

A Descriptive Study to Assess the Knowledge and Attitude Regarding Eating Disorder Among Adolescent in Selected School at Jaipur

Arvind Kumar Agrawal¹, Surendra Mishra²¹Associate Professor, Medical and Technological Institute of Nursing Jaipur²Professor, Upchar College of Nursing Jaipur

Abstract

Introduction: Adolescence represents a phase of transition between childhood and adult life, marked by significant changes in the biological, psychological and social dimensions. This period is extremely important for the adolescents to choose a healthy lifestyle, as it is when habits and attitudes are established, including eating habits. The three most common eating disorders are Anorexia nervosa, Bulimia nervosa and binge eating disorders. Eating disorder should be taken very seriously.

Methodology: The study was descriptive in nature sample size was 100 adolescents selected by simple random sampling techniques from a selected school of Jaipur. The data collection was done by structured knowledge questionnaire on eating disorder and EAT 26 attitude scale. Collected data was analyzed by using descriptive and inferential statistics.

Results: The result revealed that the overall mean knowledge score with standard deviation was 14.37 ± 4.321 and the highest frequency of adolescents (57.00%) had inadequate knowledge on eating disorders and in attitude the mean attitude score with SD was 18.90 ± 5.928 and the most of 70 (70.00%) adolescents had unfavorable attitude towards eating disorders. The positive correlation ($r = +0.1084$) was found between the knowledge of adolescents and attitude of adolescents towards eating disorders.

Discussion: The findings of the present study revealed that adolescents had a low level of knowledge and a less favorable attitude regarding eating disorders. This indicates the need for greater awareness and health education among adolescents to improve their understanding, promote healthy eating behaviors, and facilitate early recognition of eating disorders. The findings also emphasize the importance of developing appropriate intervention strategies at the primary, secondary, and tertiary levels to prevent and control eating disorders and promote the overall health and safety of adolescents.

Keywords: Adolescents; eating disorder; knowledge; attitude; Anorexia nervosa; EAT 26; Bulimia nervosa; binge eating disorder

INTRODUCTION

Adolescence represents a phase of transition between childhood and adult life, marked by significant changes in the biological, psychological and social dimensions¹. This period is extremely important for the adolescents to choose a healthy lifestyle, as it is when habits and attitudes are established, including eating habits².

The Nutritional requirements are one of the most important aspects in this stage comparing to all life span due to achieving the optimal level of growth and development³. It has been reported that irregular meals, snacking, eating out of homemade and following alternative dietary patterns happened frequently among adolescents⁴.

Food habits are complex in nature and multiple conditioning factors interact in their development. Nutrition is a major environmental influence of physical and mental growth and development in early life. Eating disorders are complex illnesses that affect adolescents with increasing frequency. The rank has the third most common chronic illness in adolescent females. Eating disorders are a variety of disordered eating attitude;

seriously interrupt in women in the process of adapting nourishing habits during the pre conceptual period. Health care professional's educators and students need to understand eating disorder, one of the major impediments to nutritional health in the adolescent period⁵.

Monitoring the quality of the foods consumed during childhood and adolescence is important as little is known about the factors that promote changes in the eating behavior and as fasting, irregular and restricted diets, compulsive or frequent consumption of highly energetic foods, rich in sugar and fat are frequent to replace healthy food during this food⁶. These practices are the main factors responsible for the current epidemiological situation of overweight, obesity, nutritional deficiencies, non-transmissible chronic illnesses and risk

Address for Correspondence: Arvind Kumar Agrawal, Associate Professor, Medical and Technological Institute of Nursing Jaipur

E-mail: arvindagrawal6492@gmail.com

How to cite this article: Agrawal AK, Mishra S. A descriptive study to assess the knowledge and attitude regarding eating disorder among adolescent in selected school at Jaipur. Indian J Health Allied Sci. 2026;1(3):106-111.

Received:21/09/2026 **Accepted:**28/09/2026 **Published:**30/09/2026

Access this article online

Quick Response Code



Website:

<https://ijhas.varnavpublishers.com/>

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

behaviors for eating disorders during childhood and adolescence⁷.

Unhealthy weight control behavior; such as fasting, vomiting on purpose after eating, taking diet pills, and use of laxatives can be used⁸. This kind of dieting behaviors may lead to develop a significant eating disorder which defined as anorexia nervosa, bulimia nervosa, binge-eating disorder. Adolescents concern about their body weight and shape can lead to disturbed eating behaviors such as starvation, fasting, frequently skipping meals, overeating and binge-eating followed by purging, also using of diet pills, laxatives, and diuretics and excessive exercising⁹.

Eating disorders are a daily struggle for ten million females and one million males in the U.S. The three most common eating disorders are Anorexia nervosa, Bulimia nervosa and binge eating disorders. These eating disorders are a coping mechanism the result in an obsession with food and or weight, anxiety around eating guilt, and severe and adverse effects and psychological and physical health. Eating disorder should be taken very seriously. Although it is a socio cultural problem of developed society, now days it is also increasing rapidly in developing countries. No specific cause can be found for these disorders. They affect persons from all socio economic classes, ages, genders and ethnic cultures. Two major sub groups of the disorders are recognized a restrictive form in which food intake is severely limited (Anorexia nervosa) and a bulimic form, in which binge eating episodes are followed by attempts to minimize the effects of over eating via vomiting, catharsis, exercise or fasting¹⁰.

OBJECTIVES OF THE STUDY WERE

1. To assess the existing knowledge of adolescents regarding eating disorders.
2. To assess the attitude of adolescents towards eating disorders.
3. To correlate eating behavior with knowledge and attitude.
4. To find the association between knowledge and attitude with selective demographic variables.

Hypothesis

H₁- There is a significant relationship between the knowledge and attitude of adolescents towards eating disorder.

H₂- There is a significant relationship between the knowledge of adolescents towards the eating disorder and selected demographic variables.

H₃- There is a significant relationship between the attitude of adolescents towards the eating disorder and selected demographic variables.

RESEARCH APPROACH

Research approach is systematic, controlled empirical and critical investigation of natural phenomena guided by theory and hypothesis about the presumed relations among the phenomena. The research approach used for the study was descriptive research approach.

RESEARCH DESIGN

In the present study non experimental Descriptive design for assessing the knowledge and attitude regarding eating disorder among adolescents in selected school at Jaipur.

RESEARCH SETTING

The setting is the location where a study is conducted. This study

has been conducted at Rahul Shikshan Sansthan Senior Secondary School Sanganer, Jaipur (Raj.).

RESEARCH VARIABLES

1. **Independent variables**:-Independent variable is the variable that stands alone and is not dependent on any other²². In this study, the independent variable was eating disorder.
2. **Dependent variables**:- Dependent variable is the variable that is dependent on or caused by another variable, the independent variable²². In this study, the dependent variable was knowledge and attitude of adolescents.
3. **Extraneous variables**:- Any uncontrolled variable that greatly influence the result of the study is called the extraneous variable. In this study, the extraneous variables were Age, Sex, Education, Type of family, Family history, Source of information, Abnormal eating habit, Body image of adolescents.

POPULATION

“Population refers to the aggregate or totality of all the objects, subjects or members that conform to a set of specifications.” In this study the population comprises adolescents (12-18 year) from selected schools of Jaipur.

SAMPLE

“Sample consists of a subset of a population selected to participate in a research study.” In this study the sample comprised 100 adolescents from selected school of Jaipur.

Inclusion criteria

1. Adolescents whose age is between 12-18 years.
2. Adolescents who are willing to participate.
3. Adolescents who know Hindi, or English Language.

Exclusion criteria

1. Adolescents who are not willing to participate in the study.
2. Adolescents more than or less than age group of 12-18 years.

SAMPLING TECHNIQUE

In this study, the investigator adopted a lottery method to choose 100 adolescents from the sampling frame.

DATA COLLECTION INSTRUMENT

Selection and development of Tool:

“Tool is the device or technique that a researcher uses to collect the data.”²² The tools act as a best instrument to assess and collect the data from the respondents of the study. The instrument selected in a research must be the vehicle that obtains the best data for drawing conclusions to the study. In the present study the structured knowledge questionnaire and The Eating Attitude Test-26, six point scales were selected and developed on selected aspects of eating disorders. In the present study 30 items were prepared for structured knowledge questionnaire under various aspects of eating disorder i.e. introduction, causes, types and prevention and management of eating disorder. To assess attitude the EAT-26, six point scale was used, which is commonly used to assessing the risk of “Eating disorders”.

DESCRIPTION OF THE TOOL

The tool for data collection has been classified into three sections i.e., section-I, section- II and section-. III

Section -I It deals with demographic characteristic of the

adolescents like age, sex, education, type of family, family history, source of information, abnormal eating habit and body image of adolescents.

Section -II It consists of items related to the structured knowledge questionnaire regarding eating disorder. The tool consists of 30 items in multiple choice question formats under various aspects which are introduction, causes, types and prevention and management of eating disorder. Each question had one possible correct response. Each correct answer is assigned a score of '1' and wrong answer is assigned a score of '0'. To interpret the level of knowledge, the score were distributed as inadequate knowledge $\leq 50\%$, moderately adequate knowledge 51-75% and adequate knowledge $>75\%$.

Section III EAT-26, six point attitude scale consists of 26 items related to the attitude of adolescents regarding eating disorder. The scale includes 25 positive and 1 negative items. The maximum score for each item was '3' and the minimum score was '0'. To interpret the attitude towards eating, the score were distributed 20 or higher it does not necessarily indicate they have an eating disorder, but it does indicate concerns regarding body weight, body shape, and eating.

VALIDITY OF THE TOOL

"Content validity refers to the degree to which an instrument measures what it is supposed to measure."⁵⁷ The tool has been validated by 8 experts; they were experts of Mental Health Nursing and Psychiatrist. On the basis of expert's suggestions, broad reviews of literature, following modifications were made

in the final tool.

Language was made more simple and easy to understand in structured knowledge questionnaire regarding use of simple language, in few question modification were made in distracters of options.

RELIABILITY OF THE TOOL

The reliability coefficient of internal consistency was computed by Karl Pearson coefficient correlation method. The reliability coefficient obtained for tool for knowledge was = 0.83 and for attitude = 0.87, found to be internally consistent and reliable for the study.

Pilot Study findings

The results of the pilot study revealed that the overall mean knowledge of the adolescents was 16.8 with 56 percent and the overall mean attitude of adolescent was 20.2 with 25.89percent.

The correlation between the knowledge and attitude was 0.19 Therefore there was positive correlation between the knowledge and attitude of the respondents on eating disorder in pilot study.

RESULT

Data was analyzed by applying descriptive and inferential statistics i.e. Mean Standard Deviation and mean percentage was used to describe the variables.

The analysis of data is organized and interpreted under following sections

Table -1 Frequency and percentage distribution of adolescents according to demographic characteristics

S. No	Characteristics	Categories	Frequency	Percentage
1.	Age	A. 12-14 year	24	24.00%
		B. 15-16 year	30	30.00%
		C. 17-18year	46	46.00%
2.	Sex	A. Male	58	58.00%
		B. Female	42	42.00%
3.	Education (Class of adolescent)	A. 9 th	16	16.00%
		B. 10 th	10	10.00%
		C. 11 th	41	41.00%
		D. 12 th	33	33.00%
4.	Type of family	A. Joint	31	31.00%
		B. Nuclear	64	64.00%
		C. Extended	5	5.00%
5.	Source of information	A. No information	78	78.00%
		B. Health care worker	11	11.00%
		C. Family member	6	6.00%
		D. Friends	5	5.00%
6.	Abnormal eating Habits	A. Pica	13	13.00%
		B. Over eating	34	34.00%
		C. Induced vomiting	7	7.00%
		D. Loss of appetite	46	46.00%
7.	Body image of adolescent	A. Thin built	26	26.00%
		B. Moderately built	40	40.00%
		C. Obese	34	34.00%
8.	Family history	A. Yes	21	21.00%
		B. No	79	79.00%

Table -2 Over all knowledge and attitude on eating disorder among the adolescents

Aspects	Max. Score	Respondents Response		
		Mean	Mean (%)	SD
Knowledge	30	14.37	47.90%	4.321
Attitude	78	18.90	24.23%	5.928

Table-3 Aspect wise mean Knowledge scores of adolescents regarding eating disorders

No.	Knowledge Aspects	Max. Score	Respondents Knowledge		
			Mean	Mean (%)	SD
1.	Introduction and general information of eating disorder	7	3.66	52.28%	1.193
2.	Risk factors and causes of eating disorder	6	2.82	47.00%	1.098
3.	Effect on health due to eating disorder	8	3.65	45.62%	1.321
4.	Type of eating disorder	3	1.38	46.00%	0.718
5.	Prevention and treatment of eating disorder	3	1.41	47.00%	0.694
6.	Complication of eating disorder	3	1.45	48.33%	0.864
	Overall	30	14.37	47.90%	4.321

Table- 4 Knowledge level of adolescents regarding eating disorders

N=100

Knowledge level	Category	Respondents	
		Number	Percent
Inadequate	Below 50 % Score	57	57.00%
Moderate	51-75 % Score	43	43.00%
Adequate	Above 75 % Score	0	0.00%
Total		100	100.0%

Table- 5 Attitude level of adolescents regarding eating disorders

N=100

Attitude level	Category	Respondents	
		Number	Percent
High risk of eating disorder	Below 20	70	70.00%
Low risk of eating disorder	≥ 20	30	30.00%
Total		100	100.00%

Table- 6 Relationship between Knowledge and Attitude on eating disorders among the adolescents

N=100

Aspects	Max. Score	Respondents Response			Correlation coefficient(r)
		Mean	Mean (%)	SD (%)	
Knowledge	30	14.37	47.90%	4.321	+ 0.1084 *
Attitude	78	18.90	24.23%	5.928	

*Significant at 5% Level.

Table -7 Association between the knowledge level regarding eating disorder and selected demographic variables of adolescents

N=100

S. No	Variables	KNOWLEDGE LEVEL		Total	D.F.	Calculated χ^2 value	Tabulated χ^2 value
		≤Median	>Median				
1.	Age (In year)						
	A. 12-14	13	11	24	2	0.140 ^{NS}	5.99
	B. 15-16	16	14	30			
	C. 17-18	23	23	46			
2.	Sex						
	A. Male	46	12	58	1	5.700 ^{*S}	3.841
	B. Female	24	18	42			
3.	Education (class of adolescents)						
	A. 9 th	12	4	16	3	6.419 ^{NS}	7.82
	B. 10 th	8	2	10			
	C. 11 th	20	21	41			
	D. 12 th	23	10	33			
4.	Type of family						
	A. Joint	19	12	31	2	1.419 ^{NS}	5.99
		35	29	64			
	B. Nuclear	4	1	5			
	C. Extended						
5.	Source of information						
	A. No information	50	28	78	3	3.999 ^{NS}	7.82
	B. Health care worker	9	2	11			
	C. Family member	2	4	6			
	D. Friends	3	2	5			
6.	Abnormal eating habits						
	A. Pica	10	3	13	3	9.588 ^{*S}	7.82
	B. Overeating	14	20	34			
	C. Induced vomiting	6	1	7			
	D. Loss of appetite	31	15	46			
7.	Body image of adolescents						
	A. Thin built	16	10	26	2	1.225 ^{NS}	5.99
	B. Moderately built	21	19	40			
	C. Obese	22	12	34			
8.	Family history						
	A. Yes	7	14	21	1	6.709 ^{*S}	3.84
	B. No	45	24	79			

*Level of significance at P < 0.05

NS=Not Significant

42The calculated chi square value at the D.F.₍₁₎ for family history ($\chi^2=11.509$) is higher than the table value 3.841 at 0.05 level of significance it is interpreted that there was a significant association between family history of adolescents and attitude towards eating disorder.

DISCUSSION

The present study found that most adolescents were aged 16–18 years, male, studying in Class XI, and belonged to nuclear families. A major finding was that 78% had no prior information regarding eating disorders. Overall, 57% had inadequate knowledge and 43% had moderately adequate knowledge, while 70% demonstrated an unfavorable attitude. The mean knowledge score was 14.37 and the mean attitude score was 18.90. A positive but weak correlation was observed between knowledge and attitude ($r=+0.1084$). Knowledge was significantly associated with sex, abnormal eating habits, and family history, whereas attitude was significantly associated with education, body image, and family history. These findings highlight the need for school-based health education to improve awareness, attitudes, and early pr

CONCLUSION

The present study concluded that a considerable proportion of adolescents had inadequate knowledge and unfavorable attitudes regarding eating disorders. More than half (57%) had inadequate knowledge, while 70% demonstrated an unfavorable attitude. A positive correlation was observed between knowledge and attitude ($r=+0.1084$). Knowledge was significantly associated with sex, abnormal eating habits, and family history, whereas attitude was significantly associated with education, body image, and family history. Overall, the findings highlight the need for structured school-based health education to improve adolescents' knowledge, attitudes, early recognition, and prevention of eating disorders.

RECOMMENDATIONS

On the basis of the present study following recommendations can be made.

- A similar study can be done on a large sample; it may help to draw more definite conclusions and to make generalizations.
- Mass and individual education in regional languages to enlighten the adolescents can be organized at all the level of health facilities.
- Experimental study can be conducted with structured learning programme on knowledge and eating attitudes.
- Comparative study may be conducted to find out the

similarities or differences in knowledge and attitudes between urban and rural adolescents.

FINANCIAL SUPPORT AND SPONSORSHIP: Nil

CONFLICT OF INTEREST: None

REFERENCES

1. World Health Organization (WHO). Physical status: use and interpretation of anthropometry. Report of a WHO Expert Committee. Geneva: WHO; 1995. (WHO Technical Report Series, 834).
2. Brasil. Ministério da Saúde (MS). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde na escola. Brasília: MS; 2009.
3. Chin Y. and Mohd N. (2009) Eating Behaviors among Female Adolescents in Kuantan District, Pahang, Malaysia. Pakistan Journal of Nutrition 8(4):425-432.
4. Washi S., and Ageib M. (2010) Poor Diet Quality and Food Habits are Related to Impaired Nutritional Status in 13- to 18-year-old Adolescents in Jeddah. Nutrition Research 30: 527-534.
5. Prez-Rodrigo C, Aranceta J. School based nutrition education: lesson learned of new perspectives, public health nutrition 2001 Feb; 4(1A):139-9.
6. Francis DK, Broeck JV, Younger N, McFarlane S, Rudder K, Gordon-Strachan G, Grant A, Johnson A, Tulloch-Reid M, Wilks R. Fast-food and sweetened beverage consumption: association with overweight and high waist circumference in adolescents. Public Health Nutr 2009; 12(8):1106-1114.
7. Fernandes PS, Bernardo CO, Campos RMM, Vasconcelos FAG. Evaluating the effect of nutritional education on the prevalence of overweight/obesity and on foods eaten at primary schools. J Pediatr 2009; 85(4):315-321.
8. Gonsalves D., Hawk H., and Goodenow C. (2013) Unhealthy Weight Control Behaviors and Related Risk Factors in Massachusetts Middle and High School Students. Maternal and Child Health Journal 18 (8):1803-1813.
9. Coelho G., Gomes A., Ribeiro B., Soares E. (2014) Prevention of Eating Disorders in Female athletes. Open Access Journal of Sports Medicine. 5:105-113.
10. Crow. S.J, Peterson, C.B, Swanson, S.A Raymond, N.C. Speaker, S, Ecclert E.d, Mitchell, J.E (2009) increased mortality in bulimia nervosa, and eating disorders. American journal of psychiatry 166, 1342-46.

