



THE CAUSES AND PREVALENCE OF ANOREXIA AND BULIMIA NERVOSA - AMONG FEMALE UNDERGRADUATES IN ADEYEMI FEDERAL UNIVERSITY OF EDUCATION, ONDO

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ABSTRACT

This study examined “the prevalence of anorexia nervosa and bulimia nervosa among female undergraduates” using Adeyemi Federal University of Education, Ondo as the case study. The specific objectives of the study were to investigate the causes of eating disorder among female undergraduates, effects of eating disorder on their academic performances, problems associated with eating disorder among female and ways to enhance healthy eating behaviors among female undergraduates in Adeyemi Federal University of Education, Ondo. Four research questions were raised to guide the study. Descriptive survey research design was adopted. Self-developed questionnaire was administered to one hundred (100) female undergraduates in the College. The findings of the study reveal a desire of most of the female undergraduates to have flat stomach. The financial situations of the families of the female undergraduates as well as, peer influence serve as causes of eating disorder among them. Developing illnesses like ulcer and loss of concentration on their studies were the results of eating disorder. It was concluded from the study that eating disorder, affects female undergraduates thinking and also influence their academic performances. It was recommended in the study that female undergraduates should be enlightened on the importance of eating breakfast before starting their day, nutritionist should give the students health talk on the importance of eating nutritious food, parents should try as much as possible to make necessary provisions needed by their wards and medical attention should be sought if any unhealthy life is discovered in any form.

Keywords: Bulimia nervosa, anorexia nervosa, eating disorder, undergraduates

Introduction

Eating disorders are amongst highest causes of disability among young women. Anorexia nervosa has the highest mortality rate of all mental health problems ranging from 0.3% to as high as 20.0% (Nielson, 2011), because of the often-irreversible health damage and suicide risk. Individuals often experience comorbidities including psychological and longer-term physical complications; such as depression, anxiety, self-harm, substance misuse, cardio-vascular problems, fertility problems and osteoporosis, amongst numerous others (Fairburn & Brownell, 2001). Such comorbid long term physical and psychological problems have associated impacts on social functioning such as relationships and employment prospects (NICE 2004).

Eating disorders were historically regarded as a Western culture-bound syndrome affecting only young affluent Western women. The predominance of culturally bound behaviours in the

clinical presentation of eating disorders was assumed by early researchers to suggest a relationship to wider social critiques of the conditions of Western modernity. Moreover, eating disorders often go un-recognized in ethnic minorities or are only acknowledged after they have progressed to a more severe stage (King, 2013).

Anorexia nervosa is characterized by restricted eating, loss of weight and a fear of putting on weight. Anorexia nervosa (AN), a form of self-starvation, is an eating disorder characterized by a distorted body image that leads to restricted eating and other behavior that prevents a person from gaining weight. Anorexia nervosa is sometimes referred to as anorexia. The majority of those affected are females (90 to 95 percent), although those statistics are changing as males are now more frequently affected. Initially identified in upper and middle-class families, anorexia is now known to be found in all socioeconomic groups and a variety of ethnic and racial groups (Herpertz-et al., 2008). Anorexia nervosa is an eating disorder that disproportionately affects adolescents and has its origin, at least partially, in this preoccupation with body image.

Neinstein (1996) says Anorexia nervosa is an eating disorder characterized by a fierce quest for thinness. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, defines patients with anorexia nervosa as having an intense fear of gaining weight, putting undue influence on body shape or weight for self-image, having a body weight which is less than 85% of the weight that would be predicted, and missing at least three consecutive menstrual periods. According to Pryor (1995) the prevalence of disordered eating attitudes in boys is lower than in girls, however there is evidence that it is gradually increasing. Anorexia nervosa most commonly occurs in teenage girls, although boys are also affected, especially in the pre-pubertal age group. The ratio of girls to boys is approximately 10-20:1 About 2% to 3% of young women have anorexia nervosa or a clinically important variant of the disorder. There has been a consistent increase in the incidence of anorexia nervosa over the past 10 years. The variable performance of questionnaires designed to screen for eating disorders, such as the Eating Attitudes Test and the Eating Disorders Inventory, coupled with the difficulty of defining cases and the tendency of patients to hide their illness has made epidemiological studies difficult (OlestiBaiges& Pinol 2008).

Anorexia nervosa (AN) involves the restriction of energy intake leading to a significantly low body weight in the context of age, sex, and physical health. A patient may also present with a fear of gaining weight and/or a disturbance in the way one's body is perceived (American Psychiatric Association, 2013). It is the third most common chronic disease in adolescent girls. There are two subtypes that clinicians usually distinguish between when treating affected individuals: restricting and purging. Purging could include vomiting but more often is exhibited in the form of excessive and/or compulsive exercise or diuretic misuse. This psychological disorder, given its characteristic physical manifestations, carries high risk for severe and chronic damage to the body. Electrolyte disturbance and damage to the gastrointestinal tract, often including the abuse of laxatives, is not uncommon. Those with AN are also more likely to experience varying severities of osteoporosis, infertility (given that the menstrual cycle ceases in clinical AN), cardiovascular disease, and a myriad of other health conditions (Meczekalski et al., 2013)

According to the DSM-5 (2013), bulimia nervosa (BN) is characterized by recurrent episodes of binge eating, when a person consumes an abnormal amount of food in a short time, followed by episodes of purging. This purging is an attempt to rid the body of the calories from the binge that might otherwise cause weight gain. Purging activities may include vomiting, laxative (or other diuretic medication) misuse, fasting, and excessive exercise. For a clinical diagnosis, this pattern

must occur at least once a week for three months, on average (APA, 2013). Around 1.5% of American women suffer from BN in their lifetime (Hudson et al., 2007). The oral cavity and esophagus can suffer extreme damage from chronic vomiting due to the acidic nature of vomit, so, as in AN, healing and treatment of the body is necessary components of the recovery process.

Eating attitudes and ideal body shapes have changed over time in accordance with social norms, and George (1992, p.28) points out that *“The relationship between women and their bodies has been a complex one throughout history. Women's bodies have served as a reflection of their attitudes and desires and as a reflection of the norms, values and beliefs of differing societies through the ages.”*

However, the explanation that women are pre-occupied with food and eating issues solely because of a desire to be a socially acceptable shape and size does not fully address the complexity of women's attitudes to food and eating. Links have therefore been made between eating attitudes and a range of intra-psychic phenomena. Feminist authors in particular have explored the psycho-social significance of eating and body image issues for women.

The average prevalence rates for anorexia nervosa and bulimia nervosa are 0.3% and 1% among adolescence and young people in western countries respectively. Prevalence rates of anorexia nervosa and bulimia nervosa increase during transition period from adolescence to adulthood. Lifetime prevalence rates for eating disorder are higher among women than men, Hoek, Hoeken (2003). A Canadian study reported that 4% of Canadian boys in grade nine and ten used anabolic steroids. Use of anabolic steroid in males may be an indicator of body preoccupation. The estimated rate of anorexia nervosa and bulimia nervosa in males is between 5% and 15%, Boyce (2004). Men's reluctance to be diagnosed with eating disorders or to participate in the study of eating disorders have been a big challenge; consequently, rate of eating disorders in males may be higher than it is reported.

Anorexia nervosa starts with the consciousness about ones look. Most of the women and girls give a lot of importance to their physical appearances. Many people self-confidence is dependent on other people perspectives including how people are looking on them and judging them instead of self-thoughts and inner self. This onset of emotions initiates to bring the emotions to be thin in case if thinning is the perspective of beauty in the mind of individual. Development of personal desire leads to stress and stress leads to development of an obsession and in certain cases becomes a life-threatening situation. Person suffering from this problem always find themselves overweight and can't understand their problem. In this condition patient refuses to have food and as a result does not able to maintain proper weight according to age and height. This can be measured by the aid of body mass index and other parameters. It also result is practicing over exercise and underneath. The condition can further bring out other medical problems including damaging of kidneys, heart failure, osteoporosis, air fall etc. symptoms of anorexia nervosa include loss of weight to greater extent , lying patterns for food , dry skin , fatigue and excessive exercises , swelling of arm and skin and over visualization of oneself in mirror. It is a kind of self-deception that is being developed as a result of false self-perception and self-perception can only be removed by the self. The condition includes less than 85% of the weight which is considered normal as per height and age (Blumberg, 2000, Thomas, 2009).

The negative effect of eating disorders cannot be over emphasized. Eating disorders are serious life-threatening conditions that affect a person's emotional or physical health. Some of the various types of eating disorders are anorexia nervosa and bulimia nervosa. The most prevalent forms

of eating disorders are anorexia nervosa and bulimia nervosa. It can also be discerned by common sense that the academic performance of students can be more or less influenced by their eating pattern. Undergraduates in various Nigerian universities are not exempted from the exhibition of various eating behaviors, some of which may result in eating disorder. In fact, studies have shown that most University students skip breakfast, some consume unnecessary greasy and fattening greasy based foods, sugary foods and alcohol, and some others resort to inadequate meals. Apart from keeping shape to look like models, financial problems have been acknowledged as a contributory factor to eating disorder in some female students. Lack of money may force some female students to fast and skip meals. Arguably, eating disorders are common in Nigeria, and 1 out of every 100 students might be struggling with one. Yet, little is known about any study which aimed to assess issues surrounding eating disorder among undergraduates in Nigerian Universities. This study stands to find the prevalence of Anorexia Nervosa and Bulimia nervosa among female undergraduates in Adeyemi Federal University of Education, Ondo.

Research Questions

The following questions were raised for the purpose of this study;

1. What are the causes of eating disorder among female undergraduates in Adeyemi Federal University of Education, Ondo?
2. What are the effects of eating disorder on the academic performances of female undergraduates in Adeyemi Federal University of Education, Ondo?
3. What are the problems associated with eating disorder among female undergraduates in Adeyemi Federal University of Education, Ondo?
4. What are the ways of enhancing healthy eating behaviours among female undergraduates?

Materials and Methods

The research design adopted for this study is the descriptive survey research design. The population of the study comprised all the schools in Adeyemi Federal University of Education, Ondo. Twenty (20) female undergraduates were randomly picked from all the five (5) schools namely; School of Education, School of Sciences, School of Arts and Social Sciences, School of Vocational and Technical Education and School of Languages in the college totaling one hundred (100). The instrument used to collect data was a structured questionnaire. The data generated through the questionnaires were analyzed using percentage and mean.

Results

Table 1: Responses on the causes of eating disorder among female undergraduates in Adeyemi Federal University of Education, Ondo

ITEMS	SA	A	SD	D	Mean	Decision
I feel like losing weight	27	38	13	22	2.7	Accepted
I feel like having flat stomach	46	39	8	7	3.24	Accepted
My eating disorder is caused by my family financial condition	28	54	7	11	2.99	Accepted
I have empty stomach at times because I want to influence my shape and weight	15	47	18	20	2.57	Accepted
My friends influence my eating disorder	24	49	12	15	2.82	Accepted

From the research question one, respondents feel like losing weight have the mean value of 2.7 which was accepted, mean value of 3.24 was accepted that as a female, there is feelings of having flat stomach. Eating disorder is caused by the family financial condition was also accepted with the mean value of 2.99. From item 4, respondents have empty stomach at times because they want to influence their body shape and weight with the mean value of 2.57. Lastly from the table, friends influence eating disorder of the respondents with the mean value of 2.82.

Research Question Two: What are the effects of eating disorder on the academic performances of female undergraduates in Adeyemi Federal University of Education, Ondo?

Table 2: Responses on the effects of eating disorder on the academic performances of female undergraduates in Adeyemi Federal University of Education, Ondo

ITEMS	SA	A	SD	D	Mean	Decision
I have performed poorly academically	-	13	62	25	1.88	Rejected
I don't have full concentration to my studies	41	27	17	15	2.94	Accepted
I have development ulcer as a result of my eating disorder	37	43	9	11	3.06	Accepted
I have low memory	25	11	49	15	2.46	Rejected
It has reduced the level of my thinking	53	39	8	-	3.45	Accepted

From the responses on the effects of eating disorder on the academic performances of female undergraduates in Adeyemi Federal University of Education, it was rejected with the mean value of 1.88 that they perform poorly academically, respondents accepted that they don't have full concentration to their studies with the value of 2.94. From item 8, respondents have developed ulcer as a result of eating disorder with the value of 3.06 which was accepted. It was rejected that they have low memory with the value of 2.46 and lastly, eating disorder has reduce the level of their thinking with the mean value of 3.45.

Research Question Three: What are the problems associated with eating disorder among female undergraduates in Adeyemi Federal University of Education, Ondo?

Table 3: Responses on the problems associated with eating disorder among female undergraduates in Adeyemi Federal University of Education, Ondo.

ITEMS	SA	A	SD	D	Mean	Decision
I don't want my clothes to be too tight	32	46	13	9	3.14	Accepted
I feel money spent on food is too much	23	48	12	17	2.77	Accepted
People around me think I am too thin	30	35	21	14	2.81	Accepted
I have pleasure in eating at the restaurants	39	44	12	5	3.17	Accepted
I feel terrified about been over weight	49	44	7	-	3.42	Accepted

From table 3, respondents accepted with the mean value of 3.14 that they don't want their clothes to be too tight, it was accepted that they feel money spent on food is too much have the mean value of 2.77. Respondents from item 13 accepted with the mean value of 2.81 that people around them think they are too thin; I have pleasure in eating at the restaurant have the mean value of 3.17. Lastly, respondents feel terrified about been over weight with the value of 3.42.

Research Question Four: What are the ways of enhancing healthy eating behaviours among female undergraduates?

Table 4: Responses on the ways of enhancing healthy eating disorder among female undergraduates in Adeyemi Federal University of Education, Ondo.

ITEMS	SA	A	SD	D	Mean	Decision
I will be involved in a healthy exercise	19	48	16	17	2.69	Accepted
I will ensure I start the school day with a good breakfast	26	37	18	19	2.7	Accepted
I will avoid food allergy	37	29	21	13	2.9	Accepted
I will encourage eat vegetables and fruits in season	43	29	16	12	3.03	Accepted
I will always seek medical attention if unhealthy life is discovered	41	38	8	13	3.07	Accepted

From the ways of enhancing healthy eating disorder among female undergraduates, respondents agreed with the mean value of 2.69 that they should involve in a healthy exercise, mean value of 2.7 also accepted that they will ensure they start the school day with a good breakfast. From item 18-20 respondents accepted that they will avoid food allergy, encourage eat vegetables and fruits in season and always seek medical attention if unhealthy life is discovered with the mean value of 2.9, 3.03 and 3.07 respectively.

Discussion of Findings

Findings from this study shows that causes of eating disorder among female undergraduates in Adeyemi Federal University of Education, Ondo. This is consistent with (Miller & Pumariega, 2001) that eating disorders are still more common in Western cultures and more common in girls and women than boys and men. It has been argued that eating disorders in particular Anorexia may be culture-bound in that it has no physical mechanism and arise only from the emerging characteristics of one's culture.

The results also revealed that eating disorder have effects on the academic performances of female undergraduates. This is in line with that of Fairburn & Brownell, (2001) that individuals often experience comorbidities including psychological and longer term physical complications; such as depression, anxiety, self-harm, substance misuse, cardio-vascular problems, fertility problems and osteoporosis, amongst numerous others.

A number of research studies have supported this opinion that the highest prevalence rates for anorexia nervosa are found in the upper socio-economic class(es). However, these findings have

recently been challenged, and Hoek (2005) suggests that; the social class bias might be connected with the structures and norms of the health care system. Brown (2016) corroborated this assertion through her finding which states that “eating disorders occur more frequently in higher socioeconomic groups and have a peak age of onset in adolescence, meaning undergraduates are likely to be particularly vulnerable”

Conclusion

The study concluded that female undergraduates of Adeyemi Federal University of Education, Ondo undergo eating disorder to prevent them from getting too fat and the desire to have flat stomach which in turn give them self-esteem. In addition, financial instability of the parents and economic hardship cause the students to have bad eating order and hence, starving themselves. These social menaces (eating disorders) prevalent among the undergraduates affect their thinking and influence their concentration on their academic work.

Recommendations

The following recommendations were suggested;

1. Female undergraduates should involve the selves in wholesome physical exercise with good dietary plan under a qualified fitness expert nutritionist if any case weight should be shed or reduced
2. Female undergraduates should be enlightened on the importance of eating breakfast before starting their day and going to school.
3. Students should be given the health talks on importance of eating nutritious food.
4. Parents should try as much as possible to make necessary dietary provisions needed by their wards.
5. Medical attention should be sought if any unhealthy life is discovered in any form.

Conflicts of interest

The author declares no conflicting interests.

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