



Research Article

Knowledge Attitude and Practice about Obesity and Its Complication in Rural Area of Lahore

Asma Anwar^{1*}, Muhammad Hussain¹, Hajra Sarwar¹, Muhammad Afzal¹, Syed Amir Gilani¹

¹Lahore School of Nursing, The University of Lahore, Pakistan

Abstract

Introduction: The population has not been investigated extensively about understanding and perception about obesity and its complications. The aim of the study was to investigate the understanding, recognition and practice between overall population in the selected areas of Lahore related to obesity and its complications. **Methods:** The descriptive study which involved 100 respondents. The respondents from Hussain Abad Lahore were conveniently approached and recruited. A pre-approved, questionnaire was used for data accumulation. SPSS version 20 was used both descriptive and inferential statistics. **Results:** From Out of the total 100 participants, 53% were females and 47% were males. Almost the half Participant 45% was in the age of 35years. Nearly 91% respondents don't have idea about normal body mass index of adults. While 89% participants don't know hormonal problems can lead the obesity. However 51% participants know that obesity can lead the heart problems. . Just about 52% participants were agreeing that when the person consumes extra calories than the individual burns obesity can occurs. 44% participants were agreed that psychological factors can influence the eating habits and obesity more over 36% are agreed that junk food takers are more susceptible to obesity. Only 3% participant checks their Body Mass Index (BMI) level. 26% change their eating habits, physical activity in order to maintain their physique and 11% takes of junk food. **Conclusion:** The respondents were more careful that obesity happens when a man expends a bigger number of calories than a man devours it. However the respondents know about obesity and its entanglements to some degree, their preparation towards weight isn't general which ought to be investigated later on for better human administrations, and prosperity comes about.

Keywords: Rural area of Lahore; knowledge; attitude; practice; Obesity

Introduction

Obesity is the complex, multifactorial, and preventable disease, affect's in a form of overweight, affected over 33% of the total world's population. On the world perception it remain continue than in the 2030 as per an estimation 38% of the world's aggregate grown-up populace will be overweight and 20% will be resolute (Rajiah and Mathew, 2013). Obesity is a well-established risk factor for the

cardiovascular disease in the overall population. Cardiovascular disease is a primary cause of mortality and morbidity in the developed and developing countries. (Hruby and Hu, 2015) Obese can be defined as individual ordinary weight typically a man has been thought to be obese if there is over than 20% over the ultimate weight. That perfect weight is take by the clarification of the individual's height, age, sex, and development. (Nair,

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^{1*}Corresponding author

Asma Anwar,

Lahore School of Nursing, The University of Lahore, Pakistan

Email: anwarasma630@gmail.com

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Hanumantappa, Hiremath, Siraj, and Raghunath, 2014). Obesity is described by the National Institutes of Health (the NIH) as a BMI (Body Mass Index) of 30 and the sky is the limit from there. (A BMI of 30 is around 30 pounds overweight.) The BMI, a key record for relating body weight to stature, is a man's weight in kilograms (kg) partitioned by their tallness in meters (m) squared Bleich, Bennett, Gudzone, and Cooper, 2012). The aggregate frequency of obesity worldwide has empowered the World Health Organization (WHO) to assign as obesity amongst the most huge overall wellbeing perils. The wellspring of this epidemic is grim way of life high-vitality and high-fat eating routine style, physical apathy and smoking (Hruby and Hu, 2015).

Research Question

What is the knowledge attitude and believe of community resident related to the obesity and its complication?

Aims of the Study

This study estimated the knowledge, attitude and practice of resident's people related obesity and its complication.

Significance of the Study

Many studies have been conducted on obesity and its complication related knowledge, attitude and practices but there are limited studies which have done in the community. The study will help to assess the resident's knowledge, attitude and practice that the residents have good knowledge, attitude and practice to maintain good health. Moreover, study will assess the gap that either resident have the knowledge but not use in practices or either residents have not knowledge that's why resident's practices are poor. This gap will help the organizations in making polices

to improve the residents practices as well as to enhance the knowledge by conducting seminar or teaching session.

Literature Review

As indicated by an investigation of USA, the obesity will be 85% till 2030. While the advance's of creating obesity in most created nations appear like leveled, however in huge numbers of these nations keeps on expanding, including among youngsters. Also, weight pervasiveness in creating nations is proceeds with increment toward US levels (Schauer et al., 2012).

Pakistan right now positions sixth among the most crowded nations of the world, and its development rate are most elevated in Asia i.e. 2.8%. Late information from both the National Nutrition review (NNS-2011) and Pakistan Demographic and Health Survey (PDHS2012-13) demonstrated a persevering high predominance of under-nourishment and pallor among ladies existing together with huge extent of overweight and large ladies. A little scale ponder directed in ladies more than 25 years old living in a low salary group uncovered a higher commonness of 42% overweight and 8% weight among ladies with abdominal area corpulence conveying higher danger of cardiovascular ailment (CVD). Pakistan's National Health Survey (NHS 1990-94) found that the pervasiveness of heftiness for grown-ups between age 25 to 64 from low, center and high SES was 9%, 15% and 27% for rustic zones and 21%, 27% and 42% for urban zones separately (Mehboob, Safdar, and Zaheer, 2016).

Conceptual Framework

Fig. 1 shows the conceptual framework of this study.

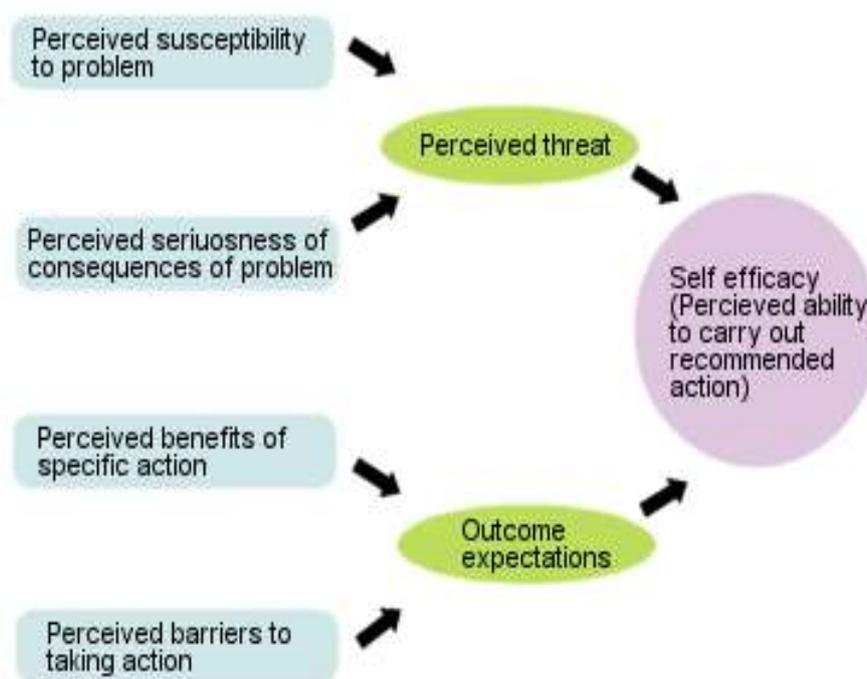


Fig. 1: Conceptual framework

The Health Belief Model will create to clarify the wellbeing conduct and furthermore apply to disease or disorder behavior. As indicated by this model the people are participate in wellbeing practices, for example, safe practices of weight and its complication, an individual needs to see himself as defenseless or helpless to a wellbeing danger. That health danger must be seen as having serious results. The defensive activity that is accessible must be seen as exceeding the apparent cost of the activity. However notwithstanding when individual, see that they could receive a specific game-plan, some trigger may be required to push them vigorously.

Methods

Setting

The research was conducted in Hussain Abad community.

Research Design

The study was analytical cross sectional study design.

Population

The target populations were male and female of Hussain Abad community Lahore

Sampling

Respondents’ selection was 100.

Research Instrument

A questionnaire was designed for this study to gather data to answer the research questions.

Data Gathering Procedure

A Close ended questioner was adopted from base line article.

Methods Used to Analyze Data

Data entry was completed by the primary investigator at SPSS.

Study Timeline

The data was collected from Sep, 2017 to Jan, 2018.

Ethical Consideration

The study will be approved and controlled by The Institutional Review Board (IRB) of University of Lahore, the stake holder of Hussain Abad community and The individual consent will also be signed before getting information.

Results

Demographic Characteristics

Out of the 100 respondents, 53% of the respondents were females while 47% comprised of men. Almost 50% of the respondents (45%) were in the age gathering of over 35. The greater part of the respondents (54.78%) was accounted for to have their own particular business. Full statistic attributes of respondents are explained in Table 1.

Table 1: Demographics of Participants (Age, Gender, Qualification and Monthly Income)

Demographics	Options	Frequency	Percentage
Gender of participant	Female	53	53.0
	Male	47	47.0
Age of participant	<18yrs	7	7.0
	18-25yrs	23	23.0
	26-35yrs	38	38.0
	>35yrs	32	32.0
Qualification of participant	Illiterate	23	23.0
	Primary	30	30.0
	Middle	31	31.0
	Matric	6	6.0
Monthly income of participant	Above	10	10.0
	<15000-16000	5	5.0
	25000-26000	34	34.0
	35000-36000	44	44.0
	45000	17	17.0

Knowledge towards Obesity and Its Complications

Just about (91%) respondents addressed that they don't have the foggiest idea about the ordinary weight record of a grown-up. While 89% addressed that they don't know hormone issues can prompt heftiness. However 51% respondents do realize that obesity can prompt heart issues. These all are outlined in Table 2.

Attitude towards Obesity and its Complications

Right around 52% members are concurring that obesity happens when a man expends a greater number of calories

than a man consumes it. 44% members are concur that mental factors likewise impact dietary patterns and heftiness and 36% are concur that garbage sustenance eaters are more inclined to weight. These all are explained in Table 2.

Practice towards Obesity and its Complications

Just 3% member checks their Body Mass Index (BMI) level. 26% alter their dietary patterns, physical movement so as to keep up your constitution. Furthermore, 11% takes of garbage sustenance. These all are explained in Table 2.

Table 2: Knowledge, Attitude and Practice regarding Obesity and its Complication.

Questions	Options	Frequency	Percentage
1. Do you know the normal body mass index of an adult?	Yes	9	9.0
	NO	91	91.0
2. Do you know that hormone problems like hypothyroidism can lead to obesity	Yes	11	11.0
	NO	89	89.0
3. Do you know that obesity can lead to heart problems?	Yes	49	49.0
	NO	51	51.0
4. Do you agree that obesity occurs when a person consumes more calories than a person burns it?	Strongly Agree	28	28.0
	Agree	52	52.0
	Disagree	10	10.0
	Strongly Disagree	10	10.0
5. Do you agree that psychological factors also influence eating habits and obesity?	Strongly Agree	41	41.0
	Agree	44	44.0
	Disagree	8	8.0
	Strongly Disagree	7	7.0
6. Do you agree that junk food eaters are more prone to obesity?	Strongly Agree	41	41.0
	Agree	36	36.0
	Disagree	7	7.0
	Strongly Disagree	16	16.0
7. How often do you check your Body Mass Index (BMI) level?	Every time	3	3.0
	Most of the time	15	15.0
	Some time	37	37.0
	Very rare	45	45.0
8. Do you modify eating habits, physical activity in order to maintain your physique?	Every time	0	0
	Most of the time	26	26.0
	Some time	43	43.0
	Very rare	31	31.0
9. How much amount of junk food you consume in a day approximately?	Every time	11	11.0
	Most of the time	23	23.0
	Some time	50	50.0
	Very rare	16	16.0

Discussion

The idea of knowledge related to obesity and complication in the people living in rural area, their attitudes and practice toward it was investigated. Results show that majority of the participants seemed to have little information on complications of obesity. Their attitude related to the obesity and its complication the participants were not frequently checking their body mass index. The results revealed that many participants do not have idea that hormonal problems can cause obesity. Mostly participants of study know that obesity can cause to heart related problems. While large number of participants know about adult's normal body mass index, it is not determined that the participants have the correct idea. That's why it was a closed-ended question and therefore the level of their knowledge related the normal value may not be correct from the outcomes, it's marked that half of the participants strongly agree about junk food takers are more disposed to obesity. Also mostly participants disagree that mental factors also affect eating styles and obesity which is supposedly not correct. Although many of the participants supposed that junk food takers are more disposed to obesity, only a small proportion of participants eat junk food once a while mostly they consume.

Limitations

Participants in this research were not from general population and another limitation is small sample size.

Conclusion

The respondents were more mindful that obesity happens when a man expends a bigger number of calories than a man consumes it. Despite the fact that the respondents know about obesity and related complication to some degree, their training towards weight isn't broad which ought to be investigated later on for better social insurance, and wellbeing results.

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