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## Eating disorder among college girls in Amritsar, Punjab

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### Abstract

The purpose of present study was to assess the Eating Disorder among College Girls. The present study was conducted on 80 (Eighty) college girls Khalsa College Amritsar, Punjab. The age of subjects ranged between 16 to 18 years. A self-administered questionnaire was utilized to collect data regarding for Age, Weight, Height and BMI. Eating Attitude Test 26 (EAT-26) was used to analyze the Eating Disorder. EAT-26 has 26 items which has three subscales (Dieting, Bulimia & Food Preoccupation and Oral Control). The results of the study show that there was significant and positive relationship between Bulimia& Food Preoccupation and Oral control. Similarly significant and positive association between Dieting and Oral control were also reported. The relationship among other variables was found to be non-significant.

**Keywords:** Eating Disorder, Dieting, Bulimia & Food Preoccupation and Oral Control.

### Introduction

In contemporary modern society, two contrary trends regarding body weight are present. On the one hand, a rising prevalence of overweight and obese children and, on the other, an increasing drive for thinness and an unhealthy preoccupation with body shape and weight<sup>[1, 2]</sup>. These contradicting trends result in a situation whereby an increasing number of people are dissatisfied with their actual body size and shape. The consequential body dissatisfaction accompanied by dieting is one of the most common predecessors of eating disorders<sup>[3]</sup>. Eating disorder (ED) is a serious psychiatric especially in the young girls generation, that modifies emotional stability, cognitive function, judgment, and restrict the life activities of an individual<sup>[4]</sup>. These disorders have been often regarded as 'Western culture-bound syndromes', arising in societies with excessive emphasis on weight, shape and appearance<sup>[5]</sup>. They are far more common among females than males, mirroring cross-cultural differences in the importance of thinness for women. The thin-ideal of feminine beauty is widely promoted by the media images that have flooded western societies since the second half of the twentieth century<sup>[6]</sup>. Eating disorders are divided into three diagnostic categories i.e. anorexia nervosa, bulimia nervosa, and the atypical eating disorders.

Among the three eating disorders anorexia nervosa is a restrictive form in which food intake is severely limited and had greatest mortality rate among the psychology disorders. Bulimic is second condition in which binge eating episodes are followed by attempts to minimize the effects of overeating via vomiting, catharsis, exercise, or fasting<sup>[7]</sup>. Binge-eating is the third disorder in which individual loses control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese<sup>[8]</sup>. Body dissatisfaction is a factor that could lead to the development of an eating disorder<sup>[9]</sup>. Body dissatisfaction reflects the belief that specific parts of the body associated with shape are too large<sup>[10]</sup>.

Obesity was considered as stigma in modern society that created unnecessary pressure in the youth especially in women to get an ideal body shape. The continue pursuit of achieving thin body shape lead to potential risk of eating disorder. The earlier diagnose of eating disorder among the adolescents can helpful in eradicating this psychological problem through proper counseling and other remedial measures. The aim study was to assess the prevalence of eating disorders among the young college students and also to ascertain the relationship between the eating disorders and body mass index.

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**Methodology**

For the present study, 80 (Eighty) college girls from Khalsa college, Amritsar were selected. Random Sampling technique was used to select the samples and age ranged between 16-18 years. A self-administered questionnaire was utilized to collect data regarding for Age, Weight, Height and BMI. Eating Attitude Test 26 (EAT-26) was used to analyze the Eating Disorder. EAT-26 was originally standardized BY Garner & Garfinkel in 1979 and updated in 1982 by Garner and colleagues [11, 12]. This questionnaire has 26 items with three sub-scales including Dieting, Bulimia & Food Preoccupation and Oral Control scale items, Each item is responded to on a six-point Likert scale ranging. To calculate the score of each item from 1 to 26 it scored as follows: Always = 3; usually = 2; Often = 1; others answers scores 0. Only the item 25 is scored in the opposite direction, Never =3, rarely =2, Sometimes =3 other answers 0. A total score of 20 and above was classified as at high risk of eating disorders.

**Analysis of data**

The purpose of the study was to analyze the Eating Disorder among college girls.. The statistical analysis of the data were collected on Eighty subjects (N=80).

**Results and findings**

The results pertaining the relationship among the selected variables and Coefficient of Correlation is given below.

**Table 1**

Category	Percentage	Frequency (N=80)
Normal Weight	43	34
Overweight	44	35
Class I Obesity	5	4
Class III Obesity	8	6

From the above table 43% of total sample lies under the category of normal weight, 44% of total sample lies under the category of overweight, 5% of total sample lies under the category of Class I Obesity and 8% of total sample lies under the category of Class III Obesity.

**Table 2**

Score	Percentage of Eating Disorder
More than 20	52.12
Less than 20	47.82

Table no. 2 shown the Prevalence of Eating Disorder among college girls. Eighty girls participated in the current study. It was found that 52.12% of participants scored above the cut off 20 and this indicated that they have a risk for eating disorders.

**Table 3**

Correlation among BMI, Bulimia, Dieting, Oral control, Total Eating Disorder				
	Bulimia	Dieting	Oral control	Total Eating Disorder
BMI	-.054 (.806)	.069 (.756)	-.215 (.325)	.247 (.255)
Bulimia		.429* (.041)	.284 (.190)	-.047 (.833)
Dieting			.479* (.021)	-.036 (.871)
Oral control				.148 (.501)

\*. Correlation is significant at the 0.05 level (2-tailed).

The results of the study show that there was significant and positive relationship between Bulimia and Oral control. Similarly significant and positive association between Dieting and Oral control were also reported. The relationship among other variables was found to be non-significant.

**Discussion of Result**

The results of the study show that there was significant and positive relationship between Bulimia and Oral control. Similarly significant and positive association between Dieting and Oral control were also reported. The relationship among other variables was found to be non-significant. Eating Disorder is a serious psychiatric disorder which progressively increases in teenagers. The prevalence rate of eating disorder is more in girls (41.42%) than the boys (28.57%). There was a significant correlation of Body Mass Index and EAT-26 score [13]. Girls are highly conscious about their physique that make them at risk for developing eating disorders [14]. Young girls incline to improve adequate to high level of disordered eating behavior as a result of their excessive concern with body weight or fascination with skinniness. The objective of the review is to understand the concerns over body weight and the current eating patterns of adolescent girls in the developed and developing countries [15]. Teenagers requires more nutritional requirement as they more concerned about their body weight and shape. a significant relationship was found between the mean of participants' BMI and their Eating disorder Total scale and the 3 sub scales (Dieting, Bulimia and Oral control). Furthermore a negative significant relationship was found between the mean participant' age and their Total Eating Disorder scale [16]

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