

Knowledge and Attitude about Health Risk of Obesity amongst Information Technology Professionals

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ABSTRACT

Background: Obesity is a major health problem worldwide and is linked to non-communicable diseases. Information Technology (IT) profession involves long sitting hours, stress and minimal physical activity. Assessing their knowledge and attitude is important to plan awareness and wellness programs. Studying this can help identify gaps and promote healthier habits among them.

Aim & Objectives: To assess knowledge by using Obesity Risk Knowledge scale-10 (ORK-10) and Attitude by using Attitude towards Obese Persons scale (ATOP) in IT Professionals.

Methodology: A cross-sectional study was conducted in different IT companies. Total 72 participants were screened, out of which 50 were included according to inclusion and exclusion criteria. The Informed consent were taken. Obesity Risk Knowledge scale-10 and Attitude towards Obese Persons scale were filled by participants.

Result: Analysis was done by using Microsoft Excel. Out of 50 IT professionals, 21 (42%) participants were having good knowledge and 29 (58%) were having poor knowledge. Whereas, 24 (48%) participants were having positive attitude and 26 (52%) were having negative attitude towards obese persons.

Conclusion: The study concludes that, majority of IT professionals i.e. 58% had poor knowledge and 52% had negative attitude towards obese persons.

Keywords: Obesity health risk, Information Technology Professionals, Knowledge, Attitude

Introduction:

Obesity can be seen as the first wave of a defined cluster of non-communicable diseases called “New World Syndrome.” Obesity has been recognized as a public health problem, typically described as an “obesity epidemic” due to dramatic increases in prevalence throughout the globe. Obesity is a global health problem that is spreading at an alarming rate across the world. In India, more than 135 million individuals are affected by obesity. A fast increase in Obesity has been caused primarily by cultural and environmental factors. High calorie diets, heavy meals, low level of physical activity and sedentary lifestyle and nutritional disturbances are major risk factor in development of obesity. ^[1]

The risk factors for obesity include social environmental factors, psychological factors and genetic factors. The rise in obesity can be explained by the following. First, the improvement of living standards has led to a large increase in the intake of high-fat foods. Furthermore, a greater proportion of jobs require less physical strength due to urbanization. More proximally, a low resting metabolic rate is the main cause of

obesity. One study indicated that people who eat irregularly are more likely to suffer from obesity than the general population. A good psychological attitude is also helpful in the treatment of obesity. ^[2]

The most popular measure of overweight and obesity is Body Mass Index (BMI), calculated by dividing body weight (kg) by squared body height (m²). According to the WHO classification, BMI standard in adults ranges from 18.5 to 24.9 kg/m², overweight is diagnosed at BMI = 25 to 29.9 kg/m², and obesity occurs for BMI ≥ 30 kg/m². ^[1]

Recent evidence suggests that working conditions may also impact one's likelihood of weight gain. The risk of obesity seems to increase among workers in high-demand and low-control job settings and among those working long hours and in various shift schedules. Recently, another important work-related risk factor for obesity has been proposed, namely excessive sedentary behaviour (sitting) at work. Technological innovations have decreased physical strain and energy expenditure, resulting in jobs that are more sedentary. As many individuals spend a great deal of their waking hours in the workplace, reducing sitting at work may need to be given special attention. ^[3]

Obesity may pose an economic burden to the workplace through direct costs and indirect costs, such as increased absenteeism from work due to health problems and reduced productivity. Because of these impacts, workplaces may be particularly motivated to conduct interventions to reduce the risk of obesity and/or to encourage weight loss among overweight or obese workers. ^[3]

Information Technology (IT) Professionals are at high risk of obesity due to the nature of their jobs, which involves prolonged sitting hours, mental stress irregular meal timing and minimal physical activity. Even though IT professionals are educated, their knowledge and attitude towards the health risk of obesity maybe limited. Studying knowledge and attitude of obesity in this population can help identify gaps and promote healthier habits among them.

Materials and Methods:

A cross-sectional study was conducted in different IT companies of Gujarat. Informed consent were taken from the participants before the study. Ethical approval was taken from the Institutional Research and Ethics Committee.

Total 72 participants were screened, out of which 50 participants were taken for the study who were included according to inclusion and exclusion criteria.

A structured questionnaires "Obesity Risk Knowledge Questionnaire 10" and "Attitude towards Obese Person" were filled by the IT professionals and submitted through Google forms.

Inclusion Criteria: 1. Age- 25-44 Years

2. Gender- Both Male and Female

3. Work experience- >3 years,

4. Working hours per day- >6 hours

5. Willing to participate

Exclusion Criteria: 1. Not willing to participate

Outcome Measures: The Obesity Risk Knowledge-10 (ORK-10) scale is a reliable and valid scale designed by Swift, Glazebrook and Macdonald (2006). This 10-item instrument was to assess the knowledge on the health risks associated with obesity. The score range for this scale ranged from 0-10; higher scores indicate greater knowledge and awareness of the health risks associated with obesity. The ORK-10 scale has good internal consistency (Cronbach's alpha coefficient 0.7) and is acceptable for use.

Attitude towards Obese Persons (ATOP) scale, a 20-item scale developed by Allison, Basile and Yunker (1991). The scale is based on a six-point Likert scale (ranging from: -3= I strongly disagree to +3 = I strongly agree), participants have to indicate the extent to which they agree or disagree with twenty statements regarding obese people. Higher scores on the ATOP scale indicate positive attitudes towards obese people. The lowest score that can be obtained is 0, and the highest is 120, therefore any score above the midpoint (score of 60) indicates that the individual has positive attitudes towards obese persons. Reliability yielded a Cronbach's coefficient alpha of 0.92.

Scoring instructions for ATOP Scale:

Step 1: Multiply the response to the following items by -1 (i.e., reverse the direction of scoring): Item 2 through Item 6, Item 10 through Item 12, Item 14 through Item 16, Item 19 and Item 20

Step 2: Add up the responses to all items.

Step 3: Add 60 to the value obtained in Step 2. This value is the ATOP score. Higher numbers indicate more positive attitudes (Allison & Baskin, 2009).

Scoring instructions for ORK-10 Scale:

Each question that is answered correctly on the ORK-10 scale is equal to one point. As there are ten questions on the questionnaire, the minimum score that can be achieved is zero and the maximum score that can be achieved is 10. If participants get the question wrong, or they select the 'don't know' option they are given zero points for that question (Swift et al. 2006).

Results:

Total 50 IT professionals were taken part in this study. Among which 61.5% were males and 38.5% were females. The analysis was done by using Microsoft Excel.

Mean Age of participants were 28.56 years. Mean work experience of participants were 5.9 years.

Out of 50 participants, there were 21 participants having good knowledge (i.e. 42%) and 29 participants having poor knowledge (i.e. 58%) about health risk of obesity. (fig.1)

Whereas, 24 participants were having positive attitude (i.e. 48%) and 26 participants were having negative attitude (i.e. 52%) towards the obese person. (fig.2)

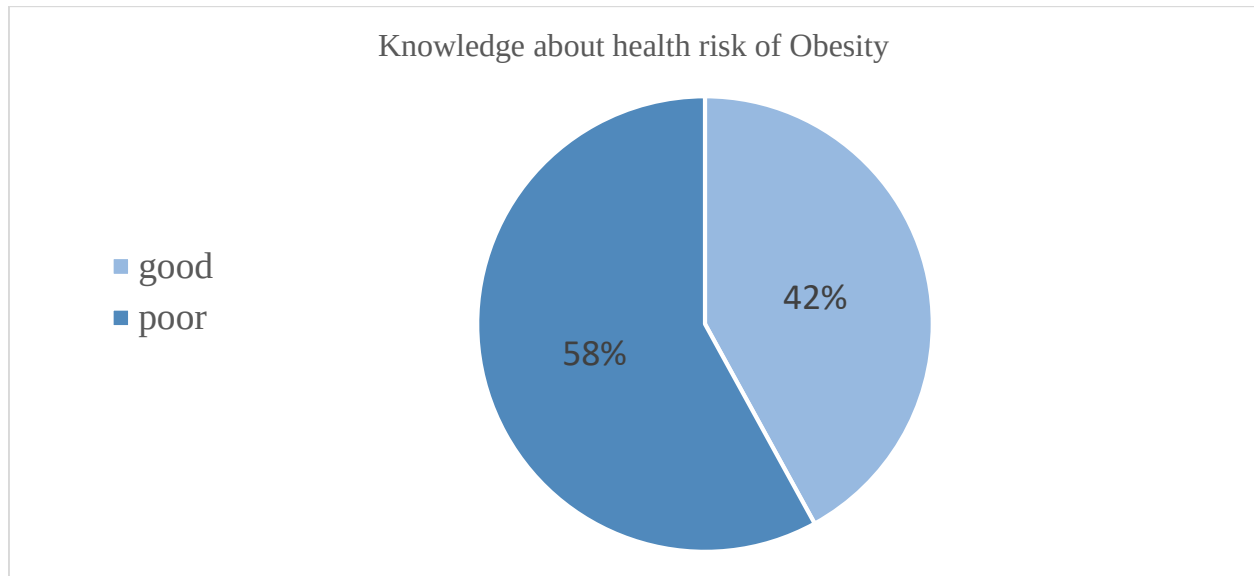


Figure 1

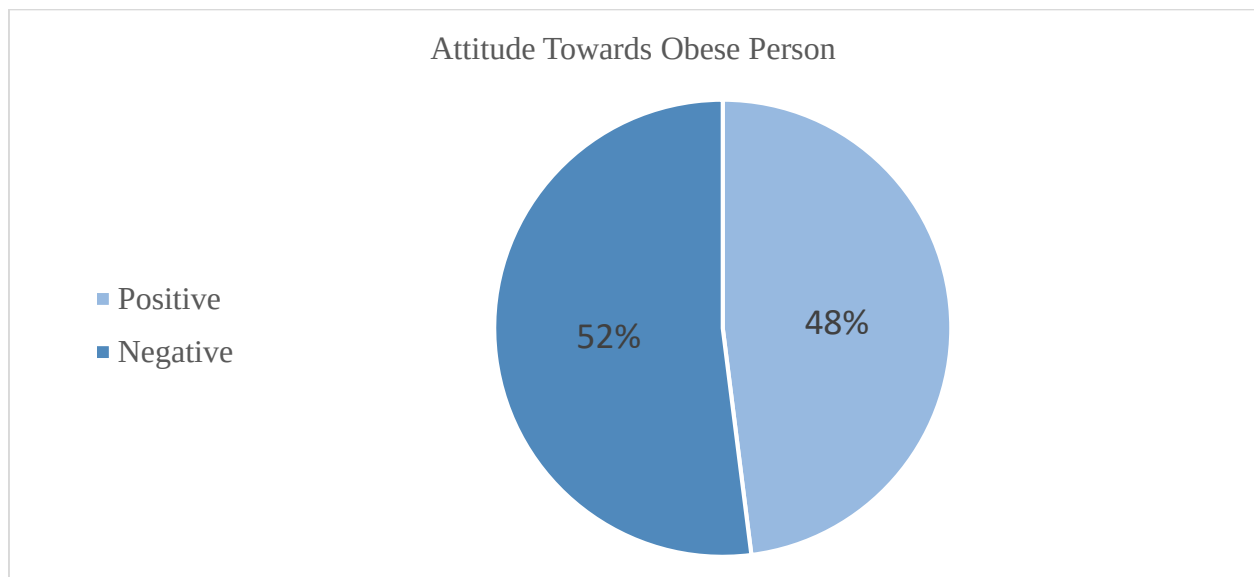


Figure 2

Discussion:

The results shows that very few Information Technology professionals were having good knowledge about obesity risks and very few were having positive attitude towards obese persons. These maybe observed due to demanding and sedentary nature of IT jobs.

Suzanne Sack et al. studied on Physical Therapists' Attitudes, Knowledge, and Practice Approaches Regarding People Who Are Obese and concluded that physical therapists have neutral attitudes toward people who are obese. Physical therapists appropriately indicated that lack of physical activity and poor nutritional habits contribute to obesity. Younger respondents, who had recently entered the work force, had higher knowledge scores than respondents who were older and had worked longer. Improvements in physical therapists' referral patterns may assist in the health care team approach to the treatment of obesity. Education to enhance physical therapists' knowledge about obesity should be emphasized. ^[4]

AWOTIDEBE ADEDAPO WASIU et al. studied on knowledge and attitude of physiotherapy students at the University of the Western Cape towards and concluded that participants view obesity as a behavioral problem and share the broader society's negative attitudes towards obese people. There is an urgent need to improve the physiotherapy training curriculum with regards obesity education. This is vital not only to improve knowledge and skills in obesity management approaches but also to help improve positive attitudes towards obesity and the people who are obese. ^[5]

In IT professionals, prolonged sedentary behavior can reduce daily energy expenditure. When sedentary work is combined with unhealthy dietary patterns, inadequate physical activity and insufficient sleep, it may create conditions favoring progressive weight gain.

This study emphasize the importance of health education, periodic screening and promotion of fitness initiatives at the workplace. Workplaces can also encourage brief activity breaks during prolonged computer use, promote walking or other forms of physical activity, provide healthier food choices and conduct periodic health-screening programs.

Conclusion:

The study concludes that majority of IT professionals have Poor knowledge about health risk of obesity and negative attitude towards the obese person. This indicates the considerable lack of awareness and understanding regarding obesity and its associated health risks among IT professionals. The results highlight the need for health education initiatives and awareness programs within the IT sectors to improve understanding of obesity, promote positive attitudes and encourage healthy lifestyle practices.

Limitations:

Sample size is too small to provide accurate score of knowledge and awareness of IT professionals. Data collection was done from limited areas of Gujarat only.

Future Recommendations:

Future studies should assess obesity among different age group to identify age specific gaps.

Should also examine relation between BMI and Knowledge of health risk of obesity.

It should also compare male and female IT professionals to identify gender related differences and develop targeted interventions.

Studies should also assess whether it vary according to years of experience or not.

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