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A study on anorexia nervosa among nursing students

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Abstract

This study attempted to estimate the level of anorexia among under graduate nursing students in and around Mangaluru City. The sample consisted of equal number of (40 each) girls studying under graduate nursing (Bsc Nursing) and were chosen from 4 different batches of BSc nursing students from selected nursing college Mangaluru city. The students completed Test for Anorexia developed by Dr. Vijaya Laxmi Chouhan 1971. Statistical methods like descriptive statistics (mean, S.D, frequency and percent) and inferential statistics- ANOVA-2 way was applied using SPSS software. Results revealed that a Majority (85%) of the Ist year BSc students have mild anorexia. Majority (65%) of 2nd year BSc nursing students had mild anorexia. Majority (60%) of 3rd year BSc nursing students had beginning of anorexia. The majority (34.24%) of samples of 1st year BSc nursing are associated with the domain of psychological factors. The majority (34.75%) of samples of 2nd year BSc nursing are associated with the domain of psychological factors. The majority (31.55%) of samples of 3rd year BSc nursing are associated with the domain of medical complications. The majority (29.10%) of samples of 4th year BSc nursing are associated with the domain of medical complications. There is significant difference between and within the groups in the level of anorexia.

Keywords: Adolescents, anorexia nervosa, nursing students

Introduction

The word Adolescence derived from a Latin word adolsere meaning 'to grow up' is a transitional stage of physical and psychological development that generally occurs from puberty to legal adulthood (age of majority). It's a period of rapid physical growth and psychological change. Eating disorder are mental disorders defined as abnormal eating habits that adversly affect a person's physical or mental health. They include binge eating disorder where people eat a large amount in a short period of time, anorexia nervosa where people eat very lesser and thus have a low body weight, bulimia nervosa where people eat a lot and then try to rid themselves of the food etc. Anxiety disorders, depression, and substance abuse are common among people with eating disorders (Macmillan Dictionary for Students Macmillan) [1].

Anorexia (an-o-REK-see-uh) nervosa - often simply called as anorexia - it is an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight. Those who are affected with anorexia place a high value on controlling their weight and body shape, they use extreme efforts that tend to significantly interfere with their lives. According to national institute of mental health (NIMH) 0.5%-3.7% women suffers with anorexia nervosa at some point of their lives (Mayoclinic). A study conducted by the national association of anorexia nervosa and associated disorder reported that 5-10% of anorexics will die within 10 years after affected with the disease;18-20% of anorexics will be dead after 20 years and only 30-40% ever fully recover (Andres-perpina s, Lozano-serra. 2011) [6]. The mortality rate associated with anorexia nervosa is 12 times higher than the death rate of all causes of death for females 15-24 years old and 20% of people suffering from anorexia will prematurely die from 2 complications related to anorexia nervosa including suicide and cardiac related problems (Toby D Goldsmith 2011) [4]. In India, anorexia nervosa is increasingly recognized as a cause of morbidity and mortality among adolescents. The reported lifetime prevalence of anorexia nervosa is 0.5-2%, with a peak age of onset around 13-18 years. Though the prevalence of eating disorders is higher in Western countries, there is an increasing trend of case reports from India.

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Medical students are associated with high levels of stress that stands as a critically important causative factor of eating disorders. Thus, it is quite important to analyze all such instabilities in medical students who are an asset for the future of this country. Studies have been conducted in western scenario to assess eating disorders in medical students. A study from US showed that 15% of the female medical students had history of eating disorders.

Anorexia, like other eating disorders, can take over your life and can be very difficult to overcome. But with treatment, one can gain a better sense of who they are, return to healthier eating habits and reverse some of anorexia's serious complications. Through various studies it is been found that anorexia is common among adolescents specially young females. So in this study anorexia among nursing female students is studied.

Methods Sample

The sample for the present research consisted of 160 students (only females) studying in nursing colleges from

mangaluru. The stratified random sampling was used for collecting the data.

Tools

Demographic data sheet

The first part designed to collect preliminary information regarding details of college and student's age, religion, education, family income, type of family, previous medical ailment.

Anorexia test (AT) -1971

AT, developed by developed by Dr. Vijaya Lakshmi Chouhan and Banerjee Aditi, Dept. of Psychology, M.L.S.U Udaipur (Raj.) was employed, consisting of 30 statements. AT measures anorexia of the individual in 4 dimenions, which included components like Food avoidance, Medical complications, Psychological factors and Body or figure consciousness.

Reliability

The test retest method was used. Reliability coefficient or temporal stability coefficient or temporal consistency was very high i.e.0.97.

Validity

Validity was found on the basis of experts judgement that this test is properly made and its items are relevant to the context hencethe test is valid also the test was found to be gender free but here it was administered on females. Scoring was done based on the response to the statements that is Yes-1 and No - 0.

Results

Section 1: Analysis of socio-demographic characteristics of study participants under the study

Table 1: Distribution of samples according to demographic variables

Sl. No.	Demographic variables	Frequency	Percentage %
		Age	<u> </u>
	18	20	12.5%
1.	19	58	36.25%
	20	43	26.87%
	21	39	24.37%
	·	Class	·
	1st BSc nursing	40	25%
2.	2 nd BSc Nursing	40	25%
	3 rd BSc Nursing	40	25%
	4 th BSc Nursing	40	25%
	Religion		
	Hindu	25	15.63%
3.	Muslim	9	5.6%
	Christian	126	78.75%
	Others	0	0%
		Family income per month	
	10000 -50000	149	93.12%
4.	50001-100000	11	6.87%
	100001 - 150000	0	0
	150001 and above	0	0
	·	Type of family	·
5.	Nuclear	134	83.75%
	Joint	26	16.25%

Table 1 and respective figures related to the frequency and percentage distribution of respondents based on selected

socio demographic characteristics reveal the following findings.

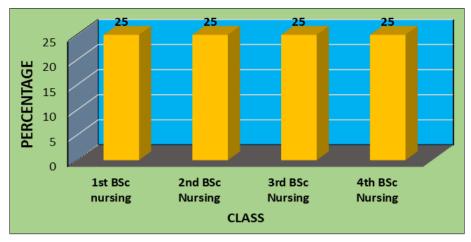


Fig 1: Percentage distribution of samples according to class

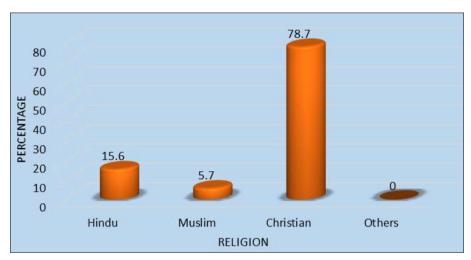


Fig 2: Percentage distribution of samples according to religion.

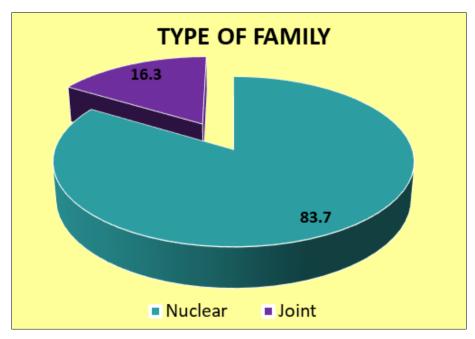


Fig 3: Percentage distribution of samples according to type of family.

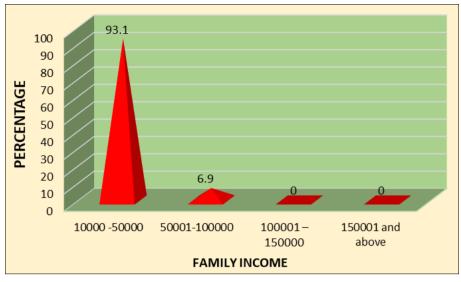


Fig 4: Percentage distribution of samples according to family income per month

Data in table 1 and figure 1, 2, 3, 4, 5 revealed that majority (36.25%) samples were 19 years old, equal nuber of samples are selected from each batch, majority(78.75%) of samples belongs to Christian religion, majority (93.12%) of samples

having a family income of 10000 - 50000 and majority(83.75%) of samples belongs to nuclear family.

Section II: 4.2: Descriptive statistics for levels of anorexia among nursing students.

Table 2: Frequency and percentage classification of 1st year bsc nursing students by various levels of anorexia

Sl. No	Level of anorexia	Frequency	Percentage
1.	Beginning of anorexia	1	2.5
2.	Mild anorexia	34	85
3.	Serious anorexia	5	12.5
4.	Severe and dangerous anorexia	0	0
	Total	40	100

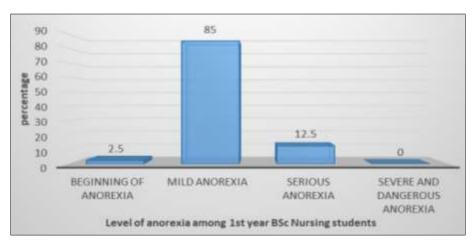


Fig 6: Frequency and percentage classification of 1st year bsc nursing students by various levels of anorexia

Data in table revealed that majority (85%) of the Ist year BSc students have mild anorexia, 12.5% of students have

serious anorexia and 2.5% of students have beginning of anorexia.

Table 3: Frequency and percentage classification of 2nd year bsc nursing students by various levels of anorexia

Sl. No	Level of anorexia	Frequency	Percentage
1.	Beginning of anorexia	10	25
2.	Mild anorexia	26	65
3.	Serious anorexia	4	10
4.	Severe and dangerous anorexia	0	0
	Total	40	100%

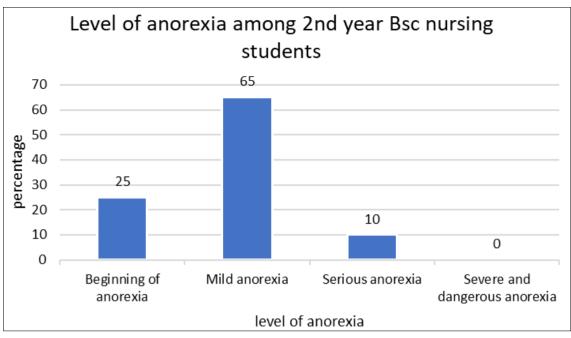


Fig 7: Frequency and percentage classification of 2nd year bsc nursing students by various levels of anorexia

Data in table had revealed that majority (65%) of 2^{nd} year BSc nursing students had mild anorexia, 25% of students

had beginning of anorexia and 10% of students had serious anorexia.

Table 4: Frequency and percentage classification of 3rd year bsc nursing students by various levels of anorexia.

Sl. No.	Level of anorexia	Frequency	Percentage
1.	Beginning of anorexia	24	60
2.	Mild anorexia	13	32.5
3.	Serious anorexia	3	7.5
4.	Severe and dangerous anorexia	0	0
	Total	40	100

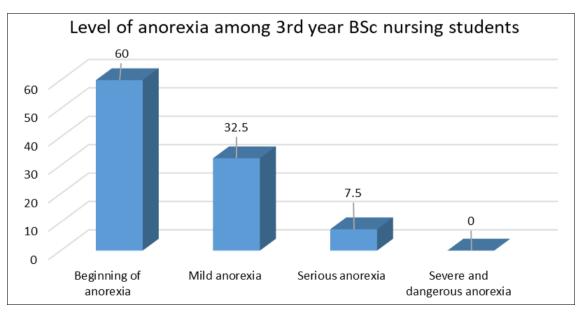


Fig 8: Frequency and percentage classification of 3rd year bsc nursing students by various levels of anorexia.

Data in table had revealed that majority (60%) of students had beginning of anorexia, 32.5% of students had mild anorexia and 7.5% of students had serious anorexia.

Table 5: Frequency and percentage classification of 4th year bsc nursing students by various levels of anorexia

Sl. No.	Level of anorexia	Frequency	Percentage
1.	Beginning of anorexia	24	60
2.	Mild anorexia	16	40
3.	Serious anorexia	0	0
4.	Severe and dangerous anorexia	0	0
	Total	40	100

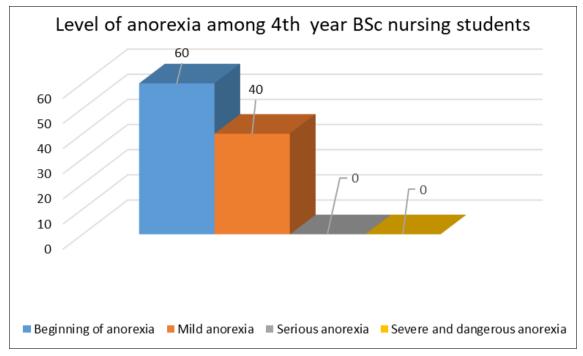


Fig 9: Percentage classification of 4th year bsc nursing students by various levels of anorexia

Data in table revealed that majority (60%) of 4th year students had beginning of anorexia, 40% of students had mild anorexia and no one had serious and severe anorexia.

Section III: Range, maximum score, mean, standard deviation, median and mean percentage

Table 6: Distribution of samples according to range, maximum score, mean, median, standard deviationand mean percentage of 1st year BSC nursing students. N=40

Sl. No.	Level of anorexia	Range	Maximum score	Mean	Median	Standard deviation	Mean percentage
1.	Food avoidance	0-6	7	2.3	2.0	1.47	20.35
2.	Medical complications	2-5	8	3.05	3.0	0.87	26.99
3.	Psychological factors	1-7	8	3.87	4.0	1.55	34.24
4.	Body or figure consciousness	0-4	7	2.07	2.0	1.29	18.31
Total		4-17	30	11.3	11.00	3.29	100

Table 7: Distribution of samples according to range, maximum score, mean, median, standard Deviation and mean percentage of 2^{nd} yearBSC nursing students. N=40

Sl. No.	Level of anorexia	Range	Maximum score	Mean	Median	Standard deviation	Mean percentage
1.	Food avoidance	0-5	7	2.0	2.0	1.45	19.74
2.	Medical complications	0-5	8	2.55	2.0	1.19	25.17
3.	Psychological factors	0-7	8	3.52	3.0	1.75	34.75
4.	Body or figure consciousness	0-6	7	2.05	2.0	1.738	20.24
Total		2-20		10.125	10.0	4.12	100

 $\textbf{Table 8:} \ \, \text{Distribution of samples according to range, maximum score, mean, median, standard deviation and mean percentage of 3^{rd} year Bsc nursing students $N\!\!=\!\!40$$

Sl. No.	Level of anorexia	Range	Maximum score	Mean	Median	Standard deviation	Mean percentage
1.	Food avoidance	0-4	7	1.76	2.0	0.88	19.97
2.	Medical complications	1-5	8	2.78	2.5	1.16	31.55
3.	Psychological factors	0-7	8	2.76	3.0	1.75	31.33
4.	Body or figure consciousness	0-6	7	1.5	1.5	1.44	17.03
Total		2-17	30	8.81	8.0	3.59	100

Table 9: Distribution of samples according to range, maximum score, mean, median, standard deviation and mean percentage of 4th year BSC nursing students. N=40

Sl. No.	Level of anorexia	Range	Maximum score	Mean	Median	Standard deviation	Mean percentage
1.	Food avoidance	0-3	7	1.55	1.5	1.099	22.38
2.	Medical complications	1-3	8	1.95	2.0	0.686	29.10
3.	Psychological factors	0-5	8	1.90	2.0	1.29	28.35
4.	Body or figure consciousness	0-6	7	1.3	1.0	1.52	19.40
Total		2-11	30	6.7	6.00	2.41	99.23

Section III: Interaction effect between level of anorexia and selected demographic variables (class).

Table 10: Interaction effect between level of anorexia and selected demographic variables (class).

Source of variat	tion	Sum of Squares	df	Mean Square	F value	P value
	Dataman anama	10.160	3	3.387		
Food avoidance	Between groups Within groups Total	236.083	156	3.387 1.153	2.238	.086
	within groups Total	246.244	159	1.133		
	Patryaan arauna	17.442	3	5.814		
Medical complications	Between groups Within groups Total	174.933	156	1.121	5.185	.002
	within groups Total	192.375	159	1.121		
	Datwoon groups	66.617	3	22.206	8.077	.000
Psychological factors	Between groups Within groups Total	428.883	156	2.749		
		495.500	159			
	Dataman anama	15.619	3	5 206		
Body or figure consciousness	Between groups Within groups Total	349.875	156	5.206 2.243	2.321	.077
	within groups Total	365.494	159	2.243		
	Datawaan anauma	330.042	3	110.014	8.774	
Total	Between groups Within groups Total	1955.958	156	110.014		.000
	within groups Total	2286.000	159	12.330		

The above table 10 reveals that there is significant difference between nd within the groups in the level of anorexia F(3,156)=8.774. Thus, null hypothesis is rejected.

Table 11: Comparison of level of anorexia between the groups using post hoc test.

Level of anorexia	Class(I)	Class (J)	Mean difference	Standard error	Significance
		2 nd Bsc	0.300	0.275	1.00
	1st Bsc	3 rd Bsc	0.533	0.251	0.212
		4th Bsc	0.75	0.34	0.165
		1st Bsc	_0.30	0.275	1.00
	2 nd Bsc	3 rd Bsc	0.233	0.251	1.00
Food avoidance		4 th Bsc	0.45	0.336	1.00
Food avoidance		1st Bsc	-0.533	0.251	0.212
	3 rd Bsc	2 nd Bsc	-0.233	0.251	1.00
		4th Bsc	2.16	0.317	1.00
		1st Bsc	-0.75	0.336	0.165
	4th Bsc	2 nd Bsc	-0.45	0.336	1.00
		3 rd Bsc	-0.216	0.317	1.00
		2 nd Bsc	0.50	0.236	0.218
	1st Bsc	3 rd Bsc	0.266	0.216	1.00
		4 th Bsc	1.10	0.29	0.01
	2 nd Bsc	1st Bsc	-0.50	0.23	0.218
		3 rd Bsc	-0.233	0.21	1.0
Madical comulications		4 th Bsc	0.60	0.29	0.241
Medical complications		1st Bsc	-0.266	0.216	1.00
	3 rd Bsc	2 nd Bsc	0.233	0.216	1.00
		4th Bsc	0.833	0.273	0.016
		1st Bsc	-1.10	0.29	0.001
	4th Bsc	2 nd Bsc	-0.60	0.29	0.241
		3 rd Bsc	-0.833	0.27	0.016
		2 nd Bsc	0.35	0.37	1.00
	1st Bsc	3 rd Bsc	1.10	0.33	0.008
		4th Bsc	1.97	0.45	0.00
		1st Bsc	-0.35	0.37	1.00
	2 nd Bsc	3rd Bsc	0.75	0.33	1.159
Psychological factor		4th Bsc	1.62	0.45	0.003
		1st Bsc	-1.108	0.34	0.008
	3rd Bsc	2 nd Bsc	-0.75	0.34	0.159
		4th Bsc	0.86	0.42	0.268
	4th D	1st Bsc	-1.97	0.45	0.000
	4 th Bsc	2 nd Bsc	-1.62	0.45	0.003

		3 rd Bsc	-0.87	0.43	0.268
		2 nd Bsc	0.025	0.33	1.00
	1st Bsc	3 rd Bsc	0.575	0.305	0.37
		4 th Bsc	0.77	0.41	0.36
		1st Bsc	-0.025	0.33	1.00
	2 nd Bsc	3 rd Bsc	0.55	0.305	0.44
Body or figure consciousness		4 th Bsc	0.75	0.41	0.41
Body of figure consciousness		1st Bsc	-0.575	0.30	0.371
	3 rd Bsc	2 nd Bsc	-0.55	0.30	0.44
		4 th Bsc	0.20	0.38	0.41
	4 th Bsc	1st Bsc	-0.77	0.410	0.36
		2 nd Bsc	-0.75	0.410	0.416
		3 rd Bsc	-0.20	0.386	1.00
		2 nd Bsc	1.17	0.79	0.84
	1 st Bsc	3 rd Bsc	2.48	0.722	0.005
		4 th Bsc	4.60	0.96	0.00
		1st Bsc	-1.17	0.79	0.83
	2 nd Bsc	3 rd Bsc	1.30	0.722	0.433
Total		4 th Bsc	3.43	0.96	0.03
Total		1st Bsc	-2.48	0.722	0.005
	3 rd Bsc	2 nd Bsc	-1.30	0.722	0.433
		4 th Bsc	2.11	0.914	0.131
		1st Bsc	- 4.60	0.96	0.00
	4 th Bsc	2 nd Bsc	-3.42	0.96	0.003
		3 rd Bsc	-2.12	0.914	0.131

During the post hoc test it is found that there is a significant difference between 1st bsc and 4^{th} bsc, 3^{rd} bsc and 4^{th} bsc with regards to medical complications. There is a significant difference found between 1^{st} bsc and 4^{th} bsc, 2^{nd} bsc and 4^{th} bsc with regards to psychological factor because (p<0.05).

There is no significant difference found between classes with regards to food avoidance and body or figure consciousness. No significant difference found between 1st bsc and 2^{nd} bsc, 3^{rd} bsc with regards to medical complications. No significant difference found between 1st bsc and 3^{rd} bsc, 2^{nd} bsc with regards to psychological factor because (p>0.05).

Discussion

Major findings of the study are Demographic characteristics

- Majority (36.25%) samples were 19 years old.
- Equal number of samples are selected from each batch.
- Majority (78.75%) of samples belongs to Christian religion.
- Majority (93.12%) of samples having a family income of 10000 - 50000.
- Majority (83.75%) of samples belongs to nuclear family.

Level of anorexia among nursing students

- Majority (85%) of the Ist year BSc students have mild anorexia.
- Majority (65%) of 2nd year BSc nursing students had mild anorexia.
- Majority (60%) of 3rd year BSc nursing students had beginning of anorexia.
- Majority (60%) of 4th year students had beginning of anorexia.

Range, maximum score, mean, standard deviation, median and mean percentage

 The majority (34.24%) of samples of 1st year BSc nursing are associated with the domain of psychological factors.

- The majority (34.75%) of samples of 2nd year BSc nursing are associated with the domain of psychological factors.
- The majority (31.55%) of samples of 3rd year BSc nursing are associated with the domain of medical complications
- The majority (29.10%) of samples of 4th year BSc nursing are associated with the domain of medical complications.

Interaction of level of anorexia among different batches of nursing students

- There is significant difference between and within the groups in the level of anorexia F(3,156)=8.774.
- There is a significant difference between 1st bsc and 4th bsc, 3rd bsc and 4th bsc with regards to medical complications. There is a significant difference found between 1st bsc and 4th bsc, 2nd bsc and 4th bsc with regards to psychological factor because (*p*<0.05).

The results of the present study support the hypothesis formulated as 'level of anorexia is not uniformily distributed among nursing students.

N Babar et al. (2002) [8] conducted cross-sectional survey to determine the proportion of anorexic behaviour among female medical and nursing students at The Aga Khan University Hospital Karachi. A multi-staged sampling technique was utilized. We utilized a modified Eating Attitudes Test (EAT-26) to collect data. A total of 180 female students were interviewed. Ninety-four (52.2%) were medical students and 86 (47.8%) were nursing students. The proportion of anorexic behaviour among medical students was 8.0%, 7.1% and 20.0% in first, third and fourth years respectively. The total proportion of anorexic behaviour among female health care students was 21.7%. The study concluded that 21.7% prevalence of anorexic behaviour, which is much higher than that reported in similar studies conducted in Asia. We also found that the proportion was much higher among female nursing students as compared to female medical students.

The results of the present study clearly indicated that there is significant difference between level of anorexia nervosa among different batches of nursing students

The results of the present study are in agreement with studies done elsewhere. Babar et al. (2002) [8] A crosssectional survey was conducted to determine the proportion of anorexic behaviour among female medical and nursing students at The Aga Khan University Hospital Karachi was conducted. A multi-staged sampling technique was utilized in which our study population was first divided according to field of enrollment (medical or nursing school) and then stratified by class. A modified Eating Attitudes Test (EAT-26) was used to collect data. A total of 180 female students were interviewed. Ninety-four (52.2%) were medical students and 86 (47.8%) were nursing students. Among the 94 medical students, 26 (27.7%) were from first year, 14 (14.9%) from second year, 15 (16.0%) from third year, 20 (21.3%) from fourth year and 19 (20.2%) from the final year of medical college. Among the 86 nursing students 34 (39.5%) were from first year, 23 (26.7%) from second year, 27 (31.4%) from third year and 2 (2.4%) from fourth year. The proportion of anorexic behaviour among nursing students was 8.0%, 7.1% and 20.0% in first, third and fourth years respectively. No individuals with anorexic behaviour were found in second and fifth years. The total proportion of anorexic behaviour among female health care students was 21.7%. Through this study found that the proportion was much higher among female nursing students as compared to female medical students.

Conclusion

This study aimed to estimate the prevalence and levels of anorexia among undergraduate nursing students in and around Mangaluru City. The research involved 160 female students equally distributed across four academic years from a selected nursing college. The students completed the Anorexia Test developed by Dr. Vijaya Laxmi Chouhan in 1971, and the data were analyzed using descriptive and inferential statistics through SPSS software.

Key Findings

1. Demographic Characteristics

- The majority (36.25%) of the participants were 19 years old.
- Equal representation was maintained from each academic year (1st to 4th year BSc Nursing).
- Most students (78.75%) identified as Christian.
- The majority (93.12%) of participants reported a monthly family income between 10,000 and 50,000 INIR
- A significant portion (83.75%) came from nuclear families.

2. Levels of Anorexia

- 1st-year students predominantly exhibited mild anorexia (85%).
- 2nd-year students mostly showed mild anorexia (65%).
- 3rd-year students mainly had the beginning of anorexia (60%).
- 4th-year students also predominantly exhibited the beginning of anorexia (60%).

3. Domains of Anorexia

• Psychological factors were the leading domain among 1st (34.24%) and 2nd-year (34.75%) students.

• Medical complications were more prominent among 3rd (31.55%) and 4th-year (29.10%) students.

4. Statistical Analysis

- There was a significant difference in anorexia levels between and within the groups (F(3,156) = 8.774, p < 0.05).
- Post hoc tests indicated significant differences particularly between 1st and 4th-year, and 3rd and 4th-year students regarding medical complications and psychological factors.

The findings indicate a prevalent issue of mild to beginning levels of anorexia among nursing students, with a noticeable shift from psychological factors in the earlier years to medical complications in the later years. The significant differences in anorexia levels between the academic years suggest the need for targeted interventions and support mechanisms, especially as students progress through their studies. Addressing the psychological and medical aspects of anorexia is crucial in fostering a healthier academic environment and supporting the well-being of nursing students. Further research could explore the underlying causes and develop strategies to mitigate the impact of anorexia in this demographic.

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Author's Contribution

Not available.

Conflict of Interest

Not available.

Financial Support

Not available.

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