

Family Distress and Eating Disorders among Undergraduate Students of University of Port Harcourt, Rivers State, Nigeria

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Abstract

The study investigated the relative relationship between family distress and eating disorders among undergraduate students of University of Port Harcourt. The study was guided by three research questions and three null hypotheses to test the tenability of the independent variables on the dependent variable at 0.05 level of significance. The study adopted correlation research design. A sample of 388 was drawn from a population of 14,000 undergraduate students of University of Port Harcourt (predominantly 100 and 200) level, using simple random and purposive sampling techniques. The instruments for data collection were Eating Attitude Test (EAT) and questionnaire for family distress which were validated by experts. The reliability of the instruments was ascertained to be 0.73. Mean and Standard deviation statistics were used to answer the research questions while Pearson product moment correlation analysis was used to test the null hypothesis. The study revealed that there is a relationship between the independent variable and the dependent variable while hypothesis 2 was not statistically significant. It was also revealed that, hypothesis 3 was statistically significant indicating an existence influence of the independent variable on the dependent variable. It was recommended that parents, educational institutions and the government should wake up to their responsibilities of teaching certain aspects of eating attitude in order to curb the danger inherent in eating disorders.

Keywords: Family, Distress, Eating, Disorders, Anorexia, Bulimia, Binge

Introduction

Eating disorders are epidemics which many of us are ignorant of. The epidemics has been dangerously spread to most part of the world over the years. According to Smolak and Striegel-Moore (2001), eating disorders are conditions associated with a non-regulated pattern of eating that arises from some social, cultural, genetic, environmental and psychological risk factors. Similarly, Hudson, Hiripi, Pope, & Kessler (2007) posit it that eating disorders are psychological illnesses 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. Eating disorders are of different types, e.g., Anorexia Nervosa, Bulimia Nervosa, Orthorexia Nervosa, Binge Eating, Night Eating Syndrome, Pica, Rumination and several others. Among the numerous eating disorders, anorexia nervosa, bulimia nervosa and bingeing are the most common forms practiced by students. Anorexia Nervosa (AN) is an abnormal eating habit that is intended at restricting food in-intake which in turn could lead to absolute self-starvation and drastic reduction of weight. Bulimia nervosa is an abnormal eating habit that is known by excessive ingestion of huge amount of food and purging. Purging involves; self-induced vomiting, misuse of diuretics or laxatives and enemas while bingeing is described as an uncontrollable overeating habit without compensatory behaviour of purging the food consumed. This habit is a common phenomenon associated with the adolescents during their transition from childhood to adolescence. This may be due to some physiological processes which take place during the developmental stage. The question here is how do these habits relate or correlate with family distress.

It was shown that maladaptive behaviour of parents or pathology within the family could play an important role in the development of eating disorders. Also, there is a clear indication that parental influence on their children can be an intrinsic factor in the development of eating disorders. Such factors may include; parent's eating patterns, familial genetic predisposition, dietary choices as dictated by cultural or ethnic preferences, parent's relationship with their children and the degree of involvement and expectations of their children's eating habit as well as the inter-personal relationship of parent and child. Often times, victims of eating disorders are associated with families that exhibit negative behaviours like indulgence in alcoholism and drug, marital conflict, domestic violence and divorce. Undergraduate students may develop eating disorders after they have experienced a family trauma such as sexual or physical abuse, abandonment and spiritual activities like imposed fasting. Like any other illness or diseases, a loved one's inability to function normally can bring so much anguish, discomfort, or distraction thereby putting the family under perpetual pressure. For example, if a member of the family is hospitalized due to eating disorder disease, other members of the family will be

mandated to follow up the victim's medical treatment by frequenting the hospital and spending so much money on drugs to help their person get well. Hence, family distress can be defined as a condition associated with the pains, anguish, discomfort and distractions family members go through to rescue their loved one from dying of the disease of eating disorders.

Statement of the Problem

The negative effect of eating disorders cannot be over emphasized. Eating disorders are serious life threatening conditions that affect a person's emotional or physical health. Some of the various types of eating disorders are; orthorexia nervosa, anorexia nervosa, bulimia nervosa, bingeing, night eating syndrome, pica, rumination. The most prevalent forms of eating disorders are anorexia nervosa, bulimia nervosa and bingeing. These disorders comes with severe consequences which include, severe dehydration that can result in kidney failure, dry hair and skin, fainting, fatigue, overall weakness, peptic ulcers and pancreatitis, chronic irregular bowel movements and constipation as a result of laxative abuse, inflammation and possible rupture of the esophagus from frequent vomiting, high cholesterol levels, type II diabetes mellitus, gallbladder disease, etc. It can also be discerned by common sense that the academic performance of students can be more or less influenced by their eating pattern. On the other hand, most students of university of Port Harcourt may be maintaining a particular eating habit due to economic, social, environmental, cultural or most probably genetic factors. Eating disorders has no exemption; hence, it can affect both sexes (female or male). Eating disorders can occur at any age, but mostly at adolescence. People from different economic backgrounds suffer from eating disorders.

It is appropriate therefore for students, parents, counsellors, government and the society at large to have adequate knowledge of the causes and consequences of eating disorders. However, the question is; how do these habits relate or correlate with family distress? This study stands to find out the extent to which family distress relates to the eating habits of undergraduate students in the university of Port Harcourt.

Objectives of the study

The aim of the study was to examine if family distress correlate with eating disorders among undergraduate students in University of Port Harcourt.

Specifically, the study sought to achieve the following:

- (i) examine the relationship between family distress and anorexia nervosa form of eating disorder among undergraduate students in University of Port Harcourt.
- (ii) determine the relationship between family distress and bulimia nervosa form of eating disorders among undergraduate students in the University of Port Harcourt.
- (iii) ascertain the relationship between family distress and bingeing form of eating disorders among undergraduate students in University of Port Harcourt.

Research Questions

The following research questions will be answered in the cause of this study:

1. To what extent do family distress relate with Anorexia nervosa (AN) among undergraduate students of university of Port Harcourt?
2. To what extent do family distress relate with Bulimia nervosa (BN) among undergraduate students of university of Port Harcourt?
3. To what extent do family distress relate with Binge eating (BE) among undergraduate students of university of Port Harcourt?

Hypotheses

Ho₁: There is no significant relationship between family distress and Anorexia nervosa (AN) among the undergraduate students of university of Port Harcourt.

Ho₂: There is no significant relationship between family distress and Bulimia nervosa (BN) among the undergraduate students of university of Port Harcourt.

Ho₃: There is no significant relationship between family distress and Binge eating (BE) among the undergraduate students of university of Port Harcourt.

Methodology

The study adopts Correlation Research Design. It will be used to determine the relationship between the two constructs. The population of the study was 14,000 male and female undergraduate students in the University of Port Harcourt within the age bracket of 16 – 20 years. The sample size for the study was 388. A Stratified random sampling technique was employed to draw a sample of 50 students each from eight departments in the University of Port Harcourt. A purposive technique of sampling was adopted to select only respondents that exhibits and indicated a form of eating disorders to work with. The instruments for data collection were Eating

Attitude Test (EAT) questionnaire and family distress questionnaire. The Eating Attitude Test (EAT) is an instrument adopted from the work of Garner (2009). The instruments were structured and scored on a scale of four (4) of strongly agree (SA) = 4-point, Agree (A) = 3-point, Disagree (D) = 2-point and Strongly Disagree (SD) = 1-point for positively structured items and otherwise for negatively structured items. The internal consistency of the instruments was 0.73. Mean and Standard deviation statistics were used to answer the research questions while Pearson product moment correlation analysis was used to test the null hypothesis at 0.05 level of significance.

Result

Research question 1: To what extent do Family Distress relate with Anorexia Nervosa (AN) among undergraduate students of university of Port Harcourt?

Table 1: Descriptive Statistics table for family distress

Variables	Mean	Std. Deviation	N
Family distress	21.2289	3.61341	83
AN	21.4819	4.62327	83

Researchers' field work, 2016.

From the descriptive statistic displayed on the table above, family distress has a mean of 21.2289, 3.61341 standard deviation and 83 cases while the Anorexia Nervosa has a mean of 21.4819, 4.62327 and 83 cases as well. It can be observed from the mean result that the extent to which family distress relate to Anorexia Nervosa (AN) is high because the difference between the two means is insignificant (very minimal).

Research question 2: To what extent do Family Distress relate with Bulimia Nervosa (BN) among the undergraduate students of university of Port Harcourt?

Table 2: Descriptive Statistics table for family distress and Bulimia Nervosa.

Variable	Mean	Std. Deviation	N
Family distress	13.3919	3.77017	74
BN	18.0946	5.63056	74

Researchers' field work, 2016.

On the descriptive statistic table above, family distress has a mean of 13.3919, 3.77017 standard deviation and 74 cases while the Bulimia Nervosa has a mean of 18.0946, 5.63056 and 74 cases. The mean difference of the two variables show that the extent to which they relate is low because the margin is high.

Research question 3: To what extent do family distress relate with Binge eating (BE) among the undergraduate students of university of Port Harcourt?

Table 3: Descriptive Statistics table for family distress and Binge eating.

Variable	Mean	Std. Deviation	N
Family distress	21.3158	3.58858	95
BED	21.5579	4.62352	95

Researchers' field work, 2016.

The descriptive statistic table above shows that family distress has a mean of 21.3158, 3.58858 standard deviation and 95 cases while the Binge Eating has a mean of 21.5579, 4.62352 and 95 cases as well. It can be observed from the table statistically that family distress relate with Binge eating (BE) because the difference between the two means is insignificant (very minimal).

Hypotheses

Ho₁: There is no significant relationship between family distress and Anorexia Nervosa (AN) among the undergraduate students of university of Port Harcourt.

Table 4: shows the Correlations for family distress and Anorexia Nervosa (AN)

Source	Family distress	Anorexia Nervosa
Family distress	Pearson Correlation	1
	Sig. (2-tailed)	.439
	N	83
Anorexia Nervosa	Pearson Correlation	.439
	Sig. (2-tailed)	.000
	N	83

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation table above shows the result of the relationship between two variables; family distress and Anorexia Nervosa among undergraduate students of university of Port Harcourt. It revealed that the

relationship was statistically significant at 0.05 alpha level. $r = 0.439$ ($p < 0.05$) 2-tailed. With the result above, the null hypothesis that, there is no significant relationship between Family Distress and Anorexia Nervosa (AN) among undergraduate students of university of Port Harcourt is rejected and alternate hypothesis accepted.

Ho₂: There is no significant relationship between family distress and Bulimia nervosa (BN) among the undergraduate students of university of Port Harcourt.

Table 3: Correlations table for family distress and BN

Source		Family distress	Bulimia Nervosa
Family distress	Pearson Correlation	1	-.053
	Sig. (2-tailed)		.655
	N	74	74
Bulimia Nervosa	Pearson Correlation	-.053	1
	Sig. (2-tailed)	.655	
	N	74	74

** . Correlation is significant at the 0.01 level (2-tailed).

In the same direction, the correlation table shown above revealed that, the correlation coefficient ($r = -0.053$) ($p > 0.05$). In this case the null hypothesis that, there is no significant relationship between family distress and Bulimia nervosa (BN) among the undergraduate students of university of Port Harcourt should be retained.

Ho₃: There is no significant relationship between family distress and Binge eating (BE) among the undergraduate students of university of Port Harcourt.

Table 6: Correlations table for family distress and BED

Source		Family distress	BED
Family distress	Pearson Correlation	1	.458
	Sig. (2-tailed)		.000
	N	95	95
BED	Pearson Correlation	.458	1
	Sig. (2-tailed)	.000	
	N	95	95

Table 6 ** . Correlation is significant at the 0.01 level (2-tailed).

The table above shows that, the Pearson product moment correlation coefficient (r) of 0.458 indicate that, there is a positive relationship existing between family distress and Binge eating (BE) among the undergraduate students in university of Port Harcourt. However, at 0.05 level of significance ($p < 0.05$) 2-tailed, the null hypothesis which stated that, there is no significant relationship between family distress and Binge eating disorder (BE) among the undergraduate students of university of Port Harcourt is rejected and the alternate hypothesis accepted.

Discussion of findings

The study made effort in examining the relationship between family distress and eating disorder among undergraduate students of university of Port Harcourt. The findings of the study revealed that family distress and Anorexia Nervosa among undergraduate students of university of Port Harcourt are related. The relationship was statistically significant at 0.05 alpha level. $r = 0.439$ ($p < 0.05$) 2-tailed. With the result above, the null hypothesis showed that there is no significant relationship between Family Distress and Anorexia Nervosa (AN) among undergraduate students of university of Port Harcourt was rejected and alternate hypothesis accepted. This result agrees with what Unuhu, Ebiti, Ogu, & Aremu (2012) earlier reported in a study titled "Anorexia nervosa in Nigeria: a case study". Miss AA, a 19 years old secondary school leaver in Ota, Ogun State that Patient attending weekly sessions of counseling, which focused on identifying the psychological factors that may have precipitated or perpetuated her behaviour, the need to understand the dangers associated with her habit and helping her to arrive at realistic ways of balancing her wish not to be too fat with healthy living. By the fourth week of commencing therapy she made a marginal improvement in her weight which increased from 42.0kg to 42.8kg. However patient defaulted few weeks after indicating that family distress and Anorexia Nervosa were closely related.

Furthermore, the result of the study showed that there is no relationship between family distress and Bulimia Nervosa among undergraduate students of university of Port Harcourt with a correlation coefficient ($r = -0.053$) ($p > 0.05$). The insignificant relationship between the two variables could be attributed to the health hazard involving the practice of Bulimia nervosa (BN) and to the fact that, many of the students are away from their parents home where they could have the leverages of food consumption. Finally, the Pearson product moment correlation (r) as revealed showed an r coefficient of 0.458 indicating that, there was a positive

relationship existing between family distress and Binge eating (BE) among the undergraduate students of university of Port Harcourt. The positive correlation coefficient (r) and the statistically significant of the research hypothesis (H_1) showing a close relationship between the dependent and the independent variable tells us that among the under graduate students of the university of Port Harcourt involved in Binge Eating are from distressing families.

Conclusions

The study was concerned with examining the relationship between family distress and eating disorders among undergraduate students of university of Port Harcourt. Analysis of collected data in this study and the result gotten is a an eye opener for the management, parents, students and the government to understand the possible relationship and influences of some variables with eating disorders among the undergraduate students and strategize a way of prevention and coping. Since so much is expected from these students at this level of their life, the negative effect of the result should be checked and tackled to reduce its effect to an insignificant level. Recommendations and suggestion for further studies are made.

Recommendations

- Based on the findings and conclusion reached in this study, the following recommendations were made.
1. Parents should wake up to their responsibilities to teach certain aspects of eating habits at home so that their children can develop healthy understanding of their eating habit and be well prepared for school life.
 2. Educational institutions should go back to 1970s and 1980s programs of feeding her students in order to monitor and regulate eating attitudes at school.
 3. Seminars and workshops should be organized in our institutions for students to be taught on the consequences of eating disorders.
 4. The government should improve the standard of living of the people and help to alleviate poverty so as to enable parents provide for their children's needs in order to curb the danger inherent in eating disorders.

References

- Garner D.M (2009). Eating Attitude Test (EAT – 26). <http://www.eat-26.com/Docs/EAT-26IntpretScoring-Test-3-20-10.pdf>
- Hudson, J.I., E. Hiripi and H.G. Pope Jr., 2007. The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biol. Psychiatry*, 61: 348-358. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1892232>). *Biological Psychiatry* 61 (3): 348-58. doi:10.1016/j.biopsych.2006.03.040 (<https://dx.doi.org/10.1016%2Fj.biopsych.2006.03.040>). *PMC 1892232* (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1892232>). *PMID 16815322* (<https://www.ncbi.nlm.nih.gov/pubmed/16815322>).
- Smolak, L., & Striegel-Moore, R. (2001). Challenging the myth of the golden girl: Ethnicity and eating disorders. In *Eating Disorders: Innovative Directions in Research and Practice*. Eds. Striegel-Moore & Smolak. Published by APA, Washington, D.C.
- Unuhu F.T., Ebitim N.W., Ojo A.O., Aremu S.B (2003) "Anorexia Nervosa in Nigeria: a case study" <http://www.nigeriamedj.com/test.asp?2009/50/1/2/71933>.