).

Theoretical Framework

Disordered eating has been variously examined ranging from classic psychoanalytic theories to explanations based on biochemical abnormalities (Tobin, 1991). From the socio-cultural perspective the society's idealistic belief of thinness has led many adolescent girls to equate beauty with slim figures. As they grow up to maturity, they read magazines, talk to friends, watch television and movies and are repeatedly confronted with the glamour associated with slim look.

Biological perspectives view eating disorder as a result of biochemical abnormalities that possibly have genetic link: disordered eating sometimes run in the family and mood disorder are common in families with eating disorders.

Statement of Problem

Today's adolescents are exposed to psychologically sophisticated media. These may be a contributing factor to the prevalence of eating disorders. They may confuse adolescents who are trying to establish an ego ideal self. Social experience and group activities center around food. The recent changes offer more opportunity for disturbing eating patterns to develop. Eating has

become a primary recreational, social activity especially among young people. Adolescent sees as a stressful activity especially when alone or in the dormitory. There is an opportunity not to eat regularly. The potential to develop unhealthful eating patterns is much easier. Are the adolescents aware of these and how do they see the situation?

Purpose of the Study

The result of this study will educate parents on the problems of adolescents, disordered eating and the implications of wrong information on feeding pattern. Adolescents will be educated on how to accept themselves and forget about wanting to be like someone else. Rather they should eat moderately and be healthy. The recommendation will encourage the society to change their attitude towards the concept of modeling skinning girls as a yardstick for a healthy living or a norm. It will also great awareness for adolescents to eat balanced diet to maintain growth and development commensurate with their age and academics.

Research Questions / Hypotheses

Four research questions and two null hypotheses guided the study.

- How far do adolescents know of disordered eating?
- To what extent do adolescents know the two major types of disordered eating?
- How aware are adolescents?
- On the effects of disordered eating
- What are the adolescents' attitude towards disordered eating?

Ho₁: There is no significant difference in adolescents knowledge of two major types disordered eating due to gender.

Methodology

The study is a survey type meant to seek data on the opinions, attitudes and views of adolescents on disordered eating. It made use of a sample of a population and a questionnaire for data collection.

The population of the study was secondary schools students in Owerri Municipal aged between 12 – 18 years. The sample consisted of 300 students out of 3,000, students from six secondary schools in Owerri Municipal, 5 students were randomly chosen from each school.

Data was collected through a 10 item questionnaire developed by the researcher and structured on a four point Likert Scale with response options of Strongly Agree, Agree, Disagree and Strongly Disagree. The instrument which was titled (QSKATDE) was face validated by two experts in the areas of educational measurement and evaluation and food and nutrition their views were added in the final arrangement of the questionnaire. The reliability of the instrument was obtained using "cromback" alpha with coefficient of 0.80 which was seen as high enough.

Data was collected by the researcher and two trained assistants. On the spot collection was applied to avoid loss of questionnaire. Statistical means were used to answer the research question while t-tests were applied in testing the hypothesis at 0.05 level of significance. The acceptance level is 2.50 and above.

Results and Discussions

The findings are presented in the tables below according to the research questions.

Research Question I:

How far adolescents know of disordered eating?

From table 1, adolescents indulge in disordered eating without realizing it. In item 1, the mean score is 2.50 which is acceptable. They agreed that they do not eat when ill. Item 2 had a low mean of 2.20 because the adolescents do not agree that they are supposed to eat three regular meals a day. The adolescents accepted that mood affect their eating habit which is in line with what Ciutirrez and King (1993) posited that abnormal feeding behaviour in adolescents include, skipping of meats, meals eating away from home, consuming fast foods and trying unconventional diets. Their friends influence what they eat and when the food is eaten. Items 7, 8, 9 are not accepted because of low means supporting this finding is Onwuama (2004) who contributed that the disordered eating habits of adolescents are attributed to their changing lifestyles of increased independence, busy schedules, search for self-identity, peer influence, group conformity and body image dissatisfaction. Onwuama continued by concluding that parental interest in adolescent food habits would ensure that they feed on at least one nourishing meal each day.

In table II, items 1, 4, 7 and 8 are acceptable because the meals are 2.50, 2.60, 2.58 and 2.70 respectively. The adolescents accepted being concerned

about their weight. Some say they cannot stop eating after eating they feel very uncomfortable. Few agreed on inducing vomiting.

Quite a lot accepted that they try always to be active, not knowing what to do with their leisure. Some do not understand why they are having the problem of eating.

Adolescents have a little knowledge of anorexia and bulimia nervosa. Developmental psychologists are stipulating that awareness should be created for female adolescents to be grounded in the two major types of disordered eating because they are quick in identity formation. In other words, females develop their identity as they experience themselves through attachment in relationships (Choclorow, 1974, Gilligan, 1979 and Marcia, 1980). As a result of the above females adolescents tend to be more aware of the impact of individual decisions on others and they are more likely to make changes in themselves when they feel others support them.

From table III, only two items have mean of 3.0 and 2.50, the adolescents are aware of visible emancipation as an effect of anorexia. They may also have noticed cracking skin by those that have disordered eating. The rest of the items are not accepted. This shows that they have very low awareness on the effects of the two major disordered eating.

Table IV shows a reflection of adolescent poor knowledge of disordered eating and poor attitude towards it. "Their attitude is that they probably have a different carrier down the road" (Encarta, 2008). Since these adolescents are "dying to be thin", poor attitude results to poor feeding.

According to Leutwyler (2008), when the body is not given enough of anyone of the essential nutrients over a period of time, it becomes weak and less able to fight infection. The brain may become sluggish and react slowly. They body will tap its stored fats for energy and muscle is broken down to use for energy. The above is in line with attitudes items 1 and 4 with means 3.90 and 297.

Item 5 with low mean of 2.00 saying that disordered eating are for those that cannot control themselves. A recent study found that even the centerfold models felt the need to lie about their heights and weights (Microsoft Student, 2008).

Item 6 with mean 3.00, it is hereditary. It is accepted because the mean score is above acceptance level. Bruch (retrieved 2008) believed that disturbed

mother-child interactions lead to serious ego deficiencies in the child as well as severe cognitive disturbances, which they combined to produce individuals with eating disorders. Again, a study in the Archives of General Psychiatry (2006) opines that complications during pregnancy and after birth maybe as a result of subsequent development of eating disorders. Researchers identified specific material and newborn problem that may increase the risk of developing either anorexia nervosa or bulimia nervosa.

Item 7 with mean score of 0.98 is not accepted. The adolescents' low attitude does not mean that ethnic factors do not exist. Most studies of individuals with eating disorders have been conducted in Caucasian middle-class females. The majority are Hispanic Americans and African – Americans, adolescents who are affected, because of poor body images caused by cultural attitudes that demigrate the physical characteristics of minorities.

A 2004 study found that about the same percentage of women (Causasian 72.0%), African – American women (68.3%), and Hispanic women (69.4%) wanted to weight less, and about half of the women in each group were actively trying to lose weight.

A 2000 study on Asian women also reported dates of dieting and body dissatisfaction that were similar to those in other cultures. In item 3 with acceptable mean of 3.33, shows that adolescents' attitude is that eating disorder is for young people. This agrees with a write up that eating disorders occurs most often in adolescents and young adults. However, new research finds that they are increasingly prevalent among young children. Eating disorders are more difficult to identify in young children because they are rarely suspected (Corners Abnormal Psychology, 1990 retrieved 2008).

T – Test Analysis for Testing the Hypothesis

From the calculation, the $t\text{-cal} = 2.90$ and the $t\text{-tab} = 2.10$. This value was tested for significance by comparing it with the critical value at 0.05 level of significance. The critical $t\text{-value}$ is less than the calculated. Hence, the result is significant. There is a significant difference on the knowledge of boys and girls on disordered eating.

Recommendations

Based on the findings, the following recommendations are made:-

- Awareness should be created on the types of eating disorder.

- Adolescents' should be advised to lead a healthy life.
- Counsellors should go for training on how to control disordered eating among students.
- The students should be made to realize that what affects their health, affects their education and the nation.
- Parents should provide food for their children.

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Table 1

No.	Items	X
1.	I do not eat when am ill.	2.50
2.	I am suppose to eat three regular/meals a day.	2.20
3.	My mood affects my eating habit.	2.55
4.	I prefer snacks to main meals.	2.80
5.	I eat small because I am fat.	2.40
6.	My friends choice of food affect my attitude to food.	2.85
7.	Television adverts affect my choice of food.	2.25
8.	I eat more when am under pressure.	2.20
9.	I do not eat when am stressed up.	2.15

Table II: Knowledge of adolescents' on Anorexia and Bulimia Nervosa.

No.	Items	X
1.	I am constantly thinking about my weight.	2.50
2.	I am obsessed by the wish to be slim.	2.46
3.	I do not feel that I am hungry.	2.38
4.	I cannot stop eating.	2.60
5.	I frequently vomit.	1.18
6.	I take laxatives to control weight.	1.20
7.	I constantly want to be active.	2.58
8.	I do not know why I have eating problems.	2.70

Table III: Adolescent awareness on the effects of Bulimia and Anorexia Nervosa

No.	Items	X
1.	Emancipated appearance	3.0
2.	Cracking skin	2.5
3.	Thin brittle hair	2.48
4.	Disordered teeth	2.00
5.	Sore throat	2.25
6.	Pneumonia	2.10

Table IV: Adolescents Attitude towards Disordered Eating.

No.	Items	X
1.	Disordered eating can be dangerous to health	3.90
2.	Disordered eating kills	0.89
3.	Young people are mainly affected by disordered eating	3.33
4.	Disordered eating is used to cover low self-esteem	2.97
5.	It is for those that cannot control themselves.	2.00
6.	It is hereditary	3.00
7.	It is cultural	0.98