



P-ISSN: 2394-1685  
E-ISSN: 2394-1693  
Impact Factor (ISRA): 4.69  
IJPESH 2016; 3(1): 04-06  
© 2016 IJPESH  
www.kheljournal.com  
Received: 15-10-2015  
Accepted: 17-11-2015

**Kunvar Singh**  
Research Scholar,  
Department of Physical  
Education, G.G.V. Bilaspur  
(C.G.), India.

**Dr. Ratnesh Singh**  
Associate Professor,  
Department of Physical  
Education, G.G.V. Bilaspur  
(C.G.), India.

## Comparative study of eating disorders among different age group people of Bilaspur

**Kunvar Singh, Dr. Ratnesh Singh**

### Abstract

**Purpose:** Purpose of the study was to compare the Eating disorders among different age group people of Bilaspur.

**Methods:** For the purpose of present study total 150 people selected of different age category. The subjects were divided in three category 50 male age ranges 13-19, 20-35 and 36-50. Age range 13-19 50 male were selected from DAV Bilaspur and CMD College first year students of Bilaspur. Age range 20-35 50 adult selected from Guru Ghasidas Vishwavidyalaya, Bilaspur and Age range 36-50 male selected from GGV Bilaspur C.G. working at different post).

**Statistical Technique:-** To know the nature of data and status of subjects in relation to selected variables descriptive statistics mean, Standard Deviation, Standard Error) was used. One way analysis of variance was applied to compare the degree of Eating Attitude level among different age group male. The level of Significance was set at 0.05.

**Findings and conclusions:** The mean value of 13-19 age range was found to be 12.53, the mean value of 20-35 age range was found to be 14.44 and the mean value of 36-50 age range people was found to be 13.41. Standard deviation of 13-19 age range was found to be .87807, 20-35 age range was found to be .87459 and standard deviation of 36-50 age range people was found to be .80265. The F-value testing the significance of mean difference came out to be 63.053\*, which is significant at 0.05 level according to the table value. Hence it may be interpreted that eating disorders in different age group people is significantly different.

**Keywords:** Eating disorder, different age group people

### Introduction

The term eating habits refers to why and how people eat, which foods they eat, and with whom they eat, as well as the ways people obtain, store, use, and discard food. Individual, social, cultural, religious, economic, environmental, and political factors all influence people's eating habits. All humans eat to survive. They also eat to express appreciation, for a sense of belonging, as part of family customs, and for self-realization. For example, someone who is not hungry may eat a piece of cake that has been baked in his or her honor. People eat according to learned behaviors concerning manners, meal and snack patterns, satisfactory foods, food combinations, and portion sizes. Etiquette refers to acceptable behaviors.

People eat according to learned behaviors regarding etiquette, food and snack patterns, satisfactory foods, food combinations, and portion sizes. Manners refer to acceptable behaviors. For example, for some groups it is suitable to lick one's fingers while eating, while for other groups this is rude behavior. Etiquette and eating rituals also vary depending on whether the meal is formal, informal, or special (such as a meal on a birthday or religious holiday). A meal is usually defined as the consumption of two or more foods in a structured setting at a set time. Snacks consist of a small amount of food or beverage eaten between meals. A common eating pattern is three meals (breakfast, lunch, and dinner) per day, with snacks between meals. The components of a meal vary across cultures, but generally include grains, such as rice or noodles; meat or a meat substitute, such as fish, beans and accompaniments, such as vegetables. Various food guides provide suggestion on foods to eat, portion sizes, and daily eating. However, personal preferences, habits, family customs, and social setting largely determine what a person consumes.

In 1874, Sir William Gull was first time introduced the term "anorexia nervosa" in the medical literature (Gull, 1874). Anorexia nervosa is primarily psychiatric disorders characterized by severe disturbances of eating behaviour. While anorexia mainly affects girls and women

**Correspondence**  
**Kunvar Singh**  
Research Scholar,  
Department of Physical  
Education, G.G.V. Bilaspur  
(C.G.), India.

(85 - 95 percent of anorexics are female), it can also affect boys and men. It was once thought that women of colour were protected from eating disorders by their cultures, which tend to be more compliant of different body sizes. Eating disorders are most common in the Western cultures where food is in abundance and for female’s good looks is equate with thinness.

Bulimia nervosa was at first described as separate from anorexia nervosa by Russell in 1979. Since that time, Bulimia Nervosa has emerged as an important diagnostic entity with well-recognized medical, psychological, and social co morbidities and complications. Much is now known about its associated features, complications, and course. Risk factors and suitable treatments are also increasingly well understood.

Healthy eating is not about severe dietary limitations, staying idealistically thin, or depriving yourself of the foods you love. Rather, it’s about emotion great, having more energy, improving your outlook, and stabilizes your mood. If you feel overwhelmed by all the contradictory nutrition and diet advice out there, you’re not alone. It seems that for every expert who tells you a certain food is good for you, you’ll find another saying accurately the opposite. But by using these simple tips, you can cut through the uncertainty and learn how to create a tasty, varied, and healthy diet that is as good for your mind as it is for your body.

The food you eat can influence your health and your risk for certain diseases. To eat healthier food, you may need to modify some of your daily habits. You also may need to change some things in your environment. Your surroundings

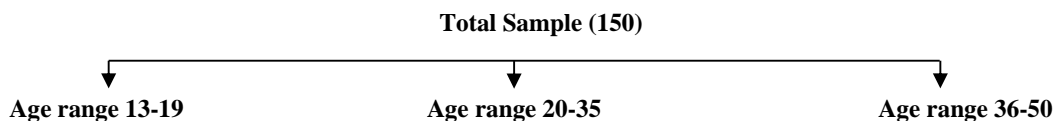
include everything around you, like your home or the place you work. You don’t need to make huge changes to eat healthier. And you don’t have to change your habits all at the same time. It’s best to set small goals and change your lifestyle a little bit at a time. Over time, small changes can make a big difference in your health. We all know that eating right can help you sustain a healthy weight and avoid certain health problems, but your diet can also have a reflective effect on your mood and sense of wellbeing. Studies have linked eating a typical Western diet—filled with red and processed meats, packaged meals, takeout food, and sugary snacks—with higher rates of depression, stress, bipolar disorder, and anxiety.

**Objectives of the study-** To compare the mean scores of dietary habit among different age group people of Bilaspur.

**Hypotheses of the study-** It was hypothesized that there will be no significant difference in the mean scores of Eating disorder among different age group people of Bilaspur.

**Method and procedure**

**Selection of subjects-** For the purpose of present study total 150 people selected of different age category. The subjects were dividing in three category age range 13-19, 20-35 and 36-50. Age range 13-19 male were selected from DAV Bilaspur and CMD College first year students of Bilaspur. Age range 20-35 adult male selected from Guru Ghasidas Vishwavidyalaya, Bilaspur and Age range 36-50 male selected from GGV Bilaspur C.G. working at different post.



**Selection of variables**

The variables selected for the present study were–Dietary Habits

**Collection of data**

For assessment of Nutritional Knowledge and Dietary Habits total 150 people selected of different age category. The subjects were divided in three category 50 male age ranges 13-19, 20-35 and 36-50. Age range 13-19 50 male were selected from DAV Bilaspur and CMD College first year students of Bilaspur. Age range 20-35 50 adult selected from Guru Ghasidas Vishwavidyalaya, Bilaspur and Age range 36-50 male selected from GGV Bilaspur C.G. working at different post). Concerned principles and higher authority were requested to direct their students and employ to serve as subjects for the study. Necessary instructions were given to the subjects before filling the questionnaires.

**Administration of test**

The eating attitude questionnaire was distributed to the different age group people. Subjects were oriented and explained regarding the purpose and the procedure of the questionnaire. Eating Attitude Test (EAT-26) developed by Garner D.M. *et al.* (1982) [1] was used to check eating attitude level among different age groups. In this questionnaire there were 26 questions and subjects were asked to give their response by choosing one option out of six via; “Always”, “Usually”, “Often”, “Sometimes”, “Rarely”, “Never”. By using the scoring key, scores were obtained for each subject.

**Scoring of EAT-26**

Eating Attitude Test (EAT-26) developed by Garner D.M. *et al.* (1982) [1] consists of total 26 statements. Scores obtained for each statement was added up which represent an individual's total score on Eating Attitude Test (EAT-26). Then the EAT-26 score was analyzed.

**Table 1:** Eating Attitude Test-26 Score

EAT-26 Score	Scoring System for the EAT-26					
	Always	Usually	Often	Sometimes	Rarely	Never
Score for questions 1-25	3	2	1	0	0	0
Score for question #26	0	0	0	1	2	3

**Statistical procedure employed**

- To know the nature of data and status of subjects in relation to selected variables descriptive statistics mean, Standard Deviation, Standard Error) was used.
- One way analysis of variance was applied to compare the degree of Eating Attitude level among different age group male. The level of Significance was set at 0.05.

**Result and analysis of data**

The scores were obtained by using the key developed by Garner D.M. *et al.* (1982) [1]. All the individual EAT-26 score was used to judge the level of eating disorder.

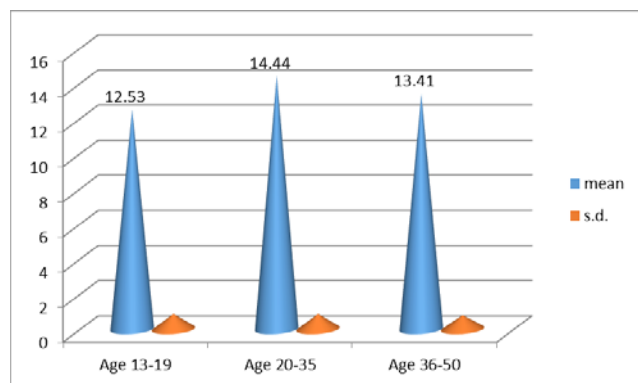
**Table 2:** The Comparative and descriptive table of different age group male in relation to Eating Attitude.

Groups	N	Mean	SD	SE
Age range 13-19	50	12.53	.87807	.12418
Age range 20-35	50	14.44	.87459	.1236
Age range 36-50	50	13.41	.80265	.11351

**Table 3:** The ANOVA table of different age group male in relation to Eating Attitude

Groups	SS	MSS	F	Sig.
Within group	91.644	45.822	63.053*	.000
Between group	106.828	.727		
Total	198.472			

Table-2 shows the comparison of eating disorders among different age group people. The mean value of 13-19 age range was found to be 12.53, the mean value of 20-35 age range was found to be 14.44 and the mean value of 36-50 age range people was found to be 13.41. Standard deviation of 13-19 age range was found to be .87807, 20-35 age range was found to be .87459 and standard deviation of 36-50 age range people was found to be .80265. The F-value testing the significance of mean difference came out to be 63.053\*, which is significant at 0.05 level according to the table value. Hence it may be interpreted that eating disorders in different age group people is significantly different.



**Discussion**

On the basis of findings following discussion may be drawn

- It is clear from the result that the age range people 20-35 years were more aware about the better dietary habits as comparison to age range of 13-19 years and 36-50 years. It may be because of the adolescent period. The youth wants to look better in the growing period and may also be become of influential friend circle who have the habit of fitness training and good dietary habits.
- The age group of 13-19 years were not so aware about better eating habits and had lowest eating habits in comparison to 20-35 years age groups may be because they are school going children and don't get time during day hours. Also it may be because that they lack knowledge about importance of balanced diet.
- The age group of 36-50 has lowest eating attitudes in comparison to other age groups of 13-19 years and 20-35 years. The reason for the same may be low fitness level, job stress, family problem and lack of time due to office

timings.

Eating Attitude Test (EAT-26) developed by Garner D.M. *et al.* (1982) [1] which indicate that they seek some expert advice from doctor or psychiatrist. Result of this study agrees with the studies of Taube, *et al.* (1992), Sands, *et al.* (1997), McDonald, K. and Thompson, J.K. (1992) that problem of eating attitude among adolescent is complicated and there are no easy solutions

**Conclusion**

The following conclusions were drawn on the basis of the analysis of the present data:

Within the limitation of the present study and on the basis of findings the following conclusions have been drawn –

- Significant difference was observed between 13-19 age range and 20-35 age range people in comparison to eating disorder. Age range 20-35 year's people has greater eating attitude comparison to age range 13-19 years' people.
- Significant difference was observed between 20-35 age range and 36-50 age range people in comparison to eating disorder. Age range 20-35 year's people has greater eating attitude comparison to age range 36-50 years' people.
- Significant difference was observed between 36-50 age range and 13-19 age range people in comparison to eating disorder. Age range 13-19 year's people has greater eating attitude comparison to age range 36-50 years' people.

Initially it was hypothesized that there would be no significant difference between different age group people of Bilaspur is not accepted at 0.05 level.

**References**

1. Garner DM. the eating attitudes test: psychometric features and clinical correlates, *psychological medicine*, 1982; 12:871-878.
2. McDonald K, Thompson JK. Eating disturbance, body image dissatisfaction, and reasons for exercising: Gender differences and correlation findings. *International Journal of Eating disorders*. 1992; 11(3):289-292.
3. Rosen JC, Ramirez E. A comparison of eating disorders and body dysmorphic disorder on body image and psychological adjustment. *Journal of Psychosomatic Research*. 1988; 44(3):441-449.
4. Sands R, Tricker J. Disordered eating patterns, body image, self-esteem, and physical activity in preadolescent school children. *International Journal of Eating Disorders*. 1997; 21(2):159-166.
5. Taub diane E, Blinde, Elaine M. Eating disorders among adolescent female athletes: influence of athletic participation and sport team membership. *Adolescence*, 1992; 27(108):833-848.
6. Thompson JK, Coovert MD, Stormer SM. Body image, social comparison, and eating disturbance: a covariance structure modelling investigation. *International Journal of Eating Disorders*. 1999; 26(1):43-51.