

Research Article

A Survey of Eating Disorders Among Gym-Goers and Non-Gym-Goers in South Delhi

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A B S T R A C T

Introduction: Eating disorders are characterised by continuous disturbance in eating or eating behaviour over a period that can lead to poor physical and psychological health and can even be fatal at times. The most common eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorders.

Method: This study was done on 200 people in total. Convince method of sampling was used in the survey. The subjects were selected on the basis of inclusion and exclusion criteria and later they were divided into two groups, i.e. Group A (gym-going) and Group B (non-gym-going). The subjects of both groups were assessed on the basis of EAT-26 and Scoff questionnaires.

Results: Data were analysed and it was revealed that the mean EAT-26 score for gym-goers was 22.71 ± 15.727 and for non-gym-goers, it was 11.82 ± 8.984 . The analysis of the prevalence and incidence of eating disorders among both groups was done using the Scoff questionnaire. The analysis revealed that the mean incidence of eating disorders for non-gym-goers was 131.567 and for gym-goers, it was 144.401. The prevalence of eating disorders among non-gym-goers was 20.804 and for gym-goers, it was 38.437.

Conclusion: Gym-going people are more prone to suffer from eating disorders as compared to non-gym-goers.

Keywords: Eating Disorder, Anorexia Nervosa, Dieting Behaviour, Exercise, Body Dissatisfaction

Introduction

Eating disorders are characterised by continuous disturbance in eating or eating behaviour over a period that can lead to poor physical and psychological health and it can even be fatal at times. The most common eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorders. How a person eats differs from individual to individual, and is dependent on many factors such as

physical needs (biological), cultural needs, lifestyle (social) and emotional needs (psychological).¹ Eating disorders are more frequent among athletes and dancers as compared to other people. A lot of research has been done on eating disorders in the normal population, and a high prevalence of eating disorders has been observed in the field of sports and dance. In both dance and sports, there is a lot of focus on diet and nutrition. A lot of focus is given to training programmes, particularly in elite and professional levels.

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Similar to the athletes, gym-goers are also involved in a lot of training, workouts, and diet training, and are determined to attain an ideal body image.²

Some research indicates that certain athletes and sports people, particularly those in sports that emphasise leanness to enhance performance or appearance (e.g., gymnastics, wrestling, figure skating, diving, and ballet), are at a higher risk for eating disorders.³ Very little research has been done about the risks for eating disorders in the field of weight and strength training. It is concluded from research that even when mild variants of eating disorders are observed in any sports person, they should be given immediate attention because it may severely compromise the health of the player and his/ her performance in the game, and can even be fatal. The coaches or the trainers should be well-trained to identify any physical, psychological, and behavioural symptoms of eating disorders.⁴

Exercise is always associated with a lot of health-related benefits such as weight management, enhanced performance and improved cardiovascular fitness but recent research has shown that exercise is also linked with dysfunctional attitudes and behaviours.⁵ Very little research has been done on people who exercise with a majority of it done on female athlete's obsessive attitudes towards diet and exercise which can cause eating disorders, majorly in gym-goers.⁶

In the current literature, it is widely seen that in Western society, women are dissatisfied with their physical appearance, and often engage in dieting behaviours such as excessive body checking and avoidance. Concerns about body weight and shape are significantly increasing among the women population, therefore researchers are now considering body image disturbances in Western cultures to be normative discontent.⁷

Also, research has revealed that it continues to be less acceptable for males to admit or report experiences of body image disturbance. Other researchers have also suggested that men fear being stereotyped as feminine should they acknowledge body dissatisfaction, negative effects, or engagement in body-avoidant behaviours.⁸ This perceived restriction of men admitting to body image disturbance combined with the increasing pressure to achieve a particular body shape, has deteriorated the situation for men. Research has revealed that not only have men reported pressure to attain perfection, but they have also communicated that open discontent with their bodies is inappropriate.⁹ In other words; there is parallel pressure for males to portray a lack of care about their appearance, yet also work towards adhering to a particular stereotype. This parallel pressure has been revealed in the research, with one study demonstrating that even adolescents known to attend local health and fitness centres

to increase muscularity denied engagement in behaviours such as weight lifting.¹⁰ As males are less likely to disclose body image disturbance checks, it is mainly undetected among them. These findings highlight the importance of a precise assessment of body image disturbance in males. It further indicates that although body dissatisfaction and body avoidance behaviours in men are increasing, it may be an underrepresentation of the real problem.^{4,10}

The aim of this research is to investigate the prevalence of eating disorders among gym-goers and non-gym-goers in South Delhi. Therefore, the study objective is to identify whether there is a significant difference in the occurrence of eating disorders between these two groups and to contribute to the understanding of how participation in gym activities might impact eating behaviours and attitudes. It was hypothesised that individuals who are regular gym-goers will exhibit a higher prevalence of eating disorders compared to those who do not engage in gym activities. This hypothesis was based on the assumption that the emphasis on physical appearance and body image in gym culture may contribute to an increased risk of developing eating disorder symptoms.

Methodology

Study Design: A cross-sectional survey was conducted in the community of South Delhi over a period of six months, from September 20, 2019, to March 20, 2019. This research study involved a sample of 200 college students from different universities in South Delhi. The main objective was to investigate the prevalence of eating disorders in two distinct groups: gym-goers and non-gym-goers. The participants were divided into two equal-sized groups, each consisting of 50 male and 50 female participants.

Sampling Method: The convenience method of sampling was used to select participants for this study. It involves selecting individuals who are readily available and accessible.

Ethical Clearance: Ethical clearance for the study was obtained from the Institutional Review Board of the Department of Physiotherapy, Jamia Hamdard. Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were provided with detailed information about the study purpose, procedures, potential risks and benefits, and their right to withdraw at any time.

Inclusion Criteria: For the gym-goer group (Group A), the following inclusion criteria were applied:

- Age between 18 and 30 years
- College students who regularly attended the gym for more than 6 months
- Engaged in consistent gym activities including cardiovascular exercises, weight training, and stretching

- Gym hours ranging from 1 to 6 hours per session
- BMI (body mass index) within the range of 14 to 30

For the non-gym-goer group (Group B), the inclusion criteria were as follows:

- Age between 18 and 30 years
- College students who did not engage in regular gym activities

Exclusion Criteria: Both groups were subjected to certain exclusion criteria to ensure the integrity and validity of the study:

- Individuals using psychotropic drugs
- Individuals displaying tendencies of self-harm or suicidal thoughts
- Participants who refused to provide informed consent to participate in the study

Data Collection: Two standardised questionnaires were employed to assess the participants - the EAT-26 (Eating Attitudes Test-26) and the Scoff questionnaire. These questionnaires are widely recognised tools for identifying eating disorder symptoms and attitudes related to eating behaviours.

Data Analysis: Once the data were collected, it was systematically analysed using the statistical software SPSS (Statistical Package for the Social Sciences). Descriptive statistics such as mean and standard deviation were calculated for variables like age, BMI, gym duration, and EAT-26 scores. Additionally, the Scoff questionnaire responses were analysed to provide insights into participants' attitudes and behaviours related to eating.

Results

The investigation into the prevalence and incidence of eating disorders was conducted using the EAT-26 questionnaire. The analysis yielded noteworthy findings: The mean EAT-

26 score for individuals who did not participate in gym activities stood at 11.82 ± 8.984 . In contrast, among gym-goers, the mean EAT-26 score was notably higher at 22.71 ± 15.727 . The p value of EAT score for both gym-goers and non-gym-goers was less than 0.001 (Table 1).

Moreover, the evaluation of the prevalence and incidence of eating disorders was also executed employing the Scoff questionnaire. The outcomes unveiled a mean incidence score of 131.567 for non-gym-goers, while the gym-goers exhibited a slightly elevated mean incidence score of 144.401. As for the measure of the prevalence of this disorder, non-gym-goers demonstrated an average value of 20.804, whereas gym-goers presented a relatively higher mean prevalence score of 38.437.

These findings collectively underscore a potentially higher propensity for eating disorder symptoms among gym-goers, as evidenced by their elevated EAT-26 and Scoff scores in comparison to their non-gym-going counterparts.

Discussion

The study clearly showed that gym-going people are more prone to eating disorders and many other researchers have also shown that both males and females are concerned about their body image and weight leading to dieting behaviour.^{9,10} Some research also indicates that people engaged in sports put more emphasis on leanness to improve performance or appearance and such people are more prone to eating disorders.¹¹ The coaches or the trainers should be well-trained and educated to identify any physical, psychological and behavioural symptoms of eating disorders.¹² Very little work has been done in regard to the prevalence of eating disorders in people going to gyms and among adults who are 18–30 years of age. This research will help fill the gap of knowledge and will help us correlate eating dysfunction in people who are more involved in rigorous training.

Table 1. Mean Values as per the EAT-26 Questionnaire

Variables	Group	N	Mean	Standard Deviation	t Value	p Value
Age (years)	Gym-goer	100	21.62	1.728	5.029	< 0.001
	Non-gym-goer	100	23.09	2.357	5.029	< 0.001
BMI	Gym-goer	100	22.9160	3.65101	1.862	0.064
	Non-gym-goer	100	23.8746	3.62870	1.862	0.064
EAT score	Gym-goer	100	22.71	15.727	6.013	< 0.001
	Non-gym-goer	100	11.82	8.984	6.013	< 0.001
Gym duration	Gym-goer	100	0.00	0.000	9.316	< 0.001
	Non-gym-goer	100	24.08	25.847	9.316	< 0.001

Conclusion

It has been concluded that gym-going people are more prone to suffer from eating disorders as compared to non-gym-going people. The incidence and prevalence of eating disorders among gym-goers are higher when compared with non-gym-goers.

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Conflict of Interest: No conflict of interest

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