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سعادة أ. د. رئيس تحرير المجلة المصرية للدراسات المتخصصة المحترم

جامعة عين شمس، كلية التربية النوعية، القاهرة، مصر

تحية طيبة وبعد،،،

يسر معامل التأثير والاستشهادات المرجعية للمجلات العلمية العربية (ارسيف - ARCIF)، أحد مبادرات قاعدة بيانات "معرفة" للإنتاج والمحتوى العلمي، إعلامكم بأنه قد أطلق التقرير السنوي الثامن للمجلات للعام 2023.

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• Evaluation of slimming practices and nutritional awareness in university stage female in Kuwait

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Evaluation of slimming practices and nutritional awareness in university stage female in Kuwait

Dr. Rasha H.H. Ashkanani (1)

Dr. Batoul N.A. Mohammad (2)

⁽¹⁾ Associated Professor Home Economics Department, Basic Education College the Public Authority for Applied Education and Training . Kuwait

⁽²⁾ Assistant Professor Home Economics Department, Basic Education College the Public Authority for Applied Education and Training . Kuwait

Evaluation of slimming practices and nutritional awareness in university stage female in Kuwait

Dr. Rasha Haji Hasan Ashkanani Dr. Batoul N. A. Mohammad

Abstract

Objective Assessing the nutritional awareness of the practices of slimming used among female students. Methods We conducted a self-administered cross-sectional survey of nutritional awareness, including socio-demographic characteristics, nutrition awareness, and the practices of slimming and weight loss in female students aged 18:33 year old (n=200). Results: The mean nutritional awareness score was low. The results found that 33% of the total sample suffers from a lack of nutritional awareness, ranging from a very low level of 11.5% to a low level of nutritional awareness as a 22.5% percentage of the total sample. A higher degree of nutrition awareness was significantly associated with higher odds of engaging in healthy weight loss practices. However, it was not associated with unhealthy weight loss practices, such as using laxatives or diuretics, inducing vomiting or taking slimming medications. Conclusions: Nutrition awareness is low among female students An increase in nutrition awareness may promote healthy weight loss practices

Keywords: Weight loss, BMI, Marital status, Nutritional awareness

ملخص:

العنوان: تقييم ممارسات التخسيس والوعي الغذائي لفتيات المرحلة الجامعية في دولة الكويت.

المؤلفون: رشا حاج حسن أشكناني ، بتول ناصر عبد الله محمد

الهدف: تقييم الوعي الغذائي للممارسات التخسيس المستخدمة بين الطالبات. تم أجراء مسحًا مقطعيًا ذاتيًا للوعي الغذائي بما في ذلك الخصائص الاجتماعية والديموغرافية والوعي التغذوي وممارسات التخسيس وفقدان الوزن لدى الطالبات في حيز عمري ما بين 33:18عامًا (العدد = 200) النتائج: أن متوسط درجة الوعي الغذائي منخفضا، توصلت النتائج إلى أن 33% من إجمالي العينة يعانون من نقص الوعي الغذائي، حيث تراوحت بين انخفاض شديد في الوعي الغذائي 11.5% إلى انخفاض في الوعي الغذائي بنسبة 22.5% من العينة الإجمالية. وارتبطت الدرجة الأعلى من الوعي الغذائي بشكل كبير بارتفاع احتمالات الانخراط في ممارسات صحية لفقدان الوزن. ومع ذلك، لم يكن مرتبطًا بممارسات فقدان الوزن غير الصحية، مثل استخدام الملينات/مدرات البول أو التسبب في القيء أو تتول أدوية التخسيس.

الكلُّمات الدالة: فقدان الوزن، مؤشر كتلة الجسم، الحالة الاجتماعية، الوعي الغذائي

Introduction

Recently, the prevalence of overweight and obesity has among university-aged females in Kuwait, especially among females between the ages of 16 and 35 years, as a result of the affluence of living and hiring servants (Albright et al .,2015) & et al.,2005), which puts them at risk of developing complications of obesity such as polycystic ovaries, diabetes, high blood pressure or hypercholesterolemia in young females. (Andreveva et al .,2010, Hedley et al .,2004). It is recommended to follow a healthy calorie-counted diet with increased physical activity and exercise (Ello-Martin et al., 2007). However, these recommendations are often not followed among adult women (Arnold and Sobal: 2000), (Flegal et al., **2010).** Moreover, the burden of getting rid of obesity may constitute psychological and material pressures, especially with the reliance on wrong and useless methods of slimming, and the lack of nutritional awareness may be a contributing factor to this (Brinberg et al., 2000; Huang et al., 2021).

It has been noted in many previous studies that, there is a significant difference between those who have awareness of nutritional information through study or self-education and between ordinary individuals who have not studied nutritional sciences because nutritional knowledge may promote weight loss and reduce the possibility of returning to gaining excess weight over time (Hu, 2003; Wardle et al., 2000). The relationship between nutritional awareness, practices and methods used to lose weight has not been examined, and many studies have confirmed that adhering to a healthy eating pattern, specifically reducing fat intake (calories) (Jacksaint et al ., 2022), and increasing consumption of fruits and vegetables while relying on complex carbohydrates and whole grains are the most effective healthy approaches to losing weight (Resnicow et al .,2001). Moreover, a direct relationship between nutritional knowledge and healthy food behaviors was observed (Kruger et al., 2004; Wang et al., 2007 However, other than these healthy diet methods to lose

weight (Guenther et al .,2006). Little is known about their association with other healthy and unhealthy weight loss behaviors and practices (Kullen et al ., 2016). Such as exercise, the use of liquid diets, the use of prescription or nonprescription drugs and slimming pills, medications and herbs, the use of laxatives diuretics, excessive smoking, fasting for long hours, self-vomiting, joining weight loss programmes, following different types of diets (Maria et al .,2021). Examination of these relationships is particularly important among young and fertile women, as they are more likely than men of a similar age to become overweight or obese (Linne et al ., 2004) and remain involved in unhealthy practices and methods for slimming and losing excess weight (National Heart Lung and Blood Institute;2013).

This study aimed to evaluate of the practices of weight loss or slimming methods and nutritional awareness among university-aged females in Kuwait..

Subjects and Methods

Subject's sample

The study sample was randomly selected 200 female students from the College of Basic Education, Public Authority for Applied Education and Training, in Kuwait, aged from 18 to 33 years, during the period from February 2022 to March 2023 in different study levels.

Methods

- 1- Demographic Data Questionnaire Contain the following:
 - Age.

Their marital status and socioeconomic data

- 2- Anthropometric measurement:
- Measuring body mass index (BMI)

Body mass index is a simple calculation using a person's height and weight. The formula is BMI = kg/ m² where kg is a person's weight in kilograms and m² is their height in meters squared. A BMI of 25.0 or more is overweight, while the healthy range is 18.5 to 24.9. BMI applies to most adults. This is the World Health Organization's (WHO) recommended body weight based on BMI values for adults. It is used for both men and women, age 20 or older. (Chumlea et al., 2009).

- **4- Nutritional Awareness Questionnaire:** A questionnaire was used to study the nutritional awareness of food practices. The results of the nutritional awareness questionnaire were divided based on the following five grades: very low nutritional awareness, low nutritional awareness, moderate nutritional awareness, good partial awareness, and very good nutritional awareness (**Forberger, et al., 2022 urman, et al., 2020**).
- **5- Slimming practices questionnaire:** A questionnaire on weight loss and slimming practices was based on the types of healthy and unhealthy practices as shown in Table 5.

Questionnaire validity:

The validity of the questionnaire was tested by three experts from the College of Basic Education at the Public Authority for Applied Education and Training. Kuwait (Three nutrition experts specializing in human nutrition). Some modifications were made in the practice questionnaire to achieve the aim of the study.

Pilot study:

A pilot study was conducted before starting the data collection. It was conducted on 10% (20 female students) of the total female students sample in order to evaluate the study process to test the clarity of language, ensure the clarity of questions, and assess the applicability of the questionnaire.

Ethical considerations:

Participation in the study was voluntary, and full explanation and information about the study and its role were given before the participants (female students) signed the informed consent and had the right to accept or refuse participation. Ethical considerations included explaining the purpose and nature of the study, mentioning the possibility of withdrawal at any time, and ensuring the confidentiality of the information as it cannot be accessed by any other party without the permission of the participants.

6- Statistical analyses:

The current study used the nutrition awareness score as both an outcome variable and a predictor variable to examine different hypotheses. Bivariate comparisons were performed using the Student's t test as appropriate between outcome variables (nutrition awareness score) and predictor variables (BMI, income, marital status), and between outcome variables (each of the healthy and unhealthy weight loss practices) and predictor variables (nutrition awareness score). Multiple linear regression analyses were performed to identify correlates of the total nutrition knowledge score. Multivariable logistic regression analyses were used to examine the association between various weight loss practices during the past 13 months and nutrition awareness scores after adjusting for confounders. Separate multivariable logistic regression models were used for each of the healthy and unhealthy weight loss practices. In addition, in the logistic regression models, we also included the interaction terms between obesity status and nutrition awareness to examine the effect of obesity status on weight loss practices by level of nutrition awareness. All analyses were conducted using STATA 12 (Stata Corporation, College Station, TX) (Maxwell & Delaney ; 1993)

Results

Table (1): Distribution of the sample according to their age: the number of female students between the ages of 18 and 22 years was 38, representing 19% of the study sample. While those whose ages were from 22 to 26 years were 96, representing 48% of the study sample. That whose ages were from 27 to 31 years, their number is 54, and we represent 27% of the study sample whose age was older than 31 years, their number is 12, and represent only 6% of the study sample. Accordingly, we find that the largest segment in number was between the ages of 22 and 26 years, with the average age being 23 years, and they represented The largest percentage of the study sample is 48%.

Table (2): Distribution **of the** sample according to their body mass index (BMI) classifications.200 female students participated in the current study. The average age of the participant was 23 years. Based on body mass index (BMI), 13.5% were underweight,43% were of normal weight, other 24% were overweight, and 19.5% were So, 43.5% of the tested sample was between overweight and obese. It concluded that, obesity is the widespread disease between university stages female in Kuwait.

Table (3): Distribution the sample according to their marital status: It is clear that the number of unmarried female students was 78, representing 39% of the sample, and the number of married female students was 13, representing only 6.5% of the sample. As for the number of married and divorced female students with children, their number reached 90, representing 45% of the sample, which is the largest percentage among the sample. The percentage of divorced women also reached 9.5% of the sample, which numbered 19 female students.

Table (4): Distribution the sample according to their nutritional awareness level:

Table (4) shows that, the percentage of nutritional awareness among the sample members was as follows: for the

female students who had a severe lack of nutritional awareness, their number was 23, representing 11.5% of the female students in the sample. As for those who had low nutritional awareness, their number was 43, representing 21.5% of the sample. As for those with moderate nutritional awareness, their number was 58 representing 29% of the study sample, while those who have good nutritional awareness numbered 55, representing 27.5% of the sample. Finally, the percentage of very good nutritional awareness was 10.5% of the sample, and their number is only 21, which is the smallest number in the study so, most of the studied samples have moderate and good nutritional awareness.

Table (5):Correlation between nutritional awareness level and slimming practices among female students: From table (5) it was observed that the separate multivariable logistic regression models for each of the weight loss practices showed that the odds of engaging in five common healthy weight loss practices, such as reducing the intake of food, consuming lowcalorie foods, doing exercise, eating more vegetables and fruits and consuming less sugar and sweets increased with an increase in nutrition awareness score among the female sample... However, no significant associations were observed between nutrition awareness and unhealthy weight loss practices. Reducing the intake amounts of food (odds ratio (OR) 1.14, 95% confidence interval (CI) 1.05-1.17), and consumption of lowcalorie foods (OR 1.12, 95% CI 1.06-1.15), exercises (OR 1.11, 95% CI 1.03-1.14), more eating vegetables and fruits (OR 1.10, 95% CI 1.02-1.13), less consumption of sugar and sweets (OR 1.13, 95% CI 1.02-1.16), use of diet products (OR 0.91, 95% CI 0.81-1.00), taking slimming medications with medical advice (OR 1.09, 95% CI 0.97–1.15), following a slimming program(OR 1.11, 95% CI 0.93-1.07), and Seeking help from specialists in the field of slimming (OR 0.98, 95% CI 0.95-1.14). Multivariable logistic regression models also showed that both overweight and obese females were more likely than normal weight females to practice commonly used healthy weight loss practices.

While only obese females were more likely to practice some less commonly used healthy practices such as use of diet products, take slimming medications with medical advice; follow a slimming program and seeking help from specialists in the field of slimming

Discussion:

There were 43.5% of the females in the sample who were overweight or obese, and their rates were more higher than the normal weight rat (**Ogden et al., 2006**). This is a large percentage that needs to focus on the causes of this increase weight and methods of controlling it. These results agreed with **Osvaldo (2023).** Marital status influences health and this association might differ by time and/or country. Divorce rates have increased abruptly. We investigated relationships between marital status and weight loss practices among the female students (**Areum et al.,2017**)

Previous studies demonstrated that middle-aged women living without their spouses had higher risks for poor health behaviors and illnesses, including smoking, binge drinking, inadequate sleep duration, hypertriglyceridemia and depressive mood compared to those living with their spouses (Eng et al., 2005) Previous studies showed that health behaviors such as smoking, alcohol consumption and diet differed based on marital status in adults. Divorce and bereavement lead to an increase in alcohol consumption in middle-aged men, and a smoking relapse in middle-aged women (Lee et al.,2005) Although there was no difference based on marital status for women. Generally, married people have advantages because they have someone to remind them to undergo screening exams, drive them to doctor appointments, or help with physical care (Osborne et al.,2005 With rapid economic development and the improvement of living standards, significant changes have taken place in the lifestyle and dietary patterns of Gulf people. Meanwhile, the prevalence of nutrition-related chronic diseases such as obesity, hypertension

and diabetes has increased year by year, causing a huge burden on individuals and society (Huang et al., 2021and Sun et al., 2021).

Current evidence strongly suggests that dietary and nutritional status play a critical role in the development of chronic diseases (Neuhouser, 2019). However, data from the latest China Health and Nutrition Survey (Zhang et al .,2014) revealed a series of nutrition-related problems in the Chinese population: (a) the level of nutrition and health knowledge among Chinese residents varies greatly, and most people maintain unreasonable dietary habits; (b) unreasonable diet structure and unbalanced nutrition intake are common; and (c) more seriously, the dietary pattern of Chinese people is gradually shifting from a plant-based diet to a high-energy, high-fat and high-protein dietary pattern. The reasons for the above problems may be partly attributed to lower nutrition literacy, incorrect nutrition concepts and a lack of relevant nutrition skills (Spronk et al., 2014 and Kullen et al., **2016**). According to the knowledge, attitude and practice (KAP) model, acquiring knowledge is a key first step to promoting beliefs and changing undesirable behaviors (Ul Haq et al .,2019) .Previous studies have noted that despite the increasing emphasis on engaging in healthy weight loss practices, a certain percentage of adults and adolescents still engage in unhealthy weight loss practices (use of diet pills, laxatives, diuretics, self-induced vomiting, skipping meals, and fasting) (Klohe et al., 2006 and Maria et al., 2021). Our finding that high levels of nutritional awareness were not associated with increased unhealthy weight loss behaviors (Clarke et al., 2007and Nuss et al., 2007) Moreover, the current finding suggests that nutritional awareness is key to improving healthy weight loss practices among these females. (Jacksaint et al., 2022)

The main strength of our study includes the simultaneous investigation of nutrition awareness and wide range of weight loss practices in a large sample of young females. (Serdula et al., 2008, Tanumihardjo et al., 2009 and Siphiwe et al., 2023).

Conclusions: Nutritional awareness among female students needs to be enhanced, especially with regard to slimming and weight control practices.

Recommendations: Urging the work of more nutritional awareness programs on various nutritional practices, especially slimming and weight control practices, for female students of the College of Basic Education through educational campaigns or integrating them into elective courses for female students in various specializations in the college.

TABLE 1: DISTRIBUTION THE SAMPLE ACCORDING TO THEIR AGE.

Age	Number	Percent
18:22	38	19%
22:26	96	48%
27:31	54	27%
>31	12	6%
Total	200	100%

Table 2: Distribution of the sample according to their body mass index (BMI) Classifications

BMI Classifications (kg/m2)	Number	Percent
Underweight	27	13.5%
Normal weight	86	43%
Overweight (25–29.9)	48	24%
Obese (≥30)	39	19.5%
Total	200	100%

Table 3: Distribution of the sample according to their social status

Marital status	Number	Percent
Unmarried	78	39%
Married	13	6.5%
Married and has children	90	45 %
Divorced	19	9.5%
Total	200	100%

Table 4: Distribution of the sample according to their nutritional awareness level

Level of nutritional awareness	Number	Percent
Very low	23	11.5 %
Low	43	21.5 %
Moderate	58	29 %
Good	55	27.5 %
Very good	21	10.5 %
Total	200	100 %

Table 5: Correlation between nutritional awareness level and slimming practices among female students

Slimming practices	Adjusted odds ratios (95 % CI)	P value		
First, healthy practices				
Reducing the intake amounts of food	1.14 (1.05–1.17)	<.001*		
Consumption of low-calorie foods	1.12 (1.06–1.15)	.001*		
Doing exercise	1.11 (1.03–1.14)	<.001*		
More eating vegetables and fruits	1.10 (1.02–1.03)	<.001*		
Less consumption of sugar and sweets	1.13 (1.02–1.16)	.001*		
Use of diet products	0.91 (0.81–1.00)	.269		
Take slimming medications with medical advice	1.09 (0.97–1.15)	.003*		
Follow a slimming program	1.11 (0.93–1.07)	.005*		
Seeking help from specialists in the field of slimming	0.98 (0.95–1.14)	.785		

Second, unhealthy practices			
Taking medications and slimming products without medical advice	0.97 (0.91–1.05)	.566	
Taking laxatives ,diuretics or inducing vomiting after meals	1.07 (1.01–1.07)	<.002*	
Resorting to smoking or smoking heavily	0.88 (0.90–1.03)	.860	
Fasting for more than 18 hours	0.92 (0.96–1.01)	.227	
Resorting to chemical diets	1.11 (1.04–1.16)	<.001*	
Follow popular recipes and herbs	0.99 (0.91–1.08)	.423	

Main predictor variable: nutritional awareness level

Adjusted by age, marital status, and body mass index

A separate logistic regression model was used for each of Slimming practices CI confidence interval

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^{*} P value < 0.005 considered statistically significant

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الهيئة الاستشاريةللمحلة

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أ.د/ أسامة السيد مصطفى (مصر)

استاذ التغذية وعميد كلية التربية النوعية - جامعة عين شمس

أ.د/ اعتدال عبد اللطيف حمدان (الكويت)

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i.د/ السيد بهنسي حسن (مصر)

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أ.د/ **سوزان القليني** (مصر)

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Prof. Carolin Wilson (Canada)

Instructor at the Ontario institute for studies in education (OISE) at the university of Toronto and consultant to UNESCO

Prof. Nicos Souleles (Greece)

Multimedia and graphic arts, faculty member, Cyprus, university technology

(*) الأسماء مرتبة ترتيباً ابجدياً.



رئيس مجلس الإدارة

أ.د/ أسامة السيد مصطفى

نائب رئيس مجلس الإدارة

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رئيس التحرير

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أ.د/ محمد عبد الوهاب العلالي (المغرب)

i.د/ محمد بن حسين الضويحي (السعودية)

المحور الفني

د/أحمد محمد نجيب

سكوتارية التحرير

د/محمد عامر محمد عبد الباقي

أ/ أسامة إدوارد أ/ليلي أشرف

أ/ محمد عبد السلام أ/ زينب وائل

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البريد الإلكتروني:

egyjournal@sedu.asu.edu.eg الترقيم الدولى الموحد للطباعة : 6164 - 1687

الترقيم الدولى الموحد الإلكتروني : 2682 - 4353

تقييم المجلة (يونيو ٢٠٢٣) : (7) نقاط معامل ارسيف Arcif (أكتوبر ٢٠٢٣) : (0.3881)

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