

A Comparative Study to assess the knowledge level regarding Anorexia Nervosa among Adolescent Girls in a Selected Rural and Urban Community, Kanpur, Uttar Pradesh

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Abstract

Eating disorder is one of the most common psychiatric problems faced by adolescent. Adolescent period is a time of growth spurt and changes. Body image and concerns regarding that is seen more in adolescent girls. These concerns lead them to various eating disorders. A comparative study was conducted among adolescent girls in the urban area (Kalyanpur) and rural area (Shivrajpur), Uttar Pradesh. The aim of this study was to compare the knowledge level of urban and rural adolescent girls regarding anorexia nervosa. The study was conducted by using cross sectional survey research approach with comparative descriptive research design. The sample size was 60 adolescent girls, selected by convenient sampling technique. Consent was taken from the sample before data collection by structured knowledge questionnaire. The 30 adolescent girls were from rural area and the next 30 was from urban area. The results showed higher knowledge score of urban adolescent girls as compared to rural adolescent girls. There was significant association between knowledge score regarding anorexia nervosa and demographic variables like area of residence, type of family and educational status in adolescent girls of urban community. The study cleared that high scores in anorexia nervosa involved a greater chance of being diagnosed with an eating disorder in rural adolescent girls, while urban adolescent girls educational status and family has an influence in gathering knowledge regarding anorexia nervosa.

Key words: Eating disorder, adolescent girls, anorexia nervosa, cross-sectional survey research approach

1 Introduction

“To eat is necessity but to eat intelligently is an art”

Adolescent (age: 14-19) is characterized by significant physical, emotional, intellectual changes, and also changes in social roles, relationship and expectations [1]. These changes are a normal transition from childhood to adulthood, it is puberty. In girls the puberty is typically reached at 13 and 14, while boys reach 14 and 15 years of age. Adolescents are experiencing these changes in different ways. Adolescent girls are often concerned about their bodily appearance, express dissatisfaction with their

appearance, weight and want to lose weight [2].

Eating disorder is one of the most common psychiatric problems faced by adolescent. Eating disorders are conditions defined by abnormal eating habits, include extreme emotions, attitude and behavior surrounding weight and food issues, they are serious emotional and physical problems. Eating disorders involve self starvation and over eating. The body is denied the essential nutrients which need to function normally, so it is forced to slow all of its processes to consume energy and to other nutrient. This is slowing down can have serious medical sequences [3].

The term anorexia nervosa is derived from the Greek word for “loss of appetite” and a Latin word implying nervous origin. The term anorexia is a misnomer because loss of appetite is not always present in this disorder. It is a disorder of characteristic eating behaviors associated thoughts, attitude and emotions, and their resulting physiological impairments [4]. Anorexia nervosa is an often, but not always,

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associated with disturbances of body image, the perception that one is distressingly large despite obvious medical starvation [5].

The average prevalence rate for anorexia nervosa and among young female are 0.3 and 1% respectively. Prevalence rate in western countries for anorexia nervosa ranged from 0.1 to 0.5% in female subjects this particular eating disorders affects from 0.5 to 0.1% of the female adolescent population with an average age of onset between 14 to 19 year of age [6]. In India (2009) for anorexia nervosa in females age 18 were 2.6% for anorexia nervosa. The incidence rate of any eating disorder in female age of 15 -18 was 1641 per 100000 person year [7]. Eating disorders, especially anorexia nervosa have been classically described in young females in western population. Recent research shows that they are also seen in developing countries including India [8].

Now a day's more adolescent girls are concerned towards their physical maintenance of the body. Due to the inadequate knowledge they are following wrong techniques such as over dieting misuse of laxatives and over exercising that may results in other somatoform disorder like malnutrition, anemia. Anorexia nervosa is a life-threatening condition and should be taken seriously. Media, often promotes extremely thin models and entertainer as being powerful and popular fashion plays a role as the new trend towards fitting into a "double zero" has hit the magazines. Some experts feel that demands from society and families could possibly be the underlying causes for anorexia. Because of modernization there is a need to improve knowledge and awareness about anorexia nervosa among adolescent girl [9].

Hence the researcher found that the adolescents in rural urban population should be compared in terms of their knowledge regarding anorexia nervosa and need for any further strategies to tackle the issue.

2 Objectives of the study

- To assess the knowledge level regarding anorexia nervosa among adolescent girls in selected rural and urban community.
- To compare the knowledge level regarding anorexia nervosa between adolescent girls of rural community and urban community.
- To find out the association of pre-test knowledge level of adolescent girls in rural and urban community regarding anorexia nervosa with their selected demographic variables.

3 Hypothesis

H1: There is significant difference between knowledge level on anorexia nervosa among rural and urban adolescent girls.

H2: There is significant association between knowledge with their selected demographic variables of adolescent girls at 0.05 level of significance.

4 Material and Methods used

Research Design: Comparative descriptive research design was used in this study.

Research Approach: Cross-sectional survey research approach was used in this study.

Setting of the study: In this research study the setting was conducted in rural community (Shivrajpur) and urban community (Kalyanpur) in Kanpur, Uttar Pradesh.

Population: The population for the present study was adolescent girls in rural and urban community.

Sampling and sample size: In this research study, sampling size compromised 60 adolescent girls in which 30 girls from rural community and 30 girls from urban community.

Variables

Research variable: Adolescent girls knowledge regarding anorexia nervosa one of the dependent variable of the present study.

Demographic variable: Age, Gender, Religion, Residence, Type of family, Educational status, Occupation, and Family monthly income.

Sampling criteria

Inclusion criteria

Adolescent girls who were:

- Willing to participate in the study.
- Able to write and speak English or Hindi.

Exclusion criteria

Adolescent girls who were:

- Not present during the time of data collection.
- Below 14 and above 19 year of age.

5 Development and description of tools used in the study

The tool consists of the following sections

Section-A: demographic questionnaire which includes the socio demographic data like age, Sex, Religion, type of family, educational status, occupation, family income..

Section B: Knowledge questionnaire

Data collection procedure

Data was collected from 10/04/2018 to 21/04/2018. Prior to the data collection, permission was obtained from medical officer of government C.H.C Kalyanpur & C.H.C Shivrajpur, to conduct the study

and prior to interview each adolescent girl was explained about the purpose of the study. Each day an average of 10-12 samples were collected. 60 adolescent girls were selected by using convenient sampling technique. The researchers collected the data by structured questionnaire.

6 Major findings of the study

Section A: Description of demographic characteristics of adolescent girls of rural community

- Among the total samples of adolescent girls of rural community, 33.33% belong to 14-15yrs, 30% belongs to 16-17 yrs, 36.66% belong to 18-19 yrs
- Among the total samples of adolescent girls of rural community, 40% were from nuclear family, 60% were from joint family and no one belongs to extended family.
- Among the total samples of adolescent girls of rural community, 76.66% were Hindu, 10% were Muslim, 6.67% were Christian and 6.67% were Sikh.
- Among the total samples of adolescent girls of rural community, 16.67% had no formal education, 10% had primary education, 33.33% had secondary education and 40% had higher secondary education.
- Among the total samples of adolescent girls of rural community, 6.66% were employed and 93.34% were unemployed.
- Among the total samples of adolescent girls of rural community, 53.33% were below 5000 income, 16.66% were had 5001-10000 income, 23.34% were had 10001-15000 income and 6.67% were above 15000 income.
- Among the total samples of adolescent girls of rural community, no one had health information from source of mass media, 20% had health information source of health workers, 43.35% had source of hospitals and 36.65% had source of friends and family.

Section B: Description of demographic characteristics of adolescent girls of urban community

- Among the total samples of adolescent girls of urban community, 23.33% belong to 14-15yrs, 23.33% belongs to 16-17 yrs, and 43.33% belong to 18-19 yrs.
- Among the total samples of adolescent girls of urban community, 20% were from nuclear family, 66.67% were from joint family and 13.33% were from extended family.
- Among the total samples of adolescent girls of

urban community, 56.67% were Hindu, 26.67% were Muslim, 16.66% were Christian and no one were Sikh.

- Among the total samples of adolescent girls of urban community, 6.66% had no formal education, 16.67% had primary education, 46.67% had secondary education and 30% had higher secondary education.
- Among the total samples of adolescent girls of urban community, 20% were employed and 80% were unemployed.
- Among the total samples of adolescents girls of urban community, 26.67% were below 5000 income, 36.67% were 5001-10000 income, 23.33% were 10001-15000 income and 13.33% were above 15000 incomes.
- Among the total samples of adolescent girls of urban community, 13.33% had source of information as mass media, 20% had source of health workers, 40% had source of hospitals and 26.67% had source of friends and family.

Section C: Description of assessment of knowledge level of adolescent girls of urban community

The overall knowledge score regarding anorexia nervosa in urban community shows that, 6.67% had adequate knowledge, 36.66% had moderate knowledge and 56.67% had inadequate knowledge.

Section D: Description of assessment of knowledge level of adolescent girls of rural community.

The overall knowledge score regarding anorexia nervosa in rural community shows that, no one had adequate knowledge, 46.67% had moderate knowledge and 53.33% had inadequate knowledge.

Section E: Comparison of knowledge in urban and rural community.

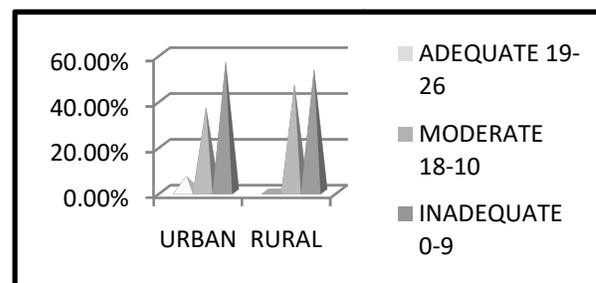


Figure 1: Pyramid diagram showing comparison of knowledge level of adolescents' girls in urban and rural community.

The fig.1 shows overall knowledge score regarding anorexia nervosa among adolescents' girls in both urban and rural community .It shows that, 6.67% had adequate knowledge, 36.66% had moderate knowledge and 56.67% had inadequate knowledge in urban community and no one had adequate knowledge, and 46.67% had moderate knowledge and 53.33% had inadequate knowledge in rural community.

TABLE 1: Showing comparison of mean, Standard deviation of knowledge level of adolescents' girls in urban and rural community.

Sl. No	Area Of Residence	Frequency	Mean	SD
1	Rural	30	8.9	4.739
2	urban	30	9	5.723

The Table 1 shows that mean values for knowledge level of adolescents girls of urban community is higher i.e. 9 than the adolescents girls of rural community i.e. 8.93 .The standard deviation values for knowledge level of adolescents girls of urban community is higher i.e. 5.723 than the adolescents girls of rural community i.e. 4.739 .

Section F: Description of association of knowledge level of adolescent girls of rural and urban community

There was significant association between knowledge score and demographic variables like area of residence, type of family and educational status in adolescent girls of urban community .Hence H₂ was accepted i.e. there was significant association between knowledge with their selected demographic variables of adolescent girls at 0.05 level of significance

7 Recommendations

Based on the findings of the study the following recommendations have been made for further study.

- A large scale study can be carried out to generalize the findings.
- A similar study can be conducted by true experimental approach

8 Conclusion

Use of research finding should become part of the quality assurance evaluation to enhance individual profession as a whole. The comparative study was conducted by using 60 samples of adolescents girls were aged between 14-19 years.

The overall knowledge score regarding anorexia nervosa among adolescents' girls in both urban and rural community shows that, 6.67% had adequate knowledge, 36.66% had moderate knowledge and 56.67% had inadequate knowledge in urban community and no one had adequate knowledge, and 46.67% had moderate knowledge and 53.33% had inadequate knowledge in rural community. The finding will help the nursing faculty and students to understand the need to be focused on eating disorder among adolescents girls

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