

Awareness and preventive practices of obesity among young women in Calabar South Local Government Area of Cross River State

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Abstract

Study aim: The purpose of this study was to ascertain how young women in Calabar South, Cross River State, were aware of the reasons and preventative measures for obesity.

Material and methods: The study adopted the descriptive survey design using simple random sampling technique to select 400 participants (14–26years of age). Self-made and approved questionnaire was employed as a tool for data collection. With the use of descriptive statistics, the data was analyzed using frequency and percentages while chi square analysis was used to test hypothesis.

Results: According to the results, a majority of respondents 65.9% had high understanding of the factors that contribute to obesity, compared to just 34.1% who had poor awareness. It was also revealed that short sleep duration, excessive use of technology, parenting and social hindered the preventive practice of obesity. Chi-square analysis showed that the calculated value 28.005a was greater than the critical value 7.81 (p -value = 0.000), thus the null hypothesis was rejected. This shows that there is a significant correlation between level of awareness of the causes of obesity and the educational level of young women.

Conclusion: Nurses and midwives should educate young women about obesity during health consultations and prenatal clinic appointments in other to elevate their awareness to enhance their preventive practices

Keywords: Awareness – Causes – Preventive practices – Obesity – Young women

Introduction

In both developed and developing nations, obesity is the second most common cause of diabetes and cardiovascular disease globally. This is mostly attributable to bad eating habits and a lack of exercise [11]. In addition to a high-calorie diet and a lack of exercise to preserve physical health, there are many more fundamental causes of obesity [7]. Numerous complications, including physical impairments, metabolic disorders, cardiac failure, stroke, high blood pressure, respiratory issues, osteoarthritis of the weight-bearing joints, a shortened life expectancy, and an increased susceptibility to accidents, can develop as a result of obesity [10]. Obesity is described as an abnormal or excessive buildup of fat that might harm one's health [13, 15]. An excess of calories consumed relative to calories expended and a decline in physical activity are the

main factors contributing to the rise in overweight in children and adults [13]. Drugs used to treat attention deficit/hyperactivity disorder, corticosteroids, antihistamines, and beta-blockers are among those that have a role in young adults acquiring weight [16].

The main focus of prevention is identifying the root causes of obesity. According to studies, the entire family has to be motivated and educated as part of the treatment of obesity. By encouraging good eating habits and physical exercise, schools can help prevent obesity [13] as well as by providing mothers with important health knowledge. Overweight and obesity are highly prevalent and on the rise globally. Men's prevalence climbed from 28.8% in 1980 to 36.9% in 2013 while women's prevalence increased from 29.8% to 38.0 percent [4]. Obesity and overweight are typically brought on by an energy imbalance, which happens when energy intake exceeds energy expenditure for an extended period of time, leading

to the buildup of extra body fat. The consumption of foods with a high calorie density, particularly those high in sugar and fat, and an increase in sedentary behavior as a result of urbanization are the two primary causes of the rising incidence of obesity globally [12].

Material and methods

Research design and setting

The descriptive cross sectional research design was used for this investigation. Calabar South Local Government Area in Cross River State served as the study's location. The previous Calabar Municipal Government was transformed into the Calabar South Local Government, which is located in the Southern Senatorial District. Anantigha is where the corporate headquarters are. 264 Km² in size, it had 191,630 residents at the 2006 census. Although they are well renowned for their agricultural pursuits like farming and fishing, tourism has grown to be a significant industry in the region. They follow the Efik way of life. It has twelve (12) wards, including Ward 1 (Edem Efiokoho, Etak Udari, Bogobiri, Itu), Ward 2 (Eyamba, Big Qutter, Marina, Cohbam, Town), Ward 3 (Eneyo, Eyo Edem), Ward 4 (Beecroft, Anderson, Egerton), Ward 5 (Ewa Ekeng, Hawkins), Ward 6 (Punch, Nelson Mandela, Bedwel), Ward 7 (Ekpo Abasi, Abasi Edem, Yellow Duke, Palm Street). Young women (aged 14–26) in 12 wards of Cross River State's Calabar South Local Government Area made up the study's sample. There were 400 young women in the sample, chosen at random. Table 1 shows results for socio-demographic characteristics of young women in the study area.

It was a multistage sample. The roadway was divided into four sections using the cluster sampling technique: north, south, west, and east. The researcher chose seven

wards at random from a total of ten wards by writing down all of the ward names on a sheet of paper while keeping one eye closed. For this investigation, a structured questionnaire was employed. This resulted from factors that were examined. Four sections made up the questionnaire. Section A: The purpose of this was to collect data on the socio-demographic traits of the respondents. Section B: The goal was to gather data on young women's awareness of the factors that contribute to obesity (aged 14–26 years). Section C: The purpose of this was to gather data on the methods used to prevent young women's obesity. Section D: The purpose of this was to collect data on the barriers to young women's use of obesity prevention strategies (aged 14–26 years) Close-ended questions were employed to allow respondents to express their sentiments in response to the questions and give specific replies.

Validity of the instrument

Face and content validity were used to determine the instrument's validity. The researchers' made sure that the instrument's items measured every variable that was being studied; the instrument itself was examined and modified by a test and measurement specialist.

Reliability of the instrument

Using the test-retest procedure, the instrument's reliability was assessed. In order to do this, the researcher had to give 400 respondents who were not part of the study a copy of the questionnaire twice over the course of one to two weeks. Through the use of the Pearson Product Moment Correlation Coefficient, the correlation between the first and second sets of replies was determined. A questionnaire was used to gather the information. One month was allotted for data collection, and completed questionnaires were collected right away. Before doing so, an initial rapport was built up with the study participants, and agreement was only given voluntarily after the respondents had received a full explanation of the study's goals and benefits. Only a study assistant was used to receive the surveys from the participant, and copies of the questionnaires were taken right away. Using SPSS, inferential and descriptive statistics were utilized to examine the data from the survey, which was displayed in tables, bars, and pie charts. The statistical technique chi-square was used to determine the relevance of the study hypothesis.

Ethical consideration

Permission was received from the ministry of health's Calabar headquarters ethics and research committee, and the appropriate respondents were asked for an administrative permit. Following a suitable introduction of the researcher to the respondents, confidentiality of the information provided was guaranteed and preserved. The

Table 1. Socio-demographic characteristics (N = 400)

Variables	Responses	Frequency	%
Age	14–18	71	17.7
	19–22	116	29.0
	23–26	213	53.3
Religion	Christianity	390	97.5
	Islam	10	2.5
	Pagan	0	0.0
Level of education	Primary	121	30.3
	Secondary	107	26.7
	Tertiary	72	18.0
	Never been to school	100	25.0

respondents received guarantees that their freedom of choice to participate in the study or not would be respected and that they wouldn't face any bias.

Eligibility Criteria

Inclusion criteria

of those surveyed are young women aged (14–26). In this study, pregnant mothers and girls ranging in age from (14 to 26) were the respondents.

Exclusive criteria

Young women below 14 years of age and above 26 years were excluded in the study

Results

Frequencies of responses shown in Table 2 reflect awareness of causes of obesity.

Table 3 reveal result for preventive practices of obesity.

Table 2. Frequencies of responses to questions about causes of obesity (N = 400)

Variables	SA (%)	A (%)	DA (%)	SDA (%)
Spending longer time daily in front of the TV and computer can lead to obesity	195 (48.7%)	68 (17.0%)	50 (12.5%)	87 (21.8%)
Having at least (5) five servings of fruits and vegetables reduces ones chances of being obese	144 (36.0%)	152 (38.0%)	74 (18.5%)	30 (7.5%)
Taking beverages with added sugar such as soft drinks, fruit juice is preferable to drinking water	118 (29.5%)	136 (34.0%)	100 (25.0%)	46 (11.5%)
Obesity is caused by steady decline in physical activity such as running, walking, jogging etc	120 (30.0%)	156 (39.0%)	90 (22.5%)	34 (8.5%)
Lifestyle preferences such as body shape and increase portion size of food can lead to obesity.	110 (27.5%)	146 (36.5%)	96 (24.0%)	48 (12.0%)
Environmental and cultural factors are contributory factors to the causes of obesity	138 (34.5%)	116 (29.0%)	90 (22.5%)	56 (14.0%)
Decrease caloric expenditure via exercise or slow metabolism can lead to obesity	84 (21.0%)	166 (41.5%)	128 (32.0%)	22 (5.5%)

SA – Strongly Agreed, A – Agreed, DA – Disagreed, SDA – Strongly Disagreed.

Table 3. Frequencies of responses to questions on preventive practices of obesity (N = 400)

Variables	SA (%)	A (%)	DA (%)	SDA (%)
Precautions in diet like eating less fried foods, less sweets consumption can prevent obesity	98 (24.5%)	10 (2.5%)	138 (34.5%)	154 (38.5%)
Continuous movement and doing household work can prevent obesity	26 (6.5%)	30 (7.5%)	200 (50.0%)	144 (36.0%)
Education and motivation of the whole family is vital in obesity prevention	114 (28.5%)	150 (37.5%)	52 (13.0%)	84 (21.0%)
I visit gymnasium and use machines while doing exercise daily	68 (17.0%)	32 (8.0%)	180 (45.0%)	120 (30.0%)
Obesity can be prevented by regular health check-up	114 (28.5%)	170 (42.5%)	84 (21.0%)	32 (8.0%)
Intake of boiled food and lemon water can help in preventing obesity	59 (14.7%)	145 (36.3%)	190 (47.5%)	6 (1.5%)
Focus on low-calorie, nutrient –dense foods such as fruits, vegetables and whole grains can prevent obesity	103 (25.8%)	158 (39.5%)	87 (21.7%)	52 (13.0%)

SA – Strongly Agreed, A – Agreed, DA – Disagreed, SDA – Strongly Disagreed.

Table 4. Frequencies of responses to questions on factors that hinder the preventive practice of obesity (N = 400)

Variables	SA (%)	A (%)	D (%)	SD (%)
Chewing biscuit, leaking sweet and taking cookies instead of food every morning hinders the preventive practice of obesity	134 (33.5%)	210 (52.5%)	44 (11.0%)	12 (3.0%)
I prefer relaxing myself instead of inducing stress by engaging in physical activity such as exercise	144 (36.0%)	210 (52.5%)	20 (5.0%)	26 (6.5%)
Short sleep duration for at most (2) two hours daily hinders the preventive practice of obesity	197 (49.3%)	103 (25.7%)	88 (22.0%)	12 (3.0%)
The excessive use of information technology at home and workplace can hinder preventive practice of obesity	110 (27.5%)	164 (41.0%)	104 (26.0%)	22 (5.5%)
Frequent use of vehicles instead of moderately intense physical activity like walking can hinder the preventive practice of obesity	113 (28.3%)	171 (42.7%)	84 (21.0%)	32 (8.0%)

SA – Strongly Agreed, A – Agreed, DA – Disagreed, SDA – Strongly Disagreed.

Table 5. Contingency table showing awareness of causes of obesity and educational level of young women (N = 400)

Education	Awareness of causes of obesity			χ^2	χ^2 crit.
	Good awareness	Poor awareness	Total		
Primary	94	27	121	28.01 df = 3 p < 0.001	7.81
Secondary	90	17	107		
Tertiary	55	17	72		
Never been to school	25	75	100		
Total	264	136	400		

df – degrees of freedom.

Factors that hinder the preventive practice of obesity were shown in Table 4.

Table 5 shows the frequencies illustrating the relationship between awareness of the causes of obesity and the educational level of young women

Since the calculated value of χ^2 exceeded the critical value (p-value < 0.001), it can be considered that there is a strong relationship between the educational level of young women and their level of awareness of the causes of obesity.

Discussion

The majority of the survey's participants had strong knowledge of the causes of obesity, according to study findings. This may be related to the growing awareness of obesity in the media and on social media. Accordingly, [2] demonstrated that the majority of participants were aware of the negative effects of obesity, including joint discomfort, the possibility of acquiring diabetes, hypertension,

high cholesterol, coronary artery disease, asthma, obstructive sleep apnea, and depression. According to a similar study by [1], obese women described consuming fried food as the main reason for their weight gain, whereas normal and overweight women cited overeating as the main cause of their obesity. This research, however, contradicts another study by Ojofeitimi et al. [11] that claimed that 76.7 percent of people had poor levels of knowledge about the dangers of obesity. Male drivers greatly underestimate their adiposity and T2DM risk, according to [5], who also claimed this. There is a need for more public education on obesity, the health hazards it poses, and the advantages of losing weight. However, in the federal ministry of health in Abuja, Nigeria, [6] claimed having a fair understanding of obesity. According to the study's findings, the majority of participants had subpar habits for preventing obesity. According to Pradeepa [13], just 5.6% of research participants had strong understanding, 56.9% had low knowledge, and 37.5% had no information of it. Furthermore, [3] demonstrated that the 268 male and 232 female students that took part in this research were aware of obesity. Medical students may take a leading role in awareness initiatives aimed at postponing the beginning of lifestyle illnesses, according to Shrivastava et al. [14], who voiced disapproval.

The variables that prevented the prevention of obesity were snacking, short sleep duration, excessive technology usage, parenting, societal norms and family dynamics, and frequent use of cars. This study is consistent with Nogueira and Zambron [9] who demonstrated that obstacles to obesity included financial hardship, a lack of parental attention, physical limitations, and unsafe neighborhoods. A research by Franca et al. [8] that highlighted social and cultural dimensions, in addition to highlighting cognitive and psychological aspects and those related to health services and professionals, is also in accord. Other factors that were more directly linked to the overweight adolescent included: lack of commitment to dietary agreements; beginning diets prior to receiving treatment; lack of motivation; depression; low self-esteem; peer pressure; flavor of foods perceived as healthy; greed; unhealthy preferences; and using food as a means of controlling emotional states.

Conclusion

The results of this study demonstrated the necessity for nurses to educate young women about obesity prevention. Additionally, some elements that obstruct the prevention of obesity should be found and removed. However, it was advised that nurses spearhead neighborhood efforts on obesity prevention strategies. In order to raise awareness about obesity prevention, billboards and posters should also be put in key areas. Finally, nurses and midwives can

educate young women about obesity during health consultations and prenatal clinic appointments.

Conflict of interest: Authors state no conflict of interest.

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