



Comparison between measured and perceived weight status in a nationally representative sample of Australian adults

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Received 23 May 2016; received in revised form 3 December 2016; accepted 23 December 2016

KEYWORDS

Body mass index;
Perceived weight;
Adults;
Australia

Summary

Background: Many individuals may not accurately perceive whether their weight status poses a health risk. This paper aimed to determine how accurately Australians perceived their weight status compared to objective measurements, and to determine what factors were associated with underestimating weight status.

Methods: Participants were 7947 non-pregnant adults from the 2011 to 2012 Australian National Nutrition and Physical Activity Survey, with complete data for self-reported and measured weight status. Multivariate logistic regression was used to examine associations between individual characteristics and accuracy of perceived weight status.

Results: Overall, 25.5% of the sample underestimated and 3.8% overestimated their weight status. Men were almost twice as likely as women to underestimate (34.0% vs 17.7%, $p < 0.001$). In both sexes, underestimating weight status was strongly associated with higher waist circumference, satisfaction with weight and older age. In men, underestimation was associated with low education levels and being on a diet, and in women, underestimating weight status was associated with being born overseas and area-level disadvantage.

Conclusions: At least a quarter of the adult population misperceives their weight status as healthy when in fact they are at increased risk of morbidity and mortality due to overweight and obesity. This may present a major barrier to prevention efforts.

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Introduction

High rates of obesity worldwide highlight the need for increased awareness of the health implications of carrying excess weight, as well as the necessity of effective preventative actions both in Australia and globally [1]. Obesity is a major risk factor for multiple chronic health conditions including cardiovascular diseases, diabetes, musculoskeletal disorders and some cancers [2]. In 2011–12, a total of 62.8% of Australian adults were overweight or obese, a substantial increase since 1995, when 56.3% of the Australian adult population were overweight or obese [3]. The annual cost of overweight and obesity to the Australian economy was estimated to be \$56.6 billion in 2005 [4], and this cost is expected to grow, as prevalence continues to increase.

In general, prevalence of obesity is higher among males, lower socio-economic status (SES) groups, culturally diverse populations and people living in regional areas, placing these populations at increased risk of adverse health outcomes [3]. An erroneous perception (underestimation) of personal weight status has been shown to be associated with weight gain and reduced motivation and actions to prevent weight gain [5–8]. An Australian study found that people who perceived their weight status to be underweight or normal weight at baseline gained more weight over the five-year study period than those who perceived themselves as very overweight at baseline [5].

Across the whole population, evidence suggests that underestimating weight status is more common than overestimating weight status [9]. Among adults, the evidence suggests that males are more likely to underestimate their weight status and females are more likely to overestimate their weight status [8]. There is less consistent evidence of a pattern between accuracy of weight status perceptions and socio-economic characteristics [8,9]. Among children, there is evidence that parents of children with overweight and obesity commonly misclassify their children as healthy weight [10].

Perceptions of weight status may be influenced by a number of societal and cultural factors, including ideas of both “ideal” and “normative” weight status [8,11–13]. With substantial increases in the prevalence of overweight and obesity over time, the majority of Australian adults are now overweight or obese [14], potentially contributing to a perception that being overweight is ‘normal’. The inverse of this may also contribute to misperceptions, particularly among females who, due to media portrayals of a very thin idealised body size,

may believe they are overweight when in fact they are not [8,15].

Several prevention efforts have attempted to address weight perception as a key trigger for self-management of weight status. For example, in Australia, the *Live Lighter* campaign aims to encourage Australian adults to lead healthier lifestyles and advocates for healthier environments to promote physical activity and healthy eating [16]. Initiated in 2012 in Western Australia and extended to Victoria and the Australian Capital Territory in 2014, the program included a mass media campaign using graphic and confronting images of abdominal fat to encourage Australians to prioritise healthy weight. Federally the 2013 *Shape Up Australia* campaign by the Australian Government’s National Partnership Agreement on Preventative Health aimed to improve health and wellbeing and increase awareness of a healthy body shape and weight [17]. Previous interventions like the *Measure Up* campaign [18] also aimed to raise awareness about the relationship between chronic disease and the risks of obesity, by promoting healthy waist circumferences, physical activity and healthy eating.

Changes in health behaviours are more likely to be successful when the individual recognises there is a problem [19]. Some studies have argued that self-awareness of a person’s weight may provide motivation to maintain a healthy weight [8]. Therefore a false perception of one’s weight may reduce motivation to engage in weight maintenance or reduction practices [8]. Importantly these differences may also be patterned by gender, social status and other factors, meaning interventions promoting healthy weight need to understand the differences between population segments to ensure accurate targeting of messages. In Australia, there is little known about how accurately the population perceive their weight status. This study set out to answer the following research questions;

1. What proportion of Australians accurately perceived their weight status compared to objective measures and what proportion under- or overestimated their weight status?
2. What individual characteristics are associated with underestimation of weight status?

Subjects, materials and methods

Dataset

This study used data from the National Nutrition and Physical Activity Survey (NNPAS) 2011–12 for adults (18 years and over) who were not pregnant at

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