



**DIETETICS COUNSELING: USING SUPPORT GROUP
TO EXPLORE WEIGHT MANAGEMENT
CHALLENGES AMONG FEMALE UNIVERSITY
STUDENTS**

BY

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**A dissertation submitted in fulfilment of the requirement for
the degree of Master of Education (Guidance and
Counseling)**

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ABSTRACT

The recent survey National Health and Morbidity Survey 2015 showed that 30.6% of Malaysian adult are obese (MOH, 2015). This percentage has increased drastically to more than 200% as compared to 2010 statistics (Ministry of Health [MOH], 2010). The trend is worrying and definitely will affect the well-being of individuals as it may lead to other complications in life. Unfortunately, a lack of research in Malaysia thus no documentation on the weight management experiences of Malaysians can be found thus far. Hence, a qualitative study was conducted to identify challenges faced in the process of weight management among obese people in Malaysia. A structured support group was proposed at one local university in Malaysia targeted at female young adults. Membership was recruited through an on-campus advertisement. Based on the inclusion criteria set, eight participants were recruited. After the pre-group session, only four participants were able to join the study due to the time commitment. The weekly group counseling meetings cum focus group discussion (FGD) were scheduled for 1 ½ hours. The module prepared includes contents and activities related to challenges of losing weight, healthy eating with low calorie food and coping skills using cognitive-behavioral techniques. All four sessions were transcribed and the verbatim were analyzed. The group experiences of the participants were evaluated at each meeting as well as at the end of the program. The major themes were derived from the 3 levels of socio-ecological model proposed. The challenge of poor self-control seemed to be consistent theme throughout the discussions. In response to the support group experiences, all of the participants agreed that gaining support and encouragement is the most prominent value throughout the sessions. The study proposed longitudinal study on similar topic as to explore support groups impacts on self-efficacy in practicing counseling skills in dietetics intervention.

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APPROVAL PAGE

I certify that I have supervised and read this study and that in my opinion, it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Master of Education.

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DECLARATION

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This research is dedicated to the dietitians who believe in lifestyle intervention

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Malaysia, known as food heaven was ranked the first among Southeast Asian countries with high adult obesity rate (Ng, Fleming, Robinson, Thomson, Graetz, Margono, Mullany, Biryukov, Abbafati, Abera & Abraham, 2014). In 1996, the prevalence of adult obesity in Malaysia was only 4.4% of the population. This percentage has increased to more than 200% in 2006 as the figure of obese people turned to 14% of the population (Ministry of Health [MOH], 2010). Despite the numerous efforts made, it is still unclear how far has the healthcare interventions succeeded in combating the epidemic. The economic related causes of obesity are unbearable. In the United States of America (USA) alone, the treatment of obesity and its primary co-morbidities costs the US health-care system more than USD99 billion each year and consumers spend in excess of USD33 billion annually on weight-reduction products and services (Noor, Koon, and Hashim, 2008). Obesity, being one of the intermediate risk factors to non-communicable diseases, needs to be controlled and prevented.

While weight loss often is desired among these individuals, only very few achieved the sustained weight loss maintenance. In fact, it is estimated that among those who are overweight or obese involving 60 percent of adults and 50 percent of children and adolescents are currently attempting to lose weight by dieting (Neumark-Sztainer, Rosk, Thornquist, Cheskin, Neuhousesr and Barnett, 2000).

Over the past two decades, clinical interventions have proven effective in establishing initial weight loss. However, the majority of those who completed treatment for obesity regained the weight they have lost over the five years of the following treatment (Jeffery, Drewnowski, Epstein, Stunkard, Wilson, Wing and Hill, 2000). A review of research revealed that, while 10-15% weight loss can be expected on average in behaviorally-based weight loss treatment programmes, four years later most of this weight has usually been regained, with individuals typically sustaining around 4% loss from initial weight (Jeffery et al., 2000). A national survey of adults in the U.S. revealed that one-third of individuals who had lost a significant amount of weight regained most of this weight within one year (Weiss, Galuska, Kettel, Gillespie and Serdula, 2007).

1.2 SIGNIFICANCE OF THE STUDY

The study seeks to shed light on new knowledge pertaining to the struggles of losing weight among females in Malaysia. The findings would shed basic understanding about the experiences of losing weight particularly in dealing with the obstacles faced and possible ways to overcome them.

Practically, the study aimed to provide improvised module of weight management support group that can be utilized by healthcare providers. Improvement of techniques and efficacy in handling support group may assist the dietitians or eating behavior. The findings of the study can be a good reference to counselors and dietitians in helping others in their effort to lose weight.

1.3 STATEMENT OF PROBLEM

Obesity is a national challenge. The recent National Health and Morbidity Survey 2015 revealed alarming statistics of nutritional status among Malaysian adult population. 33.4% of adult aged 18 years and above are pre-obese while 30.6% of the adult population is obese. An increase of almost 200% from the previous 2006 statistics is an alarming indicator to the government, healthcare professionals and the industries. The numbers are expected to increase in years to come if no immediate interventions are made.

Worse still, knowing that obesity is one of the non-communicable disease factors, the recent statistics from World Health Organisation (WHO) revealed that 73% of total deaths in Malaysia are due to non-communicable diseases (WHO, 2014). Thirty six percent are due to cardiovascular diseases, 15% are due to cancers while others are diabetes and chronic respiratory diseases (WHO, 2014).

Female are more likely to be affected. In Malaysia, there were more females who are obese (20.6%) than males (14.9%) (MOH, 2015). In fact, from the total number of students in one of the local university, 8.2% of them are female students as compared to the male counterpart (6.7% obese male students) (Abdul Hakim, Muniandy & Danish, 2012).

The increasing numbers of obese people need effective management from the limited healthcare resources. Weight management support group could be one of the promising efforts which involve small numbers of instructors. One of the studies in weight management has shown that patients attended support group meeting lose more weight than patients in the not attending support group meetings (Orth, Madan, Taddeucci, Coday and Tichansky, 2008).

Unfortunately, there is a lack of studies conducted in Malaysia that focused on the challenges of losing weight. Increased numbers of people with obesity issue does not mean that people have not tried to lose weight. Perhaps, their challenges are not recognized. By exploring the perceived barriers or difficulties faced by the participants, it is hoped that the healthcare providers especially the dietitians will be able to identify areas to be improved in providing the services.

1.4 OBJECTIVE OF THE STUDY

This study seeks to:

1. Identify the sources of challenges among female university students which have contributed to barriers in losing weight.
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1.5 RESEARCH QUESTIONS

1. Identify the sources of challenges among female university students which have contributed to barriers in losing weight.
2. Gzrnqtg" rctvkekrcpvuø" gzrgtkgpegu" qh" dgkpi" rctv" qh" vjg" uwr rqtv" itqwr" hqt" weight management.

1.6 DELIMITATION OF THE STUDY

The target population is university students aged between 18 ó 35 years old who have the experience of difficulties in losing weight. Recruitment of weight loss support itqwr" ogo dgtuø" ygtg" cfxgtvkugf" kp" gxgt{ "hg o cng" jquvgn" cpf" uwwfgpvuø" qpnkpg" rqtvcn0"

Interested candidates were screened for eligibility. The individual screening sessions selected the participants based on inclusion and exclusion criteria.

The inclusion criteria include female gender, $\text{BMI} \geq 30$; is currently seeking or previously had tried method of losing weight. The exclusion criteria on the other hand are male and having chronic illnesses.

Table 1.1 Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
1. Female	1. Male
2. $\text{BMI} \geq 30$	2. Having chronic illness
3. Is currently seeking or previously had tried method of losing weight	3. Never tried losing weight

The main focus of this research was to explore the experiences of losing weight among obese female. It did not focus on the intervention made. Hence, no data on the outcomes of support group sessions, such as the amount of losing weight, were recorded.

1.7 DEFINITION OF TERMS

1.7.1 Challenges

Challenges in weight management refer to anything that, or anyone who hinders the practice of healthy behaviors such as healthy eating or physically active.

1.7.2 Cognitive Behavioral Therapy

Cognitive behavioral therapy is a theory in counseling which frequently used to modify behavior. Cognitive therapy perceives psychological problems as stemming

from commonplace processes such as faulty thinking, making incorrect inferences on the basis of inadequate or incorrect information and failing to distinguish between fantasy and reality (Corey, 2013). The techniques focus on identifying and examining these beliefs and modifying them if the client cannot support these beliefs. Behavior options for responding.

1.7.3 Dietetics Counseling

In a reference to Malaysian Dietitian Association (*Who is a dietitian*, n.d)

A dietitian is a professional trained in translating the science of food, nutrition and medical nutrition therapy to meet the needs of individual or target groups, whether in disease or health. He or she is equipped with the knowledge and skills to perform nutritional assessment and diagnosis; prescribe medical nutrition therapy; monitor, evaluate and document the nutrition care of individuals and groups that require diet intervention and rehabilitation; provide dietary counseling and nutrition education to individuals and caregivers for the management of diseases/illness, in both acute and chronic care.

Dietetics counseling is referring to qualified dietitian with knowledge and qualification in counseling skills who provide services and advices to patients as dietitians.

1.7.4 Lifestyle Intervention

Lifestyle intervention is an obesity treatment that incorporated three components. These components are: dietary prescription, physical activity prescription and a structured behavior-change intervention (Academy of Nutrition & Dietetics, 2016).

1.7.5 Obesity

Qdgukv{" ku" enuq" ecnngf" öcfkrqukv{ö0" Kv" ku" c" uvcvg" qh" o cnpwvtkvkqp" kp" y jkej" vjg" accumulation of depot fat is so excessive that functions of the body are disturbed (Lagua & Claudio, 2004). The World Health Organization (WHO) officially define obesity as a body mass index (BMI) of 30.0 kgm^{-2} and greater.

1.7.6 Overweight

Qxgtygkijv"ku" ygkijv"vjcv"ku"32 ' "vq"42 ' "cdqyg"vjg"uvcpfctf"qt"ökgföcnö"dqf{" ygkijv" for individuals of the same age, sex and height (Lagua & Claudio, 2004). It is also defined as a body mass index (BMI) of 25 kgm^{-2} to less than 30 kgm^{-2} (MOH, 2004).

1.7.7 Support Group and Group Counseling

Support group is a part of counseling group which is a treatment choice for numerous intrapersonal and interpersonal issues and for helping people to change. This group uses interactive feedback and support methods in a here-and-now time frame (Corey, Corey& Corey, 2014). The support group of this study focus on weight management issue intended to help people develop more positive attitudes and better interpersonal skills.

1.7.8 Weight Loss

Weight loss is usually due to increased energy expenditure, decreased energy intake or both. With uncomplicated mild trauma, weight loss among adults may be 250 g or less per day (Lagua & Claudio, 2004).

1.7.9 Weight Management

Weight management is a process of adjusting variable factors that affect body weight, aiming at a desirable level considered optimum (Lagua & Claudio, 2004).

1.8 SUMMARY

The increasing number of obesity cases in Malaysia warrants effective action. Understanding the issues preventing an individual from successfully losing weight may help improve the healthcare services in dealing with obesity epidemic. Thus, this study aimed to identify the challenges of weight management among female university students and explore their experiences of attending weight management support group.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses the related literature. The discussions include: overweight and obesity; weight management; challenges in weight management; counseling techniques in weight management; support group and theoretical framework.

2.2 OVERWEIGHT AND OBESITY

Excessive energy intake as opposed to energy expenditure per day will promote excessive amount of energy storage. This excess of energy storage will expand the fat storage and gives excess weight to an individual. Excess in weight, identified by calculating the body mass index (BMI) is associated with non-communicable disease. Dqf {" o cuu" kpf gz" *DOk+ "ku" vj g" ykfgn {" "wugf" o gcuwtg o gpv" vq" encuukh {" "cp" kpfkxkf wcnou" weight status. The measurement follows the following formula:

$$\text{BMI} = \text{Current weight (kg)} / \text{Height}^2 (\text{m}^2) \text{ (MOH, 2004)}$$

Although the World Health Association (WHO) put the cut off point for overweight and obese as 25 kgm⁻² and 30 kgm⁻² respectively, due to higher vulnerability of this group to diseases, other alternative reference for Southeast Asia are 23.0 kgm⁻² and 27.5 kgm⁻² for overweight and obesity (MOH, 2004).

Conditions that are greatly increased with obesity include type 2 diabetes mellitus, gallstone, fatty liver, high blood cholesterol, breathlessness and sleep apnoea (MOH, 2004). Obesity will also moderately increase the health risks of coronary heart disease, cerebrovascular disease, cardiac failure, hypertension, osteoarthritis and gout (MOH, 2004). Cancer, reproductive hormone abnormalities, polycystic ovarian

syndrome, low back pain and foetal defects are mildly increased with obesity (MOH, 2004). These complications showed that the overweight and obese deserve great attention in healthcare area in preventing the unnecessary complications or even the onset of disease.

2.3 WEIGHT MANAGEMENT

The strategies to lose weight include low calorie diet, increasing physical activity and to reducing the frequency of meals per day. A local study exploring weight loss practice among women who successfully lose weight in Malaysia may give us some baseline of current weight management practice (Al-Qalah, Ghazi, Isa and Karim, 2014). Al-Qalah and colleagues (2014) discovered three most successful practiced strategies of losing weight among working women were eating more fruits and vegetables (50.8%), reduce the amount of eating food (49.2%) and reduce fatty food intake (42.5%). Around one third of the sample reduced the intake of high sugar food (38.3%) and carbohydrate food (36.7%) while 32.5% of them eat smaller portion sizes and practiced fasting (31.7%) (Al-Qalah et al.2014). Almost 1/6 of them chose to skip meals (16.7%) and reduced the amount of food prepared away from home (15.0%). Other low frequencies practices are consuming over-the-counter diet products (7.5%), going to formal weight loss programme (6.7%), using internet website with individualized diet programme (6.7%), keeping a food diary (5%) and took slimming products such as pills and shots (1.7%).

The result implies that healthy lifestyle intervention would most likely be successful. The approach used in this current study was healthy lifestyle which comprise of balance meals, low fat, low sugar and high fiber diet. On top of that, physical activity was also incorporated throughout the management.

2.4 WOMEN AND OBESITY

Gender-wise, women are more obese than men in the entire WHO region. Specifically in Malaysia, there were more females who were obese (20.6%) than males (14.9%) (MOH, 2015). Abdul Hakim, Muniandy and Danish (2012) found that the rate of obesity among male university students was lesser than the females. The percentage of obesity among female students compared to the male was 8.2% and 6.7% (Abdul Hakim et al., 2012).

2.5 CHALLENGES IN WEIGHT MANAGEMENT

Lifestyles behaviors are influenced by several issues at differing levels of the socio-ecological model. At the individual levels, list of barriers to weight management include low nutrition knowledge and skills (Ali, Baynouna and Bernsen, 2010), low motivation (Ali et al., 2010 ; Metzgar, Prston, Miller and Nickols-Richardson, 2014 ; Abolhassani, Irani, Sarrafzadegan, Raiei, Shahrokhi, Poumoghaddas, Mohammadifard, Roohafza, Asgary and Moattar, 2012; Befort, Stewart, Smith, Gibson,, Sullivan and Donnelly, 2008) and health problems (Abolhassani, 2012; Metzgar e al., 2014; Ali et al., 2010). At the interpersonal level, the biggest challenges is lack of support from family (Andajani-Sutjahjo, Ball, Warren, Inglis and Crawford, 2004; Abolhassani, 2012; Metzgar et al., 2014) and competing demands especially lacking of time for child care (Ali et al., 2010). At the next level, the institutional or organizational level, lack of exercise facilities (Ali et al., 2010), and lack of support from work (Abolhassani et al., 2012; Andajani-Sutjahjo et al., 2004; Befort et al., 2008) are contributing factors to weight management barriers. At the community level, socio-cultural norms or environmental pressures may affect those who plan to lose weight (Ali et al., 2010; Metzgar, 2014). Lastly, at the policy and systems level,