



ISSN: 2456-0057
IJPNPE 2019; 4(1): 1088-1090
© 2019 IJPNPE
www.journalofsports.com
Received: 18-11-2018
Accepted: 21-12-2018

Dr. Tilak Kumar BS
Ph.D., Guest Faculty, University
College of Physical Education,
Bangalore University,
Bengaluru, Karnataka, India

A study on attitude of eating and depression among post graduate students of Bangalore University

Dr. Tilak Kumar BS

Abstract

Purpose of the Study: The aim of the current study was to know the relationship between eating attitudes and depression and to know the differences between male and female university students eating attitudes and depression. The participants of the study included 136 female and 153 male Bangalore university students.

Materials and Method: Beck Depression Inventory (BDI) and Eating Attitudes Test (EAT). Were used to collect the data on depression and eating attitudes of Bengaluru University students.

Statistical Techniques: Statistical analysis included calculation of means, SD and Pearson's product-moment correlation coefficient, MANOVA and independent-samples t-tests for gender comparisons for each of the scales, the 0.05 confidence level was accepted as statistical significance.

Results: The results of the study indicated that there was a significant difference between eating attitudes scores of females and males students selected for the study. Findings of the study also indicated that gender differences did not lead to any significant difference in the depression levels of Bangalore university students. With concerned to the MANOVA no significant association was found between eating attitudes and depression as a purpose of gender and age.

Keywords: Eating, depression, MANOVA

Introduction

Every day, we make choices about the food we eat and our lifestyles. We can make choices for ourselves and our families that make a real difference to our ability to remain healthy and active now, and enjoy life to its fullest in the future. A healthy eating attitude of an individual gives an idea what his body needs every day in the form of nutrients for its better functionality, while following one's daily calorie goal for maintaining ideal body weight. A healthy eating plan also will lower your risk for heart disease and other health conditions. Eating attitudes can be explained as thinking, belief, opinion, actions and association with food. This might influence people's food choice and health position.

Diet is simply a word that means how much, when and what one will eat, as in eating a healthy diet. But some people think that the word diet is just a deprivation nutrient and may be because of that doesn't work for most people. The food habits an individual maintain can affect one's health status and increase the risk for certain diseases. To have optimum health food, an Individual might need to change some of his/her daily habits, need to attitude towards eating form the environment. One's environment includes everything around you, like your home or the place you work.

To improve one's healthy life style, they need to be honest with themselves about whether or not they think of a healthier pattern will actually make them healthier. This point is more important than any other measured psychological factor, including how easy it is for anyone to schedule healthy habits into their lives, or how much the environment keeps them healthy. Eating with all of one's senses makes them to appreciate their food optimally, eating without distractions, lead for ingesting required amount of food only.

Eating behaviors of an individual will change throughout his/her life depending on various psychological and nutritional reasons. Part of transitioning into adulthood involves learning how to maintain a healthy lifestyle without overdoing it. One has to figure out how to take care of their body rather than be ashamed of the shape and condition of it.

Correspondence
Dr. Tilak Kumar BS
Ph.D., Guest Faculty, University
College of Physical Education,
Bangalore University,
Bengaluru, Karnataka, India

For many people, it is no simple task as because of the unhealthy habits and irregular lifestyle. In addition to disrupting one’s day-to-day activities, an eating disorder can affect one’s mental and emotional health. He/she might find their feeling more anxious about the number of calories they consume or ashamed about their weight. This might lead to start to isolate from friends and family who express concerns about his/her health, which can lead to depression.

The physical impact of an eating disorder can be significant. Over time, damaging eating behaviors can affect an individual’s digestion, bones, skin, teeth, and heart’s functioning. Of any mental illness, eating disorders have the highest mortality rate. Many studies have shown persons with anorexia are 18 times more likely to die than their peers, so getting treatment as early as possible when behaviors appears is essential.

Depression is also a mental health issue such as anxiety, and eating disorders may all occur together. Eating more or less, a common symptom of depression, a sign is prevalence of eating disorders. Several young adults in most of studies when interviewed described disordered eating as part of their depression experience. For some, managing what they ate provided a sense of control when other aspects of their life felt out of control.

Method

For the study 289 university students attending M.com and M.A. Postgraduate courses at Bangalore University, were selected as subjects, One hundred and fifty three male participants (52.94%) and one hundred and thirty six female participants were selected for the study (47.05%). The mean age of the participants was 23.65 years ranging from 21 to 26 (standard deviations (SD) = 1.80). For the study, two questionnaires namely, Eating Attitudes Test-40 (EAT-40) The EAT was developed by Garner and Garfinkel (1979) EAT-40 consisted of 40 items with a six-point Likert scale. The rating range from ‘always’ to ‘never’ with three points for ‘always’, two points for ‘very often’ and one point for ‘often’. The rest of the choices are rated zero. The cut-off score for the scale is 30. Scores between 30 and 32 are accepted as sub-clinical group scores. Scores of 33 and above mean that a person probably has pathological eating symptoms. Beck Depression Inventory (BDI), Is a self-report rating scale measuring the emotional, cognitive, physiological and motivational symptoms of depression. BDI was developed by Beck, Rush, Shaw, and Emery (1979). The scale consisted of 21 items each containing four alternatives, scored from 0 to 3. The total scores range between 0 and 63. Higher scores in the scale indicate the greater severity of depression. Demographic information, including age and gender was collected as a part of questionnaire.

Table 2: Means, standard deviations and t-value of students on depression

		N	%	M	SD	df	t	Sig.
Depression	Females	136	47.05	9.10	8.94	287	2.10	0.880*
	Males	153	52.94	11.43	9.62			
	Total	289	100	10.24	9.54			

* p =0.05

Pearson correlation Coefficient was considered to investigate the association between age and depression levels of participants. According to the correlation analysis, there was no significant correlation between age and depression levels of the students. To examine the relationship between depression and eating attitude scores of Bangalore university

Procedure

Data was collected in the formal classroom setting, the purpose of the study was briefed and the participation of the subjects was voluntary, importance of providing honest answers to the questionnaires were briefed

Data Analysis

Statistical analysis included calculation of means, SD and Pearson’s product-moment correlation coefficient, MANOVA and independent-samples t-tests for gender comparisons for each of the scales, the 0.05 confidence level was accepted as statistical significance. SPSS package was used for the statistical analysis.

Results

Results relating to the Eating Attitudes of Participants mean and the SD value of the EAT-40 scores were computed which range from 2 to 78 for the entire population selected for the study, and the females and the males separately (Table 1). The mean EAT-40 score was 23.06 (SD=11.67) for the total sample, 18.55 (SD=11.54) for females and 19.20 (SD=9.06) for males. The results of the independent samples t-test revealed Female students have higher scores on EAT-40 than male students. To examine the relationship between age and eating attitudes of participants Pearson product-moments correlation was used. According to the correlation coefficient, there is not any significant relationship between age and eating attitudes of students.

Results relating to the Depression Levels of samples selected for the study, results of the study showed that the mean of the Bangalore university students depression levels was 10.24 and the standard deviation of the distribution was 9.54 (Table 2). To determine whether or not depression levels of university students change according to their gender, mean points and standard deviations of depression levels were also calculated (N =136, M=9.10 and SD= 8.94 for female and N =153, M= 11.43 and SD=9.62 for male). To know if the practical differences between genders were statistically considerable, an independent-samples t-test was applied to the data. The results showed that there was no significant difference between female and male samples in terms of depression levels.

Table 1: Means, standard deviations and t-value of students on EAT-40

		N	%	M	SD	df	t	Sig.
Eat-40	Females	136	47.05	23.06	11.67	287	2.09	0.048
	Males	153	52.94	19.20	9.06			
	Total	289	100	18.55	11.54			

*p =0.05

students, Pearson correlation coefficient was computed. It showed a significant positive correlation between depression and eating attitude scores of the participants. It was also observed that the significant relationship is obtained between these two variables. MANOVA was conducted to examine a possible relationship between eating attitudes and depression

as a function of gender and age. No significant relations emerged between disordered eating and depression as a function of gender. Further, MANOVA results revealed that the relationship between eating attitudes and depression did not change as a function of age.

Discussion

The results of the study revealed that eating disorder was positively related to depression. Therefore, the results of this study supports the studies previously done, by providing additional evidence to support the fact that there is a significant positive correlation between abnormal eating attitude and depression as supported by previous. According to these results, we can state that most of the samples selected for the study experienced eating disorders with depression. The self-report inventories used for the study, and the sampling methods applied for the study may limit the universal application of the study.

Reference

1. Wade TD, Keski-Rahkonen A, Hudson J. Epidemiology of eating disorders. In Tsuang M, Tohen M. (eds.), Textbook in Psychiatric Epidemiology (3rd Ed.). New York: Wiley, 2011, 323-360.
2. Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*. 2007; 61:348-358.
3. National Eating Disorders Association. Factors that May Contribute to Eating Disorders, 2007. <https://www.nationaleatingdisorders.org/factors-may-contribute-eating-disorders>
4. Papadopoulos FC, Ekborn A, Brandt L, Ekselius L. Excess mortality, causes of death and prognostic factors in anorexia nervosa. *The British Journal of Psychiatry*. 2008; 194(1):10-17.
5. Crow SJ, Peterson CB, Swanson SA, Raymond NC, Specker S, Eckert ED *et al.* Increased mortality in bulimia nervosa and other eating disorders. *The American Journal of Psychiatry*. 2009; 166(12):1342-1346.
6. Unalan D, Oztop DB, Elmalı F, Ozturk A, Konak D, Pırlak B *et al.* The relationship between the healthy lifestyle behaviors and eating behaviors of a group of healthy high school students. *J Inonu Uni. Med Faculty*. 2009; 16:75-81.
7. Vardar E, Erzen M. The prevalence of eating disorders (EDs) and comorbid psychiatric disorders in adolescents: a two-stage community-based study. *Turkish Journal of Psychiatry*. 2011; 22:205-212.
8. Talwar P. Factorial Analysis of the Eating Attitude Test (EAT-40) among a group of Malaysian University Students. *Malaysian Journal of Psychiatry*, 2011, 20.
9. Arciszewski T, Berjot S, Finez L. Threat of the thin-ideal body image and body malleability beliefs: Effects on body image self-discrepancies and behavioral intentions. *Body Image*. 2012; 9:334-341.
10. Erol N, Savaşır I. Eating attitude test: index of anorexia nervosa symptoms. *Turkish Journal of Psychology*. 1989; 23:132-136.
11. Çuhadaroğlu F. Adölesanlarda Benlik Saygısı. Yayınlanmamış Doktora Tezi, Ankara, Hacettepe Üniversitesi, 1986.
12. WHO expert consultation. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *The Lancet*. 2004, 157-163.
13. Tanrıverdi D, Savaş E, Gönüllüoğlu N, Kurdal E, Balık G. Determination of high school students' eating attitudes, eating behavior and self-esteem. *Gaziantep Medical Journal*. 2011; 17(1):33-39.
14. Bayayı WD, Henry I, Jones C. Dieting behaviours, obesity and predictors of dieting among female college students at Palestinian universities. *East Mediterr Health J*. 2013; 19:30-36.
15. Button EJ, Sonuga-Barke EJS, Davies J, Thompson M. A prospective study of self-esteem in the prediction of eating problems in adolescent school girls: questionnaire findings. *Br J Clin Psychol*. 1996; 35:193-203.
16. Silverstone PH. Is chronic low self-esteem the cause of eating disorders? *Med Hypotheses*. 1992; 39:311-315.
17. Timko CA, Merwin RM, Herbert JD, Zucker N. Acceptance-based separated family treatment for adolescent anorexia nervosa. *Perspectives*, 2013, 5.
18. Heesacker R, Neimeyer G. Assessing object relations and social cognitive correlates of eating disorders. *J Couns Psychol*. 1990; 37:521-526.
19. Karahan TF, Sardoğan ME, Şar AH, Ersanlı E, Kaya SN, Kumcağız H. The Relationships between the levels of loneliness and levels of self-esteem of university students. *Ondokuz Mayıs Uni J Edu Fac*. 2004; 18:27-39.
20. Erözkan A. Investigation of social anxiety with regards to anxiety sensitivity, self-esteem, and inter-personal sensitivity. *Elementary Education Online*. 2011; 10:338-347.