ABSTRACT

Background: An effort is done to accomplish an awareness related to eating disorder to preserve a valuable health condition of population through a research based article. Objective: An eating disorder like a contamination spreading in the world through leaps and bounds is taken as for granted cause which affects the population’s normal and steady health. It is like a bug which is taken out the well being of people. So here the need is to nip this threat to mankind by leading a healthy life style which can be achieved by appropriate adaptation of eating habit, acquire balance diet and so on. Methodology: The research based study is conducted on female gender of different ages they were divided into two groups 1st group carry girls with 15-20 age and 2nd group was consisting of women with age 20-40. These groups were supplied with a questionnaire which consists of several interrogations related to their eating habit they fill their queries and submitted back on that data statics were applied to figure out the result. Result: The outcomes of research displays that only handful number of females are considering their health as prior and are little aware of eating disorder and are anxious about it while, remaining are totally unaware of eating disorder term. Conclusion: The female gender being an elemental part of population is not very well aware of the term “eating disorder” because may be due to certain reasons like there close environment, illiteracy, carelessness, unsocialized, busy life style, hectic schedule etc. The need here is arise to supply knowledge to them by health care professionals via any medium because an eating disorder has a multi effects on individual’s health.

KEYWORDS: Eating disorder, balance diet, female gender.
INTRODUCTION

Eating disorders are serious and complex issues, with strong medical and psychological components, identifying with negative self-perception, weight and shape concerns, problematic eating and compensatory behaviors, including starvation, binging, vomiting, compulsive exercise and the abuse of diuretics.[1]

According to the National Institute of Mental Health, dietary issues principally influence young ladies and women. At the same time, dietary issues aren't only an issue for the teenage women so often depicted in the media.[2]

Types of Eating Disorder

Anorexia Nervosa

It is characterized by have a last reverence of convenient load. They often eat and exertion relentlessly, sometimes to the characteristic of starvation. Around 33% to one-a large portion of anorexics also jag and purge by vomiting or misusing laxatives. People with anorexia have a distorted thickness image, reasoning they are overweight when in fact they are underweight. They may check calories extremely and only concede themselves tiny dowry of undoubting discriminating foods. When confronted, someone with anorexia will often deny that there’s a problem.

The subsequent symptoms and behaviors are familiar in people with anorexia:

- Dramatic ponderousness failure
- Wearing indeterminate, bulky costume to flog weight destruction
- Preoccupation with food victuals, reckoning calories, etc.
- Refusal to gorge certain foods, such as crabs or fleshy
- Avoiding mealtimes or corrosive in front of others
- Preparing elaborate meals for others but reject to eat them
- Exercising overly
- Making comments near being “coarse”
- Stopping menstruating
- Complaining approximately constipation or appetite pain
- Denying that highest thinness is a problem.[3,4]
Bulimia Nervosa
It is characterized by have episodes of consumption large totality of fare (called bingeing) embrace by purging (vomiting or using laxatives), fasting, or use ultra to requite for the overeating. People with bulimia are often a natural heaviness. But they have the same excessive reverence of convenient weight and distorted corporation picture. They see themselves as “coarse” and recklessly destitution to squander weight. Because they often feel abashed and disgusted with themselves.

The succeeding are common signs of bulimia:
- Evidence of binge corrosion, end vanishing of large totality of food in a short time, or provision lots of empty food wrappers or containers
- Evidence of purging, conclude trips to the bathroom after meals, unbroken or perfume of vomiting, or packet of laxatives or diuretics
- Skipping meals or void corrosion in front of others, or food very small portions
- Exercising excessively
- Wearing flabby clothes to dissemble the body
- Complaining throughout being “corpulent”
- Using gingiva, mouthwash, or coin excessively
- Constantly dieting
- Scarred knuckles from indefinitely inducing vomiting.\[4,5\]

Binge Eating Disorder
With binge-edacious irregularity a person loses guide over his or her eating. Unlike bulimia nervosa, periods of jag-eating are not succeed by cleansing, excessive exercise, or fasting. As arise, populace with jag-consumption disorder often are over-weight or obese. People with binge-consumption disease who are obese are at higher jeopardy for development cardiovascular sickness and high rack pressure. They also enjoy guilt, shame, and distress throughout their binge-gastrology, which can entice to more jag-eating.

Common symptoms of Binge eating disease prevent
Evidence of binge gastrology, including vanishing of large ascend of nutrition in a short time, or support accident of empty fare wrappers or containers.
- Hoarding food, or occultation huge quantities of nourishment in strange site
- Wearing flaccid clothes to hide the body
 Skipping meals or withdraw consumption in front of others

 Causes of eating disorders

 The causes of eating disorders include both external and internal factors. While each case of an eating disorder is different and complex, most begin with the decision to diet. Such diets begin like any other weight loss program, but the euphoric dieter's high, along with a new found sense of control over the body, may cause the dieter to go too far. In other words, the dieter resorts to extreme measures of control over food intake in order to avoid obesity. Youth are bombarded with messages that define ideal beauty, and, for some adolescents, this pressure can cause intense feelings of inadequacy, which may result in attempts to achieve unattainable body ideals. Hence, an eating disorder may develop.

 External factors

 These include society's emphasis on an idealized slim physique, family encouragement, and the power of cliques in school. Society has an idealized perception of slim body proportions (unreasonably low body fat percentages) that can be reinforced by family members who praise the slim body and the self-control and discipline necessary to achieve this standard. Feeling the need to control a sometimes uncontrollable and unpredictable world can correlate into a need to be much disciplined in regards to food intake. Cliques or friends can also provide encouragement for the dieting.

 Internal risk factors

 These include unpleasant experiences (teasing or physical or sexual abuse), negative emotions including depression, low self-esteem, body dissatisfaction, distorted thoughts such as obsessions about food, inaccurate judgments, rigid thinking patterns, and possible biological impacts. Biological variation brought on by poor eating habits can impair a youth’s ability to learn and maintain information. Although sexual abuse has been commonly associated with the development of eating disorders, there is no evidence that victims of sexual abuse are more likely to become anorexic or bulimic. The trauma of abuse, however, predisposes these individuals to maladaptive coping behaviors, which may trigger eating disorders. Eating disorders appear to keep running in families. Reported that female relatives of patients with anorexia nervosa were 10 times more likely to develop an eating disorder than the control population.
In the course of recent decades there has been an increment in the occurrence of eating disorders,\textsuperscript{[10]} research indicating a high level of self-orientated perfectionism in those with an eating disorder\textsuperscript{[11]} and evidence that the link between perfectionism and eating-disordered behaviors may be stronger in women than in men.\textsuperscript{[12]}

- Low self-esteem, over concern about shape and weight, extreme dieting, binge eating and compensatory self-induced vomiting or laxative use. The model was then extended in Wilson’s cognitive-social learning model (1989).
- Many women show poor self-esteem, engage in dieting, and appraisal thinness. Numerous ladies likewise demonstrate useless comprehensions. A small minority develop an eating disorder. Cognitive behavioral theories can explain why eating disorders are mainly a female problem. They can also explain why they are a problem for the West, and why the prevalence has increased over recent years.\textsuperscript{[13]}
- Silverstein, Peterson, and Perdue (1986) showed that women with nontraditional sex role aspirations were twice as likely to binge or purge as their more traditional counterparts.
- As Gordon (2000) stated, becoming thin and food avoidance are the “vocabulary of discomfort” for women at this time.\textsuperscript{[14]} Many women are dissatisfied with their body shape.\textsuperscript{[15]} Increasing rates of eating disorder symptoms and behaviors in both girls and boys,\textsuperscript{[16, 17]} high mortality rates of eating issues.\textsuperscript{[18]}
- Only 1 in 10 men and women with eating disorders receive treatment. Only 35% of people that receive treatment.

- Ladies are significantly more likely than men to develop an eating disorder.
- An estimated 0.5 to 3.7 percent of women suffer their whole life from anorexia nervosa. Research recommends that around 1 percent of female adolescents have anorexia.
- An estimated 1.1 to 4.2 percent of women have bulimia nervosa in their lifetime.\textsuperscript{[8]}

Screening for females at danger for EDs is essential for early detection and treatment efficacy,\textsuperscript{[19]} females are often extremely motivated to reduce weight or body fat and some may be abusing unhealthy weight loss methods to make required weight needs.\textsuperscript{[20]}

Self-esteem and social value are still unrelentingly connected to physical appearance, especially for ladies. The beauty perfect today is consistently thin, white, capable, smooth-cleaned, youthful and "glamorous". Given that less than 1% of us fit this ideal; it is not shocking that most ladies in our general public are disappointed with their bodies. The removal of different issues onto your bodies creates pressure to meet an unattainable standard
of excellence, and leads us to create hurtful emotions toward ourselves and our bodies. It is necessary to educate the public on the relationship between eating less, body disappointment and dietary problems. The objective is to expand consciousness of the components bringing on people, especially ladies, to create anorexia, bulimia and weight distraction.\textsuperscript{[21]}

**METHODOLOGY**

It is a cross-sectional survey based program which was based on the evaluation of awareness of eating disorder among females of different age groups. The survey was conducted in the period of 15 days. In this survey based program especial questionnaire was prepared that contained different questions regarding an individual’s eating habits and one's knowledge about awareness of eating disorders. The questionnaire was filled by females of different professional fields and housewives; belonged to different societies; and were of different age groups, categorize age wise as 15-20 years of age and 20-40 years. The data was collected from different areas like from different hospitals, clinics, gyms, schools, colleges, universities, markets etc. Around the total were 89 females who filled the questionnaire in which 43 were between the age of 15-20 years and 46 were in between the age of 20-40 years. The data was collected from different areas like from different hospitals, clinics, gyms, schools, colleges, universities, markets etc. Around the total were 89 females who filled the questionnaire in which 43 were between the age of 15-20 years and 46 were in between the age of 20-40 years. The data was analyzed statistically and which shows the results in percentage awareness among females of different age groups.

**RESULT**

The survey was performed the data was collected which showed the following results regarding the awareness of eating disorder among females of different age groups:

<table>
<thead>
<tr>
<th>Female age wise</th>
<th>Sample</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-20</td>
<td>43</td>
<td>7.0465</td>
<td>1.60288</td>
<td>0.24444</td>
</tr>
<tr>
<td>20-40</td>
<td>46</td>
<td>7.1304</td>
<td>2.13551</td>
<td>0.31486</td>
</tr>
</tbody>
</table>

This table shows the division of total number of 89 females in category as: females of age group 15 to 20 years containing 43 females and females of age group between 20 to 40 years containing 46 females which were chosen for this survey, the outcome shows that the awareness of eating disorder in the age group of 15 to 20 years showed 7.0465 percent in average along with the standard deviation of 1.60288.Whereas age group 20 to 40 years of females showed 7.1304 percent awareness of eating disorder besides standard deviation of 2.13551.
There is no difference in the awareness of eating among females of different age groups as descriptive statistics showed. This shows that only handful number of females are considering their health as prior and are little aware of eating disorder and are anxious about it while, remaining are totally unaware of eating disorder term. When application of t-test equality mean the results are as following:

**Independent sample test**

<table>
<thead>
<tr>
<th>Awareness in female age wise</th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal variances assumed</td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td></td>
<td>5.302</td>
<td>.024</td>
</tr>
<tr>
<td>Equal variances not assumed</td>
<td>-.211</td>
<td>.834</td>
</tr>
</tbody>
</table>

This t-test equality mean represents the equivalence variance that shows the variation in the value of awareness between the age groups of 15-20 years and 20-40 years. The Pvalue =0.024<0.05 , it shows that there is no variability exist between two age groups of females that are age 15 to 20 years and 20 to 40 years concerning the awareness of the eating disorder.

Implementation of the statistical test reveals that there are no plausible differences between these age groups when considering the awareness of eating disorder. The mean number of awareness percentage that the female age group 15-20 years is M= 7.0465, S= 1.60288; and female age group 20-40 years is M= 7.1304, S= 2.13551. The t-test results are t (89) = 0.211, p= 0.834, α =0.05.

**DISCUSSION**

Eating disorders are multiplex disorders that emerge from a combination of long-established multiple factors like psychological, social, biological, interpersonal reasons; that can arise from mutable prospective reasons. Once initiated, however, they can construct an unbounded sequence that leads to physical and emotional demolition. Therefore, its awareness is very necessary. When juxtaposing the results evaluated with respect to apprehension the results are clear evidence that the quantitative relation of population to awareness regarding the eating disorders among females of different age groups in our society is piffling. This is shown by average percentage mean, awareness in the age group of 15 to 20 years (7.0465
percent in average along with the standard deviation of 1.60288). Whereas age group 20 to 40 years of females (7.1304 percent awareness of eating disorder together with standard deviation of 2.13551). The t-test results further correlates with percent average as P value= 0.024<0.05 which confirms that a negative whimsicality in outcomes concerning awareness and had shown low-ranking in terms of awareness in our society. According to previous conducted researches which shows that women are more likely at risk of eating disorders and their disease preponderate due to the rationale of scantiness of awareness, our research correspond all previous researches that had shown the lack of awareness among females leading high prevalence of eating disorders are clearly conspicuous. There are certain mediocre factors that are instrumental in the progress of this disease, more likely in females like: Psychological Factors (Low egotism, melancholy, cold sweat, outrage, stress or lowliness.); Interpersonal Factors (displeased personal relationships, awkwardness in expressing sentiments and affection, History of being teased pillory hinge on size or weight, History of physical or sexual abuse); Social Factors (Stress related to racial, ethnic, size/weight-related);[22] not contemplating it as disease. These should be stopped at its initial otherwise can lead to other pathological conditions like: osteoporosis, Muscle loss, Severe dehydration, overall weakness, Dry hair and skin, Inflammation of esophagus and frequent vomiting, Diarrhea or constipation, Peptic ulcers and pancreatitis, High blood pressure, High cholesterol levels, Heart disease, Type II diabetes mellitus and Liver diseases are some complications that are due the progression of eating disorders.[23] Therefore, it is a duty of health professionals to take necessary steps to aware people about these eating disorders and promote a healthy life style.

CONCLUSION
The results are well-founded that the ratio of awareness is quite niggard and it’s well obvious the almost all ages of women allied to different societies have restricted knowledge about eating disorders. So, it a duty of all health professionals to apprise people about eating disorder, aware them and properly educate them and advertise healthy physical activities to ensure better lifestyle, better health, better quality of life of every individual. This awareness can be spread through conducting different seminars, workshops, awareness programs, different videos, pamphlets. Steps should be taken in to educate people regarding eating disorders and organize awareness programs in different localities, hospitals, schools, colleges, universities.
FUTURE PROSPECT
Our duty as health professional is priory to educate people about the eating disorders. For this a plan to educate people has been prepared which should be take place in different societies specially to educate inferior class people as they do not have any idea regarding the term of eating disorder. This will provide a minor aid in improving the quality of life of every individual.

REFERENCES


