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Prevalence of ObesityAmong University Female Students :Season of Comparative Study

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Abstract

This study was conducted to assess a comparison of the prevalence of obesity among Damiettauniversity female students, in the years 2007 and 2016. Heights, weight, body mass index (BMI) were measured for 211 and 174 students in 2007 and 2016, respectively. Study aged ranged 18-23 years, filled questionnaires to evaluate theirknowledgeaboutcauses of overweight and obesity, Twentyfourhours recall method was used to recognize the calories intake. Obtained results showed that ratio of 13.7% and 13.8%, 43.6% and 33.3%, 31.3% and 36.2%, 11.4% and 16.7% of girls wereunderweight, normal weight, overweight, and obesity in the years 2007 and 2016 respectively. This proved that in 2016 the prevalence of overweight and obesity is higher than in 2007. In contrast, ratio of 23.9% and 21.7%, 76.1% and 78.3% of girls were beginning overweight and obesity in childhood and after maturityrespectively. Moreover, ratio of 19.4%, and 56.3%, 49.8%, and 30.5%, 30.8%, and 13.2% of girls intake<1500, 1500-2000, and >2000 calories in the years 2007 and 2016 respectively.

Key Words:Obesity in university students, Questionnaires, Calorie intake, BMI.

Introduction

Obesity and overweight are considered a public health problem due to their high prevalence in different age groups, mainly in young adults (**Barquera and Tolentino; 2010**)It is linked to 60% of deaths due to

noncommunicable diseases (**Soca, and Alvett; 2009**) Figures reported in 2010 by the World Health Organization, indicate that worldwide, approximately one billion people over the age of 20 are overweight and that more than 300 million are obese. Additionally, it is estimated that in 2015, there will be approximately 1.5 billion overweight and 700 million obese adults (**WHO; 2010**)

Some of the population groups vulnerable to the problems of obesity and overweight are university students due to many factors including increasing energy needs by age, increasing consumption of high calorie and fat diet, decreasing physical activity, and emotional changes (mainly anxiety and depression) that stimulate food intake(Carretero et al., 2010) One of the major challenges facing developed countries as well as developing countries is the double burden of emotional and weight problems. Young adults between 18 and 25 years of age, especially university students constitute a particularly vulnerable group with high prevalence rates of both problems (Obermeyer et al., 2015 and Poobalan., 2016).

Adolescent obesity in particular has shown to be a growing problem. For example, in the United States, obesity in 12–19 years old has increased dramatically in the past decades with about 35 % being overweight or obese in 2011 (**Ogden** *et al.*, **2014**).

The phenomenon of weight gain in the first year of university has often been referred as "Freshman 15". This is in reference to the claim that on average, students reported gaining 15 lb (6.8 kg) in their first year of university (**Brown., 2008**).

In 2011-2012, the prevalence of obesity in the United States was 16.9% in youth and 34.9% in adults. The overall prevalence of obesity among youth remained unchanged compared with that in 2009-2010 (16.9%), and there was no significant change since 2003-2004 (**Ogden** *et al.*, **2012**)

In 2014, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 600 million were obese, 39% of adults aged 18 years and over were overweight in 2014, and 13% were obese. Most of the world's population live in countries where overweight and obesity kills more people than underweight (WHO:2016).

A high prevalence of overweight status among African adolescents, surpassing the 11% overweight projection for the year 2025. The prevalence of underweight is comparable to findings of a previous study (de Onis *et al.*, 2004 and Black *et al.*, 2013).

females had a higher overweight and obese prevalence than males while the reverse was true for underweight. This is different however to findings of previous studies in high income countries (Yngve et al., 2008 and Peltzer., 2013) for example inKingdom of Saudi Arabia studies on college students revealed higher rates of obesity in males than in females (Huang et al., 2003 and Yahia et al., 2008) and documented that 30.6% of female college students were either overweight or obese (Rasheed et al., 1994)...

In Egypt more than one-quarter of the students from Alexandria University were overweight28.9%, 6.6% were obese and 6.1% were underweight (**Heba** *et al.*, **2016**).

This work aimed to compare the prevalence of obesity among university female students in Damietta University.

Subjects and Methods

A random sample of 211and 174 university female students in the years 2007 and 2016 respectively, aged 18-23 years, were selected from Damietta University toapply some anthropometric measurements.

The study contains threequestionnaires; as follows:1)name, age, anthropometric measurements: height (cm), weight (k.g), and BMI(Qiang et al., 2014)

as follows: 2)measuring knowledgment and reason about obesity.

(Mehelba, 1999)

and: 3)Twenty four hour recall method (Abd El-Salam, 1998)

Height and weight were measured to the nearest 0.1 cm and 0.1 kg, respectively.

BMI as an indicator of obesity was calculated according to the following form

BMI = Weight (Kg) / Height (m²)

The grades of obesity utilizing the BMI are described as follows:

Under weight	<20
Normal weight	20 to 25
Overweight	25 to 30
Obesity	>30

Results and Discussion

Table (1) and Figure(1) showed the comparison of female students by their grade of BMIin 2007 and 2016. It is noted that 29(13.7%) in 2007 in compare with 24 (13.9%)in 2016 of female students were underweight, 92(43.6%) in 2007 in compare with 58 (33.3%)in 2016 of female students were normal weight, 66(31.3%) in 2007 in compare with63 (36.2%)in 2016 of female students were overweight, and 24(11.4%) in 2007 in compare with 29 (16.7%)in 2016 of female students wereobese.

These results showed that overweight and obesity in 2016 is more than in 2007, while normal weight in 2007 more than in 2016.

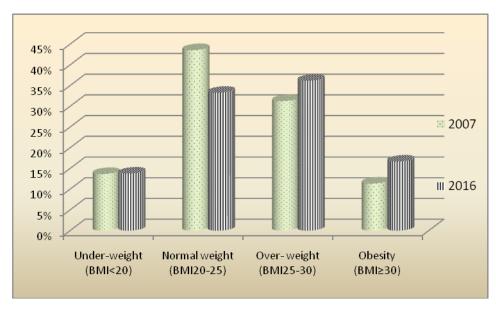
Total of overweight and obesity in 2016 were 92(52.9%), this mean more than half of students were overweight and obesity, but they were 90 (42.7%) in 2007 of students were overweight and obesity.

These findings in similar with **Hebaet al.**, (2016) who study, found that more than one-quarter of the students were overweight 28.9%, while 6.6% were obese and 6.1% were underweight in Alexandria University 2012-2013.

Alsothese findings wereharmonized with **Abd E-Salam(1998)** who found that 48.5% were in normal weight and 16.5% were underweight but not agree with this study in overweight were 18.5%. In the other hand obese grade I andgrade II were 16.5% and no one were in gradeIII obesity.

Table (1): Frequency and distribution of students by grade of body mass indexin 2007 and 2016

Under-weight (BMI<20)				Normal weight (BMI20-25)				Over- weight (BMI25-30)				Obesity (BMI≥30)				
2	2007		2016		2007		2016		007	2016		2007		2016		
No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	
29	13.7	24	13.8	92	43.6	58	33.3	66	31.3	63	36.2	24	11.4	29	16.7	



Figure(1): Frequency and distribution of students by grade of body mass indexin 2007 and 2016

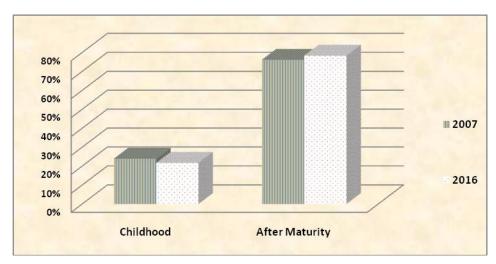
Table(2) and Figure(2) showed distribution of students according to the period of the beginningoverweight and obesity problem in 2007 and 2016

It is noted that 21(23.9%) in 2007 in compare with 20 (21.7%) in 2016 of female students beganoverweight or obesity in childhood, 67(76.1%) in 2007 in compare with 72 (78.3%) in 2016 of female students beganoverweight or obesity after maturity. These results showed that most of female students began overweight and obesity after maturity both in 2007 and in 2016.

These results are within the range of results obtained by **Mehliba** .,(1999) who found that most samples started obesity problem after maturity 64% and in Childhood36%.

Table (2): Distribution of students according to the period of beginning obesity.

Stage			Total
	2007	N	21
Childhood	2007	%	23.9
Cillianooa	2016	N	20
	2010	%	21.7
	2007	N	67
After	2007	%	76.1
Maturity	2016	N	72
	2010	%	78.3

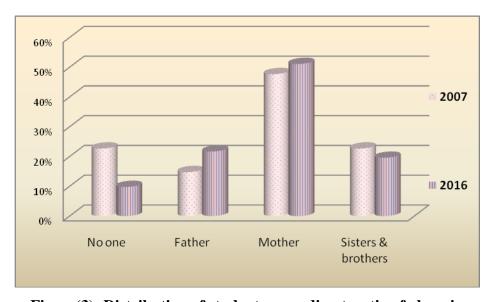


Figure(2): Distribution of students according to the period of beginning of obesity problem.

Table(3) and Figure(3) showed distribution of students according toratio of obese in family membersin 2007 and 2016. It is noted that in 2007 and 2016 obese motherswere 42(47.7%), and 47 (51.1%) respectively. While in 2007, the next percentage 20 (22.7%) of students whodidn't have cases of obesity were equal to those whom brothers and sisters were obese, In 2016 the next percentage was 20 (21.7%) of students their fathers were obese.

Table (3):Distribution of students according to ratio of obese family members.

Obesefamil	y memb	er	Total					
	2007	N	20					
Non	2007	%	22.7					
	2016	N	9					
	2010	%	9.8					
	2007	N	13					
Father	2007	%	14.8					
	2016	N	20					
	2010	%	21.7					
	2007	N	42					
Mother	2007	%	47.7					
Mounci	2016	N	47					
	2010	%	51.1					
	2007	N	20					
Sisters and	2007	%	22.7					
brothers	2016	N	18					
	2310	%	19.6					

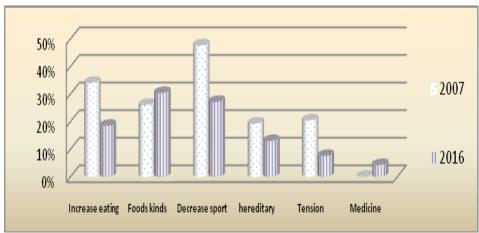


 $\label{eq:Figure3} \textbf{Figure(3): Distribution of students according to ratio of obese in family members.}$

Table(4) and Figure(4) showed distribution of students according to their opinion about the causes of overweight andobesityin 2007 and 2016 In 2007, the opinion of 42 students (47.7%) about the causes of overweight and obesity because of decreasing activities, then the secondfactor was increased eating 30 students(34.1%), whilein 2016 the first reason of being obesity wasfood kinds28 students (30.4%), the second factor was decrease activities 25 students (27.2%).

Table (4):Distribution of students according to their opinion about the causes of overweight and obesity.

Student op	inion		Total
	2007	N	30
Increased acting	2007	%	34.1
Increased eating	2016	N	16
	2010	%	18.5
	2007	N	23
Foods kinds	2007	%	26.1
1 oods killds	2016	N	28
	2010	%	30.4
Decreasedactivities	2007	N	42
	2007	%	47.7
	2016	N	25
	2010	%	27.2
	2007	N	17
Uaraditary	2007	%	19.3
Hereditary	2016	N	12
	2010	%	13
	2007	N	18
Tension	2007	%	20.5
Telision	2016	N	7
	2016	%	7.6
	2007	N	0
M - 1' - '	2007	%	0
Medicine	2016	N	4
	2016	%	4.3



Figure(4): Distribution of students according to their opinion about causes of overweight and obesity.

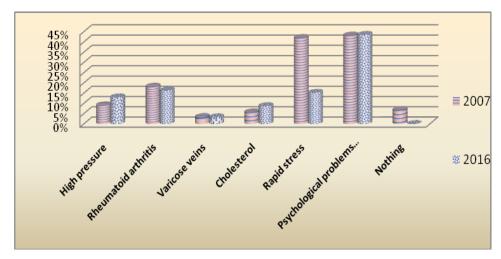
Table (5) and Figure (5) showed distribution of students according to their health problemsbecause of overweight and obesity in 2007 and 2016 Similar findings aboutpsychological problems (tension andanxiety) in 2007 and 2016 were 38(43.2%),and 40 (43.5%) respectively. The secondproblemin 2007 was rapid stress 37 (42%), and rheumatoid arthritis 15 (16.3%) in 2016.

Table (6):Distribution of students according to their health problem because of overweight andobesity

Health pi	roblems		Total
High pressure	2007	N	8
	2007	%	9.1
	2016	N	12
	2010	%	13
	2007	N	16
Rheumatoid	2007	%	18.2
arthritis	2016	N	15
	2010	%	16.3
	2007	N	3
Varicose veins	2007	%	3.4
varicose veins	2016	N	3
	2010	%	3.3
	2007	N	5
Cholesterol	2007	%	5.7
	2016	N	8
	2010	%	8.7

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	2007	N	37
Rapid stress	2007	%	42
_	2016	N	14
	2016	%	15.2
Psychological	2007	N	38
problems (tension	2007	%	43.2
andanxiety)	2016	N	40
		%	43.5
	2007	N	6
Nothing	2007	%	6.8
-	2016	N	0
		%	0

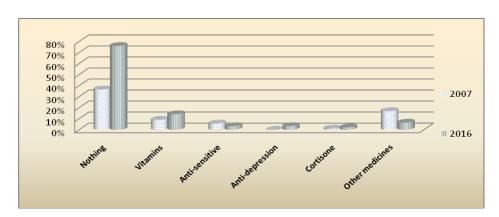


Figure(5): Distribution of students according to their health problems because of overweight and obesity

Table (6) and Figure (6) showed the distribution of students according to used drugsin 2007 and 2016. It is noted that 56 (36.6%) students didn't use drugs in 2007, in compare 70 (76.1%) in 2016.

Table (6):Distribution of students according to the drugs used.

Drugsı	Total		
	2007	N	56
None	2007	%	36.6
	2016	N	70
	2010	%	76.1
	2007	N	8
Vitamins	2007	%	9.1
vitallilis	2016	N	13
	2010	%	14.1
	2007	N	5
Anti-allergic	2007	%	5.7
	2016	N	3
	2010	%	3.3
	2007	N	0
	2007	%	0
Anti-depression	2016	N	3
	2010	%	3.3
	2007	N	1
Cortisone	2007	%	1.1
	2016	N	2
	2010	%	2.2
	2007	N	15
Other drugs	2007	%	17
Other drugs	2016	N	6
	2016	%	6.5



Figure(6): Distribution of students according to the drugs used

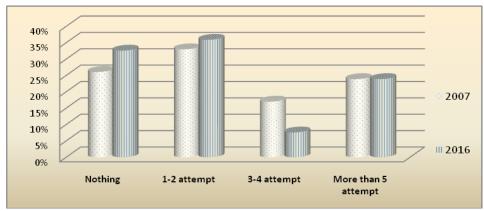
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Table(7) and Figure(7) showed distribution of students according to their attemptstodecrease weight in 2007 and 2016. It was noted that there was from1-2 attempts in both of 2007 and 2016 to decrease weight,29 (33%), and 33 (35.9%) respectively,The second percentage either in 2007 or in 2016 didn't have any attempts to decrease weight, 23 (26.1%), and 30 (32.6%) respectively

Table (7):Distribution of students according to attempts to decrease

weight.

Attempts	number		Total
	2007	N	23
None	2007	%	26.1
None	2016	N	30
	2010	%	32.6
	2007	N	29
1.2 attampts	2007	%	33
1-2 attempts	2016	N	33
	2010	%	35.9
	2007	N	15
3-4 attempts	2007	%	17
5-4 attempts	2016	N	7
	2010	%	7.6
	2007	N	21
More than 5	2007	%	23.9
attempts	2016	N	22
	2010	%	23.9



Figure(7): Distribution of students according to attempts to decrease weight.

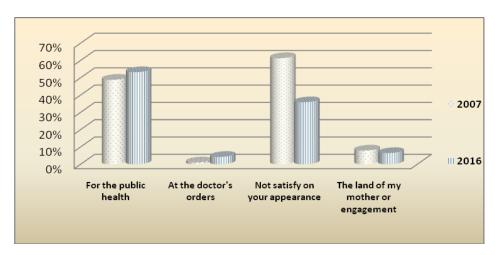
Table(8) and Figure(8) showed the distribution of students according to their trendto decreasetheir weightin 2007 and 2016

It is noted that in 2007,54 (61.4%) of studentsdecreased their weight because they weren't satisfied about their appearance, and the second students 43 (48.9%) was for their public health, while in 2016,49 (53.3%) of students decreased their weight for their public health, and the second 33 (35.9%) because they weren't satisfied about their appearance.

The results in 2016 agree with **Mehliba** .,(1999) who showed that the trend to decrease weight was for the women public health (57%) and the second trend because they werenot satisfied about their appearance (40%).

Table (8):Distribution of students according to their trend to decrease weight

The trendto decrease w	eight		Total
	2007	N	43
For muhlin hanlth	2007	%	48.9
For public health	2016	N	49
	2010	%	53.3
	2007	N	1
Due to doctor's orders	2007	%	1.1
	2016	N	4
	2010	%	4.3
	2007	N	54
Not satisfied of may omne anone	2007	%	61.4
Not satisfied ofmy appearance	2016	N	33
	2010	%	35.9
	2007	N	7
Because of my mother or	2007	%	8
engagement	2016	N	6
	2016	%	6.5

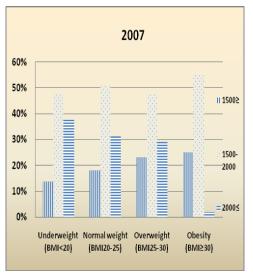


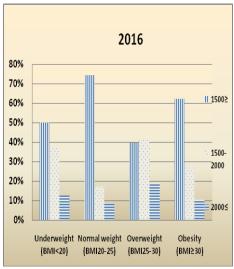
Figure(8): Distribution of students according to their trend to decrease weight

Table(9) and Figure(9) showed distribution of students by their caloric intake per day in 2007 and 2016, It is noted that in 2007 the highest percentage of student whom used1500-2000Kcal \day (49.8%), in underweight, normal weight, overweight and obesity they were14(48.3%), 47(50.5%), 31(47.7%) and 13(55%) respectively, whilein 2016 the highest percentage of student whom used <1500Kcal \day (56.3%), in underweight, normal weight, and obesity 12(50%), 43(74.2%), and 18(62.1%) respectively,

Table (9): Frequency and distribution of students by their caloric intake per day.

		Per	uuj	•														
Energy expenditure Per day	ī	Under (BM)	Ü		Normal weight (BMI20-25)			Overweight (BMI25-30)				Obesity (BMI≥30)				Total		
Ene spen Per	2007		2016		2007		2016		2007		2016		2007		2016		2007	2016
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	%	%
<1500	4	13.8	12	50	17	18.2	43	74.2	15	23.1	25	39.7	5	25	18	62.1	19.4	56.3
1500- 2000	14	48.3	9	37.5	47	50.5	10	17.2	31	47.7	26	41.3	13	55	8	27.6	49.8	30.5
>2000	11	37.9	3	12.5	29	31.2	5	8.6	19	29.2	12	19	6	2	3	10.3	30.8	13.2
Total	29	100	24	100	93	100	58	100	65	100	63	100	24	100	29	100	100	100





Figure(9): Frequency and distribution of students by their energy intake per day.

Conclusion

In conclusion, the results showed that in 2016 the prevalence of overweight and obesity is higher than in 2007. However, most female students beginning overweight and obesity after maturity.

Recommendation

- 1) Other studies are needed to determine the reasons for prevalence of obesity.
- 2)Other studies are needed for all age groups.
- 3)Weight-loss and weight-maintenance therapies should include a reduced-calorie diet, increased physical activity, and behavioral therapy.

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إنتشار السمنة بين طالبات الجامعة: دراسة مقارنة موسمية

علا طلعت سحلول * قسم الاقتصاد المنزلي- كلية التربية النوعية - جامعة دمياط- دمياط – مصر

الملخص العربي:

اجریت هذه الدراسه للمقارنة بین اتجاهات السمنة بین طالبات الجامعة في العامین 7.7 و 7.7 بین فتیات جامعة دمیاط. فقد تم قیاس کلا من الطول و الوزن و التعرف علی کتلة الجسم, لعدد 1.7 و 1.7 علی التوالي, في المرحلة العمریة من 1.7 سنة. کما تم عمل استبیان للتعرف علی معلومات و أسباب زیادة الوزن و السمنة بالنسبة للفتیات و استرجاع 1.7 ساعة للتعرف علی السعرات الحراریة المتناولة و أظهرت النتائج أن: 1.7 الفتیات و استرجاع 1.7 ساعة للتعرف علی السعرات الحراریة المتناولة و أظهرت النتائج أن: 1.7 ساعة للتعرف من الفتیاتوزنهن أقل من الطبیعي, 1.7 1.7 ساعة و و زنهن طبیعی, 1.7 1.7 ساعة و المناون من زیادة الوزن, 1.7 1.7 و 1.7 ساعة التوالي و هذا بثبت أن زیادة الوزن و السمنة کانت في العام 1.7 أعلی من 1.7 و 1.7 علی التوالي و بعد البلوغفي العامین 1.7 و 1.7 علی التوالي علاوه علی الوزن و السمنة في طفولتهن و بعد البلوغفي العامین 1.7 و 1.7 علی التوالی 1.7 و 1.7 کالوري في الیوم 1.7 1.7 کالوري في الیوم 1.7 1.7 کالوري في الیوم و العامین 1.7 کالوري في الیوم و العامین 1.7 کالوري في الیوم کالوري في الیوم و العامین 1.7 کالوري في الیوم کالوري کال