

## A Cross-Sectional Observational Study on Adolescents Disordered Eating Behaviour

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### Abstract

**Background:** Adolescence is a moment when people are more influenced by fitness ideals and therefore more susceptible to eating problems. Eating disorders are characterised by serious abnormalities in eating behaviour. For both men and women, eating disorders are serious mental and physical issues that can have fatal outcomes. The current cross-sectional study looked at adolescent eating disorder behaviour and gender differences in eating disorder.

**Methods:** From July 2022 to January 2023, 150 adolescents (75 males and 75 females) enrolled in 11th and 12th grade and between the ages of 15 and 18 were randomly chosen from a variety of intermediate colleges in the Sitamarhi district of Bihar. A general demographic survey and the short version of the Eating Attitudes Test (EAT-26) were both given to respondents to gauge their attitudes towards and preoccupations with food, dieting, eating, physical appearance, and personal control over food.

**Results:** Respondents were divided into low risk (0–19) and high risk (20 or more) groups based on the scoring. The results showed that 14.67% of male and 23.67% of female had eating disorders and had EAT-26 scores that were greater than the recommended cutoff point. Female also had higher EAT-26 scores than male.

**Conclusion:** Adolescents problems with eating disorders are on the rise, and the findings show that many of them have disrupted eating habits.

**Keywords:** Eating Disorder Behavior, Adolescents.

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### Introduction

Pathological eating problems include being overweight, having an abnormal food consumption pattern, and engaging in weight-controlling behaviour. They are more common in girls and often start in adolescence, peaking between the ages of 15 and 18. It is unclear at what age the

significant variations in the incidence of disordered eating behaviours (DEBs) begin because the age of onset of DEBs and associated cognitions has not been thoroughly examined. Large prospective longitudinal cohort studies of children living in communities are required to address these

issues because the ideal strategy for assessing DEBs in children is still unknown. The utilisation of diverse views on a child's behaviour is likely to enrich the assessment and can be helpful in finding difficulties, such as symptom denial, when assessing emotional and behavioural problems in children. Parental assessments may also be highly helpful in making a diagnosis of anorexia nervosa (AN), as anorexics frequently minimise their own early-stage symptoms. The contrary is also true: parents may be unaware of and fail to reveal bulimia nervosa (BN) practises, such as purging and binge eating, that are often linked to shame and secrecy. However, settlement between informants is rarely common. Additionally, relying on several informants may present challenges because their viewpoints, personalities, and internal moods may influence their responses. There is poor-to-moderate agreement for DEB in medical samples between childhood and guardian scores.

However, one study found that BN teens had a higher link with BN than teens with the AN-Restrictive subtype, despite the fact that previous studies have indicated a strong correlation between AN symptoms and BN. Compared to their parents, infant reviews (ages 6 to 12 years) expressed fewer worries

about weight and constraint. On the other hand, it has been demonstrated that, in contrast to their parents, youths who struggle with BN exhibit higher intensity of cognitions, frequency of behaviours, form difficulties, and restraint.

### Material and Methods

From July 2022 to January 2023, 150 adolescents (75 males and 75 females) enrolled in intermediate colleges in the Sitamarhi district of Bihar and aged between 15 and 18 years made up the sample for the current study. A general demographic survey and the short version of the Eating Attitudes Test (EAT-26) were both given to respondents to gauge their attitudes towards and preoccupations with food, dieting, eating, physical appearance, and personal control over food. The respondents were given two questionnaires; the first was a generic demographic one asking about their age, class, gender, etc. To determine the respondent's attitudes towards and obsession with food, dieting, eating, physical attractiveness, and individual control over eating, the second was the short version of the Eating Attitude Test (EAT-26). Eat-26 index is divided into two groups: 0–19 represents low risk and 20 or more represents high risk [1].

### Results

**Table 1: According to the Age and Gender Distribution of Adolescents**

Age	Male (n=75)	Percentage	Female (n=75)	Percentage
15	8	10.67%	10	13.33%
16	22	29.33%	28	37.33%
17	33	44.00%	26	34.67%
18	12	16.00%	11	14.67%

The aforementioned data reveals that the majority of adolescents were 16 and 17 years old.

**Table 2: Extent of Eating Disorder among Adolescents**

High risk	Percentage	Low risk	Percentage
37	24.67%	113	75.33%

According to the aforementioned statistics, 75.33% of adolescents fell into the Low-risk category for eating disorders, whereas 24.67% fell into the High risk category.

**Table 3: Extent of Eating Disorder among Adolescents**

Gender	High risk	Percentage	Low risk	Percentage
Male	13	17.33%	62	82.67%
Female	24	32.00%	51	68.00%

According to the aforementioned data, 17.33% of men and 32.00% of women fell into the category of High risk for eating disorders, whereas 82.67% of men and 68.00% of women fell into the category of Low risk.

According to the table below, 12.33% of respondents in the high-risk category for eating disorders were 15 years old, and the majority of respondents (16 and 17 years old) fell into this category.

**Table 4: Eating Disorder based on Age**

Age	High risk	Percentage	Low risk	Percentage
15	5	13.51%	14	12.38%
16	12	32.43%	38	33.63%
17	14	37.84%	44	38.94%
18	6	16.21%	18	15.93%

## Discussion

According to the findings of this study, 32.00% of females and 17.33% of men had a high risk of eating disorders and performed better than expected on the Eating Attitude Test—26, which is regarded as a high figure by prior studies. 17.5% of suburban females and 15% of urban females in Fisher and colleagues study in the United States reached pathologic EAT-26. [2] Through a cross-sectional study of 1990 adolescent boys and girls, researchers looked at the prevalence of eating disorders. They discovered that 24.2% of adolescents were at risk for eating disorders and had EAT-26 scores above the suggested cut-off mark [3]. In this study, 15% of the male participants had a high EAT-26 score, compared to 1.5% of urban male participants in an Israeli study [4]. There are, however, surprisingly few studies on male eating habits.

The total scores of disturbed eating attitudes between male and female were significantly different, as predicted, with females scoring higher overall. These findings are consistent with earlier study [5]. In particular among

females, eating disorders and dysfunctional eating attitudes and behaviours are well-documented issues [6–8]. However, teenage boys have seen an increase in eating problems over the previous 40 years [9–11]. Despite the fact that girls are still more likely than males to have eating disorders, both sexes share many of the same risk factors [12].

## Conclusion

When compared to earlier studies, the level of eating disorder we found was higher. Compared to men, women had a higher probability of failing the EAT-26 cutoff score. To create intervention programmes to stop eating disorders in adolescents, further study is required.

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