

Assessment Of Weight Control Behaviors Among Employees In University Of Mosul

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Abstract:

Background and objectives: Obesity and overweight are on the rise both in the national and global. Obesity has been dubbed a global pandemic because the number of overweight and obese people is steadily increasing, with more than 35% of adults being overweight or obese today. The study aimed to assess the weight control behaviors among employees in the university of Mosul.

Method: A descriptive study design was used to achieved the study aim. Random sample selection was used to select 160 employees, male and female working in different professions from different colleges. The study data were collected by self-report questionnaire and the data were analysed by descriptive statistical methods such as (percentage, frequency, Mean, standard deviation).

Results: results of the study indicated that the mean score of weight control behavires among employees in university of Mosul was low (1.48), and there are significance association between employees age, and socioeconomic status with weight control behavires (0.016), (0.048) respectively.

Conclusion: The researchers concluded that the employee's behaviors related to weight control general was poor and there is a non-significance difference between weight control behaviors and demographic variables except age, and socioeconomic level.

Recommendations: Given the poor level of body weight control behaviors, researchers recommend building special programs that increase people's awareness of healthy and unhealthy weight and clarify the risks of overweight and obesity on an individual's health.

Introduction:

Obesity and overweight are on the rise both in the national and global. Obesity has been dubbed a global pandemic because the number of overweight and obese people is steadily increasing, with more

than 35% of adults being overweight or obese today. (Mitchell & Shaw, 2015) Considering the growing obesity problem and the obvious cost associated with obesity it is important that services are offered which support people to manage their weight. However, weight loss is not as simple as it may appear on the surface: several factors contribute to the cause of obesity. These include diet, exercise, environment, genetics, and psychological factors. Often the focus is solely on diet and/or exercise however given the ongoing increases in the rate of obesity. (Hanrahan, 2018)

Obesity is caused by a chronic excess of energy intake compared to expenditure. Obesity is assumed to result through a dynamic relationship between an organism's biology, behavior, and an increasingly obesogenic environment, while the exact causes are unknown. (Haynos et al., 2018) Sedentary behaviors (e.g., work-related sitting, leisure-time sitting, TV viewing) may be linked to overweight and obesity regardless of physical activity, according to the literature. Working adults sit for roughly one-third to one-half of their workweek. (Chau et al., 2012)

Losing weight by calorie restriction and exercise has been shown to be useful in avoiding and controlling several disorders. Weight control practices among overweight/obese adults with these illnesses, on the other hand, are poorly understood. (Zhao et al., 2009) Of course we can't live forever, but we can live longer and be healthier in our later years by making some lifestyle adjustments. (Baktash & Naji, 2019) Behavior modification is important in a variety of domains, including primary prevention of chronic diseases, chronic disease management, and mental health treatment. Indeed, behavior change therapies have been used to treat a wide range of health issues and illnesses. (Ahmed et al., 2021) Importantly, even little changes in relevant health behaviors as a result of interventions and policies can result in significant public health improvements and health-care cost savings. (Laranjo, 2016)

Weight control behaviors continue to be prevalent in adulthood and especially increase among men. (Haynos et al., 2018) The study aimed to assess the weight control behaviors among employees in the university of Mosul.

Methodology:

A descriptive study design was conducted at the University of Mosul to identify the employee's behaviors related to weight control. Random sample selection was used to select 160 employees, male and female working in different professions from different colleges includes the College of Engineering, Science, Medicine, and Education. Data were collected by self-report questionnaire was adapted from

(Hartmann-Boyce et al., 2018). The questionnaire includes two parts, part one includes demographic data such as (Age, Gender, Educational level, Marital status, socioeconomic status, and BMI). Part two consists of several strategy patterns for weight control behaviors include (Physical activity, Dietary impulse control, Support, Advanced dietary planning and, Weight loss planning and monitoring). Data were analysed by descriptive statistical methods such as (percentage, frequency, Mean, standard deviation) (Younis et al., 2021)

Results:

Table (1): Distribution of the study sample according to their demographic variables.

Variables	Weight control behaviors			P-Value
Age Mean (SD) 40.32 (8.25)	No.	Mean of behaviors	SD	0.016
(20-29) Years	18	1.43	0.12	
(30-39) Years	70	1.51	0.24	
(40-49) Years	52	1.40	0.14	
(50-60) Years	20	1.47	0.12	
Total	160	1.46	0.015	
Gender	No.	Mean of behaviors	SD	P-Value
Male	102	1.44	1.99	0.713
Female	58	1.49	1.88	
work type	No.	Mean of behaviors	SD	P-Value
Office work jobs	131	1.46	0.19	0.594
Non-Office Jobs	29	1.48	0.18	
Socioeconomic status	No.	Mean of behaviors	SD	P-Value
Low	24	1.49	0.16	0.048
Moderate	106	1.47	0.20	
High	30	1.38	0.18	
Educational level	No.	Mean of behaviors	SD	P-Value
Primary school	13	1.49	0.20	0.599
Elementary school	8	1.42	0.12	
Intermediate school	34	1.43	0.23	

Bachelors	105	1.47	0.18	
BMI	No.	Mean of behaviors	SD	P-Value
(18-24.9) Normal weight	35	1.44	0.21	0.583
(25-29.9) overweight	61	1.47	0.18	
(30 or More) obese	64	1.48	0.20	

Table (2): The mean score of the subscale of behavioral strategies for weight control.

The subscale of behavioral strategies	No.	Mean of score	SD
Physical activity (6 Items)	160	1.50	0.33
Food agitation (7 Items)	160	1.60	0.41
Planning of food (5 Items)	160	1.31	0.21
Monitoring of weight (5 Items)	160	1.73	0.31
Family and Friends support (4 Items)	160	1.48	0.28
Total	160	1.46	0.19

Discussion:

Weight control behaviors are a mechanism to lose, gain, or maintain weight and are divided into healthy, unhealthy, and extreme weight control practices. Unhealthy weight control behaviors are commonly characterized by extreme calorie restriction and nutrition imbalance. (Tuffa et al., 2020) the results of the study revealed that the majority of the sample who aged 30-39 years and the average age mean (40.32) years and standard deviation (8.25), and there is a significant difference between the behaviors of the study sample according to their age (0.016) at P-value (0.05). The results of the study agreed with (Neumark-Sztainer et al., 2000) as it was found that the average age of the participants was 43.5 years, and the age was associated only with weight-control behaviors among adults men; the prevalence of dieting increased with age. While the results showed that there were no significant differences towards weight control behaviors in other demographic variables such as gender, type of work, educational level, and body mass index. On the other hand, it was shown that there are significant differences between weight control behaviors and the economic level of the participating employees (0.048) at a p-value (0.05). Evidence from high-income countries suggests that more sedentary employment with less physical activity are linked to greater obesity rates, while the link between work

and obesity is complicated by socioeconomic level, particularly education, and can differ across men and women. (Rittirong et al., 2021).

Results of the study indicated that the mean of employee's behaviors related to weight control subscales generally was poor (1.46), and standard deviation (0.19). These behaviors may be the result of the individual not being aware of the extent of being overweight or obese, or ignorant of the health risks that unhealthy weight may cause in the future. (Johnston & Lordan, 2014) The study found the mean of physical activity for weight control (1.50), food agitation (1.60), planning of food (1.31), monitoring of weight (1.73), and family and friends support for losing weight (1.48). Behavior-based lifestyle programs that use technology support to evoke changes in diet and physical activity are recommended to lose weight. Physical activity and diet are all behaviors that lead to weight loss, but personal counselling to change behavior can be time and costly. (Peyer et al., 2017).

Conclusion: The researchers concluded that the employee's behaviors related to weight control general was poor and there is a non-significance difference between weight control behaviors and demographic variables except age, and socioeconomic level.

Recommendations: Given the poor level of body weight control behaviors, researchers recommend building special programs that increase people's awareness of healthy and unhealthy weight and clarify the risks of overweight and obesity on an individual's health. In addition to behavioral change programs to address a healthy lifestyle, such as healthy food and physical activity.

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