

Attitudes and Self-Stigma of overweight teachers concerning obesity in Nueva Ecija

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Abstract— One of the problems of the Philippines in terms of health is the growing rate of obesity. This paper used a descriptive survey method. A total of 67 educators that are categorized overweight, pre-obese and obese from private and public schools were surveyed around Nueva Ecija. The researcher distributed survey questionnaires and analyzed it through statistical data treatment such as mean and weighted mean. From the tabulated results, the researcher concluded that the respondents to a considerable degree were affected by the factors of obesity-related quality of life. Thus, most of the physiological health and work-related factors affected the respondents occasionally. It is recommended to consult a nutritionist as most of the respondents were almost always afraid of possible complications due to weight problems. In likelihood, the respondents assess the factors of weight self-stigma as usually true. Thus, the researcher recommends to raise self-control in overeating that causes weight problems.

Keywords— Obesity, Nutrition, Overweight, Self-stigma, Obese, Weight problems.

I. INTRODUCTION

One of the problems of the Philippines in terms of health is the growing rate of obesity. Individuals make negative workplace inferences about obese people, feel such people are lazy, lack self-discipline, and are less competent. Such attributions might be assumed to influence salaries, promotions, and disciplinary actions, and that seems to be the case (Puhl & Brownell, 2001).

Individuals overweight do not have the protective barrier that in-group preference provides and may suffer more from negative experiences because of their weight, prompting them to try more drastic and dangerous behaviors to avoid future negative events (Wang, 2004). With no systematic support and little public attention to the weight bias issue, obese individuals are primarily left to confront and cope with ongoing injustice on their own (Puhl & Heuer, 2009).

Stigmatization and prejudice against obese people within the health system can have a negative impact on the quality of life of many obese people in terms of psychosocial consequences, reduced quality of care and increased use of resources and fitness programs (Chambliss, 2004). Internalization of weight stigma in overweight and obesity patients has gained growing interest in health and research due to its important correlations with multiple health impairments (Hübner et al., 2016).

National policies with feedback from civil society groups and the private sector are critical in shaping the determinants of

obesity and other health inequities in demographic, economic and environmental terms (Pérez-Escamilla, 2013).

II. CONCEPTUAL FRAMEWORK

Reducing weight-related experiential self-stigma avoidance could help create the psychological flexibility that is needed to engage in healthy behavior and persist over time, representing a new avenue for development of treatment (Lillis et al., 2012).

Studies to assess professors' health conditions, particularly with regard to anthropometric indices and eating habits, which may be affected by the rigorous routine of the work, should be carried out (Rodrigues-Rodrigues et al., 2018).

III. OBJECTIVES

This paper determined the attitude of the respondents towards obesity-related quality of life in terms of physiological health, physical health, work-related, routine life, sexual life and diet-distress and measured the likelihood of having weight self-stigma.

IV. METHODOLOGY

This paper used a descriptive survey method as It concerns not only the characteristics of individuals but also the characteristics of the entire sample of individuals (Salaria, 2012). A total of 67 educators that are categorized overweight,

pre-obese and obese from private and public schools were surveyed around Nueva Ecija.

The researcher distributed survey questionnaires which adapted Likert-scale type responses (Brown, 2010) and

analyzed it through statistical data treatment such as mean and weighted mean.

V. RESULTS AND DISCUSSIONS

Table.1: Obesity-related Quality of Life Scale

Statements	WM	VI
Physiological Health		
1. I feel myself inferior to others.	2.15	O
2. I do not like to meet with other people.	1.76	O
3. I feel I do not look good.	3.10	TCD
4. I feel depressed.	2.34	O
Physical Health		
5. I am afraid of possible complications.	3.47	AA
6. I have pain on my knee or ankle.	2.79	TCD
7. I have shortness of breath when I work out.	3.06	TCD
Work-related		
8. I get lazy and fatigued	2.36	O
9. I am less effective on my work performance.	2.47	O
10. It is hard to work when I crouch.	2.66	TCD
Routine life		
11. I have difficulty when I take stairway.	2.83	TCD
12. It is hard to find big enough well-fitting clothes.	1.41	S
Sexual life		
13. I think I am not sexually attractive.	2.52	TCD
14. I am afraid of having sexual relationship	2.65	TCD
Diet-distress		
15. I feel concern about weight-gain whenever I eat	2.98	TCD
Average Weighted Mean		2.57
		TCD

Source: Chun, M. Y. (2015)

Legend :

1.00 – 1.74	Seldom (S)
1.75 – 2.49	Occasionally (O)
2.50 – 3.25	To a Considerable Degree (TCD)
3.26 – 4.00	Almost Always (AA)

Table 1 presents the obesity-related quality of life scale. Based on the tabulation, most of the respondents seldom find big enough well-fitting clothes ($\bar{x} = 1.41$). Thus, they were almost always afraid of possible complications ($\bar{x} = 3.47$). Though, it is noticeable that most of the respondents that in terms of sexual life, think that they are not sexually attractive and were afraid of having sexual relationship to a considerable degree ($\bar{x} = 2.52$; 2.65).

Table 2. Likelihood of Weight Self-Stigma

Statements	WM	VI
1. I'll always go back to being overweight.	3.29	AAT
2. I caused my weight problems	3.13	UT

3. I feel guilty because of my weight problems.	3.05	UT
4. I became overweight because I'm a weak person.	1.57	ANT
5. I would never have any problems with weight if I were stronger.	1.55	ANT
6. I don't have enough self-control to maintain a healthy weight.	3.46	AAT
7. I feel insecure about others' opinions of me.	1.99	UNT
8. People discriminate against me because I've had weight problems.	2.05	UNT
9. It's difficult for people who haven't had weight problems to relate to me.	2.90	UT
10. Others will think I lack self-control because of my weight problems.	3.44	AAT
11. People think that I am to blame for my weight problems.	3.02	UT
12. Others are ashamed to be around me because of my weight.	1.94	UNT
Average Weighted Mean		2.53 UT

Source: Lillis, J., Luoma, J. B., Levin, M. E., & Hayes, S. C. (2010)

Legend :

1.00 – 1.74	Almost Never True (ANT)
1.75 – 2.49	Usually Not True (UNT)
2.50 – 3.25	Usually True (UT)
3.26 – 4.00	Almost Always True (AAT)

Table 2 presents the likelihood of weight self-stigma. Based on the tabulation, most of the respondents assess themselves as almost always true in terms of going back to being overweight, and lack of self-control as perception of themselves and others (\bar{x} = 3.29; 3.46; 3.44). Thus, the respondents assess themselves as almost never true in terms of being weak and not being strong that cause their weight problems (\bar{x} = 1.57; 1.55).

VI. CONCLUSIONS AND RECOMMENDATIONS

From the tabulated results, the researcher concluded that the respondents to a considerable degree were affected by the factors of obesity-related quality of life. Thus, most of the physiological health and work-related factors affected the respondents occasionally. It is recommended to consult a nutritionist as most of the respondents were almost always afraid of possible complications due to weight problems. In likelihood, the respondents assess the factors of weight self-stigma as usually true. Thus, the researcher recommends to raise self-control in overeating that causes weight problems.

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