Research Article

A STUDY ON AWARENESS OF OBESITY AMONG WORKING WOMEN AND HOUSEWIVES

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ABSTRACT

Given the multiple chronic diseases which are linked to obesity, this study focusing on the awareness regarding causes, consequences, and strategies to prevent and control of obesity among working women and housewives. Specifically in countries like India, obesity is culturally accepted and women face up highest weight gain in recent time. In this study, we tried to assess the knowledge about contributing factors for obesity, awareness towards structured teaching programs and its effectiveness and association between knowledge on obesity with selected demographic variables like age, education status, income, type of family, number of children, etc. Based on the study, we can say that the prevalence of overweight and obesity are gaining momentum at slow and steady pace and the awareness of obesity is more in working women compare to housewives which results higher BMI percentage in housewives. Factors like decreased exercise, less physical activity, less intake of fiber foods andfast-food consumption were seen to be positively associated with weight gain.

INTRODUCTION

During the past few decades the prevalence of obesity has grow to epidemic preparation and this condition is known to be a major condition to the global burden of disease world health organization (WHO) latest project indicated that globally in 2005 approximately 1.6 billion adults (age 15 +)were overweight and at least 400 million adults were obese WHO farther project that by 2015, approximate 2.3 billion adult will be overweight and more than 700 million will be obese obesity can be define in a number of ways including the use of population means and in terms of body mass index (BMI and waist hips ratio (W/S Ratio). Obesity has been associated with CVD, diabetes, joint trauma, back pain, cancer hypertension and mortality.

Objective

The objective is to asses the knowledge about the contributing factors to obesity among working women and the housewives, awareness towards structured teaching programs and its effectiveness and association between knowledge on obesity with selected demographic variables like age, education status, income, type of family, number of children, etc.

Hypothesis

H01: There will not be significant difference between pre test and post test knowledge regarding factors contributing to obesity among housewives and working women.

H02: There will not be significant difference between housewives and working women knowledge regarding factors contributing to obesity among housewives and working women

H03: There will be significant difference between pre test and post test knowledge regarding factors contributing to obesity among housewives and working women.

Method of Data Collection

1. **Type of tool**
   - Part-I Demographic proforma
   - Part-II Structured interview Schedule
   - Part-III Determination of body mass index (BMI)
2. **Research design**: Comparative descriptive design
3. **Research setting:** The study will be conducted in selected urban community area at Bangalore.
4. **Sample size**: Sample comprises of 30 housewives and 30 working women.
5. **Sample technique:** Non probability, convenient sampling method will be used.

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Varibles

Independent variable: Structured Teaching Programme regarding contributing factors of obesity among the housewwives and working women.

Dependent variable*:* The dependent variable is level of knowledge regarding contributing factors of obesity among the housewwives and working women.

Extraneous variable*:* Demographical variable like age, education, occupation, type of family, income, religion, number of child birth, diet habits and source of information.

Plans for Data Analysis

Descriptive statistics and inferential statistics will be used to analysis the data One of the strongest is the link with type 2 diabetes. Excess body fat underlies 64% of cases of diabetes in men and 77% of cases in women. Health consequences fall into two broad categories: those attributable to the effects of increased fat mass (such as osteoarthritis, obstructive sleep apnea, and social stigmatization) and those due to the increased number of fat cells (diabetes, cancer, cardiovascular disease, non-alcoholic fatty liver disease). Increases in body fat alter the body's response to insulin, potentially leading to insulin resistance. Increased fat also creates a pro-inflammatory state, and a prothrombotic state. Although the negative health consequences of obesity in the general population are well supported by the available evidence, health outcomes in certain subgroups seem to be improved at an increased BMI, a phenomenon known as the obesity survival paradox. The paradox was first described in 1999 in overweight and obese people undergoing haemodialysis, and has subsequently been found in those with heart failure and Peripheral Artery Disease (PAD).In people with heart failure, those with a BMI between 30.0 and 34.9 had lower mortality than those with a normal weight. This has been attributed to the fact that people often lose weight as they become progressively more ill. Similar findings have been made in other types of heart disease. People with class I obesity and heart disease do not have greater rates of further heart problems than people of normal weight who also have heart disease. In people with greater degrees of obesity, however, risk of further events is increased. Even after cardiac bypass surgery, no increase in mortality is seen in the overweight and obese. One study found that the improved survival could be explained by the more aggressive treatment obese people receive after a cardiac event. Another found that if one takes into account Chronic Obstructive Pulmonary Disease (COPD) in those with pad the benefit of obesity no longer exists.

New data released by the International Diabetes Federation shows every sixth diabetic in the world is an Indian - earning India the title "the world's diabetes capital." Research over the past decade shows that genetically, Indians store more body fat per kilogram than Europeans. Leading health professionals agree, obesity puts Indians at an even greater risk of getting diabetes. This risk is now crossing socioeconomic lines, says Dr. Anoop Misra director of diabetes and metabolic disease at New Delhi's Fortis Hospital.

Sample design and method

The study covered 75 working women and 75 house wife. The information was collected by questioner method and analyzed it by statically method. BMI and W/H ratio were calculated.

RESULT

Awareness of obesity among working women and house wife.

Class	Frequency	
	Working women	House wife
95-105	1	4
105-114	3	6
115-124	6	11
125-134	26	24
135-144	24	14
145-154	11	8
155-164	4	3

Subject	Total	Mean	Standard Deviation	Difference between mean	t-test
Working women	75	135.7	10	1.8	2.5
House wife	75	131.2	13		

Table -1 show that the mean scores of working women was 135.7 and the house wife was 131.2. the standard deviation of working women was 10 and house wife was13.the difference between mean was 1.8 and result of t-test was 2.5 which was significant at 0.01 level.

So, it can be said that awareness of obesity is more in working women than in house wife.

Percentage of BMI for working women and house wife

classification	Working women		House wife	
	No	%	No	%
18.5<under weight	15	20	5	6.6
18.5-24.9 normal	34	45.3	38	50.6
25.0-29.9 pre obese	22	29.3	20	26.6
30.0-34.9 grade-I	4	5.3	10	13.3
35-39.9 grade II	0	-	1	103
40> grade III	0	-	1	1.3

Forty five percent of working women and 50 percentage house wife were normal which 29.3percent of working women and 26.6 percent house wife are pre obese while grade I.II,III obesity working women was 5.3 percent and in house wife was 15.9 percent. It becomes higher than the working women.

Percentage of W/H ratio for working women and house wife

classification	Working women		House wife	
	No	%	No	%
Normal	41	54	40	53.3
High	34	45.3	35	46.6

The percentage of normal w/H ratio of working women and house wife was all most same.

Percent of high hip ratio of house wife was slightly higher than the working women.

Medical history of formatives of the subjects

Medical history	Working women		House wife	
	No	%	No	%
Hereditary	9	12	21	28
Mothers hereditary	17	22.6	6	8
fathers hereditary	7	9.3	9	12
Diabetes	28	37.3	30	40

Medical history of heredity of working women was 12 % while in house wife was 28%. Mothers hereditary of working women were 22.6 % and house wife was 8%. It was comparatively more than twice time but medical history of diabetes was same in both.

Exercise walking & eating habit (fiber foods) of working women.

BMI	Other exercise			working			Fiber food		
	Y	N	Same time	Y	N	Same time	Y	N	Same time
18.5 under weight	0	5	0	3	1	11	1	1	1
18.6-24.9 normal	1	35	2	34	2	2	20	7	11
25-29.9 pre obese	5	13	2	20	-	-	11	2	5
30-34.9 grade I	2	6	2	9	-	1	6	3	1
35-39.9 grade II	0	1	0	1	-	-	0	0	1
40 > grade III	1	0	0	1	-	-	0	0	1
Total	9	60	6	68	3	4	38	13	20

Ninety percentage working women were agree walking execrate. Only 12% of working women do other types of exercise.

Fifty percentage of working women were aware to take fiber food.

Execrate walking & eating (fiber foods) habit of the subject.

BMI	Walking			Exercise			Fiber food		
	Y	NO	Same time	Y	NO	Same time	Y	NO	Same time
18.5 under weight	12	0	3	0	12	3	10	3	2
18.6-24.9 normal	32	0	2	5	25	4	20	4	10
25-29.9 pre obese	20	1	1	2	16	4	15	2	5
30-34.9 grade I	4	0	0	0	4	0	2	2	0
35-39.9 grade II	0	0	0	0	0	0	0	0	0
40 > grade III	0	0	0	0	0	0	0	0	0
Total	68	1	6	7	57	11	47	11	17
percent	90	1.3	8	9.3	76	14.6	62.6	14.6	22.6

Exercise, walking & eating habit (fiber food) of house wife

BMI	Walking			Exercise			Fiber food		
	Y	N	Same time	Y	N	Same time	Y	N	Same time
18.5 under weight	0	12	3	12	0	3	10	3	2
18.6-24.9 normal	5	25	4	32	0	2	20	4	10
25-29.9 pre obese	2	16	4	20	1	1	15	2	5
30-34.9 grade I	0	4	0	4	0	0	2	2	0
35-39.9 grade II	0	0	0	0	0	0	0	0	0
40 > grade III	0	0	0	0	0	0	0	0	0
Total	7	57	11	68	1	3	47	11	17
Percent	9.3	76.	14.6	90	1.3	8	62.6	14.6	22.6

Ninety percent of house wife were agree with walking exercise only 9.3 % house wife do other exercise. 73 % of house wife were aware to take fiber food. It was higher than the working women.

CONCLUSION

The study is showing that the prevalence of overweight and obesity are slow and steadily gaining momentum in the Indian scenario. The awareness of obesity is more in working women compare to housewives which results the higher percentage of BMI in the housewives compare to working women. The awareness of obesity in joint and nuclear family were similar for both the working women and housewives. The percentage of normal W/H ratio of working women and housewives were similar whereas high W/H ratio of housewives was slightly higher than the working women. The awareness of exercises was much more but less implementation has been seen. Factors included hired tardy decreased exercise physical activity less intake of fiber foods, fast food consumption were seen to be positively associated with weight gain.

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