

## Knowledge and Perception of Eating Disorders among Female Babcock University Undergraduates Ilishan-Remo Ogun State

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**Abstract:** Eating disorder among adolescents has been on the increase. It ranks as the third (3rd) most common chronic illness in adolescent females globally. It has an incidence of up to 5% prevalence rate in any given population. Eating disorder is a major public health issue and attention should be given to it. The aim of this study was to assess the knowledge and perception among female undergraduates of Babcock University towards eating disorders.

A descriptive quantitative study was conducted to select 400 undergraduates students of Babcock University Ilishan Remo. Data was collected using self-administered questionnaire.

The findings shows that 94.8% of the respondents had knowledge about eating disorder which reflects a good or high knowledge of Babcock students also the study reviewed a moderate perception of the students, for 50.8% of the respondents believe that eating disorder is a serious issue which requires quick or serious attention. The study discovered that majority of the respondents 332(83%) accepted that low self-esteem is a factor that could lead to eating disorder.

The study concludes that many respondents accepted that stress is a factor that could lead to eating disorder. It was also found that majority of the respondents 277(69.3%) accepted that body dissatisfaction is a factor that could lead to eating disorder

The health care department should organize a forum to sensitize and adequately educate the general public on the implications of eating disorders. The university should hold health care seminars/talk shows to show students the consequences of bad eating orders to reduce the indulgence.

**Keywords:** knowledge, perception, eating disorders, female undergraduates,

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### I. Introduction:

Due to the increased internet access and access to media outlets, people of all ages are bombarded with images through TV, magazines, internet and advertising. These images often promote unrealistic, unobtainable and highly stylized appearance ideals which have been fabricated by stylists, art teams and digital manipulation and cannot be achieved in real life. The western cultural ideal of thinness is now being adopted by non-western girls for the purpose of feminine beauty (Iancu et al, 1994). Those who feel they don't measure up in comparison to these images can experience intense body dissatisfaction which is damaging to their psychological and physical wellbeing which could result to a significantly high mortality and morbidity (Hoek, 2006). Eating disorder among adolescents has been on the increase. It ranks as the third (3rd) most common chronic illness in adolescents females globally (Whitaker, 1992). It has an incidence of up to 5% prevalence rate in any given population (Stein, 1991; Drewmowski, Hopkins and Kessier 1982). Two major types are recognized in school children; they are the restrictive form in which food intake is seriously limited, (Anorexia Nervosa) and that in which binge eating episodes are followed by attempts to lose weight through vomiting, cathartics, exercise and fasting (Bulimic Nervosa) (Adolescent Medicine Committees, 1998). Personality changes usually accompany eating disorders. These include introversion, anxiety, social dysfunction, osteoporosis, depression, fear, obsessional behavior of cleanliness, and orderliness (Edlin, Golanty and Brown, 2000: and Rowan, 2004). The victim becomes less outgoing, show less assertiveness, low body esteem and low self-worth. Severe complications and mortality rates for these disorders are among the highest for any psychiatric disorder (Edlin et al, 2000; Rowan, 2004).

Eating disorders threaten health in a variety of ways, including putting women and men at risk for obesity and weight gain; mental health problems such as depression and anxiety; sexual risk taking; substance

abuse and medication abuse, including alcohol, marijuana, steroids, diet pills, and laxatives; chronic stress that may contribute to heart disease and problems with the immune system, in addition to digestive and fertility disorder, even death (S. Bryn Austin, 2013). Eating disorder is a major public health issue and much attention should be given to it. Eating Disorders are associated with considerable medical and psychological consequences (Massey-Stokes, 2009; Roerig et al., 2002), contributing to markedly higher health care costs, such as more outpatient psychotherapy, more emergency room visits (Striegel-Moore et al., 2003), and longer hospital stays as compared to healthy individuals (Robergeau et al., 2006)

Eating disorders (EDs) are common and disabling diseases affecting a significant proportion of individuals, with lifetime prevalence rates as high as 6.1% in adolescents and 5.9% for adult women (Swanson et al., 2011). The prevalence of eating disorders has increased over the past decades. Eating disorders occur in approximately 9% of the general population (males and females of all ages) (Weltzin .2005). The incidence of anorexia nervosa in the Western populations ranges from 0.3 to 2.2% in females (Hoek &Hoeken . 2003) and from 0.16 to 0.3% in males [Ricciardelli, 2004; Hudson , 2007). In the adolescent population, the prevalence of eating disorders and eating disordered behavior has increased. According to Hoek &Hoeken, (2003), they found that anorexia among young women ages 15 – 19 had significantly increased each decade since 1930, and in women ages 10 – 39, the incidence of bulimia tripled between the years of 1988 and 1993 (Amanda 2003,). Hence the following research questions:

1. What is the level of awareness of eating disorders among the respondents?
2. What is the level of knowledge of eating disorders among respondents?
3. What is the perception of the respondents about eating disorders?

## II. Methodology:

### Research Design

A descriptive survey was selected because it provides an accurate account of the characteristics such as; knowledge and perception on eating disorder. A cross-sectional study was carried out to assess the knowledge and perception of female undergraduates of Babcock University towards eating disorder.

### Description of Study Area

The study setting was at Babcock University Ilishan Remo, Ogun State Nigeria. Babcock University is a private ChristianUniversity owned and operated by the Seventh-day Adventist Church in Nigeria. The University is located equidistant between Ibadan and Lagos. The school which is located in Ilishan Remo local government is bounded in the north by Remo north local government, in the south by Sagamu local government, in the east by Odogbolu local government and in the west by Obafemi Owode local government. It is made up of six (6) schools which are the School of Science and Technology, Babcock Business School, Education and Humanities, School of Public and Allied health, School of Nursing science, Benjamin Carson School of Medicine and School of Biosciences which are all made of about 20 departments in all

### Study Population

The female undergraduates of Babcock University, Ilishan-remo, Ogun state Nigeria.

### Sample Size Determination

The sample size used was obtained from the target population of female undergraduates of Babcock University, Ilishan-remo, Ogun State. The Yamanes (1967) formula was used to calculate the sample size for the survey.

$$n = \frac{N}{1 + N(e)^2}$$

Where:

N= Total population (=)

n= sample size

e= confidence you are seeking from the study (e=0.05)

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{4328}{1 + 4328 (0.05)^2}$$

$$n = \frac{4328}{11.82}$$

$$n = 366.15 \approx 400$$

### **Sampling Method**

The multi-staged sampling technique was used to select students from all the female halls of residence on the main campus in Babcock University.

Stage 1: All the female halls of residence on Main Campus were used for this study. There were 9 Halls of residence for Females. The proportion for selection was calculated using the number of students in the hall of residence in ratio with the total number of female students in the university and the estimated sample size.

Stage 2: After the proportion of students for each hall was calculated, the numbers of participants in the halls were selected randomly by using the balloting system where all numbers of room was shuffled and the rooms which were picked were invited to participate in the study.

Stage 3: Convenience sampling was used in selecting respondents for the data collection exercise in the rooms selected. This implied that only students present at the time of visit to each room and consented took part in the exercise.

**Table 1**

<b>Hall</b>	<b>Total number</b>
Felicia Adebisi Dada	498
Queen Esther	400
AmeyoAdadevoh	470
Crystal	700
Havilah Gold	720
Nyberg	240
Platinum	504
Ogden	256
White	540

### **Instrument For Data Collection**

The instrument used for data collection was a self-administered semi-structured questionnaire. This questionnaire was structured putting into consideration the variables of this research, which are, knowledge and perception. The questionnaire was split into various sections putting the variables which include;

**Section A:** This contained the Demographic characteristics of the respondents

**Section B:** This contained information concerning the level of awareness on eating disorders among the respondents.

**Section C:** This contained information concerning the level of knowledge of eating disorders among the respondents.

**Section D:** This contained information concerning the perception of respondents towards eating DISORDERS.

### **Validity/Reliability Of The Instrument**

**Validity:** Both face and content validity of the instrument was determined by the research supervisor by going through the questionnaires and removing the ambiguous ones, offer suggestions and make necessary corrections.

**Reliability:** A pilot study was carried out in one of the female halls making use of a percentage of the respondents, to see if the questionnaire was understood. A Cronbach's alpha was used to evaluate the reliability of the instrument.

### **Data Collection**

The data gathering procedure involved the use of trained research assistants. Respondents were informed not to put their names on the questionnaire to ensure anonymity. A letter of consent was presented to the respondents to sign before administering the survey instrument. The purpose and contents of the questionnaire was explained to the respondents stating the fact their identity would not be disclosed

### **Data Analysis**

Data retrieved from this study was analyzed using the version of 20.0 Statistical Package for Social Sciences (SPSS). Descriptive statistics was used to answer the research questions and results would be presented in tables, pie and bar charts.

### **Ethical Consideration**

Four hard copies and a soft copy of the research proposal and the questionnaire was submitted to Babcock University's Health Research Ethics Committee. An informed consent was administered to every respondent filling the questionnaire.

III. Results:

**Table 1: SECTION B: KNOWLEDGE ON EATING DISORDER FOR CORRECT ANSWERS**

Variables	Respondents in this study; N=400	
	Frequency (n)	Percentage (%)
Have you ever heard about eating disorder?	379	94.8%
Eating disorders are actually serious/often fatal illness that cause severe disturbances to a person's eating behaviours	350	87.5%
I learnt about eating disorder through Media		
I learnt that eating disorders are Under nutrition	110	27.5%
I learnt that the cause of eating disorder is	92	23.0%
Self image	157	39.3%
Complications from eating disorder can lead to death		
Possible dangers of eating disorder extreme loss of weight gain	294	73.5%
	166	41.5%

The table above was designed to find out the knowledge of the participants on eating disorder. From the results of the findings, it was found that most of the respondents 379(94.8%) have heard about eating disorder while another majority 350(87.5%) knew what eating disorder is all about. In fact, they defined eating disorder as actually serious/often fatal illness that causes severe disturbances to a person's eating behaviors. More so, the study found that many of the respondents 110(27.5%) learnt about eating disorder from the media. Another proportion of respondents 90(22.5%) learnt about eating disorder from their family while others 99(24.8%) learnt about it from seminar/lectures.

On the same note, the study sought to find out what the respondents accept as eating disorder. From their responses, it was discovered that a higher proportion of participants 92(23.0%) said under nutrition was a disorder in eating. It was also found that a greater proportion of respondents 157(39.3%) stated that the causes of eating disorder is self-image. The researcher also found that majority of the respondents 294(73.5%) said that complications from eating disorder can lead to death. This means that the respondents believe that eating disorder complications can cause death. Also, the study found that many of the respondents 166(41.5%) stated that the possible dangers of eating disorder include extreme loss of weight gain. Thus, from the findings, one can deduce that the respondents have an average knowledge about eating disorder.

**Table 2: PERCEPTION OF RESPONDENTS ABOUT EATING DISORDER**

Variables	Respondents in this study N=400 Frequency(n)	Percentage (%)
Having an eating disorder?	243	60.8%
I believe eating disorder is serious issue and something must be done to it	203	50.8%
Everybody is predisposed to eating disorder	244	61.1%
I don't see eating disorder has life threatening	258	64.6%
I get scared when I add more weight	239	59.8%
Eating disorder is the best way when an individual wants to lose weight	253	63.3%
Having the desire to lose weight through the use of laxative, purging or self-induced vomiting is bad	336	84%
Having an empty stomach with the aim of influencing my shape/weight is normal	338	84.6%
Losing control over eating gets me scared	182	45.8%
I eat in secret	345	86.3%
I am concerned about people seeing me eat	239	59.8%
I am concerned about people knowing my weight	262	65.5%

The table shown above was designed to find out the perception of respondents about eating disorder. From the result retrieved, it was found that more than half of the respondents 243(60.8%) agreed that having an eating disorder brings about problems. Also, the result showed that a higher percentage of respondents 203(50.8%) agreed that they believe eating disorder is a serious issue and something must be done to it. Conversely, the study found that majority of the respondents 244(61.1%) disagreed that everybody is predisposed to eating disorder. On the same note, more than half of the respondents 258(64.6%) disagreed that they do not see eating disorder as life threatening. This means that the respondents do not accept that eating disorder is harmful.

Furthermore, the study found that more than half of the respondents 239(59.8%) disagreed that they get scared when they add more weight. Also, another proportion of participants 253(63.3%) disagreed that eating disorder is the best way when an individual wants to lose weight. On the same note, the study found that

majority of the respondents 336(84%) disagreed that having the desire to lose weight through the use of laxative, purging or self-induced vomiting is bad. It was also found that most of the participants 338(84.6%) disagreed that having an empty stomach with the aim of influencing their shape/weight is normal.

However, the study found that respondents had a conflicting opinion about losing control over eating gets them scared. This is said to be so because, a higher proportion of respondents 182(45.5%) disagreed while another proportion 154(38.5%) agreed. The study found that almost all the respondents 345(86.3%) disagreed that they eat in secret. It was also found that majority of the participants 239(59.8%) disagreed that they are concerned about people seeing them eat while many other respondents 262(65.5%) disagreed that they are concerned about people knowing their weight.

**Table 3: SECTION D: PREDISPOSING FACTORS THAT COULD LEAD TO EATING DISORDER**

Variables	Respondents in this study N=400 Frequency	Percentage%
Social pressure for thinness	278	69.5%
Early puberty	249	62.3%
Low self-esteem	332	83%
Social problems	265	66.3%
History of psychiatric disorder	199	49.8%
Depression	192	48%
Genetics	216	54%
History of physical or sexual abuse	219	54.8%
Troubled personal relationships	239	59.8%
Feelings of inadequacy/ lack of control in life	233	58.3%
Stress	323	80.3%
Body dissatisfaction	277	69.3%
Eating too little during childhood	195	48.8%

The table shown above was designed to find out the predisposing factors that could lead to eating disorder. From the result, it was found that many of the respondents 278(69.5%) said that social pressure for thinness was a factor leading to eating disorder. Also, the study found that majority of the respondents 249(62.3%) accepted that early puberty could lead to eating disorder. On the same note, the study discovered that majority of the respondents 332(83%) accepted that low self-esteem is a factor that could lead to eating disorder.

On the other hand, the study found that more than half of the participants 265(66.3%) accepted that social problems is a factor that lead to eating disorder. There was varying opinion on whether history of psychiatric disorder is a factor. Evenly distributed participants 199(49.8%) said yes while 180(45%) were not sure. Also, respondents varied in their opinion on whether depression leads to eating disorder. 192(48%) said yes while 137(34.3%) were not sure. Admittedly, more than half of the respondents 216(54%) accepted that genetics is a factor that could lead to eating disorder. On the same note, the study found that more than half of the participants 219(54.8%) accepted that history of physical or sexual abuse leads to eating disorder.

Furthermore, the study found that more than half of the respondents 239(59.8%) accepted that troubled personal relationships is a factor that could lead to eating disorder. In the same vein, it was found that more than half of the respondents 233(58.3%) accepted that feelings of inadequacy/lack of control in life leads to eating disorder. However, the study found that majority of the participants 323(80.8%) accepted that stress in a factor that could lead to eating disorder. It was also found that majority of the respondents 277(69.3%) accepted that body dissatisfaction is a factor that could lead to eating disorder. There was varied opinion on whether eating too little during childhood could influence eating disorder. 195(48.8%) said yes while 175(43.8%) were not sure.

#### **IV. Discussion Of Findings**

The study showed that majority 294(73.5%) said that complications from eating disorder can lead to death. This means that the respondents believe that eating disorder complications can cause death. More so, the study found that many of the respondents 350(87.5%) knew what eating disorder is all about. In fact, they defined eating disorder as actually serious/often fatal illness that causes severe disturbances to a person's eating behaviors.

The researcher found that more than half of the respondents 379(94.8%) have heard about eating disorder. More so, the study found that many of the respondents 110(27.5%) learnt about eating disorder from

the media. Another proportion of respondents 90(22.5%) learnt about eating disorder from their family while others 99(24.8%) learnt about it from seminar/lectures.

On the same note, the study sought to find out what the respondents accept as eating disorder. From their responses, it was discovered that a higher proportion of participants 92(23.0%) said under nutrition was a disorder in eating. It was also found that a greater proportion of respondents 157(39.3%) stated that the causes of eating disorder is self-image. Also, the study found that many of the respondents 166(41.5%) stated that the possible dangers of eating disorder include extreme loss of weight gain. Thus, from the findings, one can deduce that the respondents have an average knowledge about eating disorder.

The study carried out found that majority of the respondents 243(60.8%) agreed that having an eating disorder brings about problems. On the same note, the study found that majority of the respondents 336(84%) disagreed that having the desire to lose weight through the use of laxative, purging or self-induced vomiting is bad. This finding is also supported by the work carried out earlier by Bryn Austin (2013) where he stated that "eating disorders threaten health in a variety of ways, including putting women and men at risk for obesity and weight gain; mental health problems such as depression and anxiety; sexual risk taking; substance abuse and medication abuse, including alcohol, marijuana, steroids, diet pills, and laxatives; chronic stress that may contribute to heart disease and problems with the immune system, in addition to digestive and fertility disorder, even death". It was also found that most of the participants 338(84.6%) disagreed that having an empty stomach with the aim of influencing their shape/weight is normal. The study found that almost all the respondents 345(86.3%) disagreed that they eat in secret. It was also found that majority of the participants 239(59.8%) disagreed that they are concerned about people seeing them eat while many other respondents 262(65.5%) disagreed that they are concerned about people knowing their weight.

The study also found that most of the respondents 278(69.5%) said that social pressure for thinness was a factor leading to eating disorder. Also, the study found that majority of the respondents 249(62.3%) accepted that early puberty could lead to eating disorder. On the same note, the study discovered that majority of the respondents 332(83%) accepted that low self-esteem is a factor that could lead to eating disorder. This finding agrees with the conclusions of Edlin, Golanty and Brown (2000) and Rowan ((2004) who stated that Personality changes usually accompany eating disorders. These include introversion, anxiety, social dysfunction, osteoporosis, depression, fear, obsessional behavior of cleanliness, and orderliness.

However, the study found that majority of the participants 323(80.8%) accepted that stress in a factor that could lead to eating disorder. It was also found that majority of the respondents 277(69.3%) accepted that body dissatisfaction is a factor that could lead to eating disorder. This finding is in tone with the study of Hoek (2006) who buttressed that those who feel they don't measure up in comparison to the images seen on television and shows can experience intense body dissatisfaction which is damaging to their psychological and physical wellbeing which could result to a significantly high mortality and morbidity There was varied opinion on whether eating too little during childhood could influence eating disorder. 195(48.8%) said yes while 175(43.8%) were not sure.

## **V. Conclusion**

The evaluating of the knowledge and perception of eating disorders among female undergraduate students of Babcock University was the purpose of this study. It's very much possible to prevent and reduce the practice of eating disorder among people especially students with proper and adequate education. Education is a great mechanism in preventing further indulgence in eating disorder among university students. Education also plays an important role in prevention and reduction of practice of eating disorders in the Nigerian society.

### **Recommendation:**

1. The health care department should organize a forum to sensitize and adequately educate the general public on the implications of eating disorders.
2. The health care department should provide adequate information on the factors associated with eating disorders and how it could be minimized.

Health care workers should be taught the importance of human relationship and rapport in the health and wellbeing of patients in order to encourage people going to the hospitals to seek health advice and counseling concerning eating disorders.

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