

# EATING DISORDER AND DEPRESSION AMONG PUBLIC SERVANTS IN AKWA IBOM STATE, NIGERIA



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## ABSTRACT

This study was carried out to establish the relationship between eating disorder and depression among public servants in Akwa Ibom State, Nigeria. The study adopted the expost facto design. The sample consisted of 1000 (533 males, 467 females) public servants who were randomly selected from state ministries, schools, boards and parastatals in the state. A Public Servant Opinion Questionnaire (PSOQ) constructed by the researcher was used for data collection. A null hypothesis was tested in the study using the Pearson Product Moment Correlation Coefficient. This paper also highlights some causes and mechanisms of eating disorder and depression, biological or genetic factors and addiction. The major findings indicated that eating disorder significantly led to some degree of depression, which is a mental illness. Based on this result, it was concluded that eating disorder was a significant factor in explaining the incidence of depression. The major recommendations are that depressed people should be referred to seek the services of social psychologists, psychotherapists, and clinical psychologists in psychiatric hospitals, and also that, government should help in providing good working conditions for her staff.

## 1. INTRODUCTION

Individuals at one time or the other have unique experiences that serve to influence their personal life and general well-being, one of such experience is the feeling of depression. Depression is a plunge (sudden change) in mood, so severe and prolonged that is possible to ultimately overwhelm the entire personality, rendering various lives functions to grant to a halt (Kegan, Havanen & Segal, 1984).

Eating disorders are characterized with food and weight. This can be attributed to the fact that society is seen to put an emphasis on women to be thin, and men to be 'bulked up'. This can lead to pressure on women to be 'picture perfect'; and, eating disorders prevails as a result of stress of not being able to reach unattainable goals related to this 'picture perfect' ideal (Crandall, 1995 and Umo, 2009).

Appearance is a major concern for most public servants, especially women. One possibility is that, from infancy on, people place more emphasis on the appearance of females than of males. This can be a potential contributor to depression, as a mental illness (Baron & Bryne, 2002).

An eating disorder is a complex compulsion to eat, or not eat, in a way which disturbs the physical and mental health of an individual. The eating may be excessive (compulsive overeating); too limited (restricting); may include

cycles of bringing and purging; or may encompass the ingesting on non-foods. The most heard about eating disorders are Anorexia nervosa and Bulimia nervosa, but, the most widely and rapidly spread eating disorder is compulsive overeating or binge eating disorder. All these have severe consequences to a persons' immediate and long-term mental health and can cause death. (Baron & Bryne, 2002; Yager & Anderson, 2005)

Public servants appear to be working under unfavourable and degrading conditions, where salaries are irregularly paid, with social and psychological consequences especially on those with dependants. It is obviously noticed that some public servants do leave their places of work before closing time to be seen in "goat meat pepper soup" joints, restaurants, fast food shops, eating in-between meals to the detriment of their jobs, self-image and interpersonal relationships. Some binge eaters, as a result of frustration both at home and office, eat to fill emotional void of spiritual emptiness they feel, in a desperate effort to be satisfied. This is called, emotional eating, which deals with coping mechanism for anxiety, anger, stress, depression and many other negative emotions (Long, 1993; Umo, 2009).

Public servants with eating disorders experiences como-bid diagnosis of mood disorder, severe mental depression, obsessive compulsive disorder, body-dimorphic disorder, self-harm personality disorder, substance abuse disorder and sexual abuse is also frequently reported among those with eating disorders (Kriz, 2002). Women with eating disorders show poorer eating self-efficacy, psychological distress, disinhibition, less helpful coping strategies, more frequent sensations of hunger, and less cognitive restraint, compare to control groups (Uher & Treasure, 2005; Umo, 2017).

This paper focuses on eating disorder and depression. The aim is to examine from theoretical and practical perspectives how eating disorders and depression could be minimized, while maximizing productivity among public servants in Akwa Ibom State, and generally in Nigeria. How do public servants be integrated into a work environment that meets their satisfaction? In what ways can the government or individuals help reduce home and work related depression? To what extent can this study draw the attention of both the public servants and the government, to the enormous harm caused by eating disorder and depression? How can government address this undeniable existing problem, which they seem not to notice, even when they are calling for high productivity?

## **2. CAUSES AND MECHANISMS OF EATING DISORDERS: ENVIRONMENTAL FACTORS**

The media may be a significant influence on eating disorders through its impact on values, norms and image standards accepted by modern society. Both societies' exposure to media and eating disorders has grown immensely and clinicians are finding ways to reduce the negative influence of thin-ideal media has on women's body perception and susceptibility to eating disorders. The dieting industry makes a lot of money each year by consumers continually buying products in an effort to strive for an unattainable appearance. It takes enormous toll on one's self-esteem, as it can lead to dieting behaviours, body shame and eating disorder (Harrison & Cantor, 1997).

### **2.1. FAMILY RELATIONSHIPS**

In conditions of criticism and coercive parental control during childhood, women create rules for themselves, through using food refusal to gain autonomy and control over their environment (Hawarth-Hoeppner, 2000). Hoeppner opined that, women who experienced physical or sexual abuse as a child end up with eating disorders, as a method of punishing oneself, due to the feeling of low self-esteem and worthlessness, so they can finally receive love and acceptance they lacked during childhood. They equally abide by food rules (Howorth-Hoeppner, 2000; Cvetkovich, 2012).

### **2.2. BIOLOGICAL/ GENETIC FACTORS**

Uher and Treasure (2005) opined that, people suffering from eating disorder are highly correlated with having depression and obsessive compulsive disorder. Bulimic patients were found to have lower normal neurotransmitter levels such as serotonin, cholecystokinin dopamine and norepinephrine (hormones), which are released as one eat. People, who are lacking these hormones, are more likely to lack feeling of satisfaction while eating, which can lead to binge eating.

Kalat (2004) also explained that, over eating is associated with abnormalities in neuromodulator peptides, leptin and cortisol which are hormonal imbalance caused by a problem in or around the hypothalamus in the brain. Damage to the hypothalamus can result in abnormalities in temperature regulation, eating, drinking, sexual behaviour, fighting, self-induced vomiting, over concerned with becoming fat, cheating with eating, frequent sleepiness, diabetes insipidus and depression (Kalat, 2004; Davey *et al.*, 2008).

## 2.3. ADDICTION

Personality factors place individuals at risk for substance abuse. With addiction and eating disorders, individuals discharge affective experience through action, rather than feeling, or being able to talk about them, inability to regulate tension, need for immediate gratification, poor impulsive control, as a fragile sense of self. In those with eating disorders, substance abuse, drugs or alcohol is used in attempts to avoid binge eating; which they deny or attempt to keep it secret, trying to conceal their usage (Werner, 1998, Cash, 1995, Crandall, 1995, Lavine, Sweeney & Wagner, 1999, Numbers, 1999, Catterin, Thompson, Thomas & Williams, 2000, Wiederman, 2000, Strong, Williamson, Netemeyer & Geer, 2000, Vincent & McCabe, 2000; Rashid & Heider, 2008).

## 3. METHODOLOGY

To establish the relationship between eating disorders and depression, the sample was selected through the stratified random sampling method, which comprised of 1000 (533 males, 467 females) public servants on grade level 05 and above. Also, male and female staffs (gender) were considered, as well as their age. In using stratification, the likely error in sampling was reduced and this increased the probability of making valid generalization. (See table 1)

**Table 1:** Distribution of subjects in the main study by location, age and gender

Age	21-25			26-30			31-35			36-40			41-45			46-50			50+			TOTAL		
Gender	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Ministries	20	24	44	30	24	54	25	23	48	27	16	43	13	10	23	10	8	18	15	4	19	140	109	249
Schools	20	24	44	22	28	50	20	28	48	23	38	60	10	26	36	10	12	22	11	7	18	155	163	318
Boards	30	14	44	22	18	40	23	18	41	21	16	38	30	18	48	16	4	20	11	4	15	163	92	255
Parastatals	21	12	33	18	25	43	20	23	43	21	16	42	20	16	36	12	7	19	8	4	12	125	103	228
Total	91	74	165	92	95	187	88	94	182	91	86	177	73	77	150	44	31	75	44	19	63	533	467	1000

Source: Planning, Research and Statistics Unit, Akwa Ibom State Secondary Education Board, (2006)

Key: M = Male

F - Female

T-Total

## 3.1. INSTRUMENTATION

The instrument for data collection was the Public Servants Questionnaire (PSOQ). Section A: dealt with demographic information, while Section B: dealt with the main variables of the study, eating disorder and depression.

#### 4. METHOD OF DATA ANALYSIS

After collecting the data, raw scores were summed up, the mean and standard deviation were computed, and data further analyzed based on .05 alpha level, with a null hypothesis, using the Pearson Product Moment Correlation as follows:

##### Hypothesis

There is no significant relationship between eating disorder and depression among public servants in Akwa Ibom State

#### 5. STATISTICAL MEASURE

To test this hypothesis the Pearson Product Moment Correlation was used. The result of the analysis is presented in table 2.

**Table 2:** Pearson Product Moment Correlation of Relationship between eating disorder and depression

Variables	N	$\bar{X}$	SD	r	Sig.
Eating disorder	1000	9.923	1.339	.628*	
Depression	1000	9.890	1.227		.000

\*  $P < .05$ ,  $df = 998$ , critical  $r = 0.1946$

#### 6. RESULT AND DISCUSSION OF FINDINGS

The result in table 2 produced a coefficient of .628\* showing that, eating disorder significantly contributed to depression among public servants in Akwa Ibom State. The null hypothesis was rejected. The result farther indicates that, the correlation coefficient implied that the higher the eating disorder, the higher the degree of depression and vice versa.

Based on the findings, it was established that there was a significant relationship between eating disorder and depression in the group studied ( $r = .628^*$ , critical  $r = 0.1946$  at  $df = 998$ ,  $P < .05$ ). Kriz (2002) reported that individuals with eating disorders experiences como-bid of diagnosis of mental illness.

Uher & Treasure (2005) opined that, women with eating disorders show psychological distress, less helpful coping strategies, frequent sensation of hunger and less cognitive restraint. Kalat, 2004, also associated eating disorder with hormonal imbalance and abnormalities caused by damage in or around the hypothalamus, in the brain. Hence the public servants will only be mentally stable, if the job can take care of his or her socio-psychological needs.

#### 7. CONCLUSION AND RECOMMENDATIONS

In conclusion therefore, depressed people should seek the services of social psychologists, marital counsellors, family doctors, mental health specialists, employee assistance programmes, social agencies, teaching hospitals, psychotherapists and clinical psychologists in the psychiatric hospital, who will be in a better medical outfit to properly assist them learn new eating behaviours that will lead to more satisfaction in life and "unlearn" counter-productive eating behaviour, that can cause or exacerbate depression.

It is however, recommended that, government should live up to their expectations, through provision of enabling working environment, to help eliminate work related depression. Finally, social psychologists and physicians need to be alert to the co-occurrence of depression and mental health, so as to organize enlightenment campaigns and creating healthy mental awareness to the public.

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## CONFLICT OF INTEREST

The author have declared that no competing interests exist.

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