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A study of eating disorder in Indian women: With special reference to cultural diversity

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Abstract

cc Eating Disorder Inventory prepared by Agashe and Karkare (2007) was used to assess disordered eating in selected women subjects. Results obtained through One Way ANOVA reveal it clearly that eating disorder vary significantly between women subjects from northern, western, central, eastern and southern parts of India. It was concluded that cultural variations influence magnitude of eating disorder present in Indian women.

Keywords: Eating disorder, cultural diversity, Indian women

Introduction

Abnormal eating habits ranging from starvation and over-eating are symptoms of eating disorder. Initially it was thought to be related to culture especially western culture in which social norms requires women to be slim. In some instances the opposite occurs when to gain weight women practice disordered eating habits. Studies shown to have common occurrence of eating disorder in western culture and this equally applies to developing countries also but they are mostly unreported because of scientific studies. This is important in the context of India where culture diversity can be seen across length and breadth of country.

Researcher such as Ritenbaugh *et al.* (1992)^[8], Brookings and Wilson (1994)^[4], Wang (2004)^[10], Jáuregui Lobera *et al.* (2009)^[6], Mclean, Paxton, Wertheim (2010), Anamika and Singh Neetu (2014)^[2] have studied eating disorder in the light of different aspects such as culture, family environment, personality, socio economic status, body image, self esteem etc. It is also noticeable that eating disorder in Indian women has not been assessed on the basis of cultural diversity. Hence the present study was planned to assess eating disorder among Indian women on the backdrop of cultural diversity.

Hypothesis

It was hypothesized that women from northern, western, central, eastern and southern region of India will show significantly variable magnitude of eating disorder.

Methodology

The following methodological steps were taken while conducting the present research work.

Sample

For present study, 1000 Indian women (Ave. age 33.35 years) were selected across Indian territory. Out of these selected women subjects 200 were selected from northern India (Ave. age 34.38 years), 200 women subjects were selected from western India (Ave. age 32.66 years), 200 women subjects were selected from central India (Ave. age 32.93 years), 200 women subjects were selected from eastern India (Ave. age 32.42 years) and 200 women subjects were selected from southern India (Ave. age 36.36 years). Random sampling method was used for selection of sample in the present study.

Tools

To assess eating disorder in selected women subjects, Eating Disorder Inventory, prepared by Agashe and Karkare (2007)^[1] was used.

This questionnaire comprises in all 25 positive and negative worded questions which measures eating habits of the respondent. The test-retest reliability of the inventory is .82 while the content validity is .72. Higher scores indicate inferior eating behaviour is the direction of scoring.

Procedure

1000 Indian women across five regions i.e. northern, eastern, central, western and southern respectively were selected randomly. Subjects were briefed about the objectives of the study and asked to give their written consent to participate in the study voluntarily. Eating Disorder Inventory prepared by Agashe and karkare (2007) [1] was administered to each subject. The response on each statement of the inventory was scored off as per instructions given in author's manual. After tabulating data into their respective groups One Way ANOVA and Least Significant Difference Method was used to compare mean scores on disordered eating between various study groups. Results are shown in table 1 and 2 respectively.

Result

Table 1: Descriptive Statistics of Eating Disorder Scores in Various Study Groups i.e. Women Subjects from Northern, Western, Central, Eastern and Southern Parts of India (N=1000)

Groups	N	Eating Disorder	
		Mean	S.D.
Women Subjects from Northern India	200	7.42	4.53
Women Subjects from Western India	200	6.98	4.52
Women Subjects from Central India	200	5.99	3.80
Women Subjects from Eastern India	200	5.98	3.24
Women Subjects from Southern India	200	8.79	4.27

F=16.15, $p < .01$

Results obtained through One Way ANOVA suggesting that eating disorder vary significantly between women subjects from northern, western, central, eastern and southern parts of India. The F ratio of 16.15, which is statistically significant at .01 level, confirms this finding. This result is also confirmed by Least Significant Difference Test presented in table no. 2.

Table 2: Comparison of Mean Scores on Eating Disorder Inventory among women Subjects from States lying in North, West, Central, East and South Zone Least Significant Difference Test with Significance Level .05

Mean (I)	Mean (J)	Mean Difference (I-J)
Women - North Zone	Females - West Zone	.43
	Females - Central Zone	1.43*
	Females - East Zone	1.43*
	Females - South Zone	-1.37*
Women - West Zone	Females - Central Zone	.99*
	Females - East Zone	1.00*
	Females - South Zone	-1.81*
Women - Central Zone	Females - East Zone	.005
	Females - South Zone	-2.80*
Women - East Zone	Females - South Zone	-2.81*

* Significant at .05 level

Table 2 draws following inferences

- Mean eating disorder scores was highest in women from southern India followed by women from northern, western, central and eastern India.
- Disordered eating was found to be significantly higher in Indian women from Northern states as compared to women from central and eastern states but lower than the

women from southern states of India.

- Disordered eating was found to be significantly higher in Indian women from western states as compared to women from central and eastern states but lower than the women from southern states of India.
- Disordered eating was found to be significantly higher in Indian women from southern states as compared to women from central and eastern states of India.

Discussion

The results of the study are consistent with findings reported by Castillo (1997) [5]; Becker (2007) [3] and Upadhyay *et al.* (2014) [9] in their studies. The results of the present study is also true in a sense that culture has since long been known to influence eating disorder with rate of disordered eating varies across different cultures. Hence the findings of the present study are corroborated with well established norms.

Conclusion

On the basis of results it was concluded that cultural variations influence magnitude of eating disorder present in Indian women.

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