

CHAPTER 4

PRESENTATION OF DATA

4.1 INTRODUCTION

This chapter will focus on presentation of the data gathered by means of the survey questionnaire. Tables and diagrams will only be provided here where the data proved to be significant and where it was included in the discussion of the data in chapter 5. Data that was not significant will only be mentioned briefly and tables or diagrams of insignificant data will not be provided.

4.2 PRESENTATION OF DATA

The data will be presented in the same sequence that was followed in the questionnaire. This will make it easier to refer to the corresponding question in the survey questionnaire.

4.2.1 SECTION A

4.2.1.1 Age

The following table indicates the frequencies of each age as indicated by all the respondents. A total of 434 respondents returned their completed questionnaires, but 2 respondents failed to indicate their ages on their answer sheets.

TABLE 4.1

	Frequency	Percentage	Valid percentage	Cumulative percentage
Valid 18.0	2	.5	.5	.5
19.0	46	10.6	10.6	11.1
20.0	133	30.6	30.8	41.9
21.0	94	21.7	21.8	63.7
22.0	51	11.8	11.8	75.5
23.0	36	8.3	8.3	83.8
24.0	16	3.7	3.7	87.5
25.0	7	1.6	1.6	89.1
26.0	7	1.6	1.6	90.7
27.0	5	1.2	1.2	91.9
28.0	5	1.2	1.2	93.1
29.0	6	1.4	1.4	94.4
30.0	4	.9	.9	95.4
33.0	1	.2	.2	95.6
34.0	1	.2	.2	95.8
35.0	1	.2	.2	96.1
36.0	1	.2	.2	96.3
37.0	2	.5	.5	96.8
38.0	4	.9	.9	97.7
39.0	2	.5	.5	98.1
40.0	1	.2	.2	99.1
43.0	3	.7	.7	99.5
46.0	2	.5	.5	99.8
50.0	1	.2	.2	100.0
59.0	1	.2	.2	
Total	432	99.5	100.0	
Missing	2	.5		
TOTAL	434	100.0		

TABLE 4.2

The descriptive statistics for the age of the respondents were as follows:

N Valid	Mean	Median	Mode	Standard Deviation	Skewness	Std Error of skewness	Kurtosis	Std Error of Kurtosis	Minimum	Maximum
432	22.259	21.000	20.0	4.7701	3.678	.117	16.708	59.0	18.0	59.0

By far the most respondents were in the age group 2 (20-21 years), namely 52.6% or 227 respondents. The single most prevalent age was 20 years, namely 30.8% of respondents.

The mean age, as shown in the table above, was 22.259 years, with the youngest age being 18 years and the oldest 59. However, only two persons were 18 years of age, and only 1 person was 59 years old.

4.2.1.2 Current year of study



The results obtained may be summarized in tabular form as follows:

TABLE 4.3

	Current year of study	
	Count	Percentage (%)
Second	190	44.1%
Third	154	35.7%
Honours	87	20.2%
Total	431	100.0%

Three respondents did not complete this question and the total respondents in this case was therefore 431.

As the data above indicates, most of the respondents were in their second year of study (44.1% or 190 students). 154 respondents (35.7%) were in their third year, while 87 (20.2%) were in their Psychology honours year.

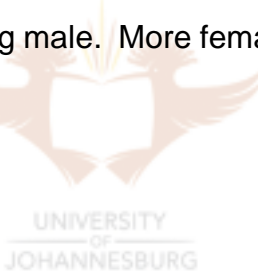
4.2.1.3 Gender

As the table below indicates, by far the majority of respondents were female:

TABLE 4.4

	Gender	
	Count	Percentage (%)
Male	75	17.4%
Female	356	82.6%
Total	431	100.0%

The total respondents for this question was also 431 and not the total sample population of 434. 82.6% or 356 respondents, the overwhelming majority, were female, with only 75 (17.4%) being male. More females apparently study psychology than male students.



4.2.1.4 Home Language

The distribution of respondents with regard to their home language was as follows:

TABLE 4.5

	Home Language	
	Count	Percentage (%)
English	159	36.6%
Afrikaans	177	40.8%
English/Afrikaans	42	9.7%
African	36	8.3%
Other European or Asian language	20	4.6%
Total	434	100.0%

The option “English/Afrikaans” implies that the respondent speaks both languages at home and he/she is equally comfortable in both languages

4.2.1.5 **Marital status**

Most of the respondents were single, as indicated in the table below:

TABLE 4.6

	Marital status	
	Count	Percentage (%)
Single	374	86.2%
Married or living together	55	12.7%
Divorced	5	1.2%
Total	434	100.0%

Most respondents were still single, which is understandable when one considers the age groups that were most prevalent (21-22 years).

4.2.1.6 **Urban or rural upbringing**



By far the majority of respondents grew up in an urban as opposed to a rural area. This question was included because upbringing may play a significant role in morals, ethics and attitudes. The statistics are shown in the table below:

TABLE 4.7

	Up to age 18, where did you live most of the time?	
	Count	Percentage
Urban area	349	81.0%
Rural area	82	19.0%
Total	431	100.0%

As is clear from above, an overwhelming 81% of the respondents grew up in urban areas as opposed to rural areas. Only 19% grew up in rural areas.

4.2.1.7 Height and weight

The questions about height and weight were included to obtain an idea of whether individual respondents had realistic perceptions about their body image in terms of being overweight or underweight. However, quite a number of respondents did not complete these questions, as they may have been uncertain about their height and/or weight. Fifty respondents did not complete the question on height, and 24 out of the total of 434 respondents did not reveal their weight. Furthermore, the accuracy of some of the answers is doubtful and it was therefore decided not to take these two factors into account in the analysis of the results. Doubtful answers such as a height of 105cm and a weight of 160kg have given rise to the decision not to attach too much significance to these factors. The statistics are shown in the table below.

TABLE 4.8

	N Valid	N Missing	Mean	Median	Mode	Std deviation	Skewness	Std Error of Skewness	Kurtosis	Std Error of Kurtosis
Weight in cm	384	50	167.849	168.00	160	9.78292	-.580	.125	4.345	.248
Height in kg	410	24	62.041	59.00	60	13.11765	2.100	.121	9.221	.240

The mean height was indicated as 167,85m and the mean weight as 62.04kg. The standard deviation for height was 9.783 and for weight, 13.118.

4.2.2 SECTION B

4.2.2.1 Question 1: Overall health

Here respondents could select any answer from five options, ranging from excellent to poor. A total of 28.3% of the respondents rated their health as

excellent. The majority indicated that they rated their health as good, whilst 17.1% rated their health as average. Seven persons (1.6% of the respondents) regarded their health as below average, and only one person (0.2%) indicated poor health.

4.2.2.2 Question 2: Any specific health problems

Question 2 was an open-ended question where the respondent had to state any specific, diagnosed physical or mental health problems. This question was included, as it may be useful when taken into context with other questions. It may help to explain the perceptions and attitudes of the respondent towards other aspects, for example, someone who stated that she had been diagnosed with clinical depression, might be more likely to be more dissatisfied with herself as a person and what she is doing with her life. Similarly, someone who has been diagnosed with hypoglycaemia (low blood sugar), may be more prone to cravings for specific foods than someone with normal blood sugar levels. Food cravings in such a case may thus be attributed to physical causes and not necessarily to eating attitudes. Such information may therefore be useful in the analysis of the data.

This question was not compulsory to answer. The respondent only had to complete it if he/she had a specific, diagnosed mental or physical health problem.

The following answers were received:

Table 4.9

Health problem	Frequency
Acne	2
Addiction to painkillers	1
Allergies: (penicillin, dairy, wheat, shellfish)	5
Anaemia	4
Anorexic (recovered)	1
Anxiety disorder	7
Asthma	12
Back problems	3
Bronchitis	2
Bulimic	2
Cancer	2
Deep vein thrombosis	1
Depression (unipolar/bipolar)	19
Diabetes/Hyperglycaemia	6
Eczema	4
Endometriosis	1
Fibromyalgia/ "Yuppie flu"/Chronic fatigue syndrome	7
Gilbert's syndrome (liver)	2
Glandular fever	2
Hayfever	1
Headaches	4
Heart problems (mitrovalve relapse)	1
Hypoglycaemia	6
High cholesterol	2
Hypertension/high blood pressure	3
Hypotension/low blood pressure	3
Irritable bowel syndrome/spastic colon	7
Migraine	7
Oedema	1

Health problem	Frequency
Polycystic ovarian syndrome	1
Rheumatoid arthritis	4
Sinus problems	8
Stomach ulcer	5
Temporal lobe epilepsy	1
TB suspected	1
Thyroid (overactive/underactive)	2
Vasovagal syncope	1

4.2.2.3 Question 3:

“How often do you feel happy with yourself as a person?”

The respondents had to select an answer ranging from always to never. 31.6% of the participants said that they were always happy with themselves, as opposed to 60.4% who chose the option “sometimes”. 7.4% (32 of the respondents) said they were rarely happy with themselves, and three persons (.7%) said they were never happy with themselves.

4.2.2.4 Question 4:

“How often do you feel satisfied with what you are doing with your life?”

26.7%, or 116 of the respondents, indicated that they were always satisfied. The majority of respondents (283 or 65.2%) said that they were sometimes satisfied with what they are doing with their lives. 8.1% or 93 respondents were rarely satisfied, and nobody indicated that they were never satisfied with their lives.

4.2.2.5 Question 5:

“How often are you satisfied with your weight?”

The table below indicates the response to this question:

TABLE 4.10

	Always	Sometimes	Rarely	Never	Total
How often are you satisfied with your weight? Count	82	223	93	36	434
%	18.9%	51.4%	21.4%	8.3%	100.0%

As can be seen from the table above, the majority of respondents indicated that they were “sometimes” satisfied with their weight.

4.2.2.6 Question 6:

“How would you describe your current weight?”

It is interesting that most of the respondents felt that they were slightly overweight, as indicated by the statistics in the table below:

TABLE 4.11

	Very overweight	Slightly overweight	Just right	Slightly underweight	Very underweight	Total
How would you describe your current weight? Count	24	257	133	18	2	434
%	5.5%	59.2%	30.6%	4.1%	0.5%	100.0%

4.2.2.7 Question 7:

Question 7 contained seven questions related to eating attitudes in general, and how the respondents view food and eating.

The respondents had to select one option ranging from strongly agree on the one end of the continuum, to strongly disagree on the other end. The results were as follows:

TABLE 4.12

		Strongly agree	Agree	Neutral/not of importance	Disagree	Strongly disagree	Total
I regard food as a necessary, pleasurable part of everyday life.	Count %	166 38.2%	191 44.0%	57 13.1%	17 3.9%	3 .7%	434 100.0%
I eat at least three times a day without feeling guilty afterwards.	Count %	129 29.7%	163 37.6%	72 16.6%	60 13.8%	10 2.3%	434 100.0%
I often think about food during the course of the day.	Count %	102 23.7%	193 44.9%	78 18.1%	50 11.6%	7 1.6%	430 100.0%
I eat only when I am hungry.	Count %	41 9.5%	109 25.3%	101 23.4%	145 33.6%	35 8.1%	431 100.0%
I eat only healthy food.	Count %	8 1.9%	56 13.1%	110 25.6%	190 44.3%	65 15.2%	429 100.0%
I eat what I feel like.	Count %	86 20.0%	189 43.9%	78 18.1%	65 15.1%	13 3.0%	431 100.0%
I tend to overeat to the point where I feel uncomfortable.	Count %	31 7.1%	114 26.3%	98 22.6%	114 26.3%	77 17.7%	434 100.0%

At the end of section B, another open-ended question followed, namely: *“In one sentence, describe how you feel about your eating habits at present”*.

This question was included, as it can give insight into whether the person has a perception that his/her eating habits and attitudes are positive or negative, and how it correlates with the actual answers given to other questions. In order to provide insight into the answers received by some respondents, some of the answers are repeated in their own words:

TABLE 4.13

<p>"I wish I could eat only when I'm hungry".</p> <p>"I feel disgusted, because I cannot stick to a healthy diet."</p> <p>"I try to eat healthy food but my willpower is letting me down."</p> <p>"I am not happy with the way I eat."</p> <p>"I find it hard to stick to health foods only; I love cakes and sweets."</p> <p>"My eating is ruled by my emotions."</p> <p>"I'm stressed at the moment, and am disgusted with regards to the amount of junk food I eat."</p> <p>"Tend to eat at irregular times due to my schedule. Eat a lot of junk."</p> <p>"The less I eat, the better I feel."</p> <p>"I would rather swallow vitamin pills – safer than eating."</p> <p>"Presently I overeat, especially when I am depressed, since I am always in a depressed mood I am overeating."</p> <p>"Normal, binge when depressed."</p> <p>"Erratic. Sometimes I don't eat a thing. Sometimes I eat a lot, whatever I feel like on a given day."</p> <p>"I regard eating as a great thing, and I enjoy every bit of what I eat."</p> <p>"Eating is my only addiction. It could be healthier, but is generally not too bad. I tend to go through phases."</p> <p>"I think that I have bad eating habits because I binge a lot."</p> <p>"Haphazard!"</p> <p>"Wish they were healthier and that I didn't like eating so much."</p> <p>"A bit out of control."</p> <p>"I would like to be guilt-free where eating is concerned, but am quite obsessed with food."</p>

4.2.3 SECTION C

4.2.3.1 Introduction

Section C contained questions related to the psychosocial determinants that were identified during the design of the questionnaire, which may influence eating attitudes.

Section C contains twenty-seven questions altogether. It contains three parts: in the first part, the respondent had to select an answer ranging from “I overeat” to “I stop eating”. The psychosocial factors that are covered by the questions in the first part, include: self-esteem, boredom, anxiety, sadness, depression, interpersonal relationships, guilt, frustration, sense of control over life, fatigue, anger, stress and worry.

The respondents also had to select one option from each question in part two, which ranged from “strongly disagree” to “strongly agree”. The psychosocial factors that are relevant in this section, are: Aids, social pressure, childhood memories, family relationships, guilt over eating, control over eating, spiritual factors, peer pressure, socio-economic background.

The last question of this section, and of the questionnaire, was an open-ended question where respondents could state any other factors that they felt might influence their attitude towards eating. This question was included, as some respondents might have very individualized reasons for eating the way that they do, which may not have been mentioned in the questionnaire. It could therefore produce additional information that has not been researched.

The data contained in each part of section three will subsequently be presented.

4.2.3.2 Section C: Part One

The statistics obtained for the first part of section C, are summarized as follows in **Table 4.14:**

	I overeat	I tend to overeat	It has no effect on how I eat	I eat less than usual	I stop eating	Total
When I feel bad about myself as a person,	63 14.5%	142 32.7%	146 33.6%	71 16.4%	12 2.8%	434 100.0%
When I think that I am not as good as other people,	36 8.3%	109 25.1%	235 54.1%	40 9.2%	14 3.2%	434 100.0%
When I am bored,	90 20.7%	233 53.7%	102 23.5%	6 1.4%	3 .7%	434 100.0%
When I am nervous about something I have to do,	66 15.2%	127 29.3%	105 24.2%	111 25.6%	24 5.5%	433 100.0%
When I am feeling sad,	21 4.9%	88 20.4%	137 31.7%	127 29.4%	59 13.7%	432 100.0%
When I am experiencing problems in my personal relationships,	26 6.0%	76 17.6%	153 35.3%	128 29.6%	50 11.5%	433 100.0%
When I feel guilty about something I have said or done,	17 3.9%	71 16.4%	263 60.6%	71 16.4%	12 2.8%	434 100.0%
When I feel frustrated with myself or someone else,	36 8.3%	118 27.2%	204 47.0%	66 15.2%	10 2.3%	434 100.0%
When it feels like I can't control what's happening in my life,	72 16.6%	126 29.1%	165 38.1%	51 11.8%	19 4.4%	433 100.0%
When I feel tired,	15 3.5%	51 11.8%	168 38.8%	151 34.9%	48 11.1%	433 100.0%
When I feel upset or angry,	36 8.3%	114 26.3%	163 37.6%	92 21.2%	28 6.5%	433 100.0%
If I am under pressure,	53 12.2%	140 32.3%	108 24.9%	104 24.0%	31 7.1%	434 100.0%
When worrying about things I have to get done,	35 8.1%	114 26.3%	153 35.3%		28 6.5%	434 100.0%

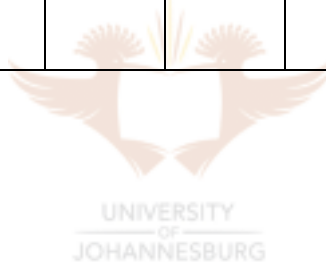
4.2.3.3 Section C: Part Two

The results obtained from the answers in part two of Section C, may be summarized in tabular form as follows:

TABLE 4.15

	Strongly disagree	Disagree	Not applicable	Agree	Strongly agree	Total
Worrying about problems in my life affect the way I eat.	25 5.8%	52 12.0%	63 14.5%	214 49.4%	79 18.2%	433 100.0%
I eat more because I am scared people might think I have Aids if I am too thin.	298 68.7%	44 10.1%	84 19.4%	5 1.2%	3 .7%	434 100.0%
I eat less than I want to because I want to look acceptable to others.	67 15.4%	103 23.7%	82 18.9%	141 32.5%	41 9.4%	434 100.0%
I finish all my food at mealtimes, because as a child I was told to eat all my food.	45 10.4%	111 25.6%	78 18.0%	134 30.9%	65 15.0%	433 100.0%
Food was often used as a "reward" for good behaviour when I was a child, and I still "reward" myself with food.	106 24.4%	95 21.9%	126 29.0%	71 16.4%	36 8.3%	434 100.0%
I feel guilty about eating fattening or "unhealthy" foods.	34 7.8%	78 18.0%	58 13.4%	180 41.5%	84 19.4%	434 100.0%
When I overeat, I feel really bad afterwards.	30 7.0%	46 10.7%	57 13.2%	190 44.1%	108 25.1%	431 100.0%
I often feel that I lack sufficient control over my eating.	62 14.3%	73 16.8%	118 27.2%	109 25.1%	72 16.6%	434 100.0%

	Strongly disagree	Disagree	Not applicable	Agree	Strongly agree	Total
I feel clean and pure when eating less or when fasting.	44 10.2%	51 11.8%	115 26.6%	146 33.8%	76 17.6%	432 100.0%
When eating with friends, I eat the kind of food they eat.	53 12.3%	97 22.5%	57 13.2%	185 42.8%	40 9.3%	432 100.0%
When eating with friends, I eat as much as I think they would find acceptable.	93 21.4%	129 29.7%	93 21.4%	100 23.0%	19 4.4%	434 100.0%
When I overeat, I feel really angry with myself.	49 11.3%	62 14.3%	81 18.7%	158 36.5%	83 19.2%	433 100.0%
I overeat because I grew up in a poor household where there was sometimes not enough food.	241 55.5%	77 17.7%	104 24.0%	9 2.1%	3 .7%	434 100.0%



Part three of Section C was the open-ended question where respondents could fill in anything else they felt might influence their attitude towards eating. Completion of this question was optional.

4.2.4 BODY MASS INDEX

Body mass index was calculated mainly to determine whether it affects the way the respondents felt about their weight, body image and eating attitudes. Body mass index is calculated by dividing the weight in kg by height (squared).

The body mass index may be divided into groups for the purposes of this study, as follows:

BMI < 20

BMI 20 – 22

BMI > 22. An average or “normal” BMI for women may be regarded as 20 to 22, whilst for men 23 to 25.



The following table indicates that the BMI was uncorrelated with any of the factors analysed. If the p-value < 0.05, then there is a significant correlation. None of the p-values were < 0.05.

TABLE 4.16

		Body Mass Index
Section C2: Factor 1	Pearson correlation Sig (2-tailed) N	r = -.105 p = .071 297
Section C2: Factor 2	Pearson correlation Sig (2-tailed) N	r = .012 p = .830 297
Section C1:	Pearson correlation	r = -.021

Factor 1	Sig (2-tailed)	p = .713
	N	297
Section C1: Factor 2	Pearson correlation	r = -.019
	Sig (2-tailed)	p = .741
	N	297

4.2.5 FACTOR ANALYSIS

Factor analysis was considered to reduce the dimensionality of the questions contained in Section C: Part One.

The diagnostics used to determine whether the correlation matrix could be factor analysed, was the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (MSA). If it is >0.6, then the correlation matrix can be factor analysed. In this case, the MSA was .861, and could therefore be factor analysed.

If the MSA for a specific question is > 0.6, then that question can be left in for the factor analysis. The MSA's for each of the thirteen questions contained in Section C: Part One were as follows:

TABLE 4.17

Question 1:	.856
Question 2:	.855
Question 3:	.811
Question 4:	.929
Question 5:	.653
Question 6:	.797
Question 7:	.836
Question 8:	.900
Question 9:	.914
Question 10:	.676
Question 11:	.924
Question 12:	.836
Question 13:	.852

As all of the above questions had an MSA of > 0.6 , all thirteen questions could be included in the factor analysis. Factors had to have an Eigenvalue of > 1 to be extracted. Three factors were extracted, with a cumulative percentage of 61.5% variance. Thus, 61.5% of the variance in the thirteen questions can be explained by three factors.

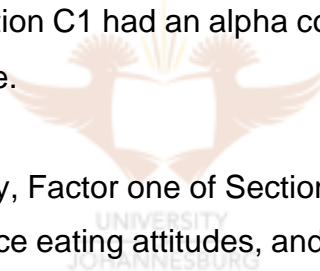
To determine the internal consistency of items in a factor, an item analysis must be done. The first order factors that were extracted, may be summarized as follows:

TABLE 4.18

	Factor 1	Factor 2	Factor 3
When worrying about things I have to get done,	.833		
If I am under pressure,	.767		
When I feel upset or angry,	.588		
When I feel frustrated with myself or someone else,	.522		

When I am nervous about something I have to do,	.507		
When I think that I am not as good as other people,		.793	
When I feel bad about myself as a person,		.778	
When it feels like I can't control what's happening in my life,		.717	
When I am bored,		.304	
When I am experiencing problems in my personal relationships,			.887
When I am feeling sad,			.603
When I feel guilty about something I have said or done,			.402
When I feel tired			.243

To test the reliability of these three factors, a reliability analysis was done, where the alpha coefficient had to be > 0.7 for the factor to be reliable. Factor one of Section C1 had an alpha coefficient of .8619, which implies that it is reliable. Section C1, Factor two had an alpha of .7854, which also indicates that it is reliable. Factor three of Section C1 had an alpha coefficient of .6280, which is < 0.7 ; therefore it is not reliable.



For the purposes of this study, Factor one of Section C1 will be called the “external factors” that influence eating attitudes, and Factor two the “internal factors”.

Descriptive statistics in respect of Section C1 are summarized in the table below.

TABLE 4.19

Age in complete years		Mean	Std. deviation	N
Section C1: Factor 1	18 – 19 years	3.0917	.74372	48
	20 years	3.0023	.73469	133
	21 years	2.8830	.90466	94
	22 years or older	2.5898	.87583	157
	Total	2.8363	.84749	432
Section C1: Factor 2	18 –19 years	2.6823	.61829	48
	20 years	2.6880	.67238	133
	21 years	2.4725	.73885	94
	22 years or older	2.3025	.72724	157
	Total	2.5004	.71996	432
Current year of study		Mean	Std. deviation	N
Section C1: Factor 1	Second	2.9300	.76372	190
	Third	2.8662	.84978	154
	Honours	2.5632	.95845	87
	Total	2.8332	.84635	431
Section C1: Factor 2	Second	2.5618	.65752	190
	Third	2.5709	.76405	154
	Honours	2.2328	.72014	87
	Total	2.4986	.72069	431
Gender		Mean	Std. deviation	N
Section C1: Factor 1	Male	3.0720	.57294	75
	Female	2.7947	.88880	356
	Total	2.8429	.84839	431
Section C1: Factor 2	Male	2.7067	.41989	75
	Female	2.4597	.76190	356
	Total	2.5027	.71998	431
Language		Mean	Std. deviation	N
Section C1: Factor 1	English	2.9270	.88086	159
	Afrikaans	2.9090	.76376	177
	Total	2.9176	.82006	336
Section C1: Factor 2	English	2.5199	.77425	159
	Afrikaans	2.5847	.66242	177
	Total	2.5541	.71716	336
Urban/rural area		Mean	Std. deviation	N
Section C1: Factor 1	Urban area	2.9332	.84801	349
	Rural area	2.4366	.73577	82
	Total	2.8387	.84974	431
Section C1: Factor 2	Urban area	2.5707	.70996	349
	Rural area	2.1921	.68864	82
	Total	2.4986	.72069	431

Part two of Section C (called C2 hereafter) also produced two factors, which may be called factor one “control over eating” and factor two, “social desirability” for the purposes of this study.

The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (MSA) was 0.891 and could therefore be factor analysed. The MSA's for each of the questions contained in Section C2 were as follows:

TABLE 4.20

Question 14:	.939
Question 15:	.542
Question 16:	.929
Question 17:	.801
Question 18:	.876
Question 19:	.923
Question 20:	.877
Question 21:	.915
Question 22:	.958
Question 23:	.863
Question 24:	.856
Question 25:	.899
Question 26:	.618



All but one of the questions had a MSA value of >0.6 and could be included in the factor analysis. The only question with a value <0.6 was question 15, which was omitted for the purposes of factor analysis.

An item analysis was done in respect of Section C2, in order to determine internal consistency. The first order factors that were extracted, were as follows:

TABLE 4.21

	Factor 1	Factor 2
When I overeat, I feel really bad afterwards.	.870	

When I overeat, I feel really angry with myself.	.818	
I feel guilty about eating fattening or “unhealthy” foods.	.754	
I often feel that I lack sufficient control over my eating.	.675	
I feel clean and pure when eating less or when fasting.	.635	
I eat less than I want to because I want to look acceptable to others.	.589	
Worrying about problems in my life affects the way I eat.	.494	
When eating with friends, I eat as much as I think they would find acceptable.		.699
Food was often used as a “reward” for good behaviour when I was a child, and I still “reward” myself with food.		.557
When eating with friends, I eat the kind of food they eat.		.529
I finish all my food at mealtimes, because as a child I was told to eat all my food.		.454
I overeat because I grew up in a poor household where there was sometimes not enough food.		.204

Descriptive statistics for Section C2: Factor 1 and 2 are summarized in the table below:



TABLE 4.22

Age in complete years		Mean	Std deviation	N
Section C2: Factor 1	18 – 19 years	3.1736	.93508	48
	20 years	3.2710	.88402	133
	21 years	3.3815	.96608	94
	23 years or older	3.5278	.94063	157
	Total	3.3775	.93173	432
Section C2: Factor 2	18-19 years	2.5625	.72717	48
	20 years	2.5425	.76990	133
	21 years	2.6787	.72747	94
	23 years or older	2.7561	.81172	157
	Total	2.6520	.77496	432
Current year of study		Mean	Std deviation	N
Section C2: Factor 1	Second	3.3617	.86639	190
	Third	3.2483	1.02220	154
	Honours	3.6601	.84044	87
	Total	3.3814	.93017	431
Section C2: Factor 2	Second	2.6071	.73834	190
	Third	2.6169	.81520	154
	Honours	2.8310	.75241	87
	Total	2.6558	.77272	431
Gender		Mean	Std deviation	N
Section C2: Factor 1	Male	2.6108	.80197	75
	Female	3.5421	.87579	356

	Total	3.3801	.93214	431
Section C2: Factor 2	Male	2.4280	.74499	75
	Female	2.6954	.77497	356
	Total	2.6488	.77565	431
Urban or rural area		Mean	Std deviation	N
Section C2: Factor 1	Urban area	3.3327	.93111	349
	Rural area	3.5714	.92500	82
	Total	3.3781	.93361	431
Section C2: Factor 2	Urban area	2.6053	.76332	349
	Rural area	2.8463	.80388	82
	Total	2.6512	.77604	431

The ANOVA tests for both Section C1 and C2 produced the following results:

TABLE 4.23

Source	Dependent variable	Type III Sum of Squares	Df	Mean square	F	Sig.
Age	Section C1: Factor 1	16.537	3	5.512	8.052	.000
	Section C1: Factor 2	12.486	3	4.162	8.446	.000
Study	Section C1: Factor 1	8.290	2	4.145	5.919	.003
	Section C1: Factor 2	7.713	2	3.857	7.655	.001
Gender	Section C1: Factor 1	4.765	1	4.765	6.708	.010
	Section C1: Factor 2	3.777	1	3.777	7.395	.007
Language	Section C1: Factor 1	2.715	1	2.715	.040	.841
	Section C1: Factor 2	.352	1	.352	.684	.409
Urban or Rural	Section C1: Factor 1	16.378	1	16.378	23.890	.000
	Section C1: Factor 2	9.518	1	9.518	19.096	.000
Age	Section C2: Factor 1	7.049	3	2.350	2.739	.043
	Section C2: Factor 2	3.747	3	1.249	2.095	.100
Study	Section C2: Factor 1	9.560	2	4.780	5.644	.004
	Section C2: Factor 2	3.355	2	1.678	2.834	.060
Gender	Section C2: Factor 1	53.734	1	53.734	72.064	.000
	Section C2: Factor 2	4.428	1	4.428	7.471	.007
Language	Section C2: Factor 1	1.265	1	1.265	1.401	.237
	Section C2: Factor 2	2.613	1	2.613	.046	.830
Urban or Rural	Section C2: Factor 1	3.786	1	3.786	4.377	.037
	Section C2: Factor 2	3.858	1	3.858	6.488	.011

4.2.6 COMPARISON BETWEEN GROUPS

Multivariate tests (MANOVA) yielded the following results:

TABLE 4.24: SECTION C1

	Value	F	Hypothesis df	Error df	Sig.
AGE					
Pillal's Trace	.070	5.181	6.000	856.000	.000
Wilks' Lambda	.930	5.239	6.000	854.000	.000
Hotelling's Trace	.075	5.298	6.000	852.000	.000
Roy's Largest Root	.069	9.905	3.000	428.000	.000
STUDY					
Pillal's Trace	.040	4.321	4.000	856.000	.002
Wilks' Lambda	.961	4.345	4.000	854.000	.002
Hotelling's Trace	.041	4.369	4.000	852.000	.002
Roy's Largest Root	.039	8.265	2.000	428.000	.000
GENDER					
Pillal's Trace	.020	4.276	2.000	428.000	.014
Wilks' Lambda	.980	4.276	2.000	428.000	.014
Hotelling's Trace	.020	4.276	2.000	428.000	.014
Roy's Largest Root	.020	4.276	2.000	428.000	.014
LANGUAGE					
Pillal's Trace	.005	.761	2.000	333.000	.468
Wilks' Lambda	.995	.761	2.000	333.000	.468
Hotelling's Trace	.005	.761	2.000	333.000	.468
Roy's Largest Root	.005	.761	2.000	333.000	.468
URBAN OR RURAL AREA					
Pillal's Trace	.058	13.232	2.000	428.000	.000
Wilks' Lambda	.942	13.232	2.000	428.000	.000
Hotelling's Trace	.062	13.232	2.000	428.000	.000
Roy's Largest Root	.062	13.232	2.000	428.000	.000

TABLE 4.25: SECTION C2

AGE	Value	F	Hypothesis df	Error df	Sig
Pillal's Trace	.023	1.653	6.000	856.000	.130
Wilks' Lambda	.977	1.656	6.000	854.000	.129
Hotelling's Trace	.023	1.659	6.000	852.000	.128
Roy's Largest Root	.022	3.081	3.000	428.000	.027
STUDY					
Pillal's Trace	.029	3.135	4.000	856.000	.014
Wilks' Lambda	.971	3.143	4.000	854.000	.014
Hotelling's Trace	.030	3.151	4.000	852.000	.014
Roy's Largest Root	.027	5.741	2.000	428.000	.003
GENDER					
Pillal's Trace	.154	38.911	2.000	428.000	.000
Wilks' Lambda	.846	38.911	2.000	428.000	.000
Hotelling's Trace	.182	38.911	2.000	428.000	.000
Roy's Largest Root	.182	38.911	2.000	428.000	.000
LANGUAGE					
Pillal's Trace	.005	.844	2.000	333.000	.431
Wilks' Lambda	.995	.844	2.000	333.000	.431
Hotelling's Trace	.005	.844	2.000	333.000	.431
Roy's Largest Root	.005	.844	2.000	333.000	.431
URBAN/RURAL AREA					
Pillal's Trace	.016	3.569	2.000	428.000	.029
Wilks' Lambda	.084	3.569	2.000	428.000	.029
Hotelling's Trace	.017	3.569	2.000	428.000	.029
Roy's Largest Root	.017	3.569	2.000	428.000	.029

A comparison between the groups (gender, age, rural/urban) revealed that in respect of all the factors, namely factor 1 and 2 of Section C1 and factor 1 and 2 of Section C2, a significant difference existed between the groups and the nil hypotheses stating that there is no difference, could therefore be rejected.

4.3 CONCLUSION

The aim of this chapter was to present the data collected during the survey. The data collected may be used to determine correlations between different

subgroups of the sample, as well as to ascertain which of the psychosocial factors individually or collectively influenced the respondents. The discussion and analysis will follow in chapter five.

