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KNOWLEDGE AND PRACTICE OF TEENAGE GIRLS REGARDING ANOREXIA NERVOSA

Dr Muhammad Ramzan, Dr Muhammad Sharif, Dr Muhammad Umair
DHQ Hospital Muzaffargarh

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Abstract:
Objectives: *The objective of this study is to determine the rate of AN (Anorexia Nervosa) among TG (teenager girls) and to determine the awareness and routine practice about the AN among girls.*
Methodology: *This study conducted in Higher Secondary School, Multan from September 2018 to March 2019. A specimen of complete one hundred female students from 13 to 19 year of age were the part of this research work. The filling of the questionnaire complied by every student after their verbal willing. SPSS V.20 was in use for entry and analysis of the collected information.*
Results: *The average age of the students was 15.810 ± 1.323 years. The average weight, average height and average mass of body were available as 50.340 ± 10.445 kilogram, 160.140 ± 7.846 centimeters and 19.675 ± 4.1477 kg/m2 correspondingly. AN was present in 42.0% (n: 42) girls whereas 58.0% (58) found with no AN. Adequate awareness & optimistic practice were available in 57.0% (n: 57) & 49.0% (n: 49) respectively. We found no important relationship among KN (Knowledge and Practice) & anorexia nervosa.*
Conclusion: *AN is a developing concern about health in our country Pakistan. This issue was available in almost half of the girls.*
KEY WORDS: *Optimistic, Awareness, Amenorrhea, Anomaly, Hormones, Average, Questionnaire.*

Corresponding author:
Dr. Muhammad Ramzan,
DHQ Hospital Muzaffargarh

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INTRODUCTION:

Psychiatric anomaly which have greatest mortality rate is AN, a confusing disease. Less weight of body, great fear to gain the weight, distortion of the body image & amenorrhea are some of the characterization of this anomaly [1]. The weight of body & its concepts play a vital role in the mental as well as physical health of the person [2]. Small children and young Children having the anomalies of eating establish acute of chronic problems influencing many systems of organs. Deep inactivating medical problems happen when malnourishment occurs at the duration of normative periods of growth of bones and development of the organs [3]. The start of this disorder occurs during the adolescent's age of about 17 years [4]. About 0.50% to 1.0% of TN develop AN in the countries of the West.

Forms of milder anomalies in eating occur in additional 5.0% to 10.0% girls after the age of puberty [5]. In one study, abnormal eating behavior & response were available in more than 27.0% of 1739 girls from 12 to 18 years of age [6]. So, there is requirement for the assessment of the factors of risk with description for eating complications [7]. The problems of eating are affecting about 9.0% peoples in Australia. EDNOS (eating disorder not otherwise specified) are responsible for additional 5.0% peoples. About 20.0% females are available with unidentified disorders of eating [8]. In a research work, 5.90% was the rate of mortality because of the AN [9]. Total 83.0% patients of AN have minimum single diagnosis of disorder of anxiety in their life [10]. These patients can face the problems of nutrition and hormones that affects the density of the bones [11]. This disorder of anorexia is the cause of many other diseases and restricts the ideal metal as well as physical growth in accordance with many other studies [8-11].

There is a very little research about this topic in our country. This study aimed to find out the rate of this disorder in school going girls. Our country is bearing the double load of malnourishment [12], there is a requirement to determine the frequency of the eating disorders among the young teenage girls of our country.

METHODOLOGY:

This transverse research work conducted in Higher Secondary School, Multan from September 2018 to March 2019. With the utilization of the World Health Organization standard of calculation of sample size, the calculation of sample size carried out. Total 100 females were the part of this study. The method of random sampling was in use for the selection of the students. The age of the students was from 13 to 19 years. The school administration gave the list of the girls from 13 to 9 years of age. The females with any disability or with unwillingness were not the part of this study. We obtained the verbal willing from the students as well as their parents. Institute also gave the permission for this study. A questionnaire was in use for the collection of the information at the time of break by the MBBS female students of Nishtar medical college. The calculations of the height, weight & BMI carried out for all patients on the form of each student.

The categorization of the students limiting liked eatables, fear of gain in weight food, distortion of the figure of body, amenorrhea or utilizing laxative carried out as having AN if females found with 3 or more above behaviors [13]. TGAN used for teenage girls with anorexia nervosa and TGNAN used for teenage girls without anorexia nervosa. The knowledge of the student was sufficient if she was able to answer the 2 question about AN. The practice was available if girls were practicing the 2 activities of the AN. SPSS V.20 was in use for the entry and analysis of the collected information. Frequencies were in use for the presentation of KP.

RESULTS:

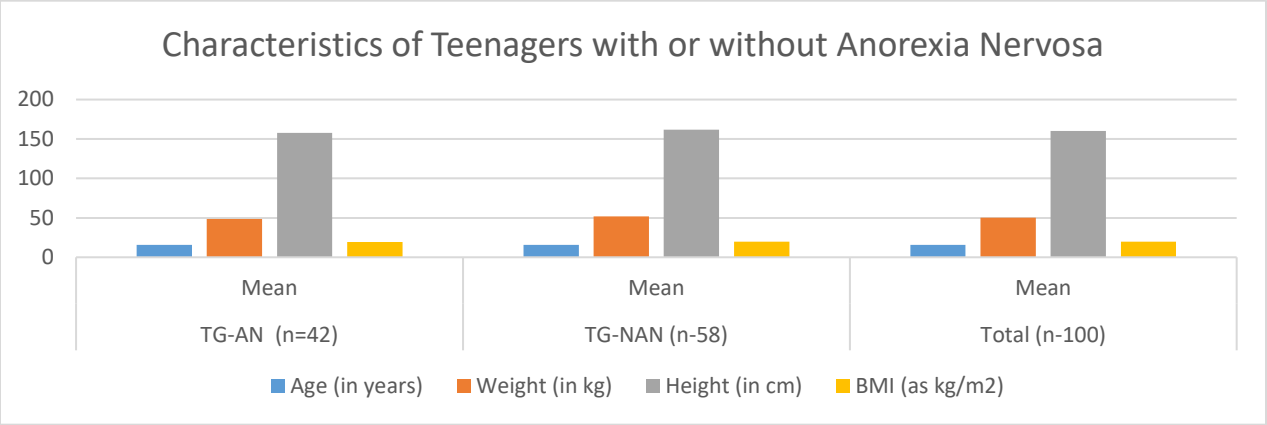
The average age of the 100 females was 15.810 ± 1.323 years. The average weight of the females was 50.340 ± 10.445 kilogram. The average height of the patients was 160.140 ± 7.846 centimeter. The BMI of the girls was 19.675 ± 4.1477 kg/m2. AN was present in 42% (n: 42) whereas 58.0% (n: 58) were without AN. The description about the average age, weight & body mass index is available in Table-1. Fifty one percent (n: 51) girls found with fear of the weight gain. Twenty six (26.0%) TG were resisting the food of their like. Twenty (20.0%) females were missing their menses period in their period of weight loss. Eleven (11%) TGs tried the laxative or induced vomiting. Fifty (50.0%) females were answering yes to the question of their slimness but half strength was against this opinion.

Table-I: Teenage girls characteristics with or without Anorexia Nervosa (n=100).

Characteristics	TG-AN (n=42)		TG-NAN (n-58)		Total (n-100)		p value
	Mean	SD	Mean	SD	Mean	SD	
Age (in years)	15.67	1.262	15.91	1.367	15.81	1.323	0.3590
Weight (in kg)	48.43	10.191	51.72	10.494	50.34	10.445	0.1200
Height (in cm)	157.83	5.364	161.81	8.941	160.14	7.846	0.0120*
BMI (as kg/m^2)	19.408	3.739	19.869	4.442	19.675	4.148	0.5860

TG-NAN (teenage girls without anorexia nervosa)

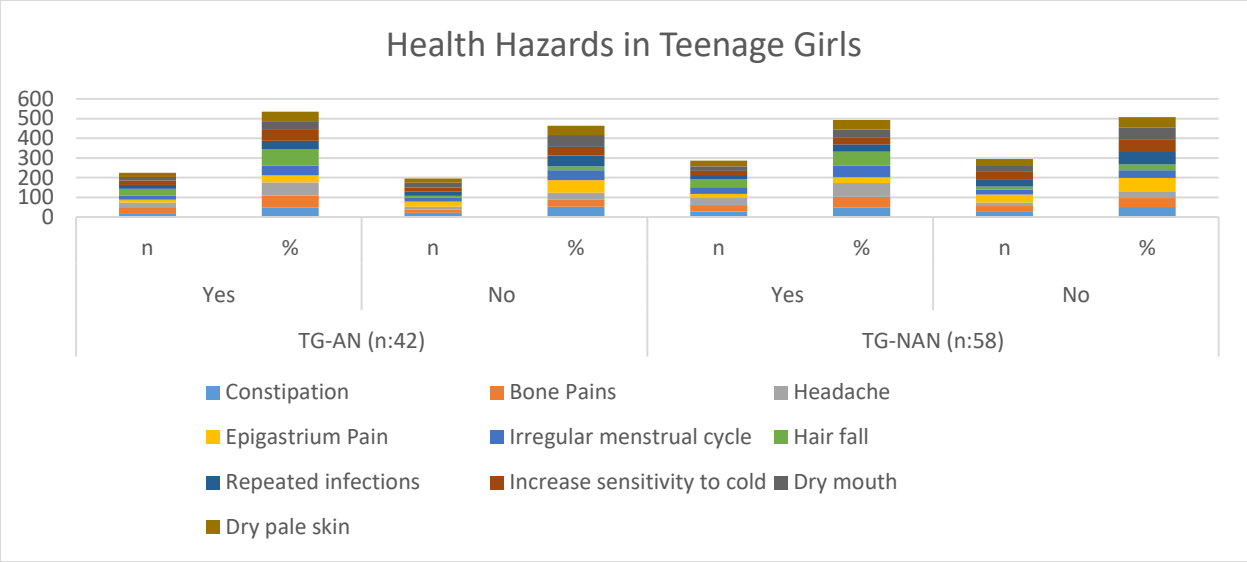
TG-AN (teenage girls with anorexia nervosa) *P< 0.05; significant p-value.



Total 42% (n: 42) females were TGAN & 58% (n: 58) females were TGNAN in accordance with the answer of the above questions. The knowledge of the girls was enough in 58% (n: 58) whereas it was not enough in 42% (n: 42) TG. The assessment of the practice carried out on the basis of the diet habits, rate of the checking of weight and use of laxatives. Forty nine females found with positive practice & negative practice was present in 51 TG. The knowledge of the girls about the imminent hazard of health linked with the anorexia nervosa are available in Table-2.

Table-II: Awareness about health hazards in Teenage Girls with or without Anorexia Nervosa (n=100).

Variables	TG-AN (n:42)				TG-NAN (n:58)				p value
	Yes		No		Yes		No		
	n	%	n	%	n	%	n	%	
Constipation	20	47.60	22	52.40	28	48.30	30	51.70	0.9480
Bone Pains	26	61.90	16	38.10	32	55.20	26	44.80	0.5010
Headache	28	66.70	14	33.30	40	69.00	18	31.00	0.8080
Epigastrium Pain	15	35.70	27	64.30	17	29.30	41	70.70	0.4980
Irregular menstrual cycle	21	50.00	21	50.00	35	60.30	23	39.70	0.3040
Hair fall	34	81.00	8	19.00	41	70.70	17	29.30	0.2420
Repeated infections	19	45.20	23	54.80	21	36.20	37	63.80	0.3630
Increase sensitivity to cold	23	54.80	19	45.20	21	36.20	37	63.80	0.0650
Dry mouth	17	40.50	25	59.50	23	39.70	35	60.30	0.9340
Dry pale skin	22	52.40	20	47.60	28	48.30	30	51.70	0.6850



DISCUSSION:

The occurrence of AN in the participants of our study was much high. A study carried out in Aga Khan University Hospital located in Karachi, on students of the medical field, concluded an occurrence rate of AN in 21.70% with is comparable with the other studies of the Asia. The presence of AN in current study was 42% which implicates that AN is major problem of health in our region [14]. One other research work concluded the high mortality rate associated with the anorexia nervosa [15]. studies from Karachi and Rawalpindi were comparable with each other on the basis of their mean age, height and BMI of the participants. A study from India about the start of the disorders of eating conducted to make the professionals of health department aware for the availability of eating disorders [16].

The prevalence of the disorders of eating was 0.9% in China due to AN [17]. Arcelus reported the rate of mortality for EDNOS are very high for AN persons with annual 5.10 deaths due to AN per thousand persons [18]. The total SMR (Standardized Mortality Ratios) for AN was 6.2 [19]. AN is causing deaths because of the malnourishment, cardiac factor & psychiatric issues [20]. A small amount of the persons with the disorders of eating are getting treatment in a mental care center [21]. If the peoples should be aware about the dangers of the disorders of eating, the outcome of the eating problems would be small in quantity [22]. Anorexia nervosa is a severe kind of mental illness. Separately from less weight, excessive exercise & restriction to liked food are the most frequent outcomes of the past studies [23].

The very high prevalence of the AN in the females of our region is very threatening condition and there is a requirement to deal this matter in a sensible way for the preventions of the complications and high rate of mortality.

CONCLUSIONS:

AN is increasing problem of health in our country. The behavior of the AN was present in half of the girls of this research work which is much greater in comparison with the other studies performed in Asia. Majority of the girls were even aware about the dangers of this problem.

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