

Research Article

# Psychological Hics of Pubertal Girl's Dieters

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## Abstract

**Background and Aim:** Pubertal age is usually more susceptible for the weight loss because of peer pressure, acceptance, genetics and for the cosmetic reason. Though psychological problems with eating are innumerable here we have taken only an anorexia nervosa, bulimia, binge eating and mental disorders related with eating.

**Hallmarks of psychological eating hics in pubertal girls:** Frequent evaluation of body shape and body mass index, self-imposed weight loss, excessive use of purgatives and anorexigenic drugs, body checking regularly, anxiety and liking solace avoiding social gatherings.

**Methodology:** Gurgaon was chosen as locale of the study; this was chosen as Haryana is a major state of the country and pubertal girls have an important role to play in the development of the state as well as the country. After random selection of ten colleges fifteen girls were randomly selected from each college. 300 pubertal girls were approached by the researcher. All the respondents were interview with the help of the structured questionnaire cum interview schedule. Dietary intake was assessed using a 24 hours diet recall method. Anthropometry measurements were also recorded.

**Results and Conclusion:** Now the disorder is on the rise in India. How common are eating disorders 5 percent pubertal girls or young girls show symptoms of eating disorders. It is 10 to 20 times more in females. Upper class, educated, professionals and urban girls are more prone to these disorders. The prevalence of anorexia and bulimia has significantly increased since the late 1960.

Dieting is associated with potential negative physical health consequences. Nutritional deficiencies, particularly of iron and calcium. Disordered eating, even in the absence of substantial weight loss, has been found to be associated with menstrual irregularities. over the past few years, with the social emphasis on thinness and a media playing up the slim image there has been a rise in eating disorders all over the world 5 percent of pubertal girls show the symptoms of eating dis order. It is 10 to 20 times more in females.

**Keywords:** Diet; Psychological eating hics; Pubertal dieters; Eating disorders; Nutritional deficiencies; Physical health

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## Introduction

The real cause of psychological hics of pubertal dieters is not known yet. It can be amalgamation two or many of factors. These factors can be genetic, environmental, physical and social. Disorders can be many types as anorexia, bulimia, binge eating, rumination with other nutritional disorder, with other health and mental complications. These eating disorders are not only associated with the ideal Body Mass Index (BMI), it may be, less or more. Symptoms can be abnormal eating patterns, depression, low self-esteem, obsession with food, hair fall, dull skin, not comfortable with their body shape and stress.

Pubertal age is usually more susceptible for the weight loss because of peer pressure, acceptance, genetics and for the cosmetic reason. Though psychological problems with eating are innumerable here we have taken only an anorexia nervosa, bulimia, binge eating and mental disorders related with eating. In India, the occurrence of ED (Eating Disorder) was not reported until the late 20th century [1]. Perhaps, media-related glorification of "size zero" body type and culturally sanctioned drive for thinness, body shaming and dissatisfaction have contributed to the recent upsurge of ED cases [2-4]. Traditionally, these parameters have been less of a concern in India than other countries [2]. Yet, another reason for the recent increase in the incidence of ED such as Bulimia Nervosa (BN) and Binge Eating Disorder (BED) is more easy access to media outlets promoting unhealthy body types and higher socioeconomic status of



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people [5,6].

Signs of eating disorders are weight loss, escaping from public eating, occupied with calories and other nutrients, gastro intestinal disturbance, insecure for looks, abnormal exercising pattern, irregular periods, thin nails, low immunity, thin and brittle hair and nails.

## Hallmarks of psychological eating hicks in pubertal girls

Frequent evaluation of body shape and body mass index, self-imposed weight loss, excessive use of purgatives and anorexigenic drugs, body checking regularly, anxiety and liking solace avoiding social gatherings.

## Objective

The aim of the study is to find out the psychological issues in pubertal girl's dieters and its effect on their health.

## Methodology

The proposed study deals with the psychological problems with the diet of pubertal girls nowadays. Here is to make the methodology scientific following points were kept in mind: Sample size was 300, which was selected randomly of ten colleges.

Age group we selected was 10 to 14 years girls.

We had selected from all the income groups middle, low and high-income groups.

Gurgaon was chosen as locale of the study; this was chosen as Haryana is a major state of the country and pubertal girls have an important role to play in the development of the state as well as the country.

After random selection of ten colleges fifteen girls were randomly selected from each college. 300 pubertal girls were approached by the researcher.

Tools and techniques we used were general information, dietary intake, nutrient intake, measurement of BMI and their age. for their age their school and college certificates had been checked. Weight was taken early in the morning with the right calibrated machine. Height was measured with the inch tape in centimeters.

Their waist hip ratio was measured with the help of measuring tape and then the ratio was measured on the ideal waist hip ratio scale. All the respondents were interview with the help of the structured questionnaire cum interview schedule. Dietary intake was assessed using a 24 hours diet recall method. Data was analyzed for the statistical by using t test, mean and percentage.

## Results

Whilst it is known that flavonoids and their active agents tend to act as neuro-regulatory synthetics, there is a question of their accessibility in blood and brain. The efficacy of a neuro-regulatory component depends upon its ability to trespass and access Blood Brain Barrier (BBB). The BBB functions encompass xenobiotics entrance regulation in the brain and preservation of the brain's microenvironment. Certain types of studies have indicated that many types of flavanones and their relevant metabolites, as well as some dietary anthocyanins, are able to easily traverse the BBB. Lipophilicity is known to be the key of accessibility in brain. The polar flavonoids which include glucuronidated sub-metabolites which are known to have low BBB crossing values owing to lesser lipid permeability, cannot reach brain.

They are alarm bells indicating a fast-increasing health hazard. over the past few years with the social emphasis on thinness and a media playing up the slim image, there has been a rise in eating disorders all over the world. But what was essentially a western concept has now transcended in most cultures. Now the disorder is on the rise in India. How common are eating disorders 5% pubertal girls or young girls show symptoms of eating disorders. It is 10 to 20 times more in females. Upper class, educated, professionals and urban girls are more prone to these disorders. The prevalence of anorexia and bulimia has significantly increased since the late 1960.

The cause of eating disorders is genetical and hormonal. Psychological factors that contribute to eating disorders are factors like poor parental relationships and family dynamics. Poor self-image or a rebellious nature, desperately needing a feeling of mastery over her life, the teenagers with anorexia



nervosa experiences a sense of control only when she says “no” to the normal food demands of her body. In relentless pursuits to be thin, the girl starves herself. This often reaches the point of serious damage to the body and in a small number of cases may lead to death.

Bulimia nervosa is characterized by a secretive cycle of binge eating followed by purging. Bulimia includes eating large amounts of food or more than most people would eat in one meal in short periods of time, then getting rid of the food and calories through vomiting laxative abuse or over exercising.

It is difficult to detect bulimia, many individuals with the disorder remain at normal body weight or above because of their frequent binges and purges. Which can range from once or twice a week to several times in a day. The purging of bulimia represents a serious threat to the patient’s physical health, including dehydration, hormonal imbalance, the depletion of important minerals and damage to vital organs, binge eating is characterized primarily by periods of uncontrolled impulsive or continuous eating beyond the point of feeling comfortably full, their body weight may vary from normal to mild, moderate or severe obesity, most people with binge eating disorders are obese. Many people report that anger, sadness, boredom, anxiety or other negative emotions can trigger a binge disorders.

Impulsive behaviours and certain other psychological problems such as obsessive-compulsive disorders, substance abuse and personality disorders may be more common in people with binge eating disorders. Unhealthy weight gains due to poor diet, lack of exercise and bingeing is responsible for over eating disorders affect at least 9% of the global population. 9% of the U.S. population suffers from eating disorders. Up to half of all people with binge eating disorders have a history of depression, whether depression is a cause or effect of binge eating disorder is unclear. However, early identification and treatment leads to more favourable outcomes with treatment, the mortality rates fall to two to three percent.

**Table 1** shows that psychological eating disorders anorexia nervosa is characterized by self-starvation and excessive weight loss 60.0 %. A teenager with anorexia is typically a perfectionist and a high achiever in school, at that time she suffers from low self-esteem, irrational behaviour that she is fat regardless of how thin she becomes. Symptoms of anorexia is already discussed. Bulimia nervosa is characterized by a secretive cycle of binge eating followed by purging. Bulimia nervosa (50.0%) includes eating large amounts of food more than most people would eat in one meal in short period of time, then getting rid of the food and calories through vomiting, laxative abuse or over exercising. Binge eating disorder (37.3%) is characterized by primarily by periods of uncontrolled impulsive or continuous eating disorder have a history of depression. Many people report that anger, sadness, boredom, anxiety or other negative emotions can trigger a binge episode. 70.9% girl’s respondents have suffered serious mental health like low blood pressure, cardiac dysfunctions, fluid retention, severe depression and dehydration etc.

**Table 1:** Eating disorders in pubertal girls (figures in parentheses are percentage value).

Eating disorders	Yes	No
1. Anorexia Nervosa (AN)	172(57.3)	128(42.7)
2. Bulimia Nervosa (BN)	150(50.0)	150(50.0)
3. Binge eating	122(40.7)	178(59.3)
4. Other dietary problems	196(65.3)	104(34.7)

### Dietary flavonoids and induction of cognitive changes

There exist numerous manners by which flavonoids present in diet may apply advantageous impacts on the CNS. As per incidence, they are known to secure neurons by protecting them against oxidative pressure actuated injury, lighten neuro-inflammation and advance synaptic versatility. As proof backings the emplacement of flavonoids inside the mind, these grape phytochemicals are likely to be seen as neuroprotective operators and neuromodulators. It shows up almost certain that most of these properties are interceded by their capacities to interface with PKB signaling cascades as opposed to by means of their capability to go about as old-style cancer prevention agents and the flavonoid convergences in the cerebrum are believed to be amply high to apply any action at receptors, record factors and kinases. By and by, the exact destinations of activity are obscure, in spite of the fact that all things considered, their movement relies upon their capacity to: Tie to ATP locales on compounds and other cellular receptors; adjust the action of Protein Kinase B (PKB) kinases straightforwardly, for example MAPK (Mitogen-Activated Protein Kinase) kinase; influences the capacity of significant phosphatases, that are known to act contrary to PKB; save Calcium homeostasis, along these lines forestalling Calcium subordinate initiation of neuronal protein kinases; balance signaling paths lying



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away from the kinases, for example record factor actuation and promoter binding. Hence, this way MAPK (Mitogen-Activated Protein Kinase) is also an intrinsic factor in neuro-modulation.

## Conclusion

Determinants of dieting in teenagers are broad, therefore identifying which teenagers are most at risk of dieting and health compromising weight loss strategies is challenging. In general, dieting and disordered eating behaviours in teenagers increase in frequency with age and are more prevalent among girls. It is clear that no group is immune from body dissatisfaction and weight loss behaviours. Not surprisingly, girls who consider themselves overweight and are dissatisfied with their bodies are more likely to diet and are also more likely to engage in unhealthy weight loss behaviours. Culture bears a strong influence on the presentation of ED in India. One unique point noted in the Indian presentations of ED is relative lack of concern for body fat/shape. This has been termed as “non-fat phobic” variant of AN (Anorexia Nervosa) [7]. As the degree of overweight increases, so does the risk of dieting and disordered eating. However, despite this association it is important to recognize the high prevalence of dieting among normal and even underweight teenagers. Body dissatisfaction and unhealthy weight loss practices have been found to be more common in teenagers affected by a chronic illness (diabetes, asthma, attention deficit disorder and epilepsy).

Dieting is associated with potential negative physical health consequences. Symptoms and warning signs of anorexia nervosa and bulimia include the following: A teenager with anorexia nervosa is typically female and a perfectionist and a high achiever in school. At the same time, she suffers from low self-esteem, irrationally believing she is fat regardless of how thin she becomes [8]. Nutritional deficiencies, particularly of iron and calcium. Disordered eating, even in the absence of substantial weight loss, has been found to be associated with menstrual irregularities. Over the past few years, with the social emphasis on thinness and a media playing up the slim image there has been a rise in eating disorders all over the world 5% of pubertal girls show the symptoms of eating disorder. It is 10 to 20 times more in females.

Epidemiological studies have suggested that the incidence of eating disorders among adolescent girls has increased over the last 50 years [9].

## Recommendation

1. Education and awareness about the nutrition is important.
2. Workshops in school to create awareness.
3. Programmes by experts on self-image where girls can understand that self-image is more important than looks.
4. A pubertal who has gone through any eating disorder needs to undergo an intensive programme involving the patient, family under the guidance of a psychiatrist.

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