影響過重及肥胖成人減重行爲之相關因素研究

Associated Factors of the Weight Control Behaviors for Overweighed and Obese Adults

中文摘要

臺灣有四分之一以上的成人過重，故近年來政府及民間對減肥投入相當多的心力，但過重與肥胖成人的盛行率仍是有增無減。所以本研究目的想探討過重及肥胖成人執行減重行爲之現況，及個人背景因素、減重信念、自我效能、社會支持與減重行爲之間的相關性。本研究採橫斷式調查性研究法，以方便取樣台北市文山區及信義區符合條件之 200 位個案爲研究樣本，採結構式問卷收集資料，重要結果如下：

一、研究對象有 56% 從未採取任何減重行爲，近一年採取健康減重的情形爲 40.5% ，採取另類減重的情形爲 27% ，且每人平均用 2~3 種健康方式減重，及 0~1 種另類方式減重，而同時採用健康與另類減重的人佔 23.5% 。

二、女性執行另類以及同時採取二種減重行爲的情形比男性還高。BMI 每增加 1 分採取健康減重的機率降低 0.775 倍。而年齡、婚姻狀況、教育程度，則與減重行爲在統計上無明顯差異。

三、研究對象於過重對健康的影響、減重利益、減重障礙的認知上，介於不同意至同意。

四、研究對象的自我效能把握度爲五成。在節制飲食自我效能表現有六成把握，運動自我效能有三成把握。

五、研究對象的家人、朋友社會支持度爲很少至偶爾。醫護人員社會支持情形介於從未至很少。

六、過重對生理健康的影響、減重利益、減重障礙與健康減重行爲有關。 過重對心理社會健康的影響、減重利益與另類及同時採取二種減重行爲有關。

七、節制飲食自我效能、運動自我效能與另類減重行爲呈負相關，與健康減重行爲無關，而節制飲食自我效能與同時採取二種減重行爲呈負相關。

八、家人、朋友、醫護人員社會支持與健康減重行爲呈正相關。朋友、醫護人員社會支持與另類及同時採取二種減重行爲呈正相關。

本研究結果顯示過重對心理健康影響越大、節制飲食自我效能表現越差、朋友社會支持越好及女性，較會採取另類減重行爲。建議未來在社區宣導或推行減重計畫時，宜注意有以上特質的民眾，協助解決減重相關問題與障礙，予適時指導並強化其採取健康減重行爲。

英文摘要

There are over 25% adults are overweight in Taiwan. In recent years, the Government and the folk take much effort on weight controlling. However, the populations of overweight and obese adults are still increasing. The purposes of this study were, therefore, to explore the behaviors of overweight and obese adults weight-control and associated factors. A cross-sectional study was conducted using convenience sampling with a structured questionnaire. Two hundred subjects were participated in the Wenshan district and Hsinyi district, Taipei city. The results were summarized as followed:

1. The results indicated that 56 percent of subjects never conduced a weight control behavior. In the recent year, 40.5 percent conducted healthy methods, 27 percent conducted alternative methods. They use a mean number of 2~3 healthy methods and 0~1 alternative methods. Twenty four percent of subjects used both healthy and alternative methods.
2. The ratio of female conducting alternative and both method were higher than male. The propobility of using healthy method is 0.775 times less with BMI score increasing 1 point. Age, marriage and educations were no statistically significant associated with weight reduce behaviors.
3. The perceived of subjects toward the affect of over weight to health, benefits of weight reduce and barriers of weight were between agreement and disagreement.
4. The self-efficacy of subjects was 50 percent on themselves, and 60 percent on dietary and 30 percent on exercise behavior.
5. Social supports were between rare to occasional from subjects' family members, friends and were between never and rare from health professionals.
6. Healthy weight reduce behaviors were associated with the effects of over weight to physical health, benefits of weight reduce, and barriers of weight reduce. Alternation and conducting both health and alternative behaviors were associated with the effects of over weight to psychological and social health, and benefits of weight reduce.
7. Self-efficacy on dietary and on exercise are positively associated with alternative weight reduced behaviors and were not associated with healthy reduce behaviors. Self-efficacy on dietary was negatively associated with conducting both healthy and alternative weight control behaviors.
8. Social supports from family members, friends and health professionals were positively associated with health weight reduce behaviors. Social supports from friends and health professionals were negatively associated with alternative weight reduced behaviors and conducting both weight reduce behaviors.

The results were shown that those who were (i) more effects of over weight to psychological health, (ii) worth Self-efficacy on dietary, (iii) more social support from friends and (iv) females had more chance to conduct alternative methods. In the future, it is better to take note to those who have these characteristics when propagating or

carrying out weight control programs in the communities, and to encourage them to use healthy weight control methods.