Disease and lifestyles perception in public workers who are overweight or obese

Percepción de la enfermedad y estilos de vida en trabajadores públicos con sobrepeso y obesidad

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Abstract:

The development of well-being in the population becomes an important aspect for health due to the repercussions that can bring to their lives, currently obesity is a public health problem that is characterized by being a chronic disease, caused by various factors ranging from genetic, metabolic or socio-cultural problems. In this regard it has been mentioned that this imbalance with a negative tend between food intake and caloric expenditure, since, there is an increase in the first and a decrease in the second, which causes adipose tissue accumulates and body weight is raised, it has been reported that the appearance of obesity in early stages of development (childhood/adolescence), increases the possibility of prolonging it until adulthood. The condition of obesity can be permanent by various aspects previously mentioned, such as physical discomfort, anxiety, sadness, feelings of guilt, frustration, reproaches towards himself or his environment, in the regard, it could be due to the ideal of beauty that prevails today-thinness-so when compared to this ideal causes biological, physical, physiological and social changes the threaten the quality of life. Due to this, the objective of the present investigation was to know the perception that workers and workers possess the Sistema Estatal para el Desarrollo Integral de la Familia (SEDIF), with overweight and obesity, regarding their lifestyles and the presence of the disease in their life.

Keywords:

Trajectory, perception, overweight, obesity

Resumen:

El desarrollo del bienestar en la población se vuelve un aspecto importante para la salud debido a las repercusiones que pueden traer a la vida de los mismos, actualmente la obesidad es un problema de salud pública que se caracteriza por ser enfermedad crónica, causada por diversos factores que van desde problemas genéticos, metabólicos o socioculturales, al respecto se ha referido que ese desequilibrio con tendencia negativa entre la ingesta alimentaria y el gasto calórico, ya que, se observa incremento en la primera y una disminución en la segunda, lo que origina que el tejido adiposo se acumule y se eleve el peso corporal se ha referido que la aparición de obesidad en etapas tempranas del desarrollo (infancia/adolescencia), aumenta la posibilidad de prolongarla hasta la adultez. La comorbilidad de la obesidad atenta contra la salud física y mental de quien la padece. Bajo este razonamiento, la condición de obesidad puede verse permeada por diversos aspectos previamente mencionados, como malestar físico, ansiedad, tristeza, sentimientos de culpa, frustración, reproches hacia si mismo o su entorno, al respecto, podría ser por el ideal de belleza que prevalece en la actualidad - la delgadez- así al compararse con dicho ideal provoca alteraciones biológicas, físicas, psicológicas y sociales que atentan con la calidad de vida. Debido a esto el objetivo de la presente investigación fue conocer la percepción que poseen personas trabajadores y trabajadoras del Sistema Estatal para el Desarrollo Integral de la Familia (SEDIF), con sobrepeso y obesidad, con respecto a sus estilos de vida y la presencia de esta enfermedad en su vida.

Palabras Clave:

Trayectoria, percepción, sobrepeaso, obesidad

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INTRODUCCIÓN

Obesidad es una enfermedad crónica, causada por varios factores que van desde genéticos, metabólicos o socioculturales, en este sentido se ha mencionado que existe una correlación entre estas carencias con la ingesta de alimentos y el gasto calórico. Además, se ha demostrado que la obesidad y la sobrepeso son factores de riesgo para la aparición de enfermedades crónicas como la diabetes, la hipertensión arterial y el aclaramiento de enfermedades cardiovasculares, así como la transmisión de enfermedades al nacimiento (FAO, 2018).

El Instituto de Salud Mundial (OMS, 2019) define el sobrepeso y la obesidad como un aumento excesivo o anormal de la grasa corporal, que se mide por el índice de masa corporal (IMC) que calcula la relación entre el peso del cuerpo y la altura en metros (kg/m²). Para el adulto, la obesidad se define como un IMC de 30 o más kg/m².

En México, el estudio de la Encuesta Nacional de Salud (ENS) de 2016 mostró que el 60% de la población adulta tenía sobrepeso o obesidad, lo que representa un aumento significativo en comparación con el 45% de la población adulta en 2000 (INEGI, 2016). La obesidad y el sobrepeso son factores de riesgo para la aparición de enfermedades crónicas como la diabetes, la hipertensión arterial y el aclaramiento de enfermedades cardiovasculares, así como la transmisión de enfermedades al nacimiento (FAO, 2018).

El objetivo de la presente investigación fue conocer la percepción que tienen los trabajadores y trabajadoras del Sistema Estatal de Salud (SEDESIF) del sobrepeso y la obesidad, así como su relación con su estilo de vida y el entorno laboral. Se busca conocer el impacto que tienen estos factores en sus Hábitos de vida y en su percepción de riesgo de salud, lo que permitirá identificar factores de riesgo y protección que puedan ser utilizados para la prevención o tratamiento de la obesidad.
RESULTS

Below is the information of the six interviews conducted with 3 male and 3 female workers, describing their age, body mass index, nutritional diagnosis data, placed within the State System for the Integral Development of the Family (SEDIF), family structure through their respective family tree and the analysis of the categorizations found within their interviews through the networks generated with the Atlas.ti program.

Interview number one was conducted with a 46-year-old woman with a BMI of 26.89, so her nutritional diagnosis is overweight. The occupation of the interviewee is the head of the office of the sub-directorate of food programs. Her family structure is made up of her daughter and her partner (Figure 1). During his interview, categories were found, such as negative personal perception, low self-esteem, inactivity, among others (Figure 2).

Interview number two was conducted with a 56-year-old woman with a BMI of 31.77 so that her nutritional diagnosis is of grade 1 obesity. The interviewee's occupation is Head of the Office of the Department of Supervision and Nutrition Quality (Secretariat). Her family structure is made up of her husband and daughter (Figure 3). During their interview, categories such as feeding were the first problem for the overweight, social problem, not health, among others (Figure 4).

Interview number three was conducted to a 33-year-old man with a BMI of 38.96 so that his nutritional diagnosis is of grade 2 obesity. The interviewee's occupation is a Specialized Technician of the Information Area of the Department of Supervision and Nutrition Quality. His family structure is made up of his wife and four children (Figure 5). During his interview, categories such as health deterioration, laziness, thick bones, among others, were found (Figure 6).

Interview number four was conducted to a 43-year-old woman with a BMI of 25.56, with which her nutritional diagnosis is overweight. The occupation of the interviewee is Head of the Office of the Supervision Area of the Deputy Directorate of Supervision and Nutrition Quality. Her family structure is made up of her husband and two daughters (Figure 7). During

Figure 1. Familiogram of the first line of the interview 1.

Figure 2. Atlas ti analysis of the interview 1.

Figure 3. Familiogram of the first line of the interview 2.

Figure 4. Atlas ti analysis of interview 2.

Figure 5. Familiogram of the first line of the interview 3.

Figure 6. Atlas ti analysis of interview 3.
his interview, categories such as poor diet, fatigue, among others were found (Figure 8)

Figure 7. Familiogram of the first line of the interview 4.

Figure 8. Atlas ti analysis of interview 4.

Interview number five was carried out on a 39-year-old man with a BMI of 30.14, with which his nutritional diagnosis is of grade 1 obesity. The interviewee's occupation is a Specialized Technician of the Information Area of the Department of Supervision and Nutritional Quality. His family structure is made up of his father and brother, although he lives alone (Figure 9). During his interview, categories such as poor diet, headache, among others, were found (Figure 10).

Figure 9. Familiogram of the first line of the interview 5.

Figure 10. Atlas ti analysis of the interview 5.

Interview number six was carried out on a 50-year-old man with a BMI of 30.31, with which his nutritional diagnosis is grade 1 obesity. The interviewee's occupation is Supervisor of Food Programs. His family structure is made up of his brothers (Figure 11). During his interview, categories such as poor diet, headache, among others, were found (Figure 12).

Figure 11. Familiogram of the first line of the interview 6.

Figure 12. Atlas analysis of interview 6.

When analyzing the interviews, categorizations were found such as diet, problem, illness, causing illness, weight loss, physical fatigue, headache, losing agility, lack of knowledge, sedentary lifestyle, stress, marginalization, weight, medical conditions, health deterioration, no discrimination, suffering, gastric problems, health status, feeling satisfied, diabetes, among others (Figure 13). Four main categories were found within the interviews, which are obesity and overweight, disease perception, eating habits, and personal perception.
Regarding the responses of the sample in the questionnaire to assess the feeding behavior, it was found that regarding the nutritional labels of the products they choose to consume, most participants report not reading due to laziness representing 35.3% and 29.5% mention that they do read them and understand them which influences in the same way for the choice of the product or food they consume as seen in Figure 14.

Participants were questioned about who is the person who prepares the food they regularly consume, 52.9% report that they prepare them themselves, 23.5% buy them prepared, 17.6% are prepared by a family member and 5.9% are prepared by the person which helps in the house as can be seen in Figure 15.

Participants were asked how often they eat out, and 52.9% mention that they do it once or twice a week (Figure 18).

Participants were asked how often they overeat, and 47.1% report that once to twice a week (Figure 19).

Figure 16 shows what the participants usually drink most of the day; 70.6% refer to drinking natural water.
The present study allowed us to investigate the trajectory of the disease with overweight or obese workers of the System for the Integral Development of the Family of Hidalgo (SEDIF). Mainly, it was intended to address the way in which they perceived the disease and how it has affected their lives, in addition to investigating how their work influences this condition. The work was formed by two phases. During the general evaluation of eating habits and body mass index in the workers of the System for the Integral Development of the Family of Hidalgo (SEDIF), in which 17 men and women participated, it was found that most of the participants report having habits healthy as the consumption of fruits or vegetables and not consume alcoholic drinks or sugary foods, however, in the same way, they refer to being more careful of their food and health. However, in the evaluation of the body mass index, the participants presented diagnoses of overweight or obesity, confirming the participants' beliefs about the care of their diet and health. Another critical finding was that they perceive that they need to take care of their food and health, most reported that they need to have the motivation and personal commitment, while others need time and/or money.

**CONCLUSION**

The main findings of these interviews focused on the identification of overweight and obesity as problematic for the interviewees since they recognize that it can affect their state of health. However, at the time of the interview, they do not consider it a problem for them, although they begin to identify physical symptoms associated with the condition. In the same way, they recognize the importance of working care aspects such as better food, more time to take care of themselves and exercise. Although informants recognize what they need to work on, one more variable was identified that greatly influences health care and their social life, self-esteem. It turned out that this variable is associated with the perception they have about themselves, each informant described it differently, some accept themselves as they are and others recognize that they do not like their person in general. Likewise, self-esteem, according to the literature, is closely related to the social field. It implies, in some way the way in which the person relates to the others, in terms of the description of the participants, are perceived socially adapted and that their physical condition has not caused them complicated social situations, which is favorable for them, since they have the ability to develop positive support networks that allow them to face adversities in the future, such as health complications or take actions in the present to take care of your health.

**REFERENCES**


