

Study of Anorexia Nervosa among Male and Female Adolescents

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Abstract

Aim: To study Anorexia Nervosa among male and female adolescents. **Method:** A sample of 200 from which 100 was male and 100 was female of Ludhiana were assessed for data collection. Anorexia Test designed by V.L. Chouhan & A. Banerjee (2005) was used. **Results:** Both genders are equally affected from Anorexia Nervosa. **Conclusion:** There was no significant difference exists between mean scores of conflict dimensions of the variable of Anorexia Nervosa of male and female adolescents.

KEYWORDS: Anorexia Nervosa, Adolescents

Introduction:

Eating disorder is very common among adolescents now a days. People thought that it is only women disorder but it affects more to women than men, but men also suffer from eating disorder too. Out of ten teenage girls, one girl has an eating disorder, medical expert have warned. In major study it has found that boys are also at risk. The problem is now so severe it threatens the health of an entire generation. This disease mostly common in young boys and girls between age 15 to 18 and often onset usually during in adolescence period start.

Anorexia Nervosa is serious eating disorder that effects both the gender of all the ages. In North America the incidence of Anorexia Nervosa increased dramatically since the 1960s, coinciding with a drastic change in the feminine body ideal towards thinness, as propagated by the fashion lords and publicized by the media. Since the 1980s cases of Anorexia Nervosa have also become increasingly known in non-Western countries among young women is social strata exposed to heavy Westernizing influence, notably in Japan and Hong Kong in the first half of the 20th century, a variety of views of the disorder emerged Pierre Janet considered anorexia to be a purely psychological disorder. Morris Simmonds proposed that pituitary insufficiency led to weight loss in some patients. Berkman viewed physiological disturbances as secondary to the psychological of the disturbance. It is characterized by refusal to maintain a healthy body weight, intense fear of gaining weight and distorted body image. Physical signs of Anorexia Nervosa include extreme weight loss, fainting, absence of menstruation, constipation, dry skin, intolerance of cold, low blood pressure, dehydration, osteoporosis etc.

Cynthia, M. Bulik et. al. (2005) “Anorexia Nervosa is a debilitating psychiatric disorder with profound biological, psychological and social consequences.”

Review of rated studies:

Bean, P. et. al. (2004) evaluated the outcome of a residential program for eating disorders that uses a multidimensional approach to treatment. Patients were males and females admitted with a diagnosis of Anorexia Nervosa using DSM-IV criteria. A phone survey was developed by staff and applied to patients 15- months post discharge. Responses were analyzed using paired t-test and multiple regression analysis. This type of research helps us to evaluate treatment outcome and identify key variables that predict changes in anorexics' body weight over times. **Vilela, J.E.M. et. al. (2004)** studied the prevalence of possible eating disorders and inappropriate eating behaviors in school children from six municipalities in the state of Minas Gerais, Brazil. The sample of 1807 public school students with age ranging from 7 to 19 years was taken for data collection. The Bulimic Inventory Test of Edinburgh (BITE), Eating Attitude Test (EAT) and Body Image Test were applied to collect the data. Result showed, according to EAT, 241 students (13.3%), mostly females, had inappropriate eating behaviors. Nineteen students (1.1%) had a BITE score indicating a possible diagnosis of bulimia nervosa. We found that 1059 students (59%) were unhappy with their body image, 731 students (40%) were on diet and 1014 (56%) exercised to lose weight. In addition, 218 students (12%) presented binge-eating and 175 students (10%) used purgative methods to control weight. **Mond, J. et. al. (2014)** studied the eating disordered behavior in adolescent boys. A sample of 531 boys 12-18 years recruited from a number of schools in the Australian Capital Territory region of Australia. Data for 1,135 female adolescents, recruited as part of the same research project are provided for comparative purposes. Eating Disorder Examination Questionnaire (EDE-Q) was used to collect data. Result revealed that eating disorder behavior higher among adolescents' girls than boys. Still, 6.0% of boys reported regular episodes of objective binge eating, 8.3% reported regular episodes of loss of control eating, 5.3% reported regular excessive exercise and 4.9% reported overvaluation of weight or shape. **Rauof, M. et. al. (2015)** investigated the occurrence, prevalence and correlates of eating disorders among adolescents in two cities of Iran, Urmia and Tabriz. This was a cross-sectional survey in which 1990 adolescent boys and girls were selected through multistage random sampling. The study was based on self-report questionnaires including eating attitudes test (EAT-26) and DSM-IV criteria for the presence of eating disorders. To analyze the obtained data measures central tendency and dispersion, linear and logistic regression and Fisher's exact test. Result revealed that 492 students were at risk of eating disorder and scored above the recommended cut-off point on EAT-26. Among 1990 students, a total of 51 cases of eating disorder (14 anorexia nervosa, 18 bulimia Nervosa and 19 eating disorder not otherwise specified) were diagnosed.

Statement of the Problem:

Study of Anorexia Nervosa Among Male and Female Adolescents

Objective of the study:

- To study Anorexia Nervosa among Males
- To study Anorexia among Females

Hypothesis:

- There will be a significant difference between male and female Anorexia Nervosa level of adolescents

Method used:

The study was carried out by descriptive survey method. Data was collected from Ludhiana schools.

Tools used:

The tool used to measure the level of Anorexia Nervosa among male and female adolescents is

1. Anorexia Test by V.L. Chouhan & A. Banerjee.

Design of the study:

The descriptive study was designed to assess Anorexia Nervosa among male and female adolescents. The research investigation was carried out on 200 adolescents. From which 100 were males and 100 were females.

Statistical techniques used:

1. Mean, Median, Standard Deviation, Skewness and Kurtosis were used to check data.
2. t-test was used to compare the significant of difference.

Results and Discussion:

Table 1. showing Mean, Median, Standard Deviation, Skewness and Kurtosis of scores of Adolescents on the variable of Anorexia nervosa (N = 200)

Group	Mean	Median	S.D.	Skewness	Kurtosis
Adolescents	10.33	10.00	4.50	0.45	0.01

The variable of anorexia nervosa among adolescents was tested for normalcy. **Table 4.4** shows that:

- The values of mean and median of the scores of adolescents on the variable of anorexia nervosa as 10.33 and 10.00 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of adolescents are 0.45 and 0.01 respectively showing the distribution as positively skewed and leptokurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.

Fig. 1. Frequency Polygon of scores of Adolescents on the variable of Anorexia nervosa (N = 200)

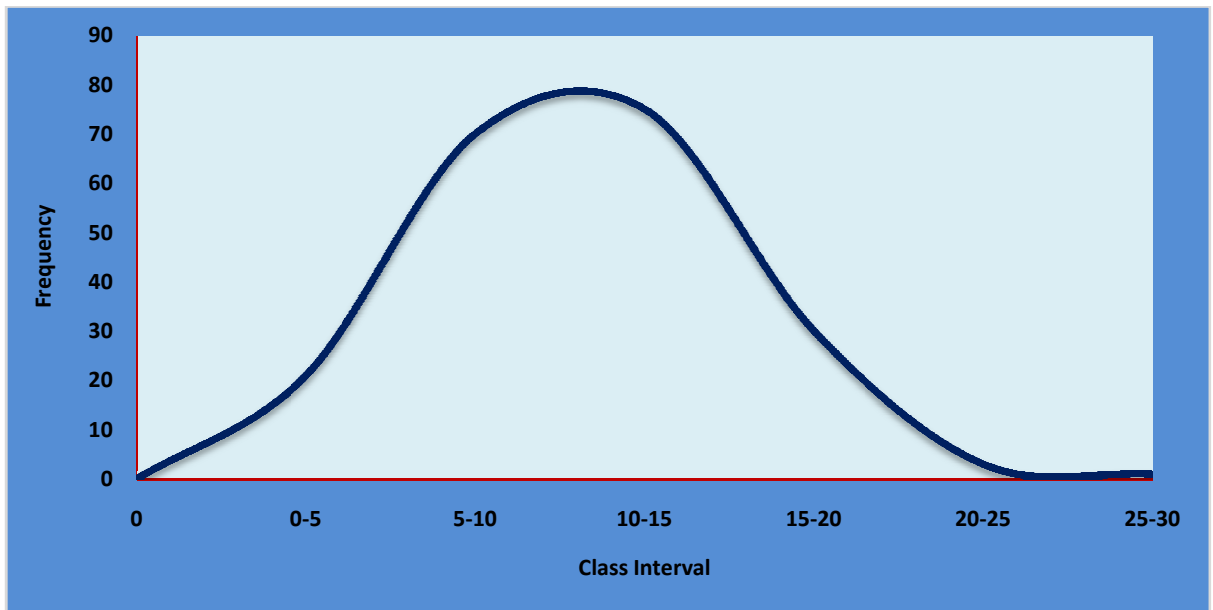


Table 2. showing Mean, Median, Standard Deviation, Skewness and Kurtosis of scores of Male Adolescents on the variable of Anorexia Nervosa(N = 100)

Group	Mean	Median	S.D.	Skewness	Kurtosis
Male Adolescents	10.58	10.00	4.29	0.67	0.27

The variable of anorexia nervosa among male adolescents was tested for normalcy. **Table 4.8** shows that:

- The values of mean and median of the scores of male adolescents on the variable of anorexia nervosa as 10.58 and 10.00 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of male adolescents are 0.67 and 0.27 respectively showing the distribution as positively skewed and leptokurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.

Fig. 2. Frequency Polygon of scores of Male adolescents on the variable of Anorexia Nervosa(N = 100)

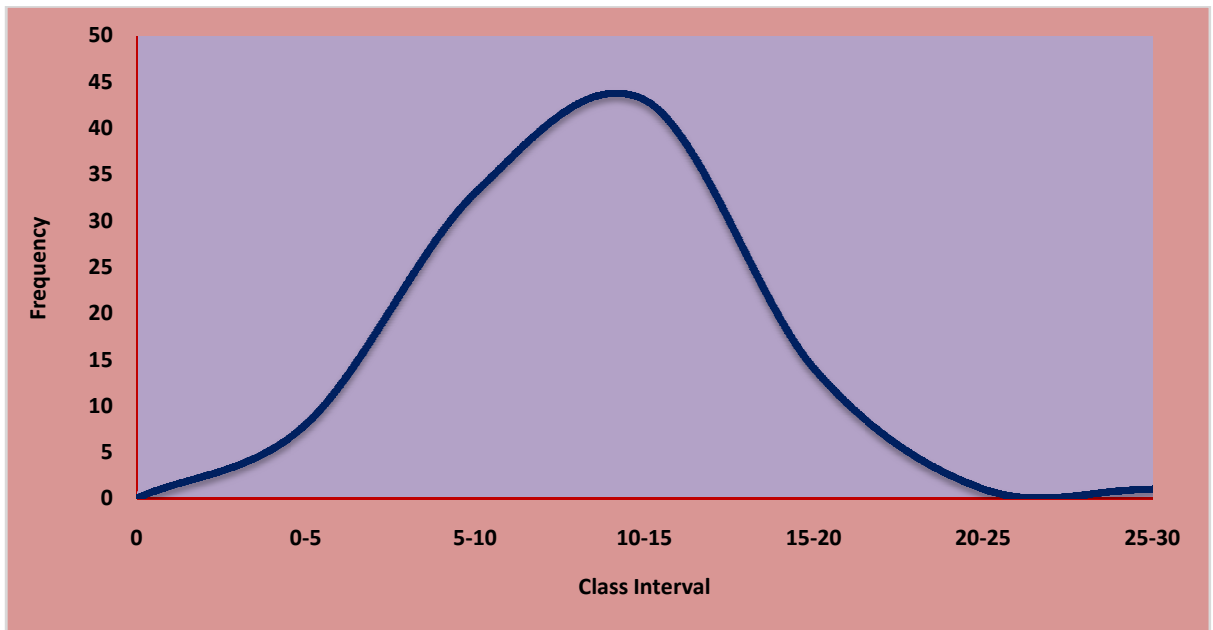


Table 3. showing Mean, Median, Standard Deviation, Skewness and Kurtosis of scores of Female Adolescents on the variable of Anorexia Nervosa(N = 100)

Group	Mean	Median	S.D.	Skewness	Kurtosis
Female Adolescents	10.08	9.50	4.72	0.32	-0.88

The variable of anorexia nervosa among female adolescents was tested for normalcy. **Table 4.12** shows that:

- The values of mean and median of the scores of female adolescents on the variable of anorexia nervosa as 10.08 and 9.50 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of female adolescents are 0.32 and -0.88 respectively showing the distribution as positively skewed and platykurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.

Fig. 3. Frequency Polygon of scores of Female adolescents on the variable of Anorexia Nervosa(N = 100)

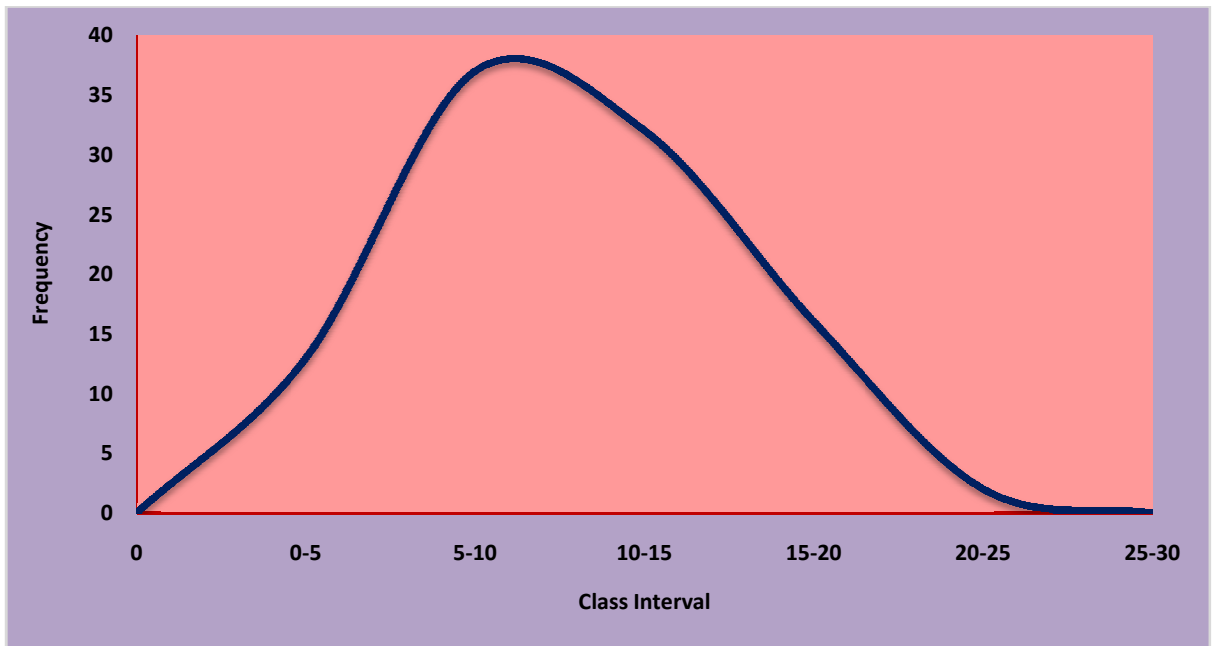


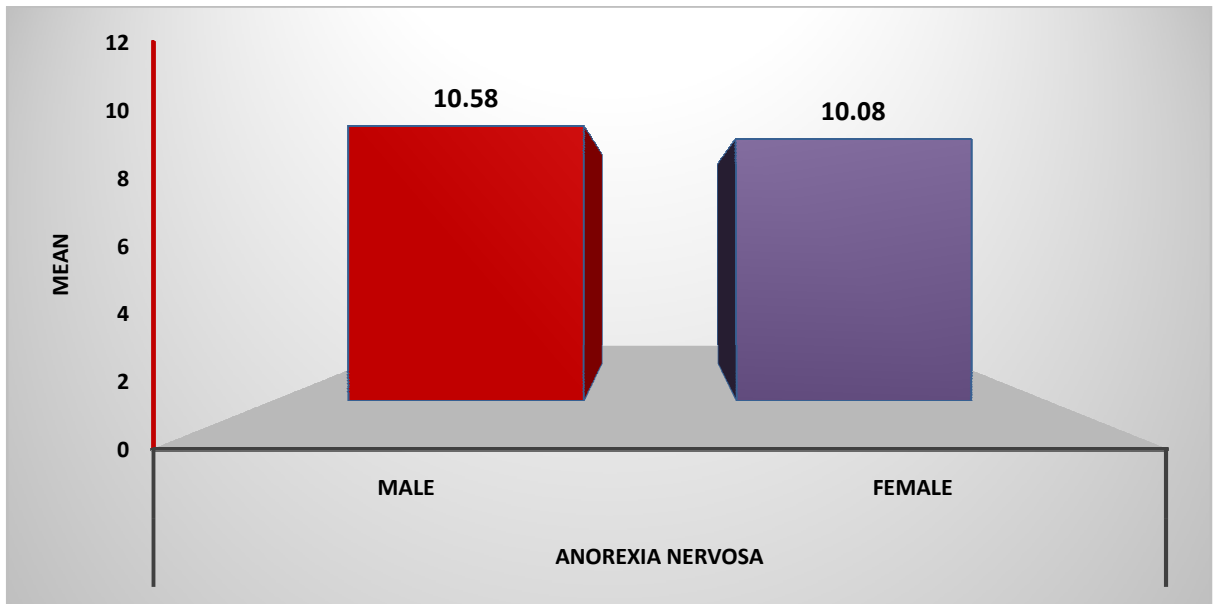
Table 4. Significance of Difference between Mean Scores of Anorexia nervosa among Male and Female Adolescents (N=200)

Group	Variable	N	M	S.D	SE _M	t-ratio	Sig./Not Sig.
Male	Anorexia Nervosa	100	10.58	4.29	0.43	0.78	Not Sig.
Female		100	10.08	4.72	0.47		

Table 4. revealed that

- the mean scores conflict dimension of the variable of anorexia nervosa of male and female adolescents as 10.58 and 10.08 respectively. The t-ratio is calculated as 0.78 with $d_f=198$ which is not significant at 0.05 level of confidence. This revealed that no significant difference exists between mean scores of conflict dimension of the variable of anorexia nervosa of male and female adolescents.

Fig. 4 Bar Graph showing Difference between Mean Scores of Anorexia nervosa of Male and Female Adolescents (N=200)



As the Table 4. and Fig. 4. reveal that there exists no significant difference between male and female adolescents on the variable of Anorexia Nervosa, hence hypothesis 3 stating that ‘There will be a significant difference between males and females Anorexia Nervosa,’ stands rejected.

Conclusions:

1. The adolescents are normally distributed on the variables of anorexia nervosa.
2. No significant difference was found between mean scores of the variable of anorexia nervosa of male and female adolescents. This indicates that gender does not play a significant role in anorexia nervosa among adolescents.

References:

- Bean, P., Loomis, C. C., Timmel, P., Hallinan, P., Moore, S., Mammel, J. & Weltzin, T., (2004). Outcome variables for anorexic males and females one year after discharge from residential treatment. *J. Addict Dis.* 23(2), 83-94.
- Chouhan, V.L. & Banerjee, A. (2005). Manual of Anorexia Test. *National Psychological Corporation Estd.1971.* p. 4-5.
- Cynthia, M.B., Lauren, R., Ted, R. & Anna-Marie, S. (2005). Anorexia nervosa: Definition, epidemiology and cycle of risk. *International Journal of Eating Disorders.* 37, S2-S9.
- Mond, J., Hall, A., Bentley, C., Harrison, C., Gratwick-Sarll, K. & Lewis, V. (2014). Eating Disorder Behavior in adolescent boys : Eating disorder examination questionnaire norms. *International Journal of Eating Disorders.* 47(4), 335-341.
- Rauf, M., Ebrahimi, H., Jafarabadi, M.A., Malek, A. & Kheiroddin, J.B. (2015). Prevalence of Eating Disorders among Adolescents in the Northwest of Iran. *Iran Red Crescent Med. J.* 17(10), 1-5.
- Vilela, J.E.M., Lamounier, J.A., Dellaretti Filho, M.A., Barros Neto, J.R. & Horta, G.M. (2004). Eating disorder in school children. *Journal de Pediatria (Rio J).* 80(1), 49-54.