JOURNAL OF SCIENTIFIC RESEARCH IN ALLIED SCIENCES
ISSN NO. 2455-5800

Contents available at: www.jusres.com

A STUDY OF AVOIDANT PERSONALITY DISORDER AMONG ADOLESCENT BOYS WITH RELATION TO GRADES OF BMI AND LOCALE

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ARTICLE INFO

Article History
Received: Nov' 2017
Accepted: Dec' 2017
Keywords:
Personality Disorder,
Adolescent,
BMI index

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ABSTRACT

The aim of the present study is to see the effect of obesity and urban-rural belongingness upon avoidant personality disorder in a group of adolescent boys. For the present study, 200 obese adolescent boys (Av. age 15.25 yrs.) and 200 normal weight adolescent boys (Av. age 15.12 yrs.) from various govt. and private schools of Chhattisgarh operational in the rural and urban area were selected to serve as a sample for the present study. The criterion for selection of subjects was based on WHO (2000) classification of body mass index (BMI) which BMI between 18.0-24.99 is considered to be normal weight while BMI >30 is considered to be obese. To assess anxious or avoidant personality disorder, Jodhpur Multiphasic Personality Inventory prepared by Joshi and Malik (1981) was preferred. To conduct the study, a 2x2 factorial design was set up in which grades of BMI automatically have two levels i.e. normal and obese. Similarly, urban-rural belongingness also has two levels i.e. boys of urban and rural areas. On the basis of results, grades of BMI emerged as a significant predictor of avoidant personality disorder among adolescent boys while urban-rural belongingness did not show any influence upon avoidant personality disorder. The two factor interaction effect of obesity and urban-rural belongingness of adolescent boys did not show any significant influence upon avoidant personality disorder. It was concluded that obesity in adolescence may lead to social inhibition and avoidance of social interaction in adolescent boys.

Introduction

Avoidant personality disorder or anxious personality disorder is a Cluster C personality disorder recognized in the Diagnostic and Statistical Manual of Mental Disorders handbook[1] in a person characterized by a pervasive pattern of social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation, and avoidance of social interaction.

Obesity, which becomes a point of debate even in developing countries like India, has been linked with many psycho-social consequences. So many studies in the past by various researchers tried to assess factors associated with obesity. Studies conducted by Stafferi, 1967[2], Johnson,

1976 [3] Strauss et al., 1985[4], Sobal et al., 1989[5], French et al., 1996 [6], Caroline et al., 1997 [7], Neumark-Sztainer, 1998 [8], Renman, 1999[9], Jonides, 2002 [10], Neumark-Sztainer et al., 2002 [11], Mellin et al, 2002 [12], Eisenberg, et al, 2003 [13], Janssen et al., 2004 [14], Sjoberg, et al., 2005 [15], Sarah et al., 2007 [16], Horton, L.N., 2008 [17], Taylor et al., 2012 [18] had shown that obesity is adversed linked

The literature indicates that childhood and adolescent obesity have considerable social and psychological consequences within childhood and adolescence, yet little is known about it and especially in developing countries like India where socio-demographic conditions are vastly different from the western world. Hence is it necessary to know that whether obesity and urban-rural belongingness have any effect on avoidant personality disorder. This is more so important because the majority of the population in India lives in rural areas.

Hypothesis

It was hypothesized that urban obese adolescent boys will show more magnitude of avoidant personality disorder as compared to normal weight rural adolescent boys.

Methodology:-

The following methodological steps were taken in order to conduct the present study.

Sample:-

For the present study, 200 obese adolescent boys and 200 normal weight adolescent boys from various govt. and private schools of Chhattisgarh, operational in urban and rural areas, were selected to serve as a sample for the present study. The criteria for selection of subjects was based on WHO (2000) classification of body mass index (BMI) which BMI between 18.0-24.99 is considered to be normal weight while BMI >30 is considered to be obese. To select the desired number of subjects for the present study, in all 1200 school children between age range 11-15 years were screened and from this population, 200 obese and 200 normal weight adolescent subjects were selected.

Tools:

Following tools were used to fulfill the objectives of the study -

(a) Body Mass Index

In order to classify subjects into normal and obese categories, WHO's classification for Body Mass Index was preferred in the present study.

The international classifications of overweight and obesity proposed by the World Health Organization (2000) [19] state that, a BMI <18.5 kg/m^2 is defined as underweight, 18.5-24.9 kg/m^2 as normal weight, 25.0-29.9 kg/m^2 as overweight, and >30.0 kg/m^2 as obesity. Obesity can be further stratified into moderate obesity (BMI 30-34.9 kg/m^2), severe obesity (35-39.9 kg/m^2), and very severe obesity (<40 kg/m^2). BMI was calculated by the formula wt (kg) / Ht $(m)^2$

(b) Jodhpur Multiphasic Personality Inventory :

To assess avoidant personality disorder, one of the dimensions of personality disorder, Jodhpur Multiphasic Personality Inventory prepared by Joshi and Malik, 1981 [20] was preferred. The coefficients of stability for the three validity and AS scales are found to vary between 0.73 to 0.80 when the retesting interval is of two weeks.

Procedure:

First of all height and weight of the selected samples were recorded as per the method described under the caption tools. Body mass index was calculated by using the formula given by WHO (2000). Afterwards, subjects were classified into two categories i.e. normal weight and obese.

Jodhpur Multiphasic Personality Inventory prepared by Joshi and Malik (1981) was administered to all 400 selected subjects as per their convenience,

availability and with prior permission from the head of the concerned institution. After scoring of the responses according to author's manual, obtained data related to avoidant personality disorder was tabulated according to their respective groups.

To find out the effect of obesity (Obese-Normal) and urban-rural belongingness on avoidant personality disorder of selected adolescent boys, 2 (Grades of BMI) x 2 (Locale) i.e. 2x2 ANOVA technique was adopted.

2x2 was used to compare the data between two study groups. The results are presented in table 1 and 1(a) respectively.

Analysis of Data

Table No. 1 Grades of BMI (A) x Urban-Rural Belongingness (B) on One of the Dimensions of Personality Disorder i.e. Anxiety (N=400)

Grades of BMI (A)	Urban-Rural Belongingness (B)		M
	b_1 Urban	b_2 Rural	
a_1 Normal	M = 34.78 N = 131	M = 34.08 N = 69	34.43
a_2 Obese	M = 58.94 N = 146	M = 34.08 N = 54	57.28
M	46.86	44.85	

Table No. 1 (a) ANOVA Summary Grades of BMI (A) x Urban-Rural Belongingness (B) on One of the Dimensions of Personality Disorder i.e. Anxiety (N=400)

Source of Variation	SS	Df	MS	F
A	43976.719	1	43976.719	176.07**
B	339.394	1	339.394	1.35(NS)
AB	144.120	1	144.120	0.57(NS)
Within treatment Error)	98903.648	396	249.757	

** Significant at .01 level

NS Not Significant

From the analysis of table 1 and 1(a) following inferences can be drawn

1. The F of 176.07, an indicator of the main effect of grades of BMI upon avoidant personality disorders of selected subjects, is statistically significant at .01 level. It thereby reveals that the obese adolescent boys are more prone to develop avoidant personality disorder (M=57.28) as compared to normal adolescent boys (M=34.43).
2. The main effect of urban-rural belongingness upon avoidant personality disorder in selected subjects turned out to be statistically insignificant. Although urban adolescent boys exhibited had comparatively higher social anxiety than the rural adolescent boys, the reported F=1.35, which is statistically insignificant confirms this result.
3. The two-factor interaction effect of grades of BMI and urban-rural belongingness upon social anxiousness i.e. avoidant personality disorder prevalent in adolescent boys turned out to be statistically insignificant (F=0.57, p>.05).

Result and Discussion

1. Obese adolescent boys have shown significantly higher tendencies to develop avoidant personality disorder as compared to normal weight adolescent boys.
2. Locale (Urban-rural belongingness) did not emerge as a factor which influences avoidant personality disorder among adolescent boys.
3. Two-factor interaction effect of obesity and locale unable to generate any significant effect upon avoidant personality disorder among adolescent boys.

Conclusion

Avoidant personality disorder i.e. too much of social anxiety is characterized by a pervasive pattern of social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation, and avoidance of social interaction. In numerous studies, researchers have reported that stigmatization due to obesity is the cause of the psychological disorder. Hence on the basis of results, it can be concluded that obesity is a major factor that causes avoidant personality disorder in adolescent boys but same cannot be said about urban-rural belongingness or its joint action effect.

References

1. Avoidant personality disorder (2000) Diagnostic and Statistical Manual of Mental Disorders. Fourth edition Text Revision (DSM-IV-TR) American Psychiatric Association.
2. Stafferi, J. R. (1967). A study of social stereotype of body image in children. J Pers Soc Psychol; 7: 101.
3. Johnson, S.F.; Swenson, W.M. and Gastineau, C.F. (1976). Personality characteristics in obesity: relation of MMPI profile and age of onset of obesity to success in weight reduction. Am J Clin Nutr, 29, 6 626-632.
4. Strauss, C.C.; Karen, S.; Frame, C. and Forehead, R. (1985). Personal and Interpersonal Characteristics Associated with Childhood Obesity. Journal of Pediatric Psychology 10(3) pp. 337-343.
5. Sobal, J.; Stunkard, A. and Albert J. (1989). Socioeconomic status and obesity: A review of the literature. Psychological Bulletin, 105(2), 260-275.
6. French, S.; Story, M. and Perry, C. (1999). Mental Health Disorders. Presidents Council on Physical Fitness and Sports Report. 4(1). 10-12.
7. Caroline Braet; Merivielde, I. and Vandereycken W. (1997). Psychological Aspects of Childhood Obesity: A Controlled Study in a Clinical and Nonclinical Sample. Oxford Journals Medicine Journal of Pediatric Psychology, Volume 22, Issue 1, Pp. 59-71.
8. Neumark-Sztainer, D.; Story, M. and Fabisch L. (1998). Perceived stigmatization among overweight African American and Caucasian adolescent girls. J Adolesc Health; 23: 264–270.
9. Renman, C. (1999). Mental health and psychosocial characteristics of adolescent obesity: a population-based case-control study. Acta Paediatrica 88 (9), 998–1003.
10. Jonides, L. and Buschbacher, V. (2002). Management of Child and Adolescent Obesity: Psychological, Emotional, and Behavioral Assessment. Paediatrics, Vol. 110, No. 1, pp. 215-221.
11. Neumark-Sztainer Dianne, Story Mary, Hannan Peter J., Perry Cheryl L., Irving, Lori M. (2002). Weight-Related Concerns and Behaviors Among Overweight and Nonoverweight Adolescents. Archives of Pediatrics and Adolescent Medicine; 156: 171-8.
12. Mellin A.E.; Neumark-Sztainer D. and Story M. (2002). Unhealthy behaviors and psychosocial difficulties among

overweight adolescents: The Potential Impact of familial factors. Journal of Adolescent Health; 31: 145-153.
13. Eisenberg Marla E., Neumark-Sztainer Dianne, Story Mary (2003). Association of Weight-based teasing and emotional well-being among adolescents. Archives of Pediatrics and Adolescent Medicine; 157: 733-738.
14. Janssen I.; Craig W. and Boyce W. (2004). Association between overweight and obesity with bullying behaviors in school-aged children. Pediatrics, 113 (5): 1187-1194.
15. Sjoberg, R. L.; Nilsson, K.W. and Leppert, J. (2005). Obesity, Shame, and Depression in School-Aged Children: A Population-Based Study. Pediatrics Vol. 116 No. 3, pp. e389 -e392.
16. Sarah, E.A.; Elena N. N.; Jacques, P.F. and Must, A. (2007). Adolescent Obesity and Risk for Subsequent Major Depressive Disorder and Anxiety Disorder: Prospective Evidence. Psychosomatic Medicine 69:740-747.
17. Horton, L.N. (2008). Childhood Obesity and Depression. Unpublished Master's Dissertation, Marshal University.
18. Taylor, V.H.; McIntyre, R.S.; Remington, G. and Arya M. Sharma (2012). Beyond Pharmacotherapy: Understanding the Links between Obesity and Chronic Mental Illness. The Canadian Journal of Psychiatry, Volume 57, Number 1.
19. World Health Organization (2000). Obesity: preventing and managing the global epidemic: Report of a WHO consultation. Geneva, Switzerland.
20. Jodhpur Multiphasic Personality Inventory (1981) by Joshi, M.C. and Malik, A.K. Rupa Psychological Centre, Varanasi India.