

## WEIGHT CONTROL PRACTICES OF SOUTH AUSTRALIAN WOMEN

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Excess body weight is associated with a variety of conditions including cardiovascular disease, hypertension, diabetes and certain cancers. With approximately 38% of the adult population overweight or obese (NHFA, 1985), excess body weight is considered a serious public health problem in this country and consequently the Better Health Commission has proposed that its prevalence be reduced to 30% by 1995, and to 25% by the end of the century (Comm. Dept. Health, 1987). However, in order to design appropriate education and intervention programmes it is necessary to have an understanding of the community's present weight loss goals and behaviours.

In 1986 a random population survey of 406 Adelaide women aged 18-86 years (mean=42) was conducted using a postal technique. The results of this survey showed that in the previous year the women had employed a variety of strategies in order to reduce or control their weight (refer to table).

<u>Weight reduction/control strategies tried in the previous year:</u>			
	(%)		(%)
Exercise	68	Laxatives	3
Dieting	38	Special diet foods	5
Fasting	15	Meal replacement drinks	2
Slimming tablets	10	Cigarette smoking	4
Diuretics	6	Self induced vomiting	<1

Many of these practices are not consistent with current medical recommendations (NH & MRC, 1986) and may pose a risk to the women's health. For example, 10% of the women who dieted had attempted the Scarsdale, Beverly Hills or Israeli Army diets, which have been described as 'crash' or 'fad' diets by the NH & MRC and have been shown to be nutritionally inadequate.

At the time surveyed, 43% of women (60% of the overweight and 34% of the non-overweight) were attempting weight loss. The average amount of weight the women were attempting to lose was 8.3 kgs or 11.6% of their body weight. While the average target rate of weight loss (kilograms per week) was less than the recommended 1 kg/week (NH & MRC, 1986), almost one-third of the overweight women were attempting to lose more than this amount.

Although 90% of the women were aware that the overweight are at greater risk for conditions such as heart disease and hypertension, only one-third reported they wished to lose weight for health or medical reasons. The most common reasons nominated for attempting weight loss were to feel better (75% of women) and to look better (65%). There was also widespread concern with lower body shape, with a majority of women describing their stomach, hips, thighs, buttocks, waist and midriff as 'too fat'.

The results suggest that women need and desire more advice on safe weight control practices and sensible body weight goals from health professionals.

COMMONWEALTH DEPARTMENT OF HEALTH (1987) Report of the Nutrition Taskforce of the Better Health Commission (AGPS : Canberra).

NATIONAL HEART FOUNDATION OF AUSTRALIA (1985) Risk factor prevalence study (NHFA : Canberra).

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (1986) Nutrition policy statements (NH & MRC : Canberra).