

A Comparative Study of Eating Attitude among Rural and Urban Female Players

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ABSTRACT

The present research paper focuses on the eating attitude and eating disorder. Eating disorder has increased in the past which has been categorised as Anorexia nervosa, Bulimia nervosa and Binge eating disorder. Women with eating disorder can be detected with psychological characteristics and physical signs like dehydration, stress or dental decay. The objective of the study is to find out the significant difference between the eating attitude of urban and female players. The hypothesis states that there is no significant difference between eating attitude score among rural and urban female players. EAT 26 Questionnaire by Garner et al. 1982 was used with 100 subjects consisting 50 females each from rural and urban areas. EAT was calculated by using t-test and t-value was 0.47 which is less than the table value 2.05 at 0.05 level of confidence with 28 d.f., hence, there is no significant difference between eating attitude among rural or urban female players.

Keywords: EAT -Eating Attitude Test

INTRODUCTION

Eating has become one of the most important health topics of our century with the increasing prevalence of eating related disorders among different populations. Disordered eating significantly impairs physical health and or psychological functioning. Many members of general population and many clinicians are not aware of the severity of the eating disorders. It was reported that between 15% to 62% of college women seen to have pathogenic weight control behaviors including harsh methods of weight loss. Self-induced vomiting use of laxatives and excessive exercise. Negative outcomes of eating disorders can include long term psychological problems, menstrual dysfunction, and premature osteoporosis.

Eating disorder has increase immensely in the past decade or so. Eating disorder refers to group of conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health. There are three main eating disorder: Anorexia nervosa (hunger disease), Bulimia nervosa (purge disease) and Binge eating disorder.

Anorexia nervosa is a mental disorder that affects how you feel about your body and how you eat. It is characterized by refusal to maintain a healthy body weight, an obsessive fear of gaining weight, and an unrealistic perception of current body weight.

People living with anorexia try to lose weight by eating very little, refusing to eat all exercising too much. Anorexia can cause menstruation stop, and often leads to bone loss, loss of skin integrity etc. It greatly stresses the heart, increase the risk of heart attacks and related heart problem. The risk of death is greatly increased in individuals with this disease.

Bulimia nervosa is a mental disorder that also affects how you feel about your body and how you eat. The word bulimia derives from latin word bulimia with comes from greek word bou + limos =hunger. It was first named and described by British psychiatrist Gerald Russell in 1979.

Bulimia nervosa is an eating disorder characterized by binge eating or consuming a large amount of food in a short amount of time followed by an attempt to rid oneself of the calories consumed, usually by purging (vomiting) and by laxative, diuretics, or excessive exercise. Bulimia nervosa is a times more likely to occur in women than men.

Binge eating disorder is a mental disorder that affects the way you eat, with this disorder you eat a lot of food in a short period of time (binge) on a regular basis. You can't control what you eat or how much you eat, but you feel distressed, guilty or depressed after eating.

Some studies have reported that the prevalence of eating disorder is much higher in female athletes than in females in general (Berry and Howe 2000, Johnson and Dick 1999, Picard 1999) The prevalence of eating disorders among

female athletes competing in aesthetic sports such as dance, gymnastics, cheer leading, swimming and figure skating is significantly higher than among female athletes in non-aesthetic or non-weight dependent sports (Berry and Howe T 2000)

There are two ways to identify if a woman has an eating disorder. The first one would be psychological and behavioral characters tics, some example - dieting, self-critical-specially concerning body weight, size and shape in addition to performance. (Bonci et al 2008 table 4). The other way to detect an eating disorder is physical sign and symptoms, some of those example would be dehydration, hypotension, stress fractures, dental decay, hair loss, dry skin, brittle hair and nails, fatigue and abdominal pain. (Bonci et al 2008 table 4).

Eating disorder behaviors were assessed using the Eating Attitude Test (EAT-26), which consists of 26 items; participants rate their agreement with statements about food. The factor dieting describes avoiding high calorie food and preoccupation with being thinner. Examples include "I enjoy trying new rich foods" and "I am terrified about being overweight." The factor bulimia and food preoccupation includes items that reflect thoughts about food. Examples include "I find myself preoccupied by food" and "I feel that food controls my life." The bulimia aspect of the factor includes items Flaire et al. The instrument has been used to study eating disorders in both a clinical and non-clinical population, (picard 1999)

It is a screening test that looks for actual or initiatory cases of anorexia and bulimia in both populations (picard 1999).

The EAT-26 has demonstrated a high degree of internal reliability. (Garner et al. 1982). An individual's EAT score is equal to the sum of all the coded responses. While scores can range from 0 to 0.78, individuals who score above 20 are strongly encouraged to take the results to a counsellor, as it is possible they could be diagnosed with an eating disorder.

Objectives of the Study

1. To study the eating attitude among the rural and urban female players.
2. To find out the significant difference of eating attitude among the rural and urban female players.

Hypothesis of the Study

There will be no significant difference between eating attitude score among rural and urban female players.

METHODOLOGY

Selection of the sample: To collect the data from population a random sampling device was used. The data was collected in such a manner so that a true representation was drawn.

Selection of subjects: 100 subjects (50 rural and 50 urban females) were selected randomly belonging to the age of 18 to 24 years from different colleges of rural and urban Haryana state those who are participated at least intercollegiate.

Tool used: Eating Attitude Test (EAT-26) Questionnaire by Garner et al .1982 was used for data collection.

Administration of Test and Collection of Data

Eating- disorder behaviours was assessed by using the Eating Attitude Test (EAT-26), which consists of 26 items.

Garner and Garfinkel (1979) reported on Alpha coefficient (Cronbach, 1951) of 0.94 to demonstrate internal consistency. A test - retest reliability coefficient for the EAT was not reported by Garner and Garfinkel but has subsequently been identified at 0.81 for a children's version (Allison, 1995). Research among students athletes has suggested that the EAT is an internally consistency scale with an Alpha coefficient of 0.79(Lane, 2003).

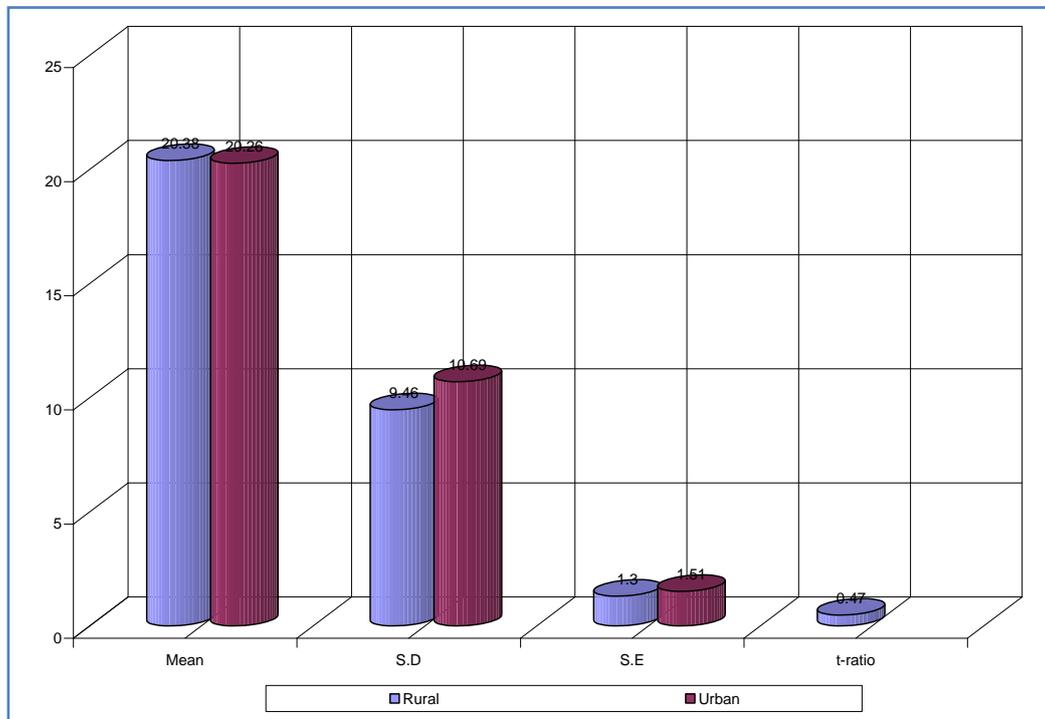
Participants rate the intensity of attitudes from six possible options Never, Rarely, Sometimes (0), often (1), Very often (2), and Always (3). The first three responses are scored zero, with the other three responses being scored 1, 2, and 3 accordingly. A score greater than 20 is considered to be an indicator of a possible eating disorder problem, and individuals who score 20 or more should seek clinical support. Keeping in view the objectives as well as design of the study, the appropriate statistical techniques such as 't' test was used to analysis the data.

DISCUSSION AND FINDINGS

In order to find out the comparison of Eating Attitude among rural and urban sports women was calculated by using t-test and the t- value was 0.47 which is less than the table value 2.05 at 0.05 level of confidence with 28 d.f, So there is no significant difference of Eating Attitude among rural or urban female players.

Table: 1

	Players	Mean	S.D	S.E	t-ratio
Rural	50	20.38	9.46	1.3	0.47
Urban	50	20.26	10.69	1.51	



CONCLUSION

On the basis of result obtained from the study following conclusion were drawn:

There was no significant comparison of Eating Attitude among rural and urban sports women.

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