# ASSESSMENT OF EATING ATTITUDES AND BMI DIFFERENTIALS BETWEEN MIDDLE AGE AND YOUNG PROFESSIONALS

**Dr. Dalwinder Singh***

**Dr. Sonia Saini****

**Abstract**

*The Present study was designed to examine the eating attitudes and BMI differentials between middle aged and young professionals. Total sixty (N=60) male bank employees who are working in private and government sectors of Chandigarh were selected as subjects for the study, which includes thirty (n=30) middle age professionals, their age ranged between 35 to 45 years and thirty (n=30) young age professionals, their age ranged between 25 to 35 years. Eating attitudes of the subjects was measured by Eating Attitudes Test (EAT-26) developed by Garner et al. (1982). Body mass index (BMI) of all the subjects was determined by applying the formula i.e. body weight in kilogram/(height in meters)$^2$. The Mean, SD, MD, SEDM and 't'-value were calculated to find out the significance of difference and direction of difference between middle age and young professionals. The level of significance was set at 0.05. Results revealed significant differences with regard to the sub-domains of eating attitudes i.e. dieting, bulimia, oral control and eating attitudes (total) between middle age and young professionals. However, insignificant differences were found on the physical parameter of height, weight and Body mass index (BMI).*

**Key Words:** Eating Attitudes, Weight, Height, *Body mass index (BMI), Middle age, Young Professionals*

* Associate Professor, Department of Physical Education, PanjabUniversity, Chandigarh.

** Assistant Professor (G.F.), Department of Physical Education, PanjabUniversity, Chandigarh.

**Introduction**

Eating disorders are becoming recognized in modern societies worldwide. In the broadest sense, the term "eating disorder" may refer to any destructive or self-defeating pattern of eating behaviour. Typically, persons with eating disorders are preoccupied with food, weight and their personal body image. It is important, however, to distinguish eating disorders from other eating-related problems. National eating disorders organization (2013) had reported that eating disorders are 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. Attia & Walsh (2009) stated that eating disorders are syndromes characterized by significant disturbances in eating behaviour and by distress or excessive concern about body shape or weight. American Dietetic Association (2001) corroborated that eating disorders are complex psychiatric syndromes in which cognitive distortions related to food and body weight as well as the disturbed eating patterns can lead to significant life threatening medical and nutrition complications. The three types of eating disorders are: anorexia nervosa (AN), bulimia nervosa (BN) and eating disorder not otherwise specified (EDNOS). Bulimia nervosa and anorexia nervosa are the most common specific forms of eating disorder whereas other type is binge eating disorder. Bulimia nervosa is a disorder characterized by binge eating and purging. Purging can include self-induce vomiting, over-exercising, and the usage of diuretics, enemas, and laxatives. First et al. (2005) stated that bulimia resemble the binge-purge sub type of anorexia with episodes of binge-eating and compensatory purging behaviours. In addition, there is the characteristic preoccupation with body size and weight as a basis for self worth, and a distortion of body image. The distinguishing feature is that a diagnosis of bulimia does not require a reduced body weight of less than 85% of what is considered normal, and if the criteria for both are met, a diagnosis of bulimia is excluded and anorexia nervosa, binge-purge type is diagnosed. Anorexia Nervosa is a psychiatric illness characterized by disturbed eating patterns and severe loss of weight with potentially serious medical complications (Halmi, 2005; Mehler, 2001). Individuals with this disorder are frequently hungry and preoccupied with food, but deny the sensation of hunger as a way of establishing control over their bodies (Hobbs & Johnson, 1996). Hence, Anorexia nervosa is characterized by extreme food restriction to the point of self-starvation and excessive weight loss. Rayworth et al. (2004) explored that anorexia nervosais like an increasingly equal opportunity disease, which is no longer restricted to any particular age

and gender. Anorexia nervosa, bulimia, and other eating disorders are found in persons from all socio-economic strata, starting as young as 5 years of age and ranging through adulthood. Moreover, even given the problems of under diagnosis in males, boys and men comprise 5% to 10% of all patients. Overall, anorexia nervosa occurs in approximately 1% of child, teen, and adult populations, and bulimia nervosa ranges from 1% to 19% depending on the population studied.The National Eating Disorders Collaboration (2012) stated that eating disorders have a significant and underestimated impact on society. Eating disorders are frequently associated with other psychological and physical disorders such as depression, anxiety disorders, substance abuse and personality disorders. A person with an eating disorder may experience long term impairment to social and functional roles and the impact may include psychiatric and behavioural effects, medical complications, social isolation, disability and an increased risk of death. The impact of an eating disorder is not only felt by the individual, but often by that person's entire family or circle of support. For families, the impact may include caregiver stress, loss of family income, disruption to family relationships and a high suicide risk. Eating disorders are considered as serious disturbances in eating behaviour, such as extreme and unhealthy reduction of food intake or severe overeating. They are accompanied by feelings of distress or excessive concern about body shape or weight.Therefore, the purpose of the present study was to assess the eating attitudes and BMI differentials between middle age and young professionals.

**Method and Procedure**

Total sixty (N=60) male bank employees who are working in private and government sectors of Chandigarh were selected as subjects for the study, which includes thirty (n=30) middle age professionals, their age ranged between 35 to 45 years and thirty (n=30) young age professionals, their age ranged between 25 to 35 years. Eating attitudes of the subjects was measured by applying Eating Attitudes Test (EAT-26) developed by Garner et al. (1982). Body mass index (BMI) of all the subjects was determined by using the formula i.e. body weight in kilogram/(height in meters)$^2$. The Mean, SD, MD, SEDM and 't'-value were calculated to find out the significance of difference and direction of difference between middle age and young professionals. The level of significance was set at 0.05.

**Results**

The results with regard to the variables eating attitudes and BMI differentials between middle age and young professionals have been presented in the following tables.

**Table-1**

**Significance of difference in mean scores between middle age and young professionals on the sub-domains of Eating Attitudes Variable i.e. Dieting, Bulimia, Oral Control, and Eating Attitudes (total)**

| Variables | Groups | Mean | SD | Mean Difference | S.E. Difference | 't'-value | Sig. |
|---|---|---|---|---|---|---|---|
| Dieting | Middle age professionals | 5.23 | 3.820 | 4.167 | 1.201 | 3.467* | .001 |
| | Young professionals | 9.40 | 5.360 | | | | |
| Bulimia | Middle age professionals | 2.33 | 1.748 | 2.200 | .730 | 3.012* | .004 |
| | Young professionals | 4.53 | 3.598 | | | | |
| Oral Control | Middle age professionals | 2.50 | 1.795 | 1.767 | .602 | 2.934* | .005 |
| | Young professionals | 4.27 | 2.766 | | | | |
| Eating Attitudes (total) | Middle age professionals | 10.07 | 5.438 | 8.133 | 1.783 | 4.559* | .000 |
| | Young professionals | 18.20 | 8.117 | | | | |

*Significant at 0.05 level Degree of freedom=58

Table-1 illustrated significant differences between middle age and young professionals on the sub-domains i.e. Dieting, bulimia, oral control and eating attitudes (total).The middle aged professional had Mean and SD values with regard to sub–domains i.e. Dieting, Bulimia, Oral Control and Eating Attitudes (Total) as 5.23 and 3.820, 2.33 and 1.748, 2.50 and 1.795, 10.07 and 5.438 respectively whereas, young professionals had Mean and SD values with regard to sub-domains i.e. Dieting, Bulimia, Oral Control and Eating Attitudes (Total) as 9.40 and 5.360, 4.53 and 3.598, 4.27 and 2.766, 18.20 and 8.117 respectively. The 't' value shown in the table-1 with regard to sub-domains i.e. Dieting, Bulimia, Oral Control and Eating Attitudes (Total) as 3.467, 3.012, 2.934 and 4.559 respectively were found statistically significant at 0.05 level. Young professionals showed more inclinations towards eating disorders as compared to their counterpart middle aged professionals.The graphical representation of mean scores with regard to sub-domains i.e. Dieting, Bulimia, Oral Control and Eating Attitudes (Total) of eating attitudes variable are exhibited in figure-1

**Figure-1 The graphical representation of mean scores with regard to sub-domains i.e. Dieting, Bulimia, Oral Control and Eating Attitudes (Total) of Eating Attitudes variable between middle age and young professionals**

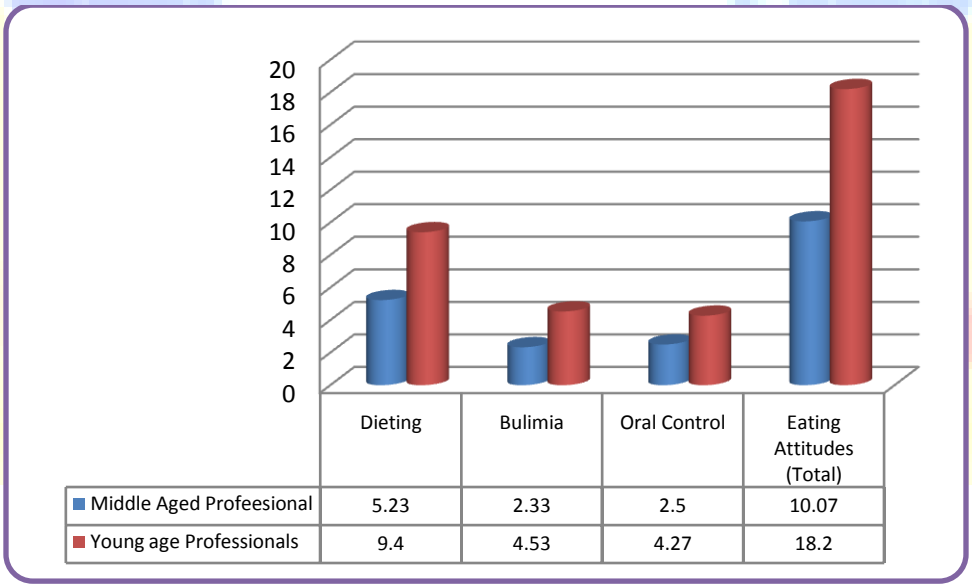


**Table-2**

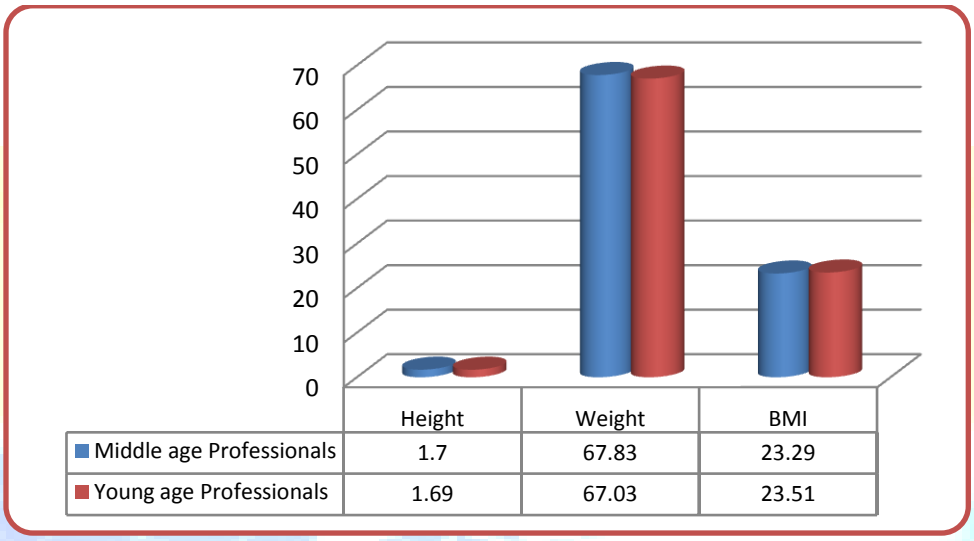
**Significance of difference in mean scores between middle age and young professionals on the BMI Differentials**

| Variables | Groups | Mean | S D | Mean Difference | S.E. Difference | 't'-value | Sig. |
|---|---|---|---|---|---|---|---|
| Height | Middle age professionals | 1.70 | .088 | .013 | .022 | .594 | .555 |
| | Young professionals | 1.69 | .088 | | | | |
| Weight | Middle age professionals | 67.83 | 14.424 | .800 | 3.356 | .238 | .812 |
| | Young professionals | 67.03 | 11.394 | | | | |
| BMI | Middle age professionals | 23.29 | 4.004 | .220 | 1.000 | .220 | .826 |
| | Young professionals | 23.51 | 3.736 | | | | |

Degree of freedom=58

Table-2 presents insignificant differences on the BMI differentials between middle age and young professionals. The middle age professional had Mean and SD values with regard BMI differentials i.e. Height, Weight and BMI as 1.70 and .088, 67.83 and 14.424, 23.29 and 4.004 respectively whereas, the young professional had Man and SD with regard BMI differentials i.e. Height, Weight and BMI as 1.69 and .088, 67.03 and 11.394, 23.51 and 3.736 respectively. The 't' value shown in the table-2 with regard BMI differentials i.e. height, weight and BMI as .594, .238 and .220 respectively were found to be statistically insignificant at 0.05 level. Hence, both the groups (middle age and young professionals) were found almost similar on physical parameters of Height, Weight and Body Mass Index (BMI).The graphical representation of mean scores with regard to the BMI differentials i.e. Height, Weight and Body Mass Index (BMI) has been exhibited in figure-2.

**Figure-2:Graphical representation of mean scores with regard to the BMI differentials i.e. Height, Weight and Body Mass Index (BMI) between middle age professionals and young professionals**




| | Height | Weight | BMI |
|---|---|---|---|
| Middle age Professionals | 1.7 | 67.83 | 23.29 |
| Young age Professionals | 1.69 | 67.03 | 23.51 |

**Discussion**

It is evident from above findings that significant differences were found with regard to the sub-domains of Eating Attitudes i.e. Dieting, Bulimia, Oral Control And Eating Attitudes (Total), as the obtained P values (sig.) (Dieting=.001,Bulimia=.004, Oral Control=.005 and Eating attitudes (total)=.000) were found lower than 0.05 level of confidence. Young professionals have exhibited more tendencies of eating disorder.The findings might be due to the fact that middle aged professionals may eat wisely or consciously as compared to their counterpart young professionals. However, middle age and young professionals were found statistically insignificant on the BMI differentials as the obtained P values (sig.) (Height=.555, Weight=.812 and BMI=.826) were observed higher than 0.05 level of confidence. The outcome of the study might be due to the fact that both the groups developed equally on the BMI differentials i.e. height, weight and body mass index (BMI) as they have almost the similar physical make-up. The findings of the present study are inline with the study conducted by Marcontell et al. (2002) corroborated that youngsters are more susceptible to eating disorders compared to adults. Similarly, Kelly et al. (2007) reported that possessive body dissatisfaction among youngsters often arises to faulty eating habits. Shure et al. (2001) substantiates that sensitive self-awareness

and socio-cultural pressures related to appearance among young people developed disordered eating habits.

**Conclusions**

It is concluded from the above findings that significant differences were observed with regard to sub-domains of eating attitudes i.e. dieting, bulimia, oral control and eating attitudes (total) between middle age and young professionals. However, with regard to physical parameters of height, weight and body mass index (BMI) insignificant differences were noticed between middle age and young professionals.

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