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Comparison of eating attitudes among male and female school teachers

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Abstract

In the broader sense, the term “eating disorder” may refer to any destructive or self-defeating pattern of eating behavior. Typically persons with eating disorders are preoccupied with food, weight and their personal body image. This study was conducted on a sample of four thousand school teachers of Punjab state, out of which one thousand one hundred and fifty were male teachers and two thousand eight hundred and fifty were female teachers. Eating Attitudes Test (EAT-26, Garner *et al.* 1982) was used to measure eating disorders and eating behavior of the subjects. To compare the male and female teachers on eating behavior and its sub domains namely bulimia, dieting and oral control, t-test was employed. The level of significance was set at .05. Descriptive statistics was evaluating the eating behavior among those teachers. It has been observed from the findings that male and female school teachers had shown no significant differences in dieting, oral control, bulimia as well as eating attitudes as whole whereas female teachers exhibited more tendencies of eating disorders. This may be attributed to the fact that male are more eating conscious. 36% male and 15% female teachers reported eating disordered behavior which includes bingeing and purging. Whereas, about one fourth female teacher experienced disturbances in their eating behaviors in the form of binge, purge self-induced to vomiting, fasting, laxatives. Degree of eating disorders variations among male and female teachers may be because of gender and socio cultural differences.

Keywords: Eating attitudes, male, female school teachers, socio cultural differences

Introduction

In the broader sense, the term “eating disorder” may refer to any destructive or self defeating pattern of eating behavior. Typically persons with eating disorders are preoccupied with food, weight and their personal body image. It is important however to distinguish eating disorders from other eating -related problems. Eating disorders is to eat, or avoid eating, which negatively affects both one’s physical and mental health. Eating disorders are all encompassing. They affect every part of person’s life i.e. feeling about work, school, relationships, day to day activities and one’s experience of emotional well being are determined by what has or has not been eaten. An eating disorder is marked by extremes. It is present when a person experiences severe disturbances in eating behavior, such as extreme reduction of food intake or extreme overeating, or feelings of extreme distress or concern about body weight or shape. Eating disorders are complex and their causes are not well understood. A number of factors contribute to the onset of eating disorders are genetics, family relationships, trauma and individual cognitive styles. Since eating disorders most often arise during adolescence, there may be some developmental triggers as well. In general, students with eating disorders experience depression or low self-esteem and relate these problems to their body image. Disordered eating may be seen as an attempt to create, or regain, a feeling of control when the rest of life seems out of control. Often for these individuals eating, or not eating, is how they attempt to communicate their needs and to cope with high stress levels. This behavior is supported and maintained by the individual’s skewed system of logic. For many, it becomes a vicious circle, as the physical consequences of malnutrition or overeating undermine their already fragile self-concept (Bruch, 1978). However, according to the human behavior, there are huge differences between people. Some eat more, some eat less, some put on weight easily, and other does not. And some people go to such extremes that they harm themselves, by eating too much or too little. As a result they may harm their health.

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A person with an eating disorder may have started out just eating smaller or larger amounts of food than usual, but at some point, the urge to eat less or more spirals out of control. Eating disorders are very complex, and despite scientific research to understand them, the biological, behavioral and social underpinnings of these illnesses remain elusive.

Eating disorders are serious problems and need to be diagnosed and treated like any medical disease. If they continue to go untreated, these behaviors can result in future severe medical complications that can be life-threatening. Eating Disorders are complex psycho-physiological conditions that manifest as compulsive unusual eating behavior. Three of the most common eating disorders are.

1. Anorexia nervosa- a voluntary refusal to eat.
2. Bulimia nervosa - Binge eating and immediate purging of food either by vomiting or by using diet pills.
3. Binges Eating Disorder – Episodes of binge eating without subsequent purging.

A person with an eating disorder should not be blamed for having it. The disorders are caused by a complex interaction of social, biological and psychological factors which bring about the harmful behaviors. The important thing is to stop as soon as you recognize these behaviors in yourself, or to get help to begin the road to recovery.

Researchers have tried for many years to identify the causes of eating disorders. Lately, scientists have turned away from the notion of a single cause and have come to understand that a number of factors predispose people to eating disorders. Those factors include a number of personality and environmental triggers. Many individuals with eating disorders set the unattainable standards of a perfectionist for themselves, suffer from low self-esteem, and tend to develop depression. These individuals may have experienced an event threatening to their self-esteem, such as a family divorce, a change of school or loss of a friend, in the months leading to the onset of the problem. There is evidence that sexual abuse may be a factor in some cases. Transition is thought to be significant. The move from childhood to adolescence is closely linked to the development of eating disorders. Some researchers believe that the eating disorder may represent an attempt to delay or postpone physical and emotional maturation and the responsibility that comes with growing up. Finally, scientists believe that genetics may play a significant role, although research in this area is only in its earliest stages. Environment can be a key factor. Households that place a major stress on academic and athletic achievement are described as being more likely to inadvertently foster eating disorders. Youth drawn to highly competitive activities that focus on thinness, such as gymnastics, ballet or modeling, are also at increased risk. Second aspects of environment, cultural influences, are also thought to be a factor. People live in a culture that values thinness, especially for women. Television and print media portray desirable and successful people with sleek, even gaunt, supermodel shapes, setting an unrealistic standard for beauty. In this light, one can easily see how impressionable and vulnerable pre-adolescent and adolescents, in the midst of the physical changes of puberty, may struggle to attain these unrealistic standards and, in doing so, seriously compromise their health and wellbeing. Personality generally affects people who are achievement-oriented, perfectionist or have low self-esteem. People who

have experienced sexual and other abuse may be at heightened risk, as may anyone who has experienced a significant loss, through things like death or divorce. People with eating disorders may be from highly stressful homes, where achievement or appearance, particularly as it relates to body size, is emphasized. Also at increased risk are people who participate in highly competitive activities that place an undue emphasis on body size, such as gymnastics, ballet, modeling and long- distance running. However, genetic predisposition is not yet well understood by the investigators, but seems to be a factor

Methodology

This study was conducted on a sample of four thousand school teachers of Punjab state, out of which one thousand one hundred and fifty were male teachers and two thousand eight hundred and fifty were female teachers. Eating Attitudes Test (EAT-26, Garner *et al.*1982) was used to measure eating disorders and eating behavior of the subjects. To compare the male and female teachers on eating behavior and its sub domains namely bulimia, dieting and oral control, t-test was employed. The level of significance was set at .05. Descriptive statistics was evaluating the eating behavior among those teachers.

Results and Interpretation

Descriptive statistics of Eating Disorders variables namely Dieting, Oral Control, Bulimia & Food Pre Occupation and Eating Attitudes of male and female teachers has been given in table no. 1

Table 1: Descriptive Statistics of Eating Disorder Variables of Male and Female Teachers

Variable	Male			Female		
	Mean	Std. E	Std. D.	Mean	Std. E	Std. D.
Bulimia	4.35	0.102	3.450	4.99	0.067	3.703
Dieting	8.54	0.197	6.677	9.02	0.123	6.589
Oral Control	4.91	0.113	3.828	5.29	0.067	3.692
Eating Attitude	17.80	0.362	12.275	19.30	0.231	12.329

Table 1 indicates that male teachers ($M \pm SD = 4.35 \pm 3.5$) and female teachers ($M \pm SD = 4.99 \pm 3.7$) were having different tendencies to binge and purge as measured by subscale bulimia of eating attitude. In subscale of dieting which evaluates pathological avoidance of fattening foods and preoccupation with thinness the male teachers were having mean score of 8.54 with SD 6.677 as compared to their female counterparts having mean score of 9.02 with SD 6.589. Similarly, on subscale of oral control that deals with the degree of self-control overeating, male teachers were having mean score of 4.91 with SD 3.828 as compared to female teachers having mean of 5.29 with SD 3.692. On the measure of disordered eating attitudes behavior, the male teachers were having mean score of 17.80 and SD 12.275, whereas female teachers were having mean score of 19.30 with SD 12.329.

Analysis of significance of mean differences in scores of Dieting, Oral Control, Bulimia & Food pre Occupation and Eating Attitude of male and female teachers has been presented in table no. 2

Table 2: Significance of Mean Difference in Scores of Bulimia, Dieting, Oral Control, and Eating Attitudes between Male and Female Teachers

Variables	Groups	Mean	S D	S. E. M	MD	S.E. Diff.	T
Bulimia	Male	4.35	3.450	0.102	-.640	.127	-5.042
	Female	4.99	3.703	0.067		.123	
Dieting	Male	8.54	6.677	0.197	-.478	.130	-2.070
	Female	9.02	6.589	0.123		.132	
Oral Control	Male	4.91	3.828	0.113	-.379	.231	-2.911
	Female	5.29	3.692	0.067		.232	
Eating Attitude	Male	17.80	12.275	0.362	-1.498	.430	-3.481
	Female	19.30	12.329	0.231		.429	

*Significant at .05 level $t_{0.05}(198) = 1.96$

Table -2 reveals that there was no significant difference between male and female teachers on Bulimia and Food Preoccupation, Dieting, Oral Control parameters, as the calculated 't' value of -5.042, -2.070 and -2.911 respectively were not found to be statistically significant at .05 level. Similarly, male and female teachers did not differ significantly on eating attitude (total scores) as the 't' value of -3.481 is also not found to be significant at .05 level that is less than the required table value of 1.96 and in which female teachers showed more inclinations toward eating disorders as compared to male teachers.

Conclusions

1. Female teachers were having more eating disorders of bulimia, dieting, oral control, and eating attitudes than male teachers.
2. 10% male and 19% female teachers reportedly made they sick (vomited) to control their weight or shape.
3. 12% male and 21% female indicated affirmatively on using laxatives, diet pills or diuretics to control their weight or shape.
4. 10% male and 20% female teachers have shown eating behavior disturbances as they get treated for any eating disorder.
5. Majority of the teachers both male and female had shown normal eating behavior and shown no sign of eating disorders.

Discussion of Findings

It has been observed from the findings that male and female school teachers had shown no significant differences in dieting, oral control, bulimia as well as eating attitudes as whole whereas female teachers exhibited more tendencies of eating disorders. This may be attributed to the fact that male are more eating conscious. 36% male and 15% female teachers reported eating disordered behavior which includes bingeing and purging. Whereas, about one fourth female teacher experienced disturbances in their eating behaviors in the form of binge, purge self-induced to vomiting, fasting, laxatives. Degree of eating disorders variations among male and female teachers may be because of gender and socio cultural differences.

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