

Attitudes of Obese Women Toward Group Therapy as A method of Increasing Compliance with Therapeutic Program in Gaza Strip, Palestine

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Abstract

This study aimed to examine the attitudes of overweight and obese women toward a group therapy in Gaza Strip, and to identify if they prefer group therapy and willing to continue participation in group therapy. The sample of the study consisted of 1004 overweight and obese women who are registered at Ibn El Nafees Center for weight reduction from July 2016 to June 2017. The researcher used descriptive, cross-sectional design, and for data collection constructed self-administered questionnaire was used and prepared by the researcher, and validity and reliability of the questionnaire were tested by a pilot study on 50 participants. The results showed that about half of the study participants were from age group 26 – 45 years, and mean age was 34.43 years, and 87.5% had BMI of ≥ 30 . The results also indicated that obese women have positive attitudes towards group therapy with weighted percentage of 84%. Furthermore, the vast majority of obese women (93.1%) preferred group therapy and willing to continue participation in group therapy during their therapeutic program. In addition, women aged 36 – 45 years preferred group therapy compared to women from other age groups, and are willing to continue participation in group therapy, while women aged 46 years and more had higher positive attitudes toward group therapy. Also, there were no significant differences in preference of group therapy and willingness to continue in group therapy related to marital status. Moreover, women who were working preferred group therapy, willing to continue participating in group therapy, and had more positive attitudes toward group therapy. The study concluded that group therapy could be an integrated approach in addition to individualized treatment that may enhance compliance to therapeutic program for weight reduction and control.

Key words: Attitudes; Group therapy; Obesity; Therapeutic program; Gaza.

1. Introduction

Obesity is a complex, multifactorial, and largely preventable health problem, affecting over a third of the world's population (Ng et al. 2014; Stevens et al. 2012). Most of the therapeutic programs are designed on individual basis and focusing on dietary regimes and medical treatments, but the idea of group therapy focusing on behavioral weight loss interventions for obese persons started to gain attention from some therapists. According to Perri & Fuller (1995) behavioral weight loss interventions are typically delivered in a group treatment format with 8 to 12 members per group. This approach typically produces body weight reduction of 8 to 10 kg over the course of 16 to 24 weeks. In addition, group therapy produced significantly greater reduction in weight and body mass compared to individual therapy (Renjilian et al., 2001).

The researcher assumes that engagement of obese individuals in group therapy is thought to be effective, as the psychological aspect of the problem and exchange of experience between group members would act as a motivating factor that will increase compliance with therapeutic program and enhance weight reduction. To the best of the researcher's knowledge, very few studies had been conducted globally to highlight the effectiveness of group therapy for weight reduction, and no studies had been conducted locally in the Gaza Strip (GS).

1.1 Research problem

Obesity and the related health risks have been noted to be an epidemic problem worldwide, especially in developing countries (Popkin, 2002; McLaren, 2007). Within the Eastern Mediterranean Region, an increasing prevalence of overweight has been recorded and has been noted to be at an alarming level (Al-Riyami and Afifi, 2003; Alsaif et al., 2002; Bahrami et al., 2006). In Palestine, obesity is a growing prevalent public health problem with prevalence of overweight at national level was 16.5% (13.3% overweight; 3.2% obese); of these, 20.4% were males and 13.0% were females (Al Sabbah et al., 2009). The growing rate of obesity puts challenges for weight reduction for the obese individuals and their therapist. The effect of peers and matched groups who are sharing the same problem of obesity could be a factor in motivating each other and learning from individual experiences to enhance compliance to group therapy and weight reduction during the course of treatment. So, having positive attitudes toward group therapy will

increase level of compliance for the long-term management of overweight and obesity and motivate the individual to maintain the ideal weight.

1.2 Aim of the study

The aim of this study is to identify the attitudes toward group therapy among obese women in Gaza Strip.

1.3 Objectives of the study

- To examine if obese women prefer group therapy during therapeutic program.
- To determine the willingness of obese women to continue participating in group therapy.
- To compare attitudes toward group therapy in relation to selected factors (age, marital status, work status, body mass index).

2. Literature review

In psychology, an attitude is a psychological construct, it is a mental and emotional entity that inheres in, or characterizes a person. It is an individual's predisposed state of mind regarding a value and it is precipitated through a responsive expression toward a person, place, thing, or event - which in turn influences the individual's thought and action (Perloff, 2016).

Group therapy is a form of psychotherapy that involves one or more therapists working with several people at the same time. This type of therapy is widely available at a variety of locations including private therapeutic practices, hospitals, mental health clinics, and community centers. Group therapy is sometimes used alone, but it is also commonly integrated into a comprehensive treatment plan that also includes individual therapy and medication (Cherry, 2017).

Group therapy as a psychological approach of treatment used in treatment of many disorders, and some studies suggested the use of group therapy in treatment programs of obese people. Perri & Fuller (1995) emphasized that behavioral weight loss interventions are typically delivered in a group treatment format with 8 to 12 members per group, and this approach typically produces body weight reduction of 8 to 10 kg over a course of 16 to 24 weeks. At one year, 73% of participants either lost or maintained their weight (Limwattananon, 2007). In addition, Minniti et al. (2007) found that after 6 months, individual therapy members had a higher dropout rate than group

therapy, and after 6 months of treatment, those who completed the program lost 6.39% of initial weight.

3. Methods and materials

3.1 Study design

The study utilized descriptive, cross sectional design.

3.2 Study population

The study population consisted of all overweight and obese women who are registered at Ibn El Nafees Center for counselling and weight reduction therapeutic program.

3.3 Study sample

The sample of the study consisted of all the overweight and obese women ($BMI \geq 25$) who are participating in group therapy during their visits to Ibn El Nafees Center. The total number who agreed to participate in the study and filled the questionnaire was 1004 women. The study has been conducted from November 2017 to September 2018.

3.4 Instrument of the study

The researcher used constructed, self-administered questionnaire (developed by the researcher). The questionnaire measures the attitudes of study participants toward group therapy. The questionnaire was divided into three parts:

- Personal information.
- Attitudes toward group therapy (18 items).
- Preference and willingness to continue participation in group therapy.

3.5 Pilot study

For the purpose of pre-testing of the questionnaire, the researcher conducted the pilot study on a sample of 50 participants, selected randomly from the target group.

3.6 Content validity

For the purpose of judging content validity, the researcher distributed the questionnaire to a panel of experts (3 experts) in this field for face and judged content validity. Their suggestions were considered in modifying the questionnaire.

3.7 Reliability

The researcher used split-half method to calculate the correlation coefficient between the total scores of odd statements and the total score of even statements, the correlation value was ($r = 0.723$). In addition, the researcher used Cronbache alpha method and alpha coefficient was 0.765.

3.8 Data collection

The researcher collected data using self-administered questionnaires. The participants were asked their voluntary participation in the study, and those who agreed to participate filled the questionnaire during their therapeutic sessions. The researcher gave explanations and instructions as requested to ensure proper filling of the questionnaires.

3.9 Data entry and statistical analysis

The researcher entered the data of appropriate questionnaires using the Statistical Package for Social Sciences (SPSS version 20) and the steps were as follows:

- Over viewing of the questionnaires, coding of questions, designing data entry model, defining and coding variables, data cleaning.
- For piloting, split half method and alpha coefficient were used.
- Perform frequency calculations and mean score and cross tabulations for study variables.

- Perform (T) test and One way ANOVA to examine differences in variables in relation to selected variables.

3.10 Ethical considerations

Before conducting the study, the researcher obtained consent form from the participants confirming their agreement to participate in the study and explanatory form was attached to each questionnaire included the purpose of the study, the right of participants to withdraw from the study and assurance of confidentiality of given information.

4. Results

4.1 Sample characteristics

Table 1: Characteristics of study participants

Variable	Frequency	Percent
Age (years)		
25 and less	241	24.0
26 – 35	332	33.1
36 – 45	268	26.7
46 and more	163	16.2
Total	1004	100.0
Mean age = 34.43 SD = 10.684 Median age = 33.0 years		
Marital status		
Single	229	22.8
Married	696	69.3
Divorced / widow	79	7.9
Total	1004	100.0

The study participants included 1004 obese women who are registered at Ibn Al Nafees center for treatment and consultation during the period from September 2016 to May 2017. Their mean age was 34.43 years, of them 24% aged 25 years and less, 33.1% aged between 26 – 35 years, 26.7% aged between 36 – 45 years, and 16.2% aged 46 years and more. More than two-thirds (69.3%) were married, 22.8% were single, and 7.9% were divorced or widows.

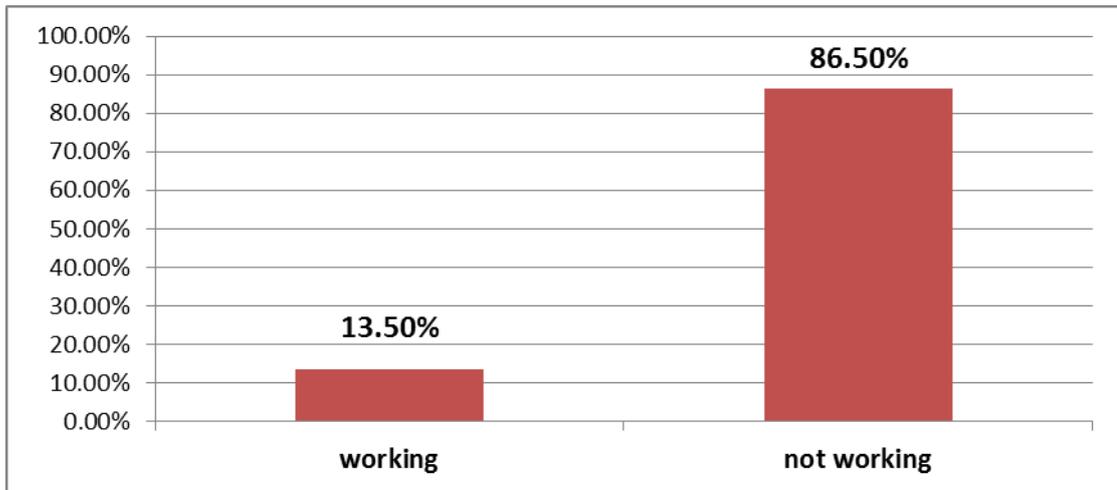


Figure (1): Distribution of study participants by work status

The majority of study participants (86.5%) were not working (house wife), and only 13.5% were working.

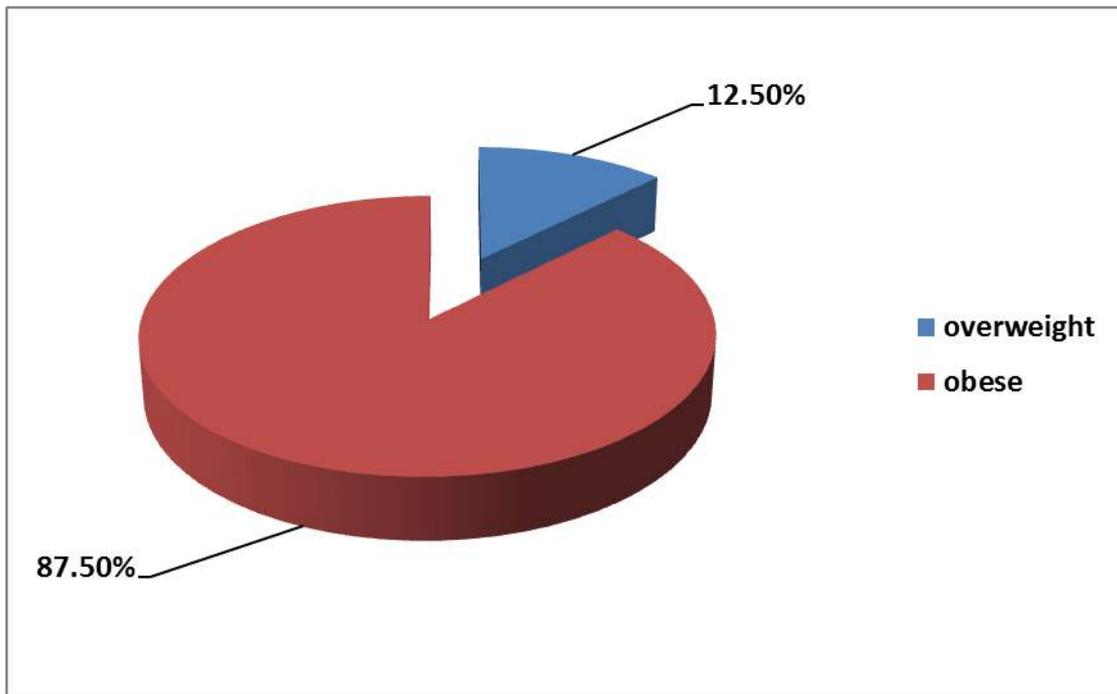


Figure (2): Distribution of study participants by BMI

Concerning body weight, the vast majority (87.5%) were obese with BMI ≥ 30 and 12.5% were overweight with BMI 25 – 29.9.

4.2 Attitudes toward group therapy

Table (2): Attitudes of study participants about group therapy

N o.	Item	Disagree	Neutral	Agree	Mean	SD
1	Group therapy motivate me to follow the dietary program better	4.1	6.0	89.9	2.86	0.451
2	My body weight decreased faster in group therapy compared to individual therapy	3.8	28.2	68.0	2.64	0.553
3	Group therapy did not help me reach my ideal weight	77.7	19.0	3.3	1.26	0.506
4	Group therapy enhanced my ability to continue the dietary program	3.1	7.2	89.7	2.87	0.421
5	Success stories in group therapy increased my willingness to continue dietary program	1.7	3.4	94.9	2.93	0.312
6	Group therapy offer psychological support to me	2.7	11.3	86.1	2.83	0.439

7	I feel embarrassed of being within a group of women during treatment sessions	80.3	13.4	6.3	1.26	0.564
8	I feel embarrassed from my body shape compared to other women in the group	74.2	17.2	8.6	1.34	0.630
9	I'm satisfied from the weight I lost during group therapy	9.0	20.6	70.4	2.61	0.645
10	Being in a group therapy give me a feeling of psychological ease	4.3	16.1	79.6	2.75	0.521
11	Group therapy decreased psychological stress of being obese	3.5	15.7	80.8	2.77	0.495
12	Group therapy give me feeling of self-esteem	3.0	19.2	77.8	2.75	0.498
13	Group therapy is a chance to know other women	4.3	9.3	86.5	2.82	0.482
14	Group therapy is a chance to make new friends	7.3	18.9	73.8	2.67	0.607

15	Group therapy is a chance to benefit from others' experiences	1.9	3.8	94.3	2.92	0.329	
16	Group therapy is a chance to talk with other women about my own experience with obesity and treatment	6.3	12.8	80.9	2.75	0.562	
17	I gained new experiences during group therapy	2.1	7.8	90.1	2.88	0.384	
18	I feel lazy and unwilling to follow dietary program when being a way from group therapy	21.5	19.1	59.4	2.38	0.816	
Overall mean					2.52	0.235	

Table (2) showed that the overall mean score obtained from participants' response on the scale was 2.52 and weighted percentage was 84.0 which reflected that women have positive attitudes towards group therapy at Ibn El Nafees center. The highest score was in the item "Success stories in group therapy increased my willingness to continue dietary program" with mean score 2.93 and weighted percentage 97.66, followed by "Group therapy is a chance to benefit from others' experiences" with mean score 2.92 and weighted percentage 97.33, and "I gained new experiences during group therapy" with mean score 2.88 and weighted percentage 96.0, while the lowest scores were in item "Group therapy did not help me reach my ideal weight" with mean score 1.26 and weighted percentage 42.0, and "I feel embarrassed of being within a group of women during treatment sessions" with mean score 1.26 and weighted percentage 42.0, "I feel embarrassed from my body

shape compared to other women in the group" with mean score 1.34 and weighted percentage 44.66.

4.3 Willingness to participate in group therapy

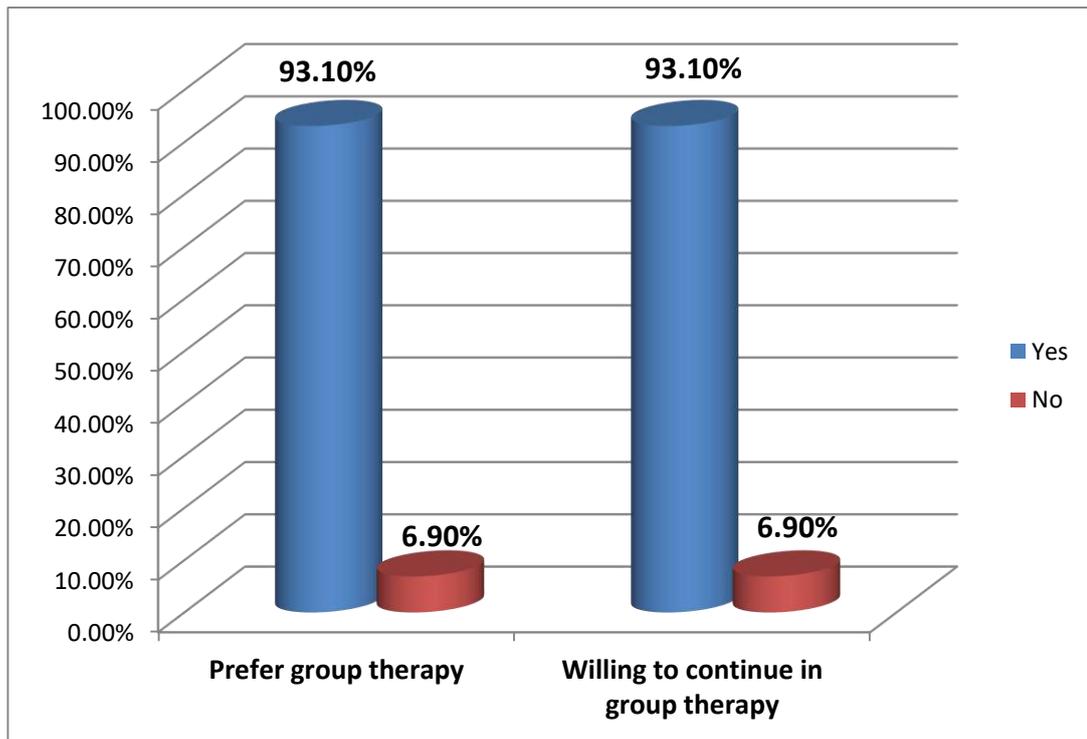


Figure (3): Prefer and willing to continue participate in group therapy

Figure (3) showed that the vast majority (93.1%) of women preferred group therapy and willing to continue participation in group therapy during their visits to Ibn El Nafees Center. This result revealed that group therapy was effective in enhancing weight reduction among obese women, and that was strong motivation to continue participation in group therapy.

4.4 Attitudes toward group therapy related to selected variables

Table (3): Attitudes toward group therapy related to age

Variable		Sum of squares	df	Mean square	F	P
Preferred group therapy	Between Groups	0.949	3	0.316	4.997	0.002*
	Within Groups	63.309	1000	0.063		
	Total	64.258	1003			
Will continue group therapy	Between Groups	1.067	3	0.356	5.628	0.001*
	Within Groups	63.191	1000	0.063		
	Total	64.258	1003			
Attitudes toward group therapy	Between Groups	359.915	3	119.972	6.815	0.000*
	Within Groups	17604.04	1000	17.604		
	Total	17963.96	1003			

*= significant at 0.05

Table (3) showed that there were statistically significant differences in preference of group therapy (P= 0.002), willingness to continue in group therapy (P= 0.001), and attitudes toward group therapy (P= 0.000) related to age of women. To identify these differences, the researcher used Post hoc Scheffe test which indicated that women aged 36 – 45 years highly preferred group therapy compared to women from other age groups (P= 0.026), and are more willing to continue participation in group therapy (P= 0.017), while women aged 46 years and more had higher positive attitudes toward group therapy compared to other age groups (P= 0.003).

Table (4): Attitudes toward group therapy related to marital status

Variable		Sum of squares	df	Mean square	F	P
Preferred group therapy	Between Groups	0.207	2	0.104	1.619	0.199 //
	Within Groups	64.051	1001	0.064		
	Total	64.258	1003			
Will continue group therapy	Between Groups	0.207	2	0.104	1.619	0.199 //
	Within Groups	64.051	1001	0.064		
	Total	64.258	1003			
Attitudes toward group therapy	Between Groups	225.156	2	112.578	6.353	0.002 *
	Within Groups	17738.80	1001	17.721		
	Total	17963.96	1003			

*= significant at 0.05 // = not significant

Table (4) showed that there were statistically no significant differences in preference of group therapy (P= 0.199) and willingness to continue in group therapy (P= 0.199) related to marital status, but significant differences existed in attitudes toward group therapy (P= 0.002). To determine these differences, the researcher used Post hoc Scheffe test which indicated that single women had lower attitudes toward group therapy compared to married women (P= 0.005) and widowed or divorced women (P= 0.022).

Table (5): Attitudes toward group therapy related to working status

Variable	Category	N	Mean	SD	T value	P value
Preferred group therapy	Working	136	1.15	0.363	4.283	0.000 *
	Not working	868	1.06	0.229		
Will continue group therapy	Working	136	1.16	0.370	4.658	0.000 *
	Not working	868	1.05	0.226		
Attitudes toward group therapy	Working	136	45.525	5.053	4.342	0.000 *
	Not working	868	43.845	4.044		

* = significant at 0.05

Table (5) showed that there were statistically significant differences in preference of group therapy (P= 0.000), willingness to continue in group therapy (P= 0.000), and attitudes toward group therapy (P= 0.000) related to work status of women. Women who were working preferred group therapy, willing to continue participating in group therapy, and had more positive attitudes toward group therapy compared to women who were not working.

Table (6): Attitudes toward group therapy related to BMI

Variable	Category	N	Mean	SD	T value	P value
Preferred group therapy	Overweight	126	1.08	0.271	0.504	0.614
	Obese	878	1.07	0.251		
Will continue group therapy	Overweight	126	1.08	0.271	0.504	0.614
	Obese	878	1.07	0.251		
Attitudes toward group therapy	Overweight	126	44.809	4.390	1.386	0.166
	Obese	878	45.367	4.206		

Table (6) showed that there were statistically no significant differences in preference of group therapy ($P= 0.614$) and willingness to continue in group therapy ($P= 0.614$) and attitudes toward group therapy ($P= 0.166$) related to marital status.

5. Discussion

Obesity and its associated health problems is a worldwide public health problem especially in the developing countries. This study aimed to examine the attitudes of overweight and obese women toward group therapy, and to determine if these women prefer group therapy and willing to continue participation in group therapy during the course of therapeutic program. The sample of the study consisted of 1004 women from different ages (mean age was 34.43 years), and about half of them aged between 26 – 45 years old. More than two thirds were married, the majority (86.5%) were not working, and 87.5% were obese with $BMI \geq 30$.

The results indicated that obese women have positive attitudes towards group therapy at Ibn El Nafees Center with weighted percentage 84%. The results reflected that group therapy revealed success stories which were motivators to continue therapeutic program, adding to that, group members share and exchange their experiences, and learn from others' experiences.

Furthermore, the results indicated that the vast majority of obese women preferred group therapy and willing to continue participation in group therapy during their therapeutic program at Ibn El Nafees Center. Regarding preference and willingness to continue participation in group therapy, the results showed that women aged 36 – 45 years preferred group therapy compared to women from other age groups, and are willing to continue participation in group therapy, while women aged 46 years and more had higher positive attitudes toward group therapy compared to other age groups. Also, there were no significant differences in preference of group therapy and willingness to continue in group therapy related to marital status, while single women had lower attitudes toward group therapy compared to married and widowed or divorced women. Moreover, the results indicated that women who were working preferred group therapy, willing to continue participating in group therapy, and had more positive attitudes toward group therapy. Also, overweight and obese women had similar preferences and attitudes toward group therapy.

Comparing our results with other studies reflected similar results. A study included 132 overweight and obese women with a mean age of 38.4 years and BMI of 28.9 kg/m² were randomly assigned to receive either group behavior therapy or individual behavior therapy showed that mean percentage weight loss at month 6 of group behavior therapy was comparable to individual behavior therapy 5.9% versus 5.4%; $P = 0.027$. Other outcomes were attitude, subjective norm, and perceived behavioral control improved slightly; whereas, intention, healthy dieting behavior, and dietary intake improved significantly after interventions. At one year, 73% of participants either lost or maintained their weight. Anthropometric outcomes and healthy dieting behavior were significantly better than baseline. The study concluded that group behavior therapy was not inferior to individual behavior therapy, and it should be used as the first line mode of behavior therapy for weight control management (Limwattananon, 2007). Furthermore, Perri & Fuller (1995) reported that behavioral weight loss interventions are typically delivered in a group treatment format with 8 to 12 members per group, and this approach typically produces body weight reduction of 8 to 10 kg over a course of 16 to 24 weeks.

Another study aimed to compare outcome and dropout rates of an individual nutritional counseling and a cognitive behavioral group therapy. The study included 129 women aged 18–65 years, with BMI 25 kg/m² and more. The study results indicated that after 6 months, 37.2% of subjects abandoned the treatment program, and those who completed the program were older and had a worse body uneasiness symptoms. Individual therapy members had a higher dropout rate than group therapy. After 6 months of treatment, those who completed the program lost 6.39% of initial weight and obtained improvements in all studied variables. The study concluded that dropout rate of individual therapy was higher than that of group therapy, suggesting that some characteristics of group therapy can contribute to the reduction of attrition (Minniti et al., 2007). In addition, a post-treatment group therapy showed greater reduction in weight and body mass compared to individual therapy (Renjilian et al., 2001).

6. Recommendations

In the light of study results, the researcher recommends the following:

- Integrate group therapy as a complementary model with individual therapy for weight reduction among obese people.
- Highlight the advantages of group therapy in increasing the clients' compliance to therapeutic program and reduce the rate of drop out from weight reduction programs.
- Train the therapists on skills of carrying out group therapy sessions to achieve maximum benefits to their customers.

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