'Abnormal’ eating attitudes and behaviours among women students

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Summary

A prevalence study of attitudes and behaviours associated with anorexia nervosa and bulimia was carried out among female undergraduate students at the University of Cape Town. Findings were similar to those found in surveys overseas. More than one-tenth of respondents (11.8%) scored in the ‘anorexic range’ on the Eating Attitudes Test (EAT); more than one-fifth (21.9%) are at present binge-eating, and 6.3% using self-induced vomiting as a means of weight control. Use of laxatives, diet pills, fasting, strict diets and exercise was common. The findings are discussed within the context of sociocultural pressures on women to conform to a slim ideal shape and size. Sensitive management of the problem is needed.


The eating disorders of anorexia nervosa and bulimia (a syndrome of compulsive eating binges, often followed by self-induced vomiting and laxative abuse) have received much public and professional attention recently. Anorexia nervosa has been found in 1-2% of female scholars and students, and is claimed to be increasing in frequency. Between 1.9% and 4.5% of women in the general population manifest the full syndrome of bulimia, and some authors have found the syndrome among as many as 18-19% of female students. Community studies have illustrated a high prevalence of eating-disorder attitudes and behaviours of insufficient severity to merit a diagnosis of either anorexia nervosa or bulimia.

Subclinical anorexia nervosa is claimed to occur in 5% of the female population. Scores on the Eating Attitudes Test (EAT), a measure of attitudes associated with anorexia nervosa and bulimia, have yielded between 6% and 12% of women in the ‘anorexic range’. No studies of the prevalence of these ‘abnormal’ attitudes and behaviours have yet been carried out in South Africa.

Subjects and methods

The population studied were female undergraduate students at the University of Cape Town. A self-report questionnaire including the EAT, questions relating to ‘abnormal’ eating behaviours, such as binge-eating and vomiting; and questions eliciting demographic and other information, such as age and weight, were administered to 350 women; 321 returned the questionnaire (91.6% return rate). The mean age was 19.5 years (range 17-35 years); only 10 students were over the age of 25 years. The majority were single (96.9%) white (87.7%) women. A subsample of women who felt they had an eating problem had an in-depth follow-up interview.

Results

Four subjects (1.2%) reported that they had been diagnosed as anorexics and treated by a doctor, a psychiatrist or a psychologist, and 4 had been diagnosed as bulimics. However, 11.8% scored in the ‘anorexic range’ (above 30) on the EAT, with 6.1% scoring above 40 (mean score 15.34 ± 12.09). These findings are similar to those of overseas studies (Table I).

TABLE I. COMPARISON OF FINDINGS WITH OTHER STUDIES — EAT SCORES IN ‘NORMAL’ WOMEN

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Mean EAT % in 'anorexic range' (&gt; 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greens and Garfinkel</td>
<td>59</td>
<td>15.6</td>
</tr>
<tr>
<td>Button and Whitehouse</td>
<td>446</td>
<td>12.0</td>
</tr>
<tr>
<td>Cooper and Fairburn</td>
<td>369</td>
<td>11.4</td>
</tr>
<tr>
<td>Clarke and Palmer</td>
<td>156</td>
<td>11.5</td>
</tr>
<tr>
<td>Mann et al.</td>
<td>262</td>
<td>9.6*</td>
</tr>
<tr>
<td>Present study</td>
<td>321</td>
<td>15.34</td>
</tr>
</tbody>
</table>

*Using the EAT-26, > 20 = ‘anorexic range’.

Concern over weight, slimmness/fatness and dieting/food was more common than other attitudes or behaviours associated with eating disorders (Table II). This is supported by the finding that 76.8% of the sample considered themselves to be overweight and 91.6% wanted to lose weight.

More than a third of the sample (35.9%) admitted to having experienced binge eating (an episode of uncontrollable, excessive eating), 21.9% having done so within the previous 2 months. Self-induced vomiting as a means of weight control was used by 6.3%. Other means of weight control reported included: diet pills 12.2%, laxatives 9.4%, strict diets 15.6%, fasting 15.3% and exercise 67.5%. The prevalence of ‘abnormal’ eating habits and weight control methods correspond with overseas findings, except for exercise which was considerably higher in this sample (Table III).

Discussion

Attitudes and behaviours associated with anorexia nervosa and bulimia are not uncommon among this sample of female undergraduate students. Findings corroborate those in similar populations overseas. A high EAT score cannot be said to indicate the presence of anorexia nervosa or bulimia, but the high prevalence of attitudes associated with these syndromes cannot be disregarded. Preoccupation with weight control and being thin is the major factor contributing to this high prevalence. The distinction between ‘normal’ and ‘healthy’ dieting on the one hand, and ‘abnormal’ eating attitudes and behaviour on the other is difficult to make.
The prevalence of these attitudes and behaviours cannot be seen outside of a social context in which extreme pressure is placed on women to conform to a slim body size and shape. The media ideal image for women has become slimmer over the last 20 years with emphasis on dieting increasing. This wide prevalence of weight and body concerns among women has led theorists to believe that this is a 'normative discontent' among women, with anorexia nervosa and bulimia seen as lying on a continuum with women's 'normal' concerns about weight and eating. Furthermore, it appears that an eating disorder is becoming an ideal in its own right, as indicated by the positive attitudes towards anorexics found among their relatives and friends. Many of the students interviewed in this study reported feeling envious of anorexics or bulimics. There may be a positive feedback loop in which the more women there are with disordered eating, the more the problem escalates. Women apparently teach each other how to diet, binge and purge: Thompson and Schwartz found that all self-induced vomiters in their sample knew another woman who did so, while virtually none of those not engaged in this behaviour knew someone who did so. This study revealed similar findings. This implies that attention given to the problem may increase rather than decrease the prevalence. It is therefore clear that extreme delicacy and sensitivity is...
Low-birth-weight infants in the Cape Peninsula
A follow-up study at the age of 3 years

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Summary

A sample of coloured children from the Cape Town City Council area who had been of low birth weight, although a weight appropriate for gestational age, was examined at the age of approximately 3 years. The children were compared with a control group of similar social background who had been of normal birth weight. Growth parameters were compared with the National Center for Health Statistics centiles. The low-birth-weight infants had compensated well. Although they were lighter, shorter in stature and had lower intelligence quotient scores than their normal-birth-weight contemporaries, when corrected for prematurity the growth parameters and IQ did not differ significantly from those of the controls. Six per cent of the preterm infants had major and 15% minor handicaps. Infants with very low birth weights (< 1500 g) had no more handicaps than those with low birth weights. Iron deficiency was detected in 18% of the children overall but all those who were anaemic were from the low-birth-weight groups. Between 1 and 3 years of age the low-birth-weight infants had more illnesses but no more hospital admissions than the controls.

Infants of low birth weight (LBW) (< 2500 g) are at risk for defective development and are more susceptible to infection during early life than those of average birth weight. The prevalence of LBW infants is therefore of importance to paediatricians as well as to the planners of health care services, and is generally accepted as reflecting the health status of the community. In Britain the percentage of LBW infants is approximately 7% of all births.1 The US Collaborative Perinatal Study2 reported between 6% and 16% for the various communities studied. In 1982, in 13% of the live births in the hospitals of the Peninsula Maternity and Neonatal Services of the...