

Selected Nutritional Practices by Actual and Perceived BMI Status **Among 823 High School Students**

Nelson Atehortua, MD. MPH.¹; Marilyn Gardner, Ph.D.²

¹ Texas A&M University • ² Western Kentucky University



Background and Significance				Purpose		Methods
 The United States has experienced a continuous increase in the prevalence of childhood obesity since the 60's^{1,3}. The Surgeon General has alarmingly stated that "overweight children and adolescents are more likely to become overweight or obese adults"⁸. In Kentucky, more than of 30% of high school students are above a healthy weight, ranking first as the state with the highest prevalence of overweight^{1,3}. The prevalence of childhood overweight during 2004 and 2005 was higher in Kentucky than the national average in according to the National Health and Nutrition Examination Survey^{2,3}. Nutritional behaviors are related with weight, especially with perceptions of weight status^{4, 5}, and these perceptions of weight status are incorporated, along with attitudes, in the definition of body image⁶. Body image can be "a key determinant of adolescent nutritional habits and weight management"⁴. Some studies have shown that perceptions of weight are a better predictor than actual weight to estimate practice of weight-control activities in adolescents ^{4,5,6,7}. 			The purpose was to deter practices an vary based status versu status, and gender.	e of this re rmine if nu nong adol on actual us perceive if this diffe	esearch utritional lescents weight ed weight ers by	 Recruitment: A modified version of the YRBSS was administered to the census of 1,011 High School students attending a South-Central Kentucky college preparatory institution; 823 of the surveys were returned and usable for a 81.4% Response Rate. 392 of the students had matched weight and height measures with survey completion. IRB: Parental assent and approval from both IRB's, School District Board and Western Kentucky University was obtained. Data Collection: Voluntarily self-administered survey; pre-tested for reliability and validity. Measures: Demographics, Actual Weight Status, Perceived Weight Status, Accuracy of Weight Status, Nutritional Behaviors. Data analysis procedures: Data entered and processed using SPSS statistical software. Descriptive statistics, location, shape, dispersion. Univariate analysis of variance and LSD Post-hoc's. Inferential analysis and Student's t-tests were used.
Results						Conclusions/Implications
Age of Respondents in Years	Gender of Respondents	One-way AHOVAs of daily average consumption of fruit and vegetables by perceived weight status Daily Average Underweight Heathy Weight At-risk Overweight Servivas Mean SD Mea			 There were significant differences on nutrition practices among high school students by gender and perception of weight status and by gender. 	
J .	Female, 405, Mair, 410, 50%	F & V Average 2.58 1.96 3.45 3.17 2.87 Fruit 0.65 0.75 0.88 1 0.66 Green salad 0.25 0.36 0.39 0.7 0.29 Carrot 0.14 0.2 0.27 0.55 0.18	2.36 2.83 3.07 3;806 4 0.73 0.67 0.82 3;802 3 0.44 0.24 0.6 3;805 2 0.37 0.28 0.71 3;805 2	4.197** 0.00 3.985** 0.00 2.726* 0.04 2.703* 0.04	06 0.001 08 0.005 13 0.024	•There were also significant difference in girls' nutrition habits even when they perceived correctly their weight status.
		Milk 1.27 1.23 1.31 1.01 0.05 S. Beverages 1.79 1.52 1.46 1.39 1.32 * p < .05, ** p < .01	0.10 0.11 0.600 1 1.11 0.88 1.2 3;805 2 1.31 2.1 1.56 3;802 5	2.894* 0.03 5.643** 0.00	34 0.024 01 0.003	Healthful dietary and physical activity behaviors need to begin at early childhood.
Perceived Weight Status of Respondents Overweight, 46, 4%	Fruit and Vegetables Consumption among Respondents	One-way ANOVAs of daily average consumption of fruit and vegetables by perceived weight status in females Daily Average Underweight Healthy Weight At-risk Overweight at the provided to the p			 Impact of nutrition education might be higher if early interventions are done and not so late when they are teens. 	
Al-drisk 194, 2014	S of more 523, 555 • Bose and C 356, 355 • Set ASS	Servings Mean SD Mean F & V Average 2.47 1.8 3.57 3.53 2.76 Other vegetables 0.52 0.64 0.8 0.97 0.53 Sweet Beverages 1.65 1.57 1.38 1.42 1.14	SD Mean SD Utter 2.46 2.86 3.62 3.392 2 0.69 0.67 0.93 3.391 3 1.29 2.13 1.57 3.391 4	Im So Im So P Use Use <thuse< th=""></thuse<>		
Weight		* p < .05, ** p < .01	haviors of individual	Is based on g	gender	 In schools settings, target audiences for these programs might not be only the teachers but also school nurses, school staff, coaches, personnel working in the cafeteria, and parents.
		Daily Average Male Female Servings Mean SD Mean SD	SD dF	t-test	p-value	working in the cafeteria, and parents.
Actual Weight Status of Respondents	Accuracy of Weight Perception Among Respondents	Independent samples test for hutrition between the start of hutrition between the start	A 47 044 000 64	t-test 2.172* -2.414*	p-value 0.014 0.005	 Interventions not considering these factors in their design might fail.

One-way ANOVAs of daily average consumption of fruit and vegetables by actual weight status in males

One-way ANOVAs of daily average consumption of fruit and vegetables by accuracy of weight status

One-way ANOVA of daily consumption of fruit and vegetables by accuracy of weight status in females

 Mean
 SD
 Mean
 SD
 df
 F
 p-value

 1.36
 1.35
 1.65
 1.45
 1.54
 1.49
 2;803
 3.888*
 0.021

0.3 0.57 0.18 0.41 0.17 0.45 2;392 3.026* 0.050

dF

dF F

dF F

F

3,264 0.021

Daily Average Underweight Healthy Weight At-risk Overweight

Other vegetables 0.75 0.81 0.61 0.72 0.96 1.03 0.64 0.77 3;405

Mean SD Mean SD Mean SD Mean SD

Correct Real Higher Real Lower

Correct Real Higher Real Lower

Sweet Beverages 1.24 1.29 1.61 1.56 1.45 1.51 2;392 2.970* 0.052

Mean SD Mean SD Mean SD

Servings

* p< .05, ** p< .01

S. Beverages

Carrots

Daily Average

Servings

Daily Average

Servings

Limitations

- Cross sectional study
- Lack of generalizability
- · Potential for social desirability and recall bias.

p-value LSD p-value

p-value LSD p-value

p-value LSD p-value

0.002

0.005

0.027

0.005

- Key References: Option. C1. Regal. KM., Carroll, M.D., Johnson, C.L. (2002), Prevalence and trends in obesity among US children and addrescents. *Journal of the America Medical Association*, 284, 1789-1732.
 Ogden, C.L., Carroll, M.D., Curin, L.R., et al. (2006), Prevalence of obesity and deesity in the United States, 1999-2004. *Journal of the American Medical Association*, 285, 1584-1555.
 Manual, F.J., States, R.S., (1999), Risks and consequences of childrood and addrescent deesity international and with the transition bacteria. *Journal of Deesity*, 1999-2004. *Journal*
- 5.
- Must, A. & Strauss, R.S. (1999). Risks and consequences of childhood and adelescent obesity international Journal of Obesity (1999) 23. Suppl 2 3. 225-311 Brener, N., Eaco, L., Curry, R., and Mahkmura, T. (2004). The association between weight perception and Bull amone typh school students. Deskity Research Brener, N., MacManura, T., Galakas, D., Lowy, R., Wechster, H. (2003). Reliability and validity of self-reported height and weight among high school students. Destination of Adelescent Health. 32 (2014). The Supple of the Strategies and the Strategies and
- 8.

Perceived Weight Status of Respondents	Fruit and Vegetables Consumption among Respondents
Actual Weight Status of Respondents	Accuracy of Weight Perception Among Respondents



