Knowledge Impact of Anorexia Nervosa on Adolescent Girls: An exploratory survey

Alfred Solomon D*, Nishanthi E
Department of Mental Health Nursing, Saveetha College of Nursing, Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai, Tamil Nadu, India

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ABSTRACT

Every individual has various preferences for food and distinctive dietary patterns and wanting for some food tastes. These are on the whole ordinary inclinations with regards to considering about food, a portion of the people become fixated on food, weight and self-perception issues which lead to change in their dietary patterns; they may start to eat minuscule or very huge bits of food, or they may even quit eating for a critical time frame which may leads to Eating disorders which affects the mental health of an individual. However, they are completely treatable and have high chance of recovery. The Study Aims to compare the knowledge regarding anorexia nervosa between urban and rural areas. The Research approach used for the study was evaluative approach. The research design was exploratory survey method. Convenient sampling technique was adopted, the study was conducted in Porur for urban and Kondancheri for rural. At the end overall knowledge score, the mean level of knowledge in anorexia nervosa among adolescent girls in rural area are 19.5. The mean of level of knowledge of anorexia nervosa among adolescent girls in urban area is 23.6. The mean difference score is 4.1. The "t" value is 7.49. The degree of freedom is 29. The mean of urban area is higher than the rural area. The "t " value is scientifically significant. The study indicates that there is a great need for knowledge regarding anorexia nervosa to adolescent girls and their family members in rural areas.

INTRODUCTION

The term anorexia nervosa is gotten from the Greek word for “loss of hunger” and a Latin word suggesting anxious starting point. The term anorexia is a misnomer since loss of craving isn't generally present in this issue. It is an issue of trademark eating practices related musings, mentality and feelings, and their subsequent physiological hindrances. Anorexia nervosa is a frequently, however not generally, related with aggravations of self-perception, the recognition that one is distressingly huge notwithstanding evident clinical starvation. (Napolitano et al., 2019) In contemporary society, females want to be thin. The elite classes and the so-called jet-setting citizens on the world both propagate and give in to the interest to be thin. Consequently, society also develops a tendency being thin which has reached unhealthy heights. Most of the women are more of a slave to aesthetic and pressure of society; Fuelled by the boom of television and mass media, 1960's marked a concept by introduction of the famous Barbie doll...
by Mattel and waif-thin model twiggy. Thus, ideals of women’s body have attained a new concept of being thin. Concurrently, the thin feminine body has become a commodity in mainstream industry. As the mass media have come to rule of world with both full of super slim models, young girls end up in idolizing them. (Ayton et al., 2004)

Adolescence is a period stuffed with lots of psychological problems. Youth health surveys show that psychological problems are more common in girls compared to boys. Higher numbers of girls are affected with common psychological problems like anxiety, sleeping disorder, depression, tension and eating disorders. Studies have shown that most common psychological disorder among adolescent is anorexia nervosa. Numerous young ladies who endeavour to get thinner state they neglect to perceive the horror of the illness called Anorexia nervosa. (Crisp et al., 1980)

The modern-day pressures of an ideal “size zero” self-perception made by the media and style industry are for the most part focused on ladies. Females in western social orders may have expanded presentation and along these lines weakness. This is upheld by the way that in sub-societies where the interest for slimness is endemic. For instance, artists and models are under high danger to create dietary problems, for example, Anorexia nervosa. Anorexia nervosa is a bewildering infection, brimming with inconsistency and mysteries. The adolescents energetically go through the difficulty of starvation, even to the point of death. Anorexia nervosa has lamentable ramifications for ladies of all age gatherings; it can play ruin with the soundness of a juvenile or pre-young adult by impeding their development. Anorexia isn’t tied in with feeling flimsy, pleased and delightful; in the event that you set aside the effort to tune in to an anorexic you will hear that they feel fat, ugly and deficient. Anorexics mind are not their own; they are controlled by considerations of weight, self-perception, food and calories. (Andrés-Perpiña et al., 2011)

It comes as little amazement that in the event that we are taking overall instances of anorexia nervosa over 90% of all instances of anorexia nervosa normally happen in ladies. Anorexia whenever known as “brilliant young lady condition” since it was struck basically rich, white, knowledgeable western women. (Halmi, 2009) Over the previous five years, the self-starvation disorder has spread to ladies of all financial and ethnic background. (McDermott et al., 2006)

An investigation was led in test comprised generally of female youths from center financial status towns and towns of north eastern India. The outcome showed that north eastern conditions of India with a mean age of 15 to 20 years are more inclined to anorexia nervosa. The mean period of beginning of indications and span was 15.2 years and 19.2 years respectively. Now a day’s more young adult young ladies that is age bunch between 15-20 years more worried towards actual upkeep of the body. Young people are profoundly impacted by TV and web with overly thin models venerating them. There is colossal accentuation on being little by the general public as well. (Zonnevylle-Bender et al., 2004)

Steinglass et al. (2015) examined how regularly anorexia nervosa (AN) and co-dismal issues happen in influenced families contrasted and control families. A sum of N = 2,370 youngster and juvenile mental subjects conceived somewhere in the range of 1951 and 1996 and enlisted in the Danish Psychiatry Central Research Register (DPCRR) had any psychological issue before the age of 18 and built up AN eventually during their life-time. A happened fundamentally more frequently in charge families. Anorexia nervosa hazard factors included having a kin with AN, emotional issues in relatives, and co-horrible full of feeling, uneasiness, over the top impulsive, character, 0r substance use disorders. (King et al., 2018) Auxiliary Neuroimaging of Anorexia Nervosa: Future Directions in the Quest for Mechanisms Underlying Dynamic Alterations. This investigation presumes that Structural cerebrum peculiarities in AN as communicated in CT and sub cortical volume are fundamentally the result of hunger and improbable to reflect pre dismal quality markers or perpetual scars.

(Umarani and Annamalai, 2016) Pervasiveness of anorexia nervosa among young adult girls. It was discovered that 31% of the juvenile young ladies were having high danger to anorexia nervosa and 69% were of no danger, though none of them were discovered steady with anorexia nervosa. It was noticed that all the 31 high danger young ladies were hostelite.

(Hewitt et al., 2001) Death from anorexia nervosa: Age length and sex contrasts. Information from 10 million demise records (all National Center for Health Statistics enlisted passing in USA) was inspected for notice of anorexia nervosa as an essential contributing reason for death. Just 724 were discovered which approaches a normal of 145 yearly deaths and ate of 6.73 per 100,000 deaths. The age and sex conveyance proposes 2 deadly structures anorexia nervosa, a beginning stage structure containing 89% of ladies age of 15–35 yrs. what’s more, a later structure containing 24% men. The discov-
Table 1: Level of knowledge among adolescent girls on anorexia nervosa

| Existing level of knowledge | Rural Area | Urban Area |
|-----------------------------|------------|------------|
|                             | Frequency (F) | Percentage (%) | Frequency (F) | Percentage (%) |
| Inadequate                  | 15         | 50%        | 5            | 16.7%         |
| Moderate                    | 10         | 33.3%      | 9            | 30%           |
| Adequate                    | 5          | 16.7%      | 16           | 53.3%         |

Table 2: Mean and standard deviation of level of knowledge

| Variables | Mean | S. D | Mean Difference Score | "T" Value |
|-----------|------|------|------------------------|-----------|
| Rural     | 19.5 | 4.6  | 4.1                    | t=7.49     |
| Urban     | 23.6 | 4.09 | df=29S                 |           |

MATERIALS AND METHODS

A quantitative approach with non-experimental research design was used to conduct the study at in Porur [Urban] and Kondencheri [Rural]. Sixty samples were selected using a non-probability convenience sampling technique. The criteria for sample selection are Adolescent girls who are willing to participate and available at the time of data collection. Exclusion criteria for the samples are Adolescent girls who are on leave. The data collection period was done with prior permission. The purpose of the study was explained to the samples and written informed consent was obtained from them. The demographic data were collected using a self-structured questionnaire; Structured Knowledge Questionnaire about anorexia nervosa was used to assess the knowledge of people. It consists of 35 close ended questions to assess the knowledge of people regarding anorexia nervosa. Structured interview guide consists of 30 multiple choice questions. The data were analyzed using descriptive and inferential statistics and sample characteristics were described using frequency and percentage. Chi-square test was used to associate the level of knowledge of the caregivers with the selected demographic variables.

RESULTS AND DISCUSSION

Sample characteristics

Among 60 samples, most of the Adolescent girls 60% and 63.30% were in the age group of 17-18 years in urban and rural area respectively and also 40% and 36.70% are 18-19 years in urban and rural area respectively; 60% and 56.70% are Hindu in urban and rural area respectively and also 26.7% and 26.70% are Christian in urban and rural area respectively.

Level of knowledge among adolescent girls on anorexia nervosa

Most of the caregivers 32(90%) had moderately adequate knowledge, 16(32%) had inadequate knowledge, and 2(4%) had adequate knowledge on home care management of autistic children, In rural are most of the adolescent girls 15(50%) had inadequate knowledge, 10(33.3%) had moderate knowledge, 5(16.7%) had adequate knowledge and in urban area out of 30 sample of adolescent girls 5(16.7%) had adequate knowledge and in urban area out of 30 sample of adolescent girls 5(16.7%) had adequate knowledge, 9(30%) had moderate knowledge, 16(53.3%) had adequate knowledge on anorexia nervosa. (Table 1)

The mean score was 19.5 and standard deviation was 23.6 among adolescent girls in rural area are and respectively. The mean score was 23.6 and standard deviation was 4.09 among adolescent girls in urban area are 23.6 and 4.09 respectively. (Table 2)

Association of level of knowledge with selected demographic variables

The present study depicts that none of the demographic variables had shown a statistically significant association with the level of knowledge on home care management of autistic children among caregivers at p<0.05 level.

CONCLUSIONS

The discoveries of the examination uncovered that there was significant difference between urban and
rural knowledge scores. The rural mean percentage knowledge scores regarding anorexia nervosa were found to be less than the urban mean percentage knowledge scores.

**Conflict of Interest**

The authors declare that they have no conflict of interest for this study.

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**REFERENCES**

Andrés-Perpiña, S., et al. 2011. Clinical and biological correlates of adolescent anorexia nervosa with impaired cognitive profile. European Child & Adolescent Psychiatry, 20(11-12):541–549.

Ayton, A. K., et al. 2004. Rapid improvement of severe anorexia nervosa during treatment with ethyl-eicosapentaenoate and micronutrients. European Psychiatry, 19(5):317–319.

Crisp, A. H., et al. 1980. Clinical features of anorexia nervosa: A study of a consecutive series of 102 female patients. Journal of Psychosomatic Research, 24(3-4):179–191.

Halme, K. A. 2009. Anorexia nervosa: an increasing problem in children and adolescents. Dialogues in Clinical Neuroscience, 11(1):100–103.

Hewitt, P. L., et al. 2001. Death from anorexia nervosa: Age span and sex differences. Aging & Mental Health, 5(1):41–46.

King, J. A., et al. 2018. Structural Neuroimaging of Anorexia Nervosa: Future Directions in the Quest for Mechanisms Underlying Dynamic Alterations. Biological Psychiatry, 83(3):224–234.

McDermott, B., et al. 2006. Non-eating disorders psychopathology in children and adolescents with eating disorders: Implications for malnutrition and symptom severity. Journal of Psychosomatic Research, 60(3):257–261.

Napolitano, F., et al. 2019. Assessment of Knowledge, Attitudes, and Behaviors toward Eating Disorders among Adolescents in Italy. International Journal of Environmental Research and Public Health, 16(8):1448.

Steinglass, J., et al. 2015. Restrictive food intake as a choice-A paradigm for study. International Journal of Eating Disorders, 48(1):59–66.

Umarani, J., Annamalai, A. A. 2016. Prevalence of anorexia nervosa among adolescent girls. Bangladesh Journal of Medical Science, 15(3):466–470.

Zonnevyle-Bender, M. J. S., et al. 2004. Emotional functioning in anorexia nervosa patients: Adolescents compared to adults. Depression and Anxiety, 19(1):35–42.