

Original Research Article

A Study to Assess the Knowledge Regarding Anorexia Nervosa among Adolescence Girls Studying in Selected Physiotherapy Colleges at Belagavi, Karnataka

Mr. Ashok Kamat¹, Ms. Amitha Aji², Ms. Anit Thomas², Ms. Anjali. S. Nair²,
Ms. Anjali Sharma Timalsina²

¹PhD Scholar, Department of Psychiatric Nursing, ²Undergraduate Nursing Students, KLE University's Institute of Nursing Institute of Nursing Sciences, Belagavi, (Karnataka), India.

Corresponding Author: Mr. Ashok Kamat

ABSTRACT

Background: The food what we eat is the main source of energy that help for the physical, mental and social development of an individual. There are people who knowingly abstain food for known and unknown reasons.

Aims and objectives: A study was conducted to assess the level of knowledge regarding Anorexia Nervosa, to find out association between pre-test scores with selected demographical variables.

Material and Method: Sixty adolescent girls Students who were selected by convenient sampling technique from Bachelor of Physiotherapy. They were assessed for the level of knowledge regarding Anorexia Nervosa by self structured questionnaires.

Results: In a majority of subjects 34(56.67%) had average knowledge, subjects 23(38.33%) had poor knowledge and 3(5%) had good knowledge among students. There was significant association between knowledge score with religion, family income and diet pattern.

Conclusion: Our findings reveals that were adolescents with average knowledge and there were statistical significant association between knowledge scores and selected demographic variables.

Key words: adolescent girls, Knowledge, Physiotherapy students, anorexia nervosa.

INTRODUCTION

Adolescence from Latin adolere meaning 'to grow up' is a transitional stage of physical and psychological development that generally occurs during from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expression may begin earlier and end later. For example puberty now typically begins during preadolescence particularly in females. Puberty is a period of several years in which rapid physical growth and psychological changes occur, culminating in sexual

maturity. The average age of onset of puberty is at 11 for girls and 12 for boys. [1]

Eating disorder are mental disorders defined by abnormal eating habits that negatively affect a person's physical or mental health. They include binge eating disorder where people eat a large amount in a short period of time, anorexia nervosa where people eat very lesser and thus have a low body weight, bulimia nervosa where people eat a lot and then try to rid themselves of the food, pica where people eat non-food items, rumination disorder where people regurgitate food, avoidant/restrictive food intake disorder where people have a lack of interest in food,

and a group of other specified feeding or eating disorder. Anxiety disorders, depression, and substance abuse are common among people with eating disorders. [2]

According to national institute of mental health (NIMH) 0.5%-3.7% women suffers with anorexia nervosa at some point of lives. A study conducted by the national association of anorexia nervosa and associated disorder reported that 5-10% of anorexics will die within 10 years after contracting the disease;18-20% of anorexics will be dead after 20 years and only 30-40% ever fully recover. [3] The mortality rate associated with anorexia nervosa is 12 times higher than the death rate of all causes of death for females 15-24 years old.20% of people suffering from anorexia will prematurely die from complications related to anorexia nervosa including suicide and heart problems. [4]

Anorexia most often has its onset in adolescents and in most prevalent among adolescent girls. [5] Recent studies show that the onset of anorexia range from 13 to 17 years in average and it also reduced to 9 to 12 it can affect men and women of any age, race and socio economic and cultural background. Anorexia nervosa occurs in females 10 times more than in males. [6]

Anorexia nervosa is a disorder which selectively befalls the young. They are scared and trapped. There is no known way to prevent anorexia nervosa. Early treatment may be the best way to prevent the disorder from progressing. So teenagers have to be aware of the deleterious effects of anorexia nervosa. [7]

The onset of anorexia usually occurs during adolescents with a median age of 17 years. [8] About 0.5% to 1% of teenage girls develop anorexia nervosa (AN) in the West. Milder forms of eating disorders occur in an additional 5% to 10% of post pubertal girls. [9] In one study, disordered eating attitudes and behavior were present in over 27% of 1739 school girls aged 12 to 18 years. [9] There is a need for evaluation of the risk factors in detail for eating disorders.

Based on the literature and investigator experiences the investigator feels that it is important to create awareness among adolescence girls regarding anorexia nervosa. So the knowledge of the adolescence girls may be applied in early medical validation. Hence the investigator planned to assess the knowledge on anorexia nervosa among adolescence girls studying in pre-university collages at Belagavi City.

MATERIALS AND METHODS

A descriptive survey method was used in the study to address the participants. The sample size consists of 60 1st year students of KLE's Institute of Physiotherapy the samples were selected by adopting Non-probability convenient sampling technique. Data was collected by using the self structured knowledge questionnaire on Anorexia Nervosa. The questionnaires consisting two sections, section one to seek the demographic data of participants and section two consist of 20 items of multiple choice question to assess the knowledge regarding anorexia nervosa.

RESULTS

Findings related to socio demographic variables:

Table – 1. Reveals the distribution of demographic variable of subjects under the study.

Sl. No & Variables	Frequency	Percentage
1. Age		
17 years	13	21.67%
18 years	22	36.67%
19 years	25	41.67%
2. Religion		
Hindu	29	48.33%
Christian	13	21.67%
Muslim	11	18.33%
Other	7	11.67%
3. Family income		
<10,000	6	10%
10,000-15,000	14	23.33%
>15,000	40	66.67%
4. Dietary pattern		
Vegetarian	23	23.33%
Non-vegetarian	11	18.33%
Both	35	58.33%

Table 1: The observation Indicated that majority 19(41.67) of the subjects belongs to 19 years of age. Maximum number of

subjects, 29(48.33%) belongs to Hindu. Majority subjects 40(66.67%) belongs to family income of >Rs 15,000 and maximum number of subjects, 35(58.33%) belongs to both diet.

Findings related to distribution of knowledge score of adolescents girls.

In a majority of subjects 34(56.67%) had average knowledge, subjects 23(38.33%) had poor knowledge and 3(5%) had good knowledge among students.

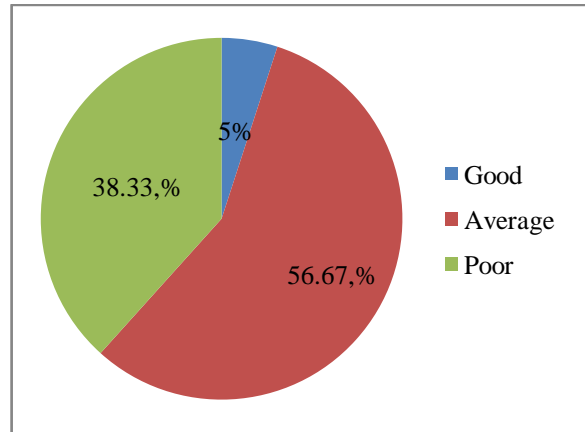


Chart- 1. Pie Chart shown the percentage distribution of knowledge score of subjects.

The below pie chart reveals that 56% of subjects had poor knowledge, 38.33% had poor knowledge and only 5% were good knowledge score.

Table- 2. Mean, Median, Mode, Standard Deviation and range of knowledge scores of subjects regarding Anorexia Nervosa among adolescent girls.

Area of analysis	Mean	Median	Mode	Standard deviation	Range
Knowledge regarding anorexia nervosa	11.88	12.5	12	1.64	7

Association between the knowledge scores with selected demographic variables:

The Chi-Square test reveals that knowledge level of students in order to age is ($X^2= 3.245$, $df=2$), religion($X^2=51.63$, $df=3$), family income ($X^2=12.93$, $df=2$) and diet pattern ($X^2=10.03$, $df=2$). Here age is not significant with knowledge among the students but religion, family income and diet pattern are significant with the knowledge among students. It reveals that there is significant association between socio demographic variables like religion, family income and diet pattern and the knowledge among the students regarding Anorexia Nervosa

DISCUSSION

Findings related to social demographical variables

According to age of subjects (41.67%) belongs to 19 years of age, while minimum (21.67%) belongs to 17 years of age and (36.67%) belongs to 18 years of age. Religion of subjects (48.33%) belongs to Hindu, (21.67%) belongs to Christians, (18.33%) belongs to Muslim and (11.67%) belongs to any other groups. Were as Majority of subjects that (66.67%) belongs

to more than Rs 15,000 income, (23.33%) belongs to Rs 10,000 to 15,000 and remaining (10%) belongs to less than Rs 10,000 income and diet pattern of the subjects showed (58.33%) belongs to both diets, (23.33%) belongs to vegetarian and (18.33%) belongs to non-vegetarian.

Mean Median, Mode, Standard Deviation, and Range of knowledge score of subject

In this study, mean score was (11.88), median (12.5), mode (12) and standard deviation was (1.644). There are almost (56.67%) having average knowledge, (38.33%) having poor knowledge about the subjects and (5%) having good knowledge regarding Anorexia Nervosa.

Findings related to distribution f subjects according to knowledge score

In a majority of subjects 34(56.67%) had average knowledge, subjects 23(38.33%) had poor knowledge and 3(5%) had good knowledge among students.

Association between the selected demographic variable and the knowledge scores

There were age is not significant with knowledge among the students but religion, family income and diet pattern are

significant with the knowledge among students. It reveals that there is significant association between socio demographic variables like religion, family income and diet pattern and the knowledge among the students regarding Anorexia Nervosa.

A similar study was conducted on an effectiveness trial of a dissonance-based eating disorder prevention program for high risk adolescent girls. Adolescent girls with body image concerns (N = 306; M age = 15.7, SD = 1.1) randomized to the dissonance intervention showed significantly greater diseases in thin-ideal internationalization, body dissatisfaction, dieting attempts, and eating disorder.

CONCLUSION

Based on finding of the study, it is concluded that

The data has been collected through the multiple choice questionnaire method. Level of knowledge was assessed among the 1st year BPT Students of K.L.E.U's Institute of physiotherapy Belagavi, Karnataka. Knowledge score showed significant association with demographic variables like family income, religion, and diet pattern. Knowledge score showed that there is no significant association with demographic variable of age. Obtained score analyzed and found the range by statistical method. To conclude the study as author of this article suggest that there is huge awareness is need to adolescent girls in order to overcome with faulty thought regarding their diet which leads not only mental disequilibrium as well physical health.

REFERENCES

1. Adolescence health, growth and development [online] introduction to

- adolescent health, available from URL: www.wikipedia.com
2. Diagnostic and statistical manual of mental disorders: DSM-5 (5 Ed.). Washington: American Psychiatric Publishing. 2013. pp.338-345. ISBN 978-0-89042-555-8.
3. Andres-perpina s, Lozano-serra.e. clinical and biological correlation of adolescent anorexia nervosa in spain.2011 Oct 8. www.pubmed.com
4. Toby D Goldsmith. An introduction to anorexia nervosa.[homepage on internet] 2006 Oct 19 [cited 2011 Nov 5]. Available from URL:<http://psychcentral-com/lib/2006/an-introduction-to.anorexia.nervosa>.
5. Kathleen Doheny. Eating disorders in teens are common. [Online] 2011 Mar 7 [cited 2011 Nov 8]; Available from URL:<http://www.webmd.com/main/study-eating-disorders-in-teens-are-common>.
6. Wikipedia Essential data. Anorexia Nervosa: An article from Towns on university and duke eating disorder program.2010.
7. Janice ED, Julie KOT, Steven JN, Megan EL, Mark GM. Screening for childhood eating disorder in primary Care. Prime Care Companion J Clin Psychiatry .2007;9(1):16-20.
8. Steiner H ,Kwan W ,Shaffer TG, Miller S, SagarA, Lock J. Risk and protective factors for juvenile eating disorder. Eur Child Adolescent Psychiatry.2003;12: 138-136.
9. Michael W, FranziskaB.Eating disorder and the practicing physician. Pediatr Child Health .2002;7(5):313-314.
10. Jones JM, BennetS, OlmsteadMP, RodinG. Disorderer eating attitude and benaviour in teenage girls: A school-based study. CMAJ.2001;165(5):547-552.

How to cite this article: Kamat A, Aji A, Thomas A et al. A study to assess the knowledge regarding anorexia nervosa among adolescence girls studying in selected Physiotherapy colleges at Belagavi, Karnataka. International Journal of Research and Review. 2017; 4(8):23-26.
