A Refereed journal of Northern Europe Academy for Studies & Research . Denmark - 13/01/2019 (Issue Second)

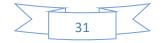


Food behavior and its relation to obesity for members of the Iraqi community living in Denmark

Prepared by



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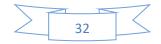
Abstract

The development of life is not without the disadvantages have accompanied this development, economic prosperity and the recovery of life and increase the income of the individual living. These factors helped the individual to the purchasing power, including the purchase of food and eat the food of the great food freely, The emergence of fast food restaurants in the modern era and the introduction of foods with high calories and at the same time of poor nutritional value, And these fast foods contain high fat with high-sugar soft drinks, And adopted these restaurants on the publication of advertisements for the dishes to attract the individual and the absence of eating these foods with good taste and the difficulty of resisting temptation, which eventually led to weight gain. As well as the improvement of modes of transport and availability and the ability of the individual to buy a car of his own made the individual tends to rest and laziness and inactivity in the movement and rely on transport in the movement and said exercise and sports and walking, All these factors previously helped to increase the weight of the individual and its spread in the world and turned into the so-called obesity and became a disease of the modern era and the seriousness of obesity due to the symptoms that accompany them, including heart disease, Diabetes, pressure, kidney failure, arthritis and other communicable diseases (non-communicable diseases, The research highlighted the Iraqi community residing in Denmark and the search for the impact of the community on changes in behavioral patterns of food and the relationship between food behavior and the prevalence of obesity among members of the community, And the prevalence of obesity among members of the Iraqi community.

key words: Dietary behavior - Chronic diseases - Public health

Research problem:

Today, our world suffers from widespread obesity and unhealthy food behavior, All statistics indicate that there is an increasing increase in the spread of obesity and worked the world to develop plans and programs to combat this disease as well as support research and studies that contribute to reducing the spread of obesity, the researcher found a great neglect of the Iraqi community in Denmark , as well as a lack of research and studies or rather we have not found studies and research



interested in addressing the problem of obesity and also know what the role of food behavior of the community in the prevalence of obesity the picture is not clear about the situation of the Iraqi community in Denmark. The problem of research is to uncover the reality of food behavior and its relation to obesity of the Iraqi community in Denmark.

research goals:

The research aims to answer the questions raised in the research and reach the results and facts and the following questions:

1-The reality of food behavior prevailing among members of the Iraqi community in Denmark.

2- Are members of the Iraqi community living in Denmark suffering from obesity?

3 - Morality of individual differences on the measure of food behavior according to variable type (male and female).

4 - Morality of individual differences on the measure of food behavior according to the variable age.

5 - Mean the individual differences on the measure of obesity according to gender variable (male, female).

6- Relationship between height and weight based on age.

7 - The relationship between food behavior and obesity for members of the Iraqi community.

search limits:

The sample will be limited to members of the Iraqi community living in Denmark as a sample for research between males and females aged between 14 and 70 years.

Definition of search terms:

Oboist:

Is an increase in the amount of body fat than the normal rate and the greater the amount of fat the person is more obese.

Food habits:

Is a frequent manifestation of collective behavior in the preparation and eating?



It depends on a combination of psychological and social factors and varies in terms of prevalence and prevalence.

Health education objectives:

1 - Involvement in the health fields.

2 - Encouraging citizens to develop and make success of health units and services.

3. Encouraging individuals to take responsibility participate and contribute to health activities.

4- Transforming habits and misconduct into habits and behaviors that are useful and serve the health of the individual.

5 - Clarifying the role of government institutions in providing and caring for the health of citizens through the provision of health institutions to care for them.

The concept of behavior:

The total activity of the organism during its interaction with the environment is called behavior.

Total aggregate activity by the individual involving partial operations, detailed movements and instruments.

It consists of the following main aspects:

1. Cognitive cognition: They include mental processes, such as thinking, visualization and others.

2. Emotional emotional: The emotional state associated with behavior such as satisfaction with a particular subject or discomfort.

3 - Procedural motor: Kinetic responses that occur when an individual encounters a certain position.

Wrong eating habits:

Excessive intake of beverages.
 Some of the symptoms caused by soft drinks:



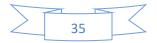
- (A) cause an increase in weight,
- (B) Cause headaches.
- (C) Hinder calcium and iron absorption process
- (D) Indigestion
- (E) The appearance of wrinkles early
- Excessive intake of meat.
 It leads to a high rate of cholesterol in the body as well as the emergence of an increase in weight.
- 3. Refrain from morning breakfast.
- 4. Sitting for long periods in front of the TV and eat, Such as gypsum, nuts and others.
- 5. Eat fruit after finishing a meal: This leads to the destruction of an enzyme which Alaptialin enzyme essential for the digestion of carbohydrates.
- 6. Eat before bedtime, causing the overweight.
- 7. Eating oils, hydrogenated fats, and Eat saturated fats.
- 8. Shortage of sleep hours, the lower the number of hours of sleep, the greater the appetite for food.
- 9. Fast food.

The three basic elements of food:

- 1- Carbohydrates produce 400 calories per 100 grams.
- 2- Fat produces about 900 calories per 100 grams.
- 3- Proteins produce 400 calories per 100 grams.

Order prevalence of obesity in the Arab countries and non-Arabic-speaking countries.

For males and females, Aged between 15 and 100 years, WHO estimates for 2010.



No	COUNTRY	MALE	COUNTRY	FEMALE
1	USA	<u>%44</u>	KUWAIT	<u>%55</u>
2	GREECE	%30	USA	<u>%48</u>
3	MEXIO	<u>%30</u>	EGYPT	<u>%48</u>
4	KUWAIT	<u>%30</u>	UAE	<u>%42</u>
5	UAE	<u>%25</u>	MEXICO	<u>%41</u>
6	UK	%24	BAHRAIN	<u>%38</u>
7	SAUDI	<u>%23</u>	JORDAN	<u>%38</u>
8	EGYPT	<u>%22</u>	SAUDI	<u>%36</u>
9	BAHRAIN	<u>%21</u>	TUNISIA	<u>%33</u>
10	JORDAN	<u>%20</u>	QATAR	<u>%32</u>
11	QATAR	<u>%19</u>	LEBANON	<u>%27</u>
12	SPAIN	<u>%17</u>	GREECE	<u>%26</u>
13	LEBANON	<u>%15</u>	UK	<u>%26</u>
14	BELGIUM	<u>%15</u>	ISRAEL	<u>%26</u>
15	ITALY	<u>%14</u>	SYRIA	<u>%25</u>
16	LIBYA	<u>%12</u>	LIBYA	<u>%25</u>
17	SYRIA	<u>%12</u>	MOROCCO	<u>%23</u>
18	IRAQ	<u>%8</u>	IRAQ	<u>%19</u>
19	TUNISIA	<u>%8</u>	SPAIN	<u>%17</u>
20	OMAN	<u>%8</u>	OMAN	<u>%17</u>
21	ALGERIA	<u>%6</u>	ALGERIA	<u>%16</u>
22	MAURITANIA	<u>%5</u>	ITALY	<u>%14</u>
23	MOROCCO	<u>%4</u>	BELGIUM	<u>%11</u>
24	YEMEN	<u>%2</u>	SUDAN	<u>%7</u>
25	SUDAN	<u>%2</u>	SOMALIA	<u>%3</u>
26	SOMALIA	<u>%1</u>	YEMEN	<u>%2</u>

Method and procedures:

1 - Research Methodology:

The research was based on the analytical descriptive approach.

2 - Research Sample:

The sample consists of expatriate Iraqis in Denmark, and includes males, females and all ages (121).

3- Research community:

The sample was randomly selected from different regions of Denmark.

Teenagers 10

Youth 17



Adults (males and females) **94 Total 121**

4 - Search tools

The researcher prepared two measures A. Food behavior measure B. Obesity Scale

Conclusions, recommendations and proposals

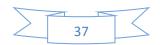
Conclusions

- 1. That the members of the sample, suffering from food behavior below the required level.
- 2. Those females are more likely to approach healthy eating behavior than males.
- 3. There is no correlation between dietary behavior and variable ages for both sexes (males and females).
- 4. Analysis showed that the Iraqi community did not reach the stage of epidemics in the spread of obesity, but there is an increase in weight and obesity.
- 5. There were no significant differences between males and females in obesity, both are suffering from obesity.
- 6. There was no relationship between a person's weight and height, while there are differences between weight and age.
- 7. There is a negative relationship between dietary behavior and obesity in the sample.

Recommendations

The researcher recommends the following:

- 1. Spreading food awareness, and to clarify the risk of obesity in the incidence of serious diseases.
- 2. Finding a private health institution in the Iraqi community (using Arabic) means public health, especially with regard to food behavior.
- 3. Definition of the citizen with the dangers of obesity.



- 4. Conduct a series of health courses and seminars, especially with regard to dietary habits and obesity diseases.
- 5. Spreading health awareness among individuals.
- 6. Iraqi associations (cultural, recreational, religious, and political) in Denmark as well as the Iraqi embassy, allocating a certain time to explain the importance of health food.
- 7. Encourage the exercise of sports activity.

Proposals

- 1. The subject needs extensive and in-depth studies on dietary behavior and obesity.
- 2. Provide material and moral support for research in this area.
- 3. More studies and researches about Iraqi communities abroad.
- 4. Explain the risks of fast food to consumer protection.

References

1. Abu Hamed, Samir (2009). Obesity is a disease of the age from A to Z. Damascus: Steps for publication and distribution.

2. Abu al-Majd, Ayman. (1999). The Smart Family's Guide to Cardiovascular Diseases, Cairo: Dar Al-Shorouk.

3. Agra, Abdulrahman. (2007). Public Health - History and Definition, International Association of Arab Translators and Linguists. Retrieved on 4/6/2016, from the link: http://www.wata.cc/forums/showthread743

4. Amin, Samer Abdul Sattar. (2012). Health education guide for workers in the field of health control, Public Health Department. Ministry of Health, first edition.

5. Al-Hasani, Ayman. (1970) A threat to our health is called high cholesterol. Cairo: Dar Al-Taleea.

6. Rajeh, Mona Bint Rajeh bin Abdulrahman. (2015), The treatment of obesity between jurisprudence and medicine. Issue 17, Saudi Arabia: The Saudi Fiqh Association.



7. Salamah, Khaled Muhammad Al-Sadiq Muhammad. (2005). The effect of daily lifestyle on fat percentage and body weight in healthy college youth. Unpublished research, Egypt

8. El-Sherbiny, Zakaria Ahmed and Al-Faqi, Ismail Muhammad and Mansour, Abdel-Majid Sayed Ahmed (2002). Human behavior between Islamic interpretation and the foundations of contemporary psychology. Egypt: The Anglo-Egyptian Library.

9. Al-Siddiq, Bouhreis Mohamed. (2013). Global health governance between normative grounds and commercial interests. Haji Lakhdar University: Algeria.

10. Fraihat, Hekmat and the poet, Abd al-Majeed and al-Khatib, Imad, Hisham and Kan'an, Hisham (2002). Principles in public health. First edition, Amman: Dar al-Yazuri.

11. Mansour, Hassan Fikri. (2004). How to lose weight in 30 days, Dar Al-Safa and Al-Marwa. Egypt .

Magazines

12. Ibrahim, Khalil Ismail and Amin, Abbas Aziz. (2009). The economic and social impacts of the suffering of people with chronic diseases in Iraq. Iraqi Journal of Market Research and Consumer Protection, Vol. 1, No. 2, p. 131

13. Theeb, Iman Abdul-Karim. (2014). The social behavior of the university student. Journal of the Center for Educational and Psychological Research, Issue 1236

14. Bahrain Center for Studies and Research. (2010). Proceedings of the Third Arab Conference on Obesity and Physical Activity for Nutrition, Obesity in the Arab World: its prevalence, causes, and control, for nutrition.

15. Industrial Technology Center. (2010). Nutritional habits and factors affecting its formation (2). Retrieved on 9/22/2016, from the link: https://kenanaonline.com/posts/19359

16. Industrial Technology Center. (2010). Food, food habits and factors affecting its formation (2). Retrieved on 9/22/2016, from the link: https://kenanaonline.com/1

17. Wikipedia. (2016). Sports. Retrieved on 10/10/2016, from the link: https://ar.wikipedia.org/wiki



18. Ministry of Health, (2011). Ramadan is the month of health. Medical Journal, Second Issue, Saudi Arabia

19. Yusuf, Muhammad Kamal Al-Sayed. (2002). Dietary obesity. A disease that has a cure. Assiut Journal of Environmental Studies, Twenty-second Issue, p. 106.

20.Australia Bureau of statistic.(2011).overwight and obesity. Health,Australia,(online).Available:http://abs.gov.au/ausstats/abs@.nsf/Lookup/by

21.Ashakiran. And Deepthi.(2012). Fast Foods and their Impact on Health. Sri Devaraj Urs Medical College, JKIMSU, Vol. 1, No.2 ,india,(online).available:http://www.jkimsu.com/jkimsu-vol1no2/jkimsu-vol1no2-RA-1-7-15.pdf

22.Badran, Mohammad. And Laher, Ismail. (2011). Obesity in Arabic-Speaking. Journal of Obesity Volume 2011 (2011), Article ID 686430, 9 pages, (on-line), Available: https://www.hindawi.com/journals/jobe/

23.Dong, C. AND Sanchez, L E. and Pric, R A.(2014). Relationship of obesity to depression: a family-based. Study, International Journal of Obesity (2004) 28, 790–795. doi:10.1038/sj.ijo.0802626, (on-line), Available:https://www.ncbi.nlm.nih.gov/

24.. Mohammad A.and Mokdad, Ali H.and Al Rabeeah Abdullah A. Al Rabeeah.(2013). Obesity and Associated Factors — Kingdom of Saudi Arabia. Centrers for disease control and prevention, (online).Available:http://www.cdc.gov/pcd

