WEIGHT LOSS EFFORTS OF WOMEN LIVING IN THE YUKON

by

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ABSTRACT

For many women, body weight is a health concern both in relation to physical health and to social and psychological health. Both overweight and underweight are associated with increased risks to health. Furthermore, the literature largely supports the view that sociological and psychological factors influence a woman's perception of weight and body image. In the Western world, weight loss efforts among women are high, and even those who are within or below the healthy weight range are trying to lose weight. Relatively little is known about weight loss efforts among Yukon women. Moreover, it is not known whether societal pressures surrounding weight are similar in the Yukon and the rest of Canada. For reasons related mainly to its northern geographical location and culture, and because of the health implications related to women's weight issues, this study was conducted to determine the prevalence of Yukon women trying to lose weight; to determine the weight loss practices of Yukon women; and to compare the characteristics of women who are trying to lose weight vs. those who are not; women who are satisfied with their weight vs. those who are not; and women who are at health risk due to overweight or underweight vs. those with healthy weights. Data for a representative sample of non-pregnant, non-institutionalized women \geq 15 years of age (n=711) were obtained from the population-based 1993 Yukon Health Promotion Survey. Those living in the census unorganized portions of the Yukon were not included in the sample. The prevalence of weight loss efforts in the Yukon (51.8%) was higher than the published value for women in the rest of Canada (39%). Among Yukon women with body mass index (BMI) values classified as overweight, possible overweight, healthy weight, and underweight, 80%, 67%, 46%, and 9%. respectively, were trying to lose weight. The corresponding values for the rest of Canada are lower. The most frequent weight loss practices were dieting (35.8%), changing diet and exercise (26.1%), and sensible eating (17.2%). Compared to women not trying to lose weight, women

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trying to lose weight were younger (35.8 ± 13.2 vs 38.6 ± 15.0 yr, P<0.01), were more likely to be employed (71.6% vs 64%, P<0.05), had higher BMI values (25.7 ± 4.1 vs 22.3 ± 3.9 kg/m², P<0.0001), and were more likely to be dissatisfied with their current weight (88.5% vs 35.6%, P<0.0001). Both groups reported similar food consumption and activity patterns, yet women trying to lose weight had more positive nutrition behaviours and health knowledge. The mean eating knowledge index (EKI) score was significantly higher (2.36 ± 2.89) for women trying to lose weight than for women not trying to lose weight (1.75 \pm 3.44). Similarly, the mean eating behaviour index (EBI) score was higher (4.19 ± 3.83 vs. 3.46 ± 4.94, respectively). Weight loss efforts did not appear to be related to the Yukon environment since neither First Nations status nor length of residence in the Yukon varied for women trying to lose weight and women not trying to lose weight. Yukon women who were overweight were less likely to live in Whitehorse, were older, were more likely to be poor, and were less likely to engage in vigorous physical activity three or more times per week compared to those with healthy weights; however, their food consumption patterns and nutrition knowledge and behaviour scores did not differ. Overweight women expressed less satisfaction with their quality of life and with their physical health and social relationships. Yukon women who were underweight were more likely to be poor and to find it difficult to afford the basic necessities and less likely to indicate they were eating well enough to maintain good health compared to healthy weight women. Both groups had similar activity patterns and food consumption patterns; yet, underweight women had lower scores for nutrition knowledge and behaviour (EKI: 1.03 ± 2.97 vs. 2.38 ± 3.24; EBI: 2.68 ± 4.71 vs. 4.07 ± 4.51). Underweight women and healthy weight women rated their quality of life similarly. Based on this study, it appears that many Yukon women, regardless of weight status, are engaging in weight loss efforts. Furthermore, the goal of losing weight, rather than relative weight status, seems to be an important motive for healthy eating and for seeking health knowledge. Being physically active in the Yukon appears to be influenced by time of year and other barriers. Self-ratings of

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health were associated with engaging in weight loss efforts and with relative weight status. Overall, the findings of this study suggest that weight loss efforts of Yukon women are similar to those of the dominant Western society. In view of the findings of this study, health promotion messages should incorporate healthy eating, regular physical activity, and the concept of healthy weight and positive body image to deter weight loss efforts among women who do not need to lose weight. Tailored approaches which consider the different characteristics of the groups in this study may prove to be useful.

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Data from the Yukon Health Promotion Survey used in this study were produced by the Government of the Yukon Territory, Ministry of Health and Social Services and the Bureau of Statistics, and made available through the Institute of Health Promotion Research at the University of British Columbia.

I. INTRODUCTION

Over time the definition of health has evolved to include many positive dimensions in addition to the absence of disease. Today, holistic definitions of health are widely accepted (Harvey, 1988). For instance, one definition states that health is "the setting of everyday life, influenced by beliefs, circumstances, culture and by the social, economic and physical environment" (Harvey, 1988). Another states that health is "...the extent to which an individual or group is able on the one hand to realize aspirations and satisfy needs and on the other hand to change or cope with the environment...It is a positive concept emphasizing social and personal resources as well as physical capacities" (World Health Organization, 1984).

For many women, body weight is a health concern, both in relation to physical health and in relation to social and psychological health. From the medical standpoint, excess body fat is associated with increased risks for cardiovascular disease, hypertension, and diabetes to name a few (Burton & Foster, 1985; Canadian Dietetic Association, 1988). At the opposite extreme, the underweight condition is associated with nutrient deficiencies, chronic fatigue, heart irregularities, and anemia (Health and Welfare Canada, 1988b).

Body mass index (BMI), defined as weight in kilograms divided by height in metres squared, is a valid indicator of relative weight status (Gibson, 1990). Body mass index cut-offs developed by Health and Welfare Canada (1988b) provide a way of identifying persons within the healthy weight range and those who are at increased health risk due to underweight, possible overweight, and overweight.

Although the medical aspects of body weight are important to overall health, so too are the social and psychological aspects of body weight. Data from the literature largely supports the view that sociocultural and psychological factors influence a woman's perception of weight and body image (Rodin, 1993). This societal pressure to be thin is so strong in the Western world that women who do not need to lose weight--those who are within or even below acceptable weight ranges according to BMI standards--are doing so (National Institutes of Health, 1993). Voluntary weight loss efforts among females has recently been reported to be as high as 44% (Serdula et al., 1993).

Relatively little is known about weight loss efforts among women living in the Yukon. The Yukon Health Promotion Survey (YHPS) 1993, a population-based survey, is a rich data source on the holistic health--the physical, social, psychological, and spiritual health--of Yukoners. Nutrition-related data include self-reported height and weight, a modified 24-hr food frequency questionnaire, frequency of nutrition behaviours, and information pertaining to efforts to change body weight.

The Yukon has unique characteristics related to its geography, climate, vegetation, ethnicity, and economics (Cappon, 1991). Of the total population of 31,295, 20% are First Nations people with a rich culture based on tradition. There are speculations that these characteristics influence the holistic health of Yukoners. Thus, for reasons related mainly to its northern geographical location and culture, and because of the health implications related to women's weight issues, examination of the weight loss efforts of women in the Yukon is warranted.

Accordingly, using data from the 1993 Yukon Health Promotion Survey, the purpose of this thesis is:

1) To determine the prevalence of Yukon women trying to lose weight;

2) To determine the weight loss practices of those currently trying to lose weight; and

3) To compare the demographic, physical, nutritional, and social characteristics of:

a) women who are trying to lose weight vs. those who are not;

b) women who appear to be satisfied with their weight vs. those who do not;

c) women who may be at health risk from overweight (BMI > 27) vs. those who are not;

d) women who may be at health risk from underweight (BMI < 20) vs. those who are not; and

e) women who have been successful at weight loss vs. those who intend to lose weight in the future.

The information gathered herein will contribute to an holistic understanding of the issues surrounding body weight and control. In particular, it will also describe the characteristics of Yukon women who are engaging in weight loss efforts. These findings will permit comparisons to be made between Yukon women and other women in Western society who predominantly live in Southern regions.

II. LITERATURE REVIEW

1. Introduction

The literature review is divided into four parts: Health, Nutritional Assessment, Yukon Health Promotion Research Program, and Weight and Weight Control.

This chapter begins with an historically-based description of the definitions of health. Next, the meaning and purposes of health promotion are examined, and Canada's Framework for Health Promotion (Epp, 1986) and the PRECEDE-PROCEED model (Green & Kreuter, 1991) are presented. This section concludes with a review of the evolution of health surveys, including nutrition surveys in Canada and the United States.

The section on Nutritional Assessment briefly reviews traditional methods for assessing dietary intake data, and then goes on to describe the dietary score system and its validity and suitability for use in this study. Since surveys often evaluate food behaviour, attitudes, and beliefs, these are reviewed. The nutritional assessment section concludes with a critique of the advantages and disadvantages of self-reported height and weight data and the resulting implications of these on calculated body mass index (BMI) to define weight categories.

The next section of the review presents the Yukon Health Promotion (YHP) Research Program. This section presents the basis, the objectives, and the overall mission for the research program. An overview of each of the five phases of the research program is provided.

The final portion of the review examines the relevant literature on weight and weight control, and the rationale for focusing on the women of the Yukon in this study.

2. Health

The purpose of this section is to facilitate understanding of the rationale underlying the Yukon Health Promotion research program, upon which this research is based.

A) Health concepts

Over time, three major concepts of health have distinctly evolved. The ecological concept was based on the germ theory which reflects the infectious disease era; hence, health was defined in terms of the absence of disease (Epp, 1986). As this fixed definition of health did not consider the multidimensional nature of chronic diseases, the second health concept, social ecological, evolved in the 1920s. This concept incorporates the view that health is multidimensional and that it can include factors such as personal behaviour (Harvey, 1988). The World Health Organization (WHO) later published a definition of health that has contributed to the development of multidimensional health concepts and has broadened frameworks of what constitutes health (Harvey, 1988). The definition is: "Health is the state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity" (World Health Organization, 1947). By the 1960s and 1970s the holistic concept emerged (Harvey, 1988) whereby health is: "a wholeness, described as an integrated interdependence of the physical, mental, social, emotional and spiritual aspects of living". Health is also "the setting of everyday life, influenced by beliefs, circumstances, culture and by the social, economic and physical environment". The holistic concept also acknowledges individual involvement through personal awareness (Harvey, 1988).

In the 1984 publication <u>Health Promotion: A Discussion Document on the Concepts and</u> <u>Principles</u>, the WHO expanded its definition of health to "the extent to which an individual or group is able on the one hand to realize aspirations and satisfy needs and on the other hand to change or cope with the environment...It is a positive concept emphasizing social and personal resources as well as physical capacities" (World Health Organization, 1984). The WHO concept of health reflects a broadened understanding of what constitutes health.

In summary, health is not only the absence of disease and illness, but it is a broader concept that encompasses a variety of multidimensional factors which comprise everyday living

and which contribute to "quality of life" (Epp, 1986). It also acknowledges freedom of choice and stresses the role of individuals and communities in defining what health means to them (Epp, 1986). Accordingly, the assessment of health has changed and a new era involving health promotion has emerged.

B) Health promotion

Health promotion has been described as a "mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future" (World Health Organization, 1984). Furthermore, it "is a process of enabling people to increase control over, and to improve their health" (World Health Organization, 1984).

To operationalize health promotion in Canada, a framework was introduced by the Honourable Jake Epp, Minister of Health and Welfare in 1986. The document which summarizes the framework is entitled <u>Achieving Health For All: Framework for Health Promotion</u> (Epp, 1986). In this document, health promotion, which combines concepts from the areas of public health, health education, and public policy, is described as an approach intended to help Canadians meet emerging health challenges in a way that complements and strengthens the existing system of health care (Epp, 1986). According to the framework, the health challenges of achieving health for all are reducing inequities, increasing prevention, and enhancing coping (Epp, 1986). The health promotion mechanisms by which these challenges should be addressed are self-care, mutual aid, and healthy environments, and the proposed implementation strategies are fostering public participation, strengthening community health services, and coordinating healthy public policy (Epp, 1986). This framework is significant in Canada because it represents a new vision of health which considers previous concepts and adapts them to contemporary problems (Epp, 1986).

The PRECEDE-PROCEED Model is another framework proposed to operationalize health promotion (Green & Kreuter, 1991). Through the recognition of multiple factors that shape health status, the PRECEDE framework is used to generate specific objectives and criteria for evaluation. The PROCEED framework is then used for developing policy and initiating the implementation and evaluation process. There are eight phases of PRECEDE and PROCEED. In Phase 1, the quality of life concerns of the target population are assessed. This involves people in a self-study of their needs and aspirations from the perspective of their social problems. In <u>Phase 2</u> the goal is to identify the specific health goals or problems that may contribute to the social goals or problems noted in Phase 1. Phase 3 then identifies the specific health-related behaviourial and environmental factors that could be linked to the most relevant health problems identified in Phase 2. In Phase 4 the factors that have a direct impact on health behaviour and environment are identified according to the following groupings: predisposing factors, reinforcing factors, and enabling factors. Predisposing factors include a person's or population's knowledge, attitudes, beliefs, values, and perceptions. Enabling factors include skills, resources, or barriers that influence behaviourial change. Lastly, reinforcing factors include the rewards and feedback. At this point all the important diagnostic information has been collected. In the next step, Phase 5, organizational and administrative capabilities and resources are assessed in order to develop and implement a program. The final phases, Phases 6,7,8, involve extensive evaluation (Green & Kreuter, 1991).

In summary, PRECEDE and PROCEED follow a deductive approach. The final consequences are first examined, and by working back, the original causes are identified. Based on these diagnoses, the intervention can then be designed. It is a theoretically robust model that addresses the need for comprehensive planning in health promotion (research) and health education (Green & Kreuter, 1991).

The Yukon Research Program was based on a similar process of deduction whereby a self-study of the quality of life concerns of Yukoners was first accomplished in order to ensure that the survey would assess health issues important to the population.

C) Health promotion survey research & nutrition

Just as the definition of health has evolved, so too have health surveys. Until the past decade most health surveys merely collected data on the presence or absence of disease. More recently, population-based surveys have collected data on holistic health and determinants thereof (Health and Welfare Canada 1993; Stephens & Craig, 1990). In a recent report, Adams et al. (1992) present an overview of selected health surveys in Canada from 1985 to 1991. The report reviews 18 surveys, including Canada's 1985 and 1990 Health Promotion Surveys (HPS), provincial health surveys, and surveys on specific issues pertaining to health, such as fitness, alcohol, drugs, smoking, and blood pressure.

Canada's Health Promotion Surveys are the most comprehensive in that they examined the health status, practices, beliefs and attitudes of the majority of the Canadian population with respect to a variety of health issues (Health and Welfare Canada, 1988a; Health and Welfare Canada, 1993). The 1985 Health Promotion Survey (HPS) examined over 11,000 persons in the Canadian adult population over the age 15. The Technical Report (Health and Welfare Canada, 1988a) describes the data for the 10 provinces and the Yukon in detail. The adaption of the survey to the unique circumstances of the Northwest Territories and the results thereof have been published in the literature (Imrie & Warren, 1988).

The most recent HPS was conducted in June 1990 and sampled over 13,000 persons from the Canadian adult population. It did not include the Northwest Territories and the Yukon. With the exception of a few minor modifications, the 1990 HPS was similar to the 1985 survey, and both surveys included a section on nutrition. The nutrition issues assessed by the 1990 survey were breakfast food choices, desired weight, breast feeding, weight loss techniques, reading food labels, and self-rated weight (Health and Welfare Canada, 1993). The latter three issues were new additions to the 1990 survey, whereas the former were also assessed in 1985.

Like Canada's Health Promotion surveys, most health promotion surveys contain only a small section devoted to nutrition. In the mid 1970s, however, the first (and only) comprehensive National Nutrition Survey--"Nutrition Canada"--was conducted to collect precise scientific information on the nutritional status of Canadians and the prevalence of nutrient deficiencies for the planning of information, education, regulatory, public health and welfare programs. Some of the data collected include dietary intake, clinical evidence, anthropometric measurements, and biochemical data (Sabry et al., 1974). The sample consisted of residents of the provinces, Indians in bands on reserves and crown lands in the provinces and territories, and Inuit living in settlements in the territories (Health and Welfare Canada, 1973).

Aside from Canadian data, data on nutrition-related issues for the US population have been gathered. For instance, the Second National Health and Nutrition Examination Survey (NHANES II) 1976-1980 provided valuable nutrition information on dietary diversity (Kant, Block, Schatzkin, Ziegler, & Nestle, 1991a), fruit and vegetable consumption (Patterson et al., 1990; Block, 1991), and food group intake patterns and associated nutrient profiles of black and white adults in the US (Kant, Schatzkin, Block, Ziegler, & Nestle, 1991b). The 1982-1983 Hispanic Health and Nutrition Examination Survey (HHANES) provides information on the food group intakes by Mexican-American children from 1 to 17 years of age (Murphy et al., 1990).

Undoubtedly, health surveys have become a dynamic undertaking in Canada in terms of the content, methods and analysis of the data being collected (Adams et al., 1992). For instance, social and psychological factors have been shown to influence health; consequently, more of these factors are typically included in health surveys (Adams et al., 1992; Health and Welfare Canada, 1993; Stephens & Craig, 1990). Furthermore, nutrition has become a standard

component (Health and Welfare Canada, 1988; Health and Welfare Canada, 1993; Stephens & Craig, 1990). Thus, recent health surveys provide additional information that traditional surveys have excluded.

3. Nutritional assessment

A) Assessment of dietary intake: review of traditional methods

A crucial part of nutrition research is gaining valid information about the foods people eat and how much they eat. Traditional methods for measuring food consumption of individuals include twenty-four-hour recalls, food records, the dietary history, and food frequency questionnaires. Although the first two are typically used to gain quantitative data over a one-day period, actual recent intakes and usual intakes of individuals can be estimated by increasing the number of test days. The latter two methods reflect patterns of food use over a longer, less determined time period, and are typically used to assess usual intake of foods or specific classes of foods (Gibson, 1990). The advantages and limitations of these methods have been described extensively (Gibson, 1990). For the most part, traditional methods are time-consuming and expensive. To determine the method of choice many factors must be considered, such as the research objectives and the type of information needed. Unfortunately, the usual nutrient intakes of individuals cannot be measured accurately using most survey methods (Health & Welfare Canada, 1988a). However, it should be noted that the usefulness of survey findings depends largely on the way in which they are reported and interpreted (Guthrie & Scheer, 1981). Furthermore, available survey data about food behaviours can still provide valuable data to identify those (groups or individuals) that are more likely to be at nutritional risk (Health & Welfare Canada, 1988a).

B) Dietary score

One method which has been used to evaluate population-based dietary intake data utilizes a dietary scoring system for the rapid evaluation of dietary adequacy (Guthrie & Scheer, 1981). Rather than providing quantitative data on food consumption, this method provides qualitative data with respect to population groups (Sanjur, 1982). The dietary score relies on the assumption that nutrient adequacy of diets is associated with improved nutritional status and health of target populations (Guthrie & Scheer, 1981). Some advantages of this method are that it is easy to comprehend and little training is required to use it (Guthrie & Scheer, 1981).

According to Guthrie and Scheer (1981), use of a dietary score requires the assumptions that (i) diets providing foods from each of the four major food groups can provide the foundation for an adequate dietary intake and that (ii) each food group has its own unique nutritional composition and thus makes an equally significant contribution to nutrient adequacy.

The Report of the Technical Group on Canada's Food Guide (Health and Welfare Canada, 1990a) describes a model, using a base food guide, which tests the aforementioned assumptions. The base food guide approximates 1800 kcal (7600 kJ) of energy, a level consistent with energy recommendations for most Canadians over four years of age. It is based on six servings of fruits and vegetables, of which at least two must be vegetables (e.g. 125 ml (1/2 cup) or 1 medium vegetable or fruit); six servings of breads and cereals (e.g. 1 slice of bread, 125 ml rice or enriched pasta, 30 g (1 oz) ready-to-eat cereal); three servings of meat, fish, poultry and alternates based on 12 g protein per serving (e.g. 2 oz cooked lean meat, fish, or poultry; 250 ml cooked, dried, peas, beans or lentils; 125 ml nuts or seeds; 60 g (2 oz) cheese); two servings of milk and milk products based on 300 mg calcium per serving (e.g. 250 ml milk, 175 ml yogurt, 45 g (1 1/2 oz) cheese); four servings of fat (e.g. 5 ml or 1 tsp); and eight servings of sugar (e.g. 5 ml or 1 tsp). Variations of number of servings for special groups such as pregnant women and adolescents are also described in the report. The proposed Base Food Guide contained 30% of

energy derived from fat, 54% from carbohydrate, and 18% from protein. The total is higher than 100% due to approximation of energy factors and rounding (Health and Welfare Canada, 1990a). The Base Food Guide also met the Recommended Nutrient Intakes for adults, with the exception of iron and zinc. Nonetheless, the iron content exceeded 95% of the recommendation for premenopausal women and the zinc content was above 80% of the recommendation for adult males (Health and Welfare Canada, 1990a). Thus, this proposed model, which was the basis for the new Canada's Food Guide to Healthy Eating, fulfilled the two assumptions of the dietary score method. Consequently, diet quality can potentially be assessed using the recommended servings based on the new Food Guide.

Presently, there are no studies in the literature which employ the new Food Guide, which was released in November 1992. However, several studies have addressed the validity of the dietary score based on the American food grouping system which is not unlike the Canadian system. In 1981, Guthrie and Scheer undertook a study to establish the internal validity of a dietary score as a tool for dietary analysis. Foods from the milk and milk products group and the meat and meat alternatives group were allotted two points per serving (truncated at two servings) up to a food group score of four. Foods from the fruit and vegetables group and the bread and cereals group were allotted one point per serving (truncated at four servings) up to a food group score of four. Thus, the maximum dietary score that could be obtained was sixteen. Dietary scores were computed from the dietary records of university students. Nutrient values were also calculated by computer. Nutrient adequacy ratios (NAR) (NAR=The subject's daily intake of a nutrient/Recommended Dietary Allowance of that nutrient) for 12 nutrients were calculated, and to judge the overall quality of the diet, mean adequacy ratios (Mean adequacy ratio=Sum of the NARs for 12 nutrients/12) were calculated. It was found that as the number of servings increased, and hence the food group score, nutrient adequacy ratios increased. Furthermore, mean nutrient adequacy ratios for each of the 12 nutrients were significantly correlated with total

dietary score. The correlation coefficients ranged from 0.36 (p<0.001) for iron to 0.61 (p<0.001) for riboflavin. The researchers concluded that the dietary score was a simple and rapid technique to assess nutrient adequacy and could be modified to reflect different guidelines (Guthrie & Scheer, 1981).

Another study by Krebs-Smith and Clark (1989) examined the validity of a score, using a different scoring system from the one above, for measuring nutrient adequacy for pregnant women and children. Similar positive findings for use of the dietary score were obtained for these special sub-populations.

In 1991, Kant et al. (1991a) examined dietary diversity in the US population using 24-hour dietary recalls from blacks and whites aged 19 to 74 from the second National Health and Nutrition Examination Survey (NHANES II), 1976-1980. Another study, by the same group, examined food group intake patterns and corresponding nutrient profiles (Kant et al., 1991b). Kant et al. (1991b) proposed that food group patterns used in their research can provide baseline data and can be used to identify population subgroups with poor dietary patterns.

A limitation of the dietary score method is that it lacks information about specific food items, methods of preparation, amounts of each food group eaten (above the minimum), and contribution of foods excluded from the analysis (Kant et al., 1991b).

Thus, supported by the literature, dietary scores based on the four food group system can provide a valid indication of nutrient adequacy for adults (Guthrie & Scheer, 1981), as well as for pregnant women and children (Krebs-Smith & Clark, 1989). They can also be used to examine dietary diversity (Kant et al., 1991a) and food group intake patterns (Kant et al., 1991b). Aside from the previously mentioned inherent limitations of this method, it is practical for population-based surveys because it is rapid, easy, and non-labour intensive.

C) Evaluation of food behaviour, attitudes, and beliefs

Each human being requires the same basic nutrients to meet certain biological needs. However, the food habits of populations differ depending on many factors, such as physical and economic conditions. Furthermore, food habits and dietary patterns are determined by subcultural background and orientation, and personal characteristics and perceptions (Sanjur, 1982).

In light of this and in order to help interpret dietary intake, it is also advantageous to collect additional information through surveys. The following issues are typically considered for each question included in a survey and hence apply to nutrition survey questions.

1) Will it obtain the desired kind of information (about

nutrition)?

2) Is the question structured in an appropriate way?

3) Is the precise wording satisfactory? (Dillman, 1978)

Survey questions normally request the following kinds of information:

1) What people say they want: their attitudes;

What people think is true: their <u>beliefs;</u>

3) What people do: their behaviour; and

4) What people are: their <u>attributes</u>.

Attitudes typically describe how people feel about something or reflect respondents' views about the desirability of something. Beliefs are assessments of what a person thinks is true or false, or what one thinks exists or does not exist. In the strictest sense, questions on respondents' behaviour not only reflect what they do, but elicit their "beliefs" about their behaviour. The fourth type of information desired is attributes which are more commonly known as personal or demographic characteristics. This information is often used to examine how the other kinds of information (i.e. beliefs, attitudes, and behaviour) differ for people with various attributes (Dillman, 1978).

The second issue deals with question structure. The basic types of structures are: 1) open-ended, 2) close-ended with ordered choices, 3) close-ended with unordered response choices, and 4) partially close-ended. The degree of freedom in responses depends on the structure used. It should be noted that it is not uncommon for researchers to use all four types of question structures to gain as much knowledge as possible about the topic of interest (Dillman, 1978).

The third and final issue that must be considered when preparing survey questions is the appropriateness of the wording. In his book, Dillman (1978) details fifteen common wording problems.

In summary, in order to analyze and interpret nutritional data, the issues regarding the method of dietary intake assessment must be considered; in addition, nutrition survey questions on attitudes, beliefs, and behaviours must be evaluated with regard to the aforementioned points. Thus, if these are valid, valuable information about the population can be gained.

D) Self-reported height and weight and body mass index (BMI)

Although it is important to examine dietary intake data, behaviours, beliefs, and attitudes of a population, it is also important to relate these data to physical characteristics of the population. In particular, because of the public concern with weight and body size, health surveys typically include questions on anthropometric information relating to weight and height (Health and Welfare Canada, 1988). When used to develop weight classification indices these data may provide valuable information (Millar, 1986).

Reported height and weight data from a survey can be used to determine relative body weight which is often expressed as body mass index [BMI=weight in kg/ (height in m)²] (Kuskowska-Wolk, Bergstrom, & Bostrom, 1992). BMI is independent of stature and is considered a good index of total body fat in both men and women (Gibson, 1990). It can be used to estimate

the prevalence of overweight and obesity in a population, as well as to monitor the secular change in its prevalence (Millar, 1986). Weight/height ratios (e.g. BMI) are often used as indirect measures of obesity because measurements are easy, quick, relatively noninvasive, and more precise than skinfold thickness measurements (Gibson, 1990).

It should be noted that there are some inherent problems with using BMI as an index for obesity. It does not distinguish between excessive weight produced by adiposity, muscularity, or edema (Gibson, 1990). Furthermore, it is not a valid indicator in children because in this age group it is more dependent on height, and it should not be used as an index of body fatness in those with an abnormal relationship between leg and trunk length (Gibson, 1990). Nevertheless, BMI is suggested as the best measure of body mass for nonpregnant adults from 20 to 65 years of age (Gibson, 1990; Burton & Foster, 1985; Canadian Dietetic Association, 1988).

Self-reported weight and height used to calculate BMI are also subject to certain kinds of error. Stewart, Jackson, Ford, & Beaglehole (1987) compared height and weight measurements, as well as the derived BMI, obtained either by direct measurement or by self-reports of a representative sample of 1,598 males and females aged 35 to 65 years in Auckland, New Zealand. Over 75% of the subjects reported their height to be within 3.5 cm of their measured height and reported their weight to be within 2.4 kg of their measured weight (Stewart et al., 1987). Self-reported height and weight, however, were significantly correlated with the respective measured height and weight (R=0.96 and R=0.98 for height and weight, respectively) (Stewart et al., 1987). Although the former results suggest a high level of congruence between the two methods, the researchers noted that the study participants tended to consistently overestimate their height and underestimate their weight. As a result, measured relative weight (BMI) was consistently underestimated. Based on these data, little difficulty should arise if relative weight is used as a continuous variable; however, if relative weight is used as a categorical measure, the sensitivity of the results becomes an issue (Stewart et al., 1987). The following example

illustrates how an individual could be misclassified as being within the "ideal" range, as opposed to being at health risk: A 66.8 kg adult, 160.6 cm tall, who reported weight to be 64.5 kg and height to be 164 cm would have a self-reported BMI of 24.0 kg/m², and a measured BMI of 25.9 kg/m².

Another study compared the estimates of relative weight based on self-reported and observed measures derived from the 1981 Canada Fitness Survey and the 1985 Health Promotion Survey (Millar, 1986). Data reflect the adult population aged 20-69 years. Relative weight was classified according to the following weight groups for men: underweight <20, acceptable weight 20.1 to <25.1, overweight 25.1 to <30, and obese \geq 30; the corresponding values for women were <18.7, 18.7 to <23.8, 23.8 to <28.6 and \geq 28.6. Generally, comparisons of mean measured and self-reported weight estimates among males were not significantly different. However, among women, mean measured weights were 0.6 kg higher than self-reported mean weights (Millar, 1986).

Self-reported height data tended to be systematically higher than measured heights. Among males the mean difference ranged from 1.8 to 3.2 cm; males below 50 years of age were more likely to have the greatest mean differences. For women, the range of mean difference was larger: 0.8 to 4.4 cm; the mean difference in height increased with age after 40. All differences in mean height were statistically significant (p<0.05). Mean BMI values based on measured data were significantly higher than those based on self-reported data for all group comparisons, excluding females aged 20-29 (Millar, 1986).

According to the researchers, there are two implications of these findings for surveys that rely on self-reports. Firstly, derived estimates of obesity should be regarded as underestimates, and secondly, methods of adjusting self-report data for bias should be considered (Millar, 1986).

Even if self-reports of current weight and height are not accurately reported, comparison of reported current weight to desired weight may still provide a valid assessment of whether individuals are satisfied with their current weight. For example, a greater difference between reported current weight and desired weight would suggest a greater dissatisfaction with current weight. Alternatively, if desired weight is identical to current reported weight, this would indicate that the individual is satisfied with his or her current weight, regardless of whether the reported weight is accurate or not.

In summary, dietary intake, nutrition attitudes, beliefs, and behaviours, and height and weight data collectively provide valuable information about nutrition status and dietary patterns. Nutrition, in turn, affects overall health and well-being. Many health surveys commonly examine these measures and hence, are amenable to meaningful analysis of the nutritional health of the population of interest.

4. Yukon health promotion research program

The Yukon Health Promotion (YHP) research program was designed to obtain an account of Yukoners' health in light of the special circumstances of the Yukon (Yukon Bureau of Statistics, 1992a). Although the Yukon was included in Canada's Health Promotion Survey (HPS) in 1985 (Health and Welfare Canada, 1988), it was excluded from the 1990 sample due to the sampling problems experienced in the 1985 HPS (Health and Welfare Canada, 1993). The YHP research undertaking thus described is independent from Canada's Health Promotion surveys.

The term 'account' has often been used to describe the purpose of this Yukon investigation. It includes both a financial meaning of rigorous calculation and a social meaning of narration or description; moreover, it reflects the need to portray health in an ecological context beyond objective measures of mortality and morbidity (Yukon Bureau of Statistics, 1992a). It follows, therefore, that the objective of the YHP research program is to develop a broad reporting of behaviours, attitudes, and understandings related to health (Yukon Bureau of Statistics, 1992a). Furthermore, it is policy-focused research that is intended to support the

implementation of the Yukon Health Act (YHA) which incorporates socio-ecological and holistic perspectives of health (Yukon Health Act, 1990). The Yukon Health Act serves to establish a new direction for health care policy in the Yukon (Yukon Health Act, 1990). The new direction is reflected in the following principles:

-Preventive approach

-Integration of health care and social services

-Partnership of individuals, groups, communities, and governments

-Accessibility

-Cultural sensitivity

-Accountability of the planners and providers of the programs and

services

(Yukon Health Act, 1990)

The overall mission of the program is "to contribute to the improvement of the social, mental, spiritual, and physical well-being of all Yukon residents" (Yukon Bureau of Statistics, 1992a).

The YHP research program consists of five phases: Phase I: Literature review, Phase II: Qualitative review, Phase III: Stakeholder review, Phase IV: Yukon Health Promotion survey, and Phase V: Analysis of results. The progress of the YHP research program has been described in the following working papers: Part 1: What the professionals say (Yukon Bureau of Statistics, 1992a), Part 2: What individuals say (Yukon Bureau of Statistics, 1992b), and Part 3: What the groups say (Yukon Bureau of Statistics, 1993a).

The first three phases were formalized consultation and community validation to ensure a Yukon grounded knowledge base (Yukon Bureau of Statistics, 1992a). The first phase, the literature review, documented the theoretical concepts of health which informed the research program. The second phase, the qualitative review, served to develop an understanding of the basic concepts of health held by Yukoners, to construct the correlates or the language and associations of health, and to provide the voices of Yukoners expressing their own health stories and realities (Yukon Bureau of Statistics, 1992b). In total 77 Yukoners were interviewed, of whom 56% (n=44) were female and 42% (n=33) were male. Twenty-two percent (n=17) of the sample were First Nations people. See Appendix B for the description of the purposeful sample used in the qualitative phase.

As a result of this qualitative research, four main types of correlates were identified: Individual correlates, Connection correlates, Context correlates, and Others. Individual correlates refer to the inner dimensions of the participant and the relationship of these dimensions to health. Connection correlates are those that equate the respondents' social relationships to health. Context correlates are the set of external influences on health. Finally, other correlates that were identified were alcohol and drugs. Food was identified by Yukoners as a context correlate, or one of the external influences on health.

Food as a correlate links nutrition to physical as well as social demands. Individuals exhibited knowledge about what they should eat in order to maintain health for physical reasons and used expressions, such as "diet affects health" and "eating well". In "eating well" some women referred to reading labels, using native meats, and cooking methods. Aside from the physical dimension, food was discussed from a social perspective, such as through family, and conversation. Another interpretation of the social consequence of food is the focus on dieting, and control over body weight and self-image. In other words, food could be controlled and watched from a needs perspective and from the perception of body weight. There was also the suggestion that some people were constantly dieting, watching their weight, eating too much, or avoiding certain foods (Yukon Bureau of Statistics, 1992b)

The results of the qualitative research in Phase 2 were the basis for Phase 3, the stakeholder review. The purpose of this component was to develop an understanding of the issues and content of specific topics of health, and specifically, to determine how Yukoners

conceptualize health (their concepts and models of health), talk about health (their language and associations), and recount their experiences with health (the experiential nature of health and the integration into a perspective or orientation of health) (Yukon Bureau of Statistics, 1993a). Focus group methodology was utilized in this phase. Individuals selected for the issue groups were members of organizations, health professions, or groups that were related to some common health issue. Issues that were addressed include education, women's health, religion, alternative medicine, health and justice, health professionals, and community concerns. In addition, focus groups were held for content areas. These were comprised of individuals who had similar experiential knowledge of the subject matter of focus, such as physical exercise, spirituality, social health, personal health, mental and emotional health, health choice and knowledge, and nutrition. Each focus group session was made up of 10 to 15 individuals (total n=180).

Themes that emerged from the nutrition focus group were balance, life stages, lifestyle, and knowledge. The idea of balance referred to the types and amounts of foods people eat, adherence to Canada's Food Guide, meal structure, and knowledge. The influence of nutritional state on social, mental, and physical well-being was also important to health. In other words, health was viewed from a holistic standpoint such that everything must be in balance for one to feel well. In terms of nutritional concerns over life stages, the following groups were identified: elderly, singles, families, pregnant and lactating women, and teens. It was suggested that nutritional health changes as one goes through life, and as needs and activities change. In terms of lifestyle, issues discussed involved the fast pace of life, the changing lifestyle of children, single lifestyles, and the northern lifestyle (Yukon Bureau of Statistics, 1993a).

The results from these first three Phases influenced the design and administration of a general population survey in the Yukon, Phase IV (Yukon Bureau of Statistics, 1992a). To date, these first four phases of the research program have been completed and a general analysis of

the results has been performed and compiled by the Yukon Bureau of Statistics (Yukon Bureau of Statistics, 1993b).

5. Weight and weight control

A) Body weight and health risk

Today, a health paradox exists: many people who <u>do not</u> need to lose weight are trying to do so, and those who <u>do</u> need to lose weight, are not succeeding (National Institutes of Health, 1993). Body weight is an important concern for the maintenance of health from the medical standpoint since overweight and underweight are associated with increased health risks. The next section briefly reviews the risks of overweight and underweight, and this is followed by a review of the relevant literature on weight control.

Obesity, or excess body fat, is implicated in various health risks. It is associated with an increased prevalence of coronary heart disease, hypertension, diabetes, cholelithiasis, and degenerative joint disease, to name a few (Burton & Foster, 1985; Canadian Dietetic Association, 1988; Health & Welfare Canada, 1988b). In addition to physical consequences, overweight has psychological and social consequences, such as low self-esteem, depression, social stigma, and discrimination at work (Health & Welfare Canada, 1988b). Obesity, from a holistic standpoint, therefore affects health in many ways.

At the opposite extreme, documented health problems associated with weight loss, inappropriate dieting, and the underweight condition include nutrient deficiencies, chronic fatigue, heart irregularities, depression, psychological distress, anemia, and diarrhea (Health & Welfare Canada, 1988b; Hall et al., 1989; Lundholm et al., 1989). Other symptoms that have been reported in the literature include amenorrheoa, increased interest in food, chilliness, and impaired ability to perform in school (Davies & Furnham, 1986). Thus, the array of conditions associated with underweight also affects health from the holistic standpoint.
Body mass index (BMI=kg/m²) is a widely used means to define weight categories. The Canadian Guidelines for Healthy Weights (for adults 20 to 65 years of age) utilize the BMI score. BMI values greater than 27 and less than 20 are associated with increasing risk of developing the respective health problems previously described (Health and Welfare Canada, 1988b).

B) Sociocultural and psychological determinants of weight concerns

There is overwhelming evidence to support the view that sociocultural and psychological factors impact on or influence a woman's perception of weight and hence weight concerns (Rodin, 1993). These will only be briefly reviewed here.

The literature, to date, has strongly suggested that there is a social pressure for Western women to be thin and attractive, and this has often been referred to as the "cultural expectations of thinness" (Garner & Garfinkel, 1980). The predominant hypothesis is that "what is beautiful is good"--that physically attractive persons are thought to possess many positive attributes, which include having a more desirable personality and being more satisfied and successful socially, professionally, and maritally (Rodin, 1993). Although each culture develops different notions about the proper size, shape, and decoration of the body, it is in part due to technology and the mass media that the preoccupation with thinness has reached new heights in Western society (Rodin, 1993). People feel enormous pressure to look good which often results in feelings of frustration, shame, and defeat (Rodin, 1993). Moreover, today there is added pressure to be fit (Guillen & Barr, 1994). Indeed, managing weight and fitness are important goals for health promotion; however, it is important to recognize that the social consequences of the ideal can have negative implications.

Knowledge about the psychological determinants of body image is also critical to understanding weight concerns and pressures to be slim. Body image "represents an individual's subjective experience with his or her body and the way he or she organizes this experience" (Rodin, 1993). It plays a major role in self-concept, which embraces not only the body but also social roles, material possessions, and personal relationships. The body, however, is the central focus (Rodin, 1993).

Thus, for sociocultural and psychological reasons, there is an overwhelming emphasis on weight and appearance today. For young women of middle and upper socio-economic status in particular, the extreme preoccupation with excess weight is associated with distorted body image, radical dieting and bingeing (Seim & Fiola, 1990). Furthermore, many women who are within the normal range of weight, or who are even underweight, are currently trying to lose weight (Health and Welfare Canada, 1993).

C) Who is trying to lose weight?

The majority of those trying to lose weight are women. The following section presents recent data on the prevalence of voluntary weight loss efforts and weight control practices.

Canada's most recent health promotion survey provides national data on voluntary weight loss efforts. Thirty-one percent of Canadians reported that they were <u>currently trying</u> to lose weight (Health and Welfare Canada, 1993). In particular, in all age groups (except >65 years) significantly more women than men were trying to lose weight (39% vs. 23%, respectively for the entire sample). A similar age and sex pattern was also observed among those reporting that they <u>wanted</u> to lose weight. However, a greater proportion of the entire sample (57%) wanted to lose weight as compared to those who were already trying (31%). Fifty-seven per cent of Canadians considered their weight to be just about right; 20% felt they were a little overweight; and 17% felt they were somewhat overweight. These proportions were comparable to the classifications based on calculated BMI. Interestingly, however, only half as many Canadians considered themselves underweight compared to those classified as underweight by BMI standards (6% vs. 11%, respectively). Whereas more men (8%) than women (4%) considered themselves to be

underweight, according to BMI classification, 18% of women were actually underweight, while only 3% of men were. This pattern persisted across age groups (Health and Welfare Canada, 1993). These results support that what is considered acceptable weight from the medical standpoint, may not be considered by women to be acceptable by socio-cultural standards.

The impact of the social significance of weight and body shape is clearly evident for females of all ages. One study of British female adolescents (12-18 years) found that although only 4% were overweight based on standards, over 10-fold this number judged themselves to be overweight. Furthermore, at 12, 14, 16 and 18 yr, 46%, 63%, 49% and 55% respectively wanted to lose weight. Substantially less, 9%, 5%, 21%, and 8%, respectively, wanted to gain weight. Desire to lose weight by several means was also reported and include altering the amount of food eaten, altering the type of food eaten, dieting, and exercise (Davies & Furnham, 1986).

In a study examining the barriers to dieting in community women, only 23.3% of the sample reported that they were currently on a weight loss or weight maintenance diet; however, 46% had dieted within the past two years (Johnson et al., 1990). The most frequently cited weight loss methods were cutting back on intake (74.3%) and exercise (71.3%). Perceived barriers, ranging from most frequent (40.7%) to least frequent (14.8%), included no willpower, meal planning requires time, cooking for family, eat out a lot, high cost of diet foods, eat forbidden foods, don't like diet foods, time required to shop and prepare, and dieting leads to fatigue (Johnson et al., 1990).

Recent American data continue to support that voluntary weight loss attempts are still high among female adults and adolescents. Data from the Youth Risk Behaviour Survey 1990 revealed that 44% of adolescent females were currently trying to lose weight, and another 26% were trying to keep from gaining more (Serdula et al., 1993). Only 7% were trying to gain, while 23% were doing nothing in terms of weight control (Serdula et al., 1993). Four recent federal surveys of health practices revealed that out of the adult US population, from 33% to 40% of

women were currently trying to lose weight and 28% were trying to maintain (National Institutes of Health, 1993). Weight control practices that were frequently reported include: changing diet, physical activity, or a combination thereof. Questionable practices (e.g. taking diet pills, selfinduced vomiting) were reported less frequently.

Based on the data provided by the literature, it is clear that voluntary weight loss attempts are high among women in Western society.

6. Why Yukon women?

As described above, women are the main targets of the societal pressure to be thin and hence, engaging in weight loss is most common among them. There are no available data documenting the prevalence of voluntary weight loss in the Yukon, and aside from the Yukon Health Promotion survey, no other survey has focused primarily on the Yukon.

The Yukon has unique characteristics associated with geography, climate, vegetation, ethnicity, and economics, all of which influence Yukon health (Cappon, 1991). The territory, which lies north of the 60° latitude, represents 4.9% of Canada's landmass. In the Yukon, forest lands occupy a larger area (281,030 km²) as compared to non-forest lands (197,940 km²) (Yukon Bureau of Statistics, 1993c). The Yukon climate is semi-arid and agriculture is limited as a result of the short growing season (Cappon, 1991). The average daily temperature in Whitehorse, the capital, is -18.7°C in January and 14.0°C in July (Yukon Bureau of Statistics, 1993c). Fresh fruits and vegetables are imported and not as widely available in the Yukon as compared to its southern counterparts (Wein, 1994). Furthermore, fresh produce is costly. The weekly cost of a nutritious food basket for a family of four in 1993 was more expensive in Whitehorse (\$170.05) compared to the rest of Canada (\$133.79) (Yukon Bureau of Statistics, 1994).

The total population as of June 1, 1992 was 31,295 (Yukon Bureau of Statistics, 1993c). The Yukon is home to a First Nations community that possesses a unique culture based on tradition and being in tune with nature. First Nations' philosophy aims to achieve balance among the physical, emotional, intellectual and spiritual aspects of the person, between people and between humanity and its environment (Health Canada, 1994). For thousands of years First Nations people have lived off the fruit of the land, rivers, lakes, and the sea (Health Canada, 1994). Other ethnic origins represented in the Yukon include primarily British and European, as well as some French.

Although this research cannot directly examine why women living in the Yukon try to lose weight, it provides valuable information on their characteristics. Furthermore, this research permits comparisons to be made between Yukon women and other women in Western Society who predominantly live in southern regions to further elucidate the relationship between the cultural expectations of thinness and the desire for weight loss.

7. Summary

Extreme weights, either overweight or underweight, are associated with physical consequences as well as psychological and social consequences. Thus, from a holistic perspective of health, weight within the ideal range is desired. Moreover, evidence from the literature supports the idea that sociocultural and psychological factors influence a woman's perception of weight and hence, resultant weight concerns. Today, there is such enormous preoccupation with the pursuit of thinness in Western society that engaging in weight loss efforts is prevalent even among women who, according to BMI classification are at an acceptable weight or are underweight. Depending on the population group, the current prevalence of voluntary weight loss ranges from 23.3% to 44% among females (Johnson et al., 1990; Serdula et al., 1993).

Data on voluntary weight loss efforts among women living in the Yukon are not available. Because of the overall health implications related to women's weight issues and for reasons

related largely to the culture and northern geographical location of the Yukon, examination of the weight loss efforts of women in the Yukon is warranted. The 1993 Yukon Health Promotion Survey provides an opportunity to document the prevalence of voluntary weight loss efforts in the Yukon and to examine the characteristics of women who engage in such efforts. It also provides the opportunity to examine whether or not weight loss practices among Yukon women are consistent with current health promotion strategies (or recommendations). The information gathered herein will permit comparisons to be made between Yukon women and other women in Western Society who predominantly live in southern regions. It is anticipated that this research will contribute to a better understanding of those women who perceive a need to lose weight.

8. Objectives

This research was designed to determine the prevalence of Yukon women trying to lose weight and the weight loss practices of those currently trying to lose weight. Additionally, the following null hypotheses were tested:

The following groups do not differ by demographic, nutritional, physical, social, and other variables:

1) Women currently trying to lose weight vs. those who are not trying to lose weight.

- 2) Women who are satisfied with their current body weight (i.e., who report that their current weight is the weight at which they feel their best) compared to those who report that the weight at which they feel their best is less than their current weight. (Note that women in the latter group may or may not be trying to lose weight.)
- 3) Women with values for BMI above 27 kg/m² (associated with some risk to health from overweight) compared to those with values for BMI in the range of 20-25 kg/m².

- 4) Women with values for BMI below 20 kg/m² (associated with some risk to health from underweight) compared to those with values for BMI in the range of 20-25 kg/m².
- 5) Women who report that they have been successful in losing weight in the past 12 months (an effort undertaken by them to improve their health) compared to those who are not currently trying to lose weight but intend to lose weight in the next year.

III. METHODOLOGY

1. Subjects and survey methods

This study utilizes data from the Yukon Health Promotion Survey. The subjects were a representative sample of Yukoners aged 15 years or over during the survey period from January to March 1993. Excluded from the sample were residents of prisons or other institutions such as hospitals, and those living in some of the large census unorganized portions of the Yukon. Both random digit dialling and area probability sampling were utilized to select for households. A detailed description of the survey methods can be found in <u>YHPS Overview of Results</u> (Yukon Bureau of Statistics, 1993b). In total the number of households sampled was 1,444. Control procedures were then used to identify all household members and from the constructed list of eligible members, the household respondent was randomly selected (Yukon Bureau of Statistics, 1993b).

The sample was divided into three strata. Stratum #1 represents Whitehorse which has over 70% of the Yukon population and over 80% of the eligible sample population. Stratum #2 includes Dawson City, Faro, and Watson Lake. Taken together, these three cities represent almost 17% of the Yukon population or 20% of the eligible population. For the most part, strata #1 and #2 were surveyed by telephone. Stratum #3, which reflected the rural population, was divided into three sub-strata. Sub-stratum 3.1 includes Mt. McIntyre, Old Crow, and Upper Liard and represents native rural communities. Sub-stratum 3.2 includes Carmacks, Mayo, and Teslin, and represents communities that are ethnically mixed. Sub-stratum 3.3 includes Beaver Creek, Dawson City (rural), Ibex Valley, and Mt. Lorne and represents predominantly non-native communities. The survey was administered in person in the third stratum. Table 1 shows the description of the final sample by stratum.

	Community	Number in comple
	Community	
Stratum 1	Whitehorse	833
Stratum 2	Dawson City	107
	Faro	168
	Watson Lake	214
Stratum 3.1	Mt. McIntyre	12
Native	Old Crow	13
	Upper Liard	6
Stratum 3.2	Carmacks	15
Mixed	Mayo	16
	Teslin	17
Stratum 3.3	Beaver Creek	6
Other	Dawson City	11
	Ibex Valley	11
	Mt. Lorne	15

Table 1: Description of the final sample by stratum (n=1,444)

Data collection was accomplished by surveyors trained based on Statistics Canada methods. Furthermore, the standards of control and procedures used by the National Statistical Agency were employed.

The overall response rate was 79.7% (1,444/1,811), while non-response was 20.3%. The reasons for non-responses were: non-responding (could not be contacted) (6.3%); respondent refusal (3.6%); language, illness, death (3.3%); not available (i.e. not in the Yukon for the entire survey period) (6.6%); and incomplete (i.e. could not be resolved) (0.6%) (Yukon Bureau of Statistics, 1993b).

For purposes of this study, data were obtained on disk from the Institute of Health Promotion Research (IHPR) at U.B.C. The required variables for all females in the sample, excluding women pregnant at the time of the survey, were requested (See Appendix C for list). The original data set was comprised of 742 females (age range: 15 to 90 years), of whom 31 were pregnant. Thus, 711 non-pregnant females were included in the present analyses. Women currently lactating were included in the analyses because the survey did not permit identification (and therefore exclusion) of them. Approval for secondary data analysis of the Yukon Health Promotion Survey was granted by the University of British Columbia Behavioral Sciences Screening Committee for Research Involving Human Subjects (Appendix D).

2. Data verification and weighting

Successful transfer of data from IHPR was verified by the computer technician at IHPR who compared frequency data before and after the transfer. Furthermore, additional frequency checks and comparison of the outputs to results previously reported by the Yukon Bureau of Statistics (1993b) were performed. For the most part, there were no errors in the data. The only error found pertinent to the present research was that three variables were incorrectly defined by the Yukon Bureau of Statistics as string variables, as opposed to numeric variables. This was rectified by creating new variable definitions and re-entering the raw data for each of these variables into the data set. Data entry was then verified. Throughout the whole process of data analysis, care was taken to identify errors or anomalies in the data set and to correct them.

Standard sampling and weighting procedures were originally performed by the Yukon Bureau of Statistics. Sampling was accomplished to permit estimates of Yukon sub-population characteristics. Basic weighting took into account the presence of multiple telephones in the household and the probability of selection within the respective stratum. The basic weighting was adjusted for non-response (to control for the effects of non-responding subjects and refusals), and for population totals (to reflect age-sex totals as portrayed by the Census distribution for 1991 for the Yukon). The weights developed by the Yukon were utilized in this study to represent the females living in the Yukon at the time of the survey. Upon weighting, the number of cases was inflated to 9168 representing the number of Yukon women aged 15 and above. The weight was then rescaled by multiplying 9168 with a factor (711/9168) to regenerate the actual sample size (n=711). All results reported are based on weighted data.

3. Variables

The YHPS is a broad survey which encompasses several dimensions of health (Refer to survey in Appendix A). Although the present research focuses on the nutritional data, items from other sections of the survey were also examined. The data set includes many of the original variables (i.e. reflecting responses to items as they were originally posed in the survey), as well as derived variables constructed by the Yukon Bureau of Statistics for ease of analysis. For the purposes of the present study, additional variables were derived. Further explanation is provided for these derived variables in the following paragraphs. The other variables employed are as they were provided in the data set from the Yukon as per: Yukon Bureau of Statistics, 1993b. Only those variables that deem clarification are listed and detailed here. Note that the value within the parentheses corresponds to the item number on the survey (See Appendix A).

A) Voluntary weight change

To determine the prevalence of voluntary weight change, four groups were initially defined under the variable called LOSE: 1) currently trying to lose weight; 2) currently trying to gain weight; 3) not trying to change weight; and 4) no response.

Questions K1 (Are you trying to change your weight?), K1A (Are you trying to lose weight?), and K1B (Are you trying to gain weight?) were used in combination to define the above groups. This also provided a means to check whether or not the questions were answered properly. For example, if someone was currently trying to change her weight, her response to K1 would be 'yes' and her response to one of K1A or K1B would also be 'yes'. If her responses to both K1A and K1B were 'no', the reason for the anomaly was investigated.

Most of the results are reported for the two groups: "Women currently trying to lose weight" and "Women currently not trying to lose weight". The latter category includes those trying to gain weight and those not trying to change their weight.

B) Weight loss practices & weight gain practices

The weight loss and weight gain practices of the women who indicated that they were either trying to lose weight or gain weight were originally recorded in text format in the YHPS data set. To utilize these data for analysis in this study, responses were categorized, coded, and reentered into the data set under the new variables:

LOSEHOW (Weight Loss Practices):

Dieting/eating less (e.g. 'Watch what I eat', Eating less snacks and sweets)

Sensible eating (e.g. 'Healthy eating', actual changes made)

Exercise

Reduce fat

Change in diet and exercise

Advice/help from health professional (e.g. physician or dietitian)

Commercial (e.g. weight loss programs: TOPS, Nutrisystem; support group)

Other (e.g. quit drinking, book, don't know, fasting, working)

GAINHOW (Weight Gain Practices):

Eating more/eating high-calorie foods

Sensible eating (e.g. variety)

Exercise

Eating and exercise

Other (e.g. quit smoking)

C) Demographic variables

Age

Age was used as a continuous variable. Additionally, the following age categories were derived for this study for use in chi-square analyses:

15-24 years

25-44 years

45-64 years

≥ 65 years

Income Adequacy Groups (IAG)

Income adequacy represents a combination of income and household size and was calculated by the Yukon Bureau of Statistics using the following conventions used by Statistics Canada:

Household income

< \$10,000 for 1-4 persons, or

Poor:

	< \$15,000 for 5 or more persons.
Other poor:	\$10,000 to \$14,999 for 1 or 2 persons, or
	\$10,000 to \$19,999 for 3 or 4 persons, or
	\$15,000 to \$29,999 for 5 or more persons.
Lower Middle:	\$15,000 to \$29,999 for 1 or 2 persons, or
	\$20,000 to \$39,999 for 3 or 4 persons, or
	\$30,000 to \$59,999 for 5 or more persons.
Upper Middle:	\$30,000 to \$59,999 for 1 or 2 person, or
	\$40,000 to \$79,999 for 3 or 4 persons, or
	\$60,000 to \$79,999 for 5 or more persons.
Rich:	\ge \$60,000 for 1 or 2 persons, or
	≥ \$80,000 for 3 or more persons.

D) Nutritional variables

This survey did not provide standard serving sizes as a guide for respondents. Thus, if a respondent reported one portion of meat, this may have represented several servings based on Canada's Food Guide. In order to compensate for the differences between a respondent's serving and those used by Canada's Food Guide, the Yukon Bureau of Statistics adjusted respondent servings to Nutrition Canada caloric intake averages (Health and Welfare Canada, 1973). For separate age and gender groups, caloric intakes were computed from the YHPS data and then compared to the Nutrition Canada caloric intakes for those sub-populations (Yukon Bureau of Statistics, 1993b). The differentials between the computed Yukon caloric intakes and the Nutrition Canada caloric intakes were used by the Yukon Bureau of Statistics to approximate and adjust respondent servings to quantifiable servings used by Canada's Food Guide at the specific age and gender level (Yukon Bureau of Statistics, 1993b).

Similarly, for the present analysis the raw Yukon intake data were systematically examined to determine the magnitude of the difference between mean intakes reported by Nutrition Canada and mean intakes reported in the Yukon survey.

i) Determination of YHPS caloric intakes

Because the Yukon Health Promotion survey did not utilize standard serving sizes, the serving sizes developed by Health and Welfare Canada (1990a), to establish the base food guide, were used in the present research. Since the Yukon survey did not consider the contribution of foods primarily made of sugar (aside from cola) and fats, this was taken into account (see next section). The number of calories provided by a standard serving of each food item was then determined from nutrient composition tables (Health and Welfare Canada, 1988c). To determine the caloric contribution of each food item, the number of servings reported were multiplied by the caloric value of one serving. For example, if variable K3A1 represents the number of servings

of whole milk and there are 159 kcals in 1 serving (250 mL) of whole milk, the caloric contribution of whole milk is: (K3A1) x (159 kcal). This was done for all food items. The caloric contribution by food group was determined by summing all the food items in a respective group. Total caloric intake was determined by summing all food items. The intake data did not include the contribution of alcohol.

ii) Determination of differential between Nutrition Canada caloric intakes and Yukon caloric intakes

Caloric intakes of Canadian females reported by Nutrition Canada (1973) were used in the determination of the differential between Nutrition Canada and Yukon caloric intake. Mean Nutrition Canada intakes by age group (less the contribution of foods primarily made of sugar and fats) were: 15-19 years: 1836 kcal; 20-39 years: 1647 kcal; 40-64 years: 1390 kcal; 65 years and older: 1226 kcal. To determine the differential, the Nutrition Canada average was divided by the Yukon caloric intake. A differential was computed for the whole sample by dividing the Nutrition Canada average intake for women by the mean intake of all Yukon women. Also, differentials were computed for each age group.

iii) Food item variables

For each food item, the unadjusted reported servings were provided in the data set. These variables were used in the calculations above.

The following variables, which reflect unadjusted data, were also provided by the Yukon Bureau of Statistics. These were used in subsequent analyses.

Food Group Scores (K.3):

Dairy count

The sum of dairy servings.

Vegetable and fruit count

The sum of vegetable and fruit servings.

Meat and alternative count

The sum of meat and alternative servings.

Bread and cereal count

The sum of bread and cereal servings.

iv) Canada's Food Guide (CFG)

The following food group variables are each categorized according to whether the reported food group serving meets/exceeds or is below the Canada Food Guide servings recommendation. The recommendation is shown in parentheses.

CFG dairy group (2-4 servings)

Below	< 2 servings
Meet or exceed	≥ 2 servings
CFG vegetables & fruit group (5-1	0 servings)
Below	< 5 servings
Meet or exceed	≥ 5 servings
CFG meat & alternatives group (2-	-3 servings)
Below	< 2 servings
Meet or exceed	≥ 2 servings
CFG bread & cereals group (5-12	servings)
Below	< 5 servings
Meet or exceed	≥ 5 servings

v) CFG achievement

This variable assesses the adequacy of the total diet by taking into account all four food groups. The categories for CFG achievement are as follows:

Meet 1

Meet 2

Meet 3

Meet all recommendations

vi) Eating behaviour index (EBI) (K.5)

This simple index, originally developed by the YBS, is based on the responses to questions asked in item K5. Each response was recorded and scored on a scale (see below) that indicated positive or negative eating behaviour. The scores were summed to obtain EBI. The YBS omitted K5j (Buy calorie reduced food items) from the index since this behaviour could be positive or negative depending on the circumstances. For the same reason, K5c (Snack between meals) was also omitted for the present study.

 Σ Question K5:

		usually	sometimes	rarely
a	Skip breakfast	-1	0	+1
b	Eat three meals a day	+1	0	-1
d	Eat meals with family	+1	0	-1
е	Eat at restaurants or	•		
	fast food outlets	-1	0	+1
f	Eat fried or fatty foods	-1 `	0	+1
g	Eat foods high in fibre	+1	0	-1

h	Try to include calcium rich		
٠	foods	+1	0
i	Try not to eat foods high	` :	
	in salt	+1	0
k	Buy food with lowered fats		· · ·
	and oils	+1	0
I	Read and understand nutritional	· · ·	
	information on food labels	+1	0
m	Follow Canada's Food Guide		· ·
	when planning your meals	+1	0
n	Buy pre-prepared or convenience		
	foods for meals	· -1	0
		•	· · · · ·

vii) Eating knowledge index (EKI) (K.5)

This index, developed by the YBS, is based on the responses to questions asked in K5. Each response was recorded and scored on a scale that indicated positive or negative eating knowledge. Items contained in the eating knowledge index are also contained in the eating behaviour index. While these items describe behaviours (e.g. eat fried or fatty foods), they were included in the knowledge index based on the notion that a certain amount of knowledge is needed to carry out the behaviours.

+1

		usually	sometimes	never
f	Eat fried or fatty foods	-1	0	+1
g .	Eat foods high in fibre	+1	0	-1
h	Try to include calcium rich		·	
	foods in your diet	+1	0	-1

Try not to eat foods high

i

in salt +1 0 k Buy food with lowered fats and oils +1 0. 1 Read and understand nutritional information on food labels +1 0 m Follow Canada's Food Guide when planning your meals +1 0

E) Physical variables

i) Basic physical variables

Height (m) (A.5)

Current weight (kg) (A.6)

Desired weight (i.e. weight at which respondent felt her best) (kg) (A.7) Weight difference (kg)

Weight difference was derived for this study using the difference between current weight (A.6) and desired weight (A.7).

Weight classification

Women were classified into three groups according to the difference between current weight and desired weight: 1) Desired weight > Current weight; 2) Same (within 1 kg); 3) Desired weight < Current weight.

ii) Body mass index (BMI) (A.5. and A.6)

BMI was calculated using the following formula:

BMI = Weight in kilograms/ (Height in metres)²

41

-1

-1

-1

-1

The categories defined by the Yukon research program are those developed by Health and Welfare Canada (1986):

Underweight	< 20.00
Healthy weight range	20.00 - 25.00
Possible overweight	25.01 to 27.00
Overweight	≥ 27.01

iii) Desired body mass index (A.5 and A.7)

 $DBMI = Desired weight in kilograms/(Height in metres)^2$

iv) Physical activity

Times per week engaged in vigorous exercise (A.8)

Times per week engaged in leisurely exercise (A.9)

For both of the preceding variables, the categories are as follows:

≤ 2 times a week

 \geq 3 times a week

4. Data analysis

The Statistical Package for the Social Sciences (SPSS/PC+), Version 4.0 was used for all data transformation and analysis.

A) Univariate analysis

Univariate analysis was performed for the following variables:

Height, current weight, desired weight, current BMI, desired BMI, age, strata, First Nations status, marital status, education, employment status, income adequacy group, voluntary weight change efforts, weight loss practices, and weight gain practices.

Results are presented as frequency distributions or mean ± standard deviation.

B) Bivariate analysis

The main independent variables used in bivariate analysis include:

- LOSE (Women currently trying to lose weight vs. Women who are not trying to lose weight)
- Body Mass Index (BMI) (Women with BMI > 27 vs. those with BMI 20-25; Women with BMI < 20 vs. those with BMI 20-25)
- Weight Classification (Women who reported that their desired and current weights were within 1 kg vs. those who reported desired weight < current weight)

The following dependent variables were tested:

Demographic variables, height, current weight, desired weight, weight difference, current BMI, desired BMI, weight classification, frequency of physical activity, food group servings, food group consumption relative to Canada Food Guide recommendations, nutrition questions (K.2, K.4, K.6, G4E), food habits, EKI score,

EBI score, social health items (E1), health knowledge, self-rated health.

For the dependent variables that are measured on an interval or ratio scale (i.e. continuous), the independent samples t-test was used.

For the dependent variables measured on a nominal or ordinal scale, the chi-square contingency test was used.

A significance level of alpha=0.05 was established for all statistical analyses.

IV. RESULTS

1. General subject characteristics

The mean age of the total sample of women (n=711) was 37.0 ± 14.2 years. The average length of residence in the Yukon was 196 ± 173 months (range: 3-984 months). Table 2 presents the demographic characteristics of the total sample. Over half of the women were between 25 and 44 years of age. An equal percentage of women were between 15 and 24 or between 45 and 64 years, and considerably fewer were 65 and older. Two-thirds of the sample were from Whitehorse. Fewer than 20% of the sample was comprised of First Nations women. The majority of women were with a partner at the time of the survey. Equal numbers were single and were either widowed, divorced, or separated. The majority of respondents had some university/college or secondary education. Only 4.0% reported having no more than an elementary education. Over two-thirds of the women were employed at the time of the survey. However, some women did not indicate employment status. With respect to income adequacy, most of the women had either lower middle or upper middle status.

Table 3 summarizes voluntary weight change efforts among women living in the Yukon. At the time of the survey, just over half of the women were trying to lose weight, very few were trying to gain weight, and the remainder were not trying to change their weight. For purposes of analysis, those women who were currently trying to lose weight (n=369) and those not currently trying to lose weight (i.e. those trying to gain weight and those not trying to change their weight) (n=339) were placed into two independent groups. The following section describes the results comparing these two groups.

	Percentage	n
	, erventage	
Age (years) 15-24 25-44 45-64 ≥ 65	19.5 55.6 19.5 5.4	138 395 139 39
Strata		
Whitehorse Dawson City, Faro, Watson Lake ¹ Rural: Native, Mixed, Non-native	66.4 11.3 22.2	472 81 159
First Nations status		
Yes No Don't know	19.3 80.0 0.6	137 569 4
Marital status	· · ·	
Single	20.1	142
With partner Widowed/divorced/separated	60.6 19.3	430 137
Education		
Elementary	4.0	28
Secondary	47.9	339
University/college	48.1	340
Employment status		
Employed	67.7	481
Not employed	14.4	102
Not stated	17.9	127
Income adequacy group		
Very poor	7.0	50
Other poor	11.9	85
Lower middle	21.3	194
Rich	17.1	121

 Table 2:
 Demographic characteristics of all subjects (n=711)

¹Mt. McIntyre, Old Crow, Upper Liard, Carmacks, Mayo, Teslin, Beaver Creek, Dawson City (rural), Ibex Valley, Mt. Lorne

	•		
	Percent	n	
Currently trying to lose	51.8	369	
Currently trying to gain	1.8	13	
Not trying to change	45.9	326	
Did not respond	0.5	3	

Table 3: Voluntary weight change efforts among women living in the Yukon (n=711)

2. Women currently trying to lose weight versus those not trying to lose weight

A) Demographics

On average, women trying to lose weight were younger than women not trying to lose weight (35.8 \pm 13.2 years vs. 38.6 \pm 15.0 years, P=0.008). However, both groups had lived in the Yukon for a similar length of time (women trying to lose weight=193 \pm 154 months and women not trying to lose weight=200 \pm 192 months).

Table 4 compares the demographic characteristics of women in the two groups. Compared to women not trying to lose weight, those trying to lose weight were more likely to be distributed in the youngest age group and less likely to be in the oldest age group. There were no group differences detected for First Nations status, marital status, income adequacy, strata, or education. However, a significantly greater proportion of women trying to lose weight, as opposed to those not trying to lose weight, were employed.

B) Reported height and weight and body mass index (BMI)

The mean height and weight of all respondents were 1.64 ± 0.07 metres and 64.5 ± 11.9 kg, respectively. The two groups did not differ significantly in height, although those trying to lose weight weighed significantly more (See Table 5). The mean desired weight (i.e. weight at which a respondent felt her best) for all women (60.0 ± 8.3 kg) was lower than the mean reported current weight. The mean desired weights for women in the two groups were significantly different (Table 5). There was a significantly greater mean difference between current weight and desired weight for women trying to lose weight than for those not trying to lose weight.

The mean current BMI was 24.0 \pm 4.3 kg/m² for all women with available data (n=648). Those who were trying to lose weight had a significantly higher mean BMI than those who were not. This is not surprising since the groups did not differ in height; yet, women trying to lose

Trying to lose weight				
	Yes (n=369) % n	No (n=339) % n	chi- square	р
Age (years) 15-24 25-44 45-64 ≥ 65	23.9 (88) 51.9 (191) 20.8 (77) 3.4 (12)	14.2 (48) 60.0 (203) 18.2 (62) 7.7 (26)	17.53	.000
First Nations status Yes No	19.4 (70) 80.6 (294)	19.1 (65) 80.9 (274)	.010	.919
Marital status Single With partner Widowed/divorced/ separated	17.9 (66) 62.6 (231) 19.5 (72)	21.9 (74) 58.9 (199) 19.2 (65)	1.79	.408
Income adequacy group ¹ Poor Middle Rich	18.2 (67) 66.3 (244) 15.6 (57)	19.8 (67) 61.3 (208) 18.9 (64)	2.08	.353
Strata ² 1 2 3	66.1 (244) 11.8 (44) 22.1 (81)	67.4 (228) 10.6 (36) 22.0 (75)	.268	.874
Education Elementary Secondary University/college	3.1 (11) 51.1 (187) 45.8 (168)	4.8 (16) 44.3 (150) 50.9 (172)	3.90	.142
Employment status Employed Not employed Not stated	71.6 (264) 13.8 (51) 14.7 (54)	64.0 (217) 14.5 (49) 21.5 (73)	6.18	.046

Table 4: [Demographic characteristics of Yukon women trying to lose weight and not tryin	١ġ
t	o lose weight	-

¹ Poor=very and other poor; Middle=lower and upper middle ² Strata 1=Whitehorse

Strata 2=Dawson City, Faro, Watson Lake

Strata 3=Rural: Mt. McIntyre, Old Crow, Upper Liard, Carmacks, Mayo, Teslin, Beaver Creek, Dawson City (rural), Ibex Valley, Mt. Lorne

Trying to lose weight				
	Yes (n=369) (mean ± sd)	No (n=339) (mean ± sd)	t	p value
Height (m)	1.64 ± .07	1.64 ± .07	-1.52	.130
Current weight (kg)	68.6 ± 11.6	60.2 ± 10.7	9.74	.000
Desired weight (kg)	61.4 ± 8.3	58.5 ± 8.1	4.50	.000
Weight difference (kg)	7.4 ± 6.8	1.5 ± 4.5	13.30	.000
Current BMI (kg/m²)	25.7 ± 4.1	22.3 ± 3.9	10.77	.000
Desired BMI ¹ (kg/m ²)	22.9 ± 2.6	21.6 ± 2.7	6.52	.000

Table 5:Reported height and weight of Yukon women trying to lose weight and not trying
to lose weight

¹Desired BMI=Weight at which feel best in kilograms/(Height in metres)²

weight weighed significantly more. When desired weight was used to calculate desired BMI, the mean values were lower than current BMI values. For all respondents mean desired BMI was $22.3 \pm 2.7 \text{ kg/m}^2$. The mean value for women trying to lose weight was significantly higher than that for the women not trying to lose weight (See Table 5).

The distribution of Yukon women according to Health and Welfare Canada's weight classification categories for BMI was as follows: 14.4% [93/649] had BMI values below 20 kg/m², placing them in the underweight category; 55.5% [360/649] had BMI values within the healthy weight range of 20-25 kg/m²; 9.8% [64/649] had BMI values between 25 and 27 kg/m², so were possibly overweight; and 20.3% [132/649] had BMI values over 27 kg/m², placing them in the overweight category. Weight classifications for women who were and were not trying to lose weight are shown in Table 6. Of the women not trying to lose weight, nearly 60% had BMI values within the healthy weight range, and over one-quarter were in the underweight category. Relatively few had BMI values above 25 kg/m². In contrast, one-third of women trying to lose weight had values for BMI greater than 27 kg/m² and an additional 13% had values between 25 and 27 kg/m². Just over half had values between 20 to 25 kg/m², whereas very few women in this group had values for BMI below 20 kg/m². Results from chi-square analysis indicated a highly significant difference in the distribution into the BMI categories of women in these two groups.

When desired BMI values were examined, the distribution across desired BMI categories shifted slightly towards lower BMI values, as compared to the results described above (See Table 6). Over 90% of the women not trying to lose weight had values for desired BMI that were 25 kg/m² or less, compared to over 80% of women trying to lose weight. A larger percentage of women in the latter group, compared to those in the former group had desired BMI values that were above 25 kg/m². The distribution across desired BMI categories was significantly different between the two groups.

	Trying to lose weight				
	Yes % n	No % n	Chi-square	p	
Current BMI (kg/m²)					
< 20.00	2.7 (9)	26.0 (85)	119.77	.000	
20.00-25.00	50.9 (163)	59.5 (194)			
25.01-27.00	13.3 (43)	6.5 (21)			
> 27.00	33.0 (106)	8.0 (26)			
Desired BMI (kg/m²)					
< 20.00	8.4 (28)	29.7 (96)	56.05	.000	
20.00-25.00	73.3 (242)	62.2 (202)			
25.01-27.00	10.3 (34)	5.6 (18)			
> 27.00	8.0 (26)	2.5 (8)			
Difference between current weight	`,				
and desired weight					
Desired wt > current wt	0.2 (1)	8.4 (27)	202.96	.000	
Same (within 1 kg)	11.3 (39)	55.9 (182)			
Desired wt < current wt	88.5 (304)	35.6 (116)	-		

Table 6:Weight classifications of Yukon women trying to lose weight and not trying to lose
weight

An indication of weight satisfaction for each respondent was determined using the difference between current weight and desired weight. Almost 90% of those trying to lose weight reported that they felt their best at a lower weight. In contrast, over half of the women not trying to lose weight felt their best at a weight within 1 kg of their current weight; however, over one-third of them reported that they felt their best at a lower weight even though they were not actively trying to lose weight at the time of the survey. The difference between these proportions was statistically significant (Table 6).

C) First Nations women and non-First Nations women

Table 7 summarizes the First Nations height and weight data. First Nations women were significantly shorter than non-First Nations women. However, the two groups did not differ in current weight, desired weight, or weight difference. As a group, First Nations women had significantly higher current and desired BMIs compared to non-First Nations women.

The distribution of First Nations women and non-First Nations women according to Health and Welfare Canada's weight classification categories for BMI are shown in Table 8. There were no group differences for current BMI, although distribution by desired BMI was significantly different. Compared to First Nations women, more non-First Nations women had desired BMI values below 25 kg/m².

Weight satisfaction based on the difference between current weight and desired weight was similar for both groups (See Table 8).

D) Frequency of physical activity

As shown in Table 9 the frequency of vigorous and leisure activity was similar for women who were or were not trying to lose weight. However, significantly more women who were trying to lose weight indicated that something prevented them from being more physically active. The

	First Nations sta	tus		
	Yes (n=137) (mean ± sd)	No (n=569) (mean ± sd)	, t	p value
Height (m)	1.62 ± .07	1.65 ± .07	-4.43	.000
Current weight (kg)	65.9 ± 11.1	64.2 ± 12.1	1.51	.130
Desired weight (kg)	61.2 ± 8.6	59.7 ± 8.2	1.86	.064
Weight difference (kg)	4.8 ± 7.3	4.4 ± 6.3	0.54	.587
Current BMI (kg/m ²)	25.0 ± 4.2	23.8 ± 4.4	2.73	.007
Desired BMI ¹ (kg/m ²)	23.2 ± 2.9	22.0 ± 2.6	4.23	.000

 Table 7:
 Reported height and weight of First Nations women and non-First Nations women

¹Desired BMI=Weight at which feel best in kilograms/(Height in metres)²

Table 8:

Weight classifications of First Nations women and non-First Nations women

First Nations status					
	Yes % n	No % n	Chi-square	p	
Current BMI (kg/m ²)			• .		
< 20.00	10.4 (12)	15.4 (81)	5.33	.149	
20.00-25.00	50.8 (59)	56.1 (296)			
25.01-27.00	12.8 (15)	9.3 (49)			
> 27.00	25.9 (30)	19.3 (102)			
Desired BMI (kg/m ²)				•	
< 20.00	10.8 (12)	20.8 (112)	19.78	.000	
20.00-25.00	64.3 (74)	68.4 (368)			
25.01-27.00	16.1 (19)	6.3 (34)			
> 27.00	8.7 (10)	4.5 (24)			
Difference between current weight		•			
and desired weight					
Desired wt > current wt	6.5 (8)	3.6 (20)	2.63	.269	
Same (within 1 kg)	29.7 (39)	34.0 (182)	•		
Desired wt < current wt	63.8 (83)	62.4 (335)	- 		

Trying to lose weight						
	Yes %	n	No %	n	Chi- square	р
Vigorous activity						
≤ 2x per week≥ 3x per week	56.3 43.7	(207) (161)	52.7 47.3	(178) (159)	0.89	.345
Leisure activity						
≤ 2x per week≥ 3x per week	41.4 58.6	(152) (215)	37.9 62.1	(128) (210)	0.90	.344
is there anything preven	iting y	ou from bein	g MO	RE physical	y active?1	
Yes No	63.3 36.7	(232) (135)	54.2 45.8	(184) (155)	5.95	.015
Do you feel you get as	much	physical acti	vity as	s you need	2	
generally? Yes No	34.0 66.0	(125) (243)	51.7 48.3	(175) (164)	22.78	.000
in the winter? Yes No	24.5 75.5	(90) (278)	41.6 58.4	(141) (198)	23.40	.000
in the summer? Yes No	81.1 18.9	(299) (70)	87.3 12.7	(292) (42)	5.08	.024

Frequency of physical activity of Yukon women trying to lose weight and not trying to lose weight Table 9:

¹ Item A.11 in the survey. ² Item A.10 in the survey.

main barriers to physical activity for those living in the Yukon, as previously reported by the Yukon Bureau of Statistics (1993b), were time, motivation, other (e.g. weather, medical, lack of facilities), and ability.

Over half of women not trying to lose weight felt that they were getting as much physical activity (generally) as they needed, whereas only one-third of women trying to lose weight felt the same way. Most women clearly felt that they did not get as much physical activity as they needed in the winter than in the summer. Regardless of season, there was a greater proportion of women trying to lose weight than not trying to lose weight who felt they were not exercising enough.

E) Weight loss and weight gain practices

Table 10 summarizes the weight loss practices of the women currently trying to lose weight. The most frequent practices were dieting/eating less, changing both diet and exercise, and sensible eating.

Table 11 summarizes the weight gain practices of the small number of women currently trying to gain weight. The most frequent practice was eating more and eating high-calorie foods. This was followed by sensible eating, other practices (such as guitting smoking), a combination of eating and exercise, and exercise alone.

F) **Nutrition**

i)

Nutrition Canada intake and Yukon intake differentials

Eight women out of the total sample did not have intake data and were thus excluded from any nutrition intake calculations.

Calculated differentials between average Nutrition Canada intakes and average Yukon intakes were determined for each age group. These are shown in Table 12. The highest

		1	
Practice	Percent	n	
Dieting/eating less	35.8	132	
Sensible eating	17.2	63	
Exercise	7.8	29	
Reduce fat	7.1	26	
Change in diet & exercise	26.1	96	
Advice/help from health professional ²	1.7	6	
Commercial ³	0.9	3	
Other⁴	3.2	12	
No answer	0.3	1	

Weight loss practices of Yukon women currently trying to lose weight (n=369)¹ Table 10:

¹Original question in survey was open-ended. ²e.g. Physician, dietitian

³e.g. Weight loss program: TOPS, NutriSystem; support group

⁴e.g. Quit drinking, book

Weight gain practices of Yukon women currently trying to gain weight (n=13)¹ Table 11:

Practice	Percent	n
Eating more/eating high-calorie foods	38.7	5
Sensible eating ²	25.8	3
Exercise	10.2	1
Eating and exercise	12.0	2
Other ³	13.3	2

¹Original question in survey was open-ended.

²e.g. Variety

³e.g. Quit smoking

· · · · · · · · · · · · · · · · · · ·			
Age group ²	Mean Nutrition Canada intake ³ (kcal)	Mean Yukon intake⁴ (kcal)	Differential⁵
15-19 years	1836 (n=1162)	1211 ± 516 (n=70)	1.5
20-39 years	1647 (n=1347)	1245 ± 496 (n=371)	1.3
40-64 years	1390 (n=1500)	1390 ± 571 (n=221)	1.0
≥ 65 years	1226 (n=818)	1203 ± 555 (n=38)	1.0
All women (≥ 15 years)	1541 (n=4827)	1285 ± 530 (n=700)	1.2

Table 12:	Summary of	calculated	differentials	between	mean	Nutrition (Canada	intakes	and
· · ·	mean Yukor	n intakes by	age group ¹						

Excludes women with no intake data.

²Age groupings are based on groupings provided by Nutrition Canada. The mean Nutrition Canada intake of 1836 kcal is based on data for females 12-19 years old.

³Intakes shown do not include the caloric contributions of fats/oils and foods made primarily with sugar.

⁴Includes all four food groups plus beverages (excluding cola and alcohol).

⁵Differential = Mean Nutrition Canada intake/Mean Yukon intake.

differential was for the 15 to 19 year old category. In this case, the mean Nutrition Canada intake that was available for use in the calculation was for 12 to 19 year olds. Due to the greater intake needs of younger teens, it should be noted that the value for the 12 to 19 year olds may overestimate the intakes for 15 to 19 year olds, leading to the higher differential observed. The overall differential for the sample was 1.2 when the average Nutrition Canada intake for women in the study was divided by the average intake by all Yukon women. This means that the difference between the Nutrition Canada caloric average and the Yukon caloric average is relatively small. Although the small magnitude suggests that the raw reported data are reasonable, it should be noted that food group serving counts may still be underestimated.

The database obtained from the Yukon Bureau of Statistics contained values for adjusted numbers of servings for the food groups. The Yukon Bureau of Statistics determined differentials for specific age and gender levels, and the differentials were used to adjust respondent servings to compensate for the differences between a respondent's serving and those used by Canada's Food Guide; however, these adjusted data did not take into account the caloric contribution of sugars, fats and oils to Nutrition Canada intakes. Thus, the available Yukon-adjusted values are inflated.

Because the difference between average Nutrition Canada intakes and average reported Yukon intakes determined in the present analysis was relatively small, and because of the limitation of the Yukon-adjusted data, subsequent results utilize the original, unadjusted food group servings data as they were reported by the subjects.

ii) Food group servings

Table 13 summarizes food group consumption. For each food group, the mean number of servings did not differ significantly between the two groups with the exception of dairy; those who were trying to lose weight consumed less dairy products.
	Trying to los	Trying to lose weight					
	Yes (n=367)	No (n=333)	t	p	All respondents		
Dairy	2.3 ± 1.5	2.5 ± 1.6	-2.03	.043	2.4 ± 1.6		
Vegetables & fruit	3.8 ± 2.1	4.1 ± 2.3	-1.44	.150	4.0 ± 2.2		
Meat &	2.3 ± 1.5	2.3 ± 1.6	.36	.719	2.3 ± 1.6		
Breads & cereals	3.4 ± 1.9	3.4 ± 2.1	.18	.859	3.4 ± 2.0		

Table 13:Food group consumption (mean servings) of Yukon women trying to lose weightand not trying to lose weight¹

¹Those with no food consumption data (n=8) were omitted from the analyses.

iii)

Comparison to Canada Food Guide (CFG) recommendations

Table 14 summarizes the food group consumption of women as compared to the Canada Food Guide servings recommendations. Over 70% of women in both groups met or exceeded the recommendation for dairy products. About two-thirds of women in both groups met or exceeded the recommendation for meat and alternatives. In contrast, most women in both groups did not meet the recommendations for the vegetables and fruit group or the breads and cereals group. Slightly more women not trying to lose weight, than those trying to lose weight, met or exceeded the recommendation for vegetables and fruit, but no other group differences were detected. Only 15% of women in both groups met the recommendation for vegetables and the recommendation for breads and cereals, and not one person consumed greater than the recommendation.

Table 15 summarizes the adequacy of Yukon women's diets based on attainment of Canada Food Guide serving recommendations. There were no group differences detected. About 10% of all women did not meet any one of the food group recommendations. One-quarter met one group recommendation, over one-third met two group recommendations, and another one-quarter met three of the four group recommendations. Only 4% of women consumed the recommended servings for all four food groups.

iv) Responses to general nutrition questions

Table 16 summarizes the responses to the nutrition questions posed. A greater proportion of women who were trying to lose weight, than those who were not, indicated that they were eating well enough to maintain good health. Although both groups overwhelmingly answered 'Yes' to this question, the difference in their responses was statistically significant.

For the remaining questions, the responses between the two groups were not significantly different. Over half of all women reported that none of their food was hunted, fished, or gathered.

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	Tryir	ig to lose weight				
Food group	Yes %	n	No %	n	Chi- square	р
Dairy Below Meet or exceed	29.9 70.1	(110) (258)	28.9 71.1	(96) (237)	.084	.772
Vegetables & fruit Below Meet or exceed	68.9 31.1	(253) (114)	61.0 39.0	(203) (130)	4.75	.029
Meat & alternatives Below Meet or exceed	30.5 69.5	(112) (255)	33.4 66.6	(111) (222)	.637	.425
Breads & cereals Below Meet ²	84.7 15.3	(311) (56)	84.9 15.1	(283) (50)	.004	.949

Table 14:

Food group consumption with respect to Canada Food Guide recommendations¹ for Yukon women currently trying to lose weight and not trying to lose weight

Canada Food Guide recommendations:

Dairy: 2-4 servings

Vegetables & fruit: 5-10 servings

Meat & alternatives: 2-3 servings Breads & cereals: 5-12 servings ² No one exceeded the recommendation

Table 15:Adequacy of diet based on attainment of Canada Food Guide food group
recommendations for Yukon women currently trying to lose
weight and not trying to lose weight

	Trying to lose weight			
Number of food groups met	Yes % n	No % n	Chi- square	p
None 1 group	10.1 (37) 24.4 (90)	9.3 (31) 24.0 (80)	1.56	.816
2 groups 3 groups All 4 groups	38.6 (142) 23.1 (85) 3.7 (14)	35.8 (119) 27.0 (90) 3.8 (13)		ал -

Table 16:	Responses of Yukon women trying to lose weight and not trying to lose weight to
	nutrition questions

۲	Trying to lose	weight		
	Yes % n	No % n	Chi- square	р
K.2 Are you eating well	enough to maintain	good health?		· · · ·
Yes No Don't know	94.5 (348) 5.1 (19) 0.4 (1)	89.5 (303) 8.9 (30) 1.6 (5)	6.58	.037
K.4 Proportion of food h	unted/fished/gathere	d.		A
None Some Half/most/all	52.9 (193) 34.1 (124) 13.0 (47)	55.0 (185) 28.3 (95) 16.8 (57)	3.70	.157
K.6 Is there one factor the	nat would improve th	e way you eat?		
Yes No Don't know	54.7 (201) 38.7 (142) 6.6 (24)	52.2 (176) 42.7 (144) 5.1 (17)	1.56	.459
G4E It is difficult for me	to afford the basic n	ecessities of food, clo	thing and shelt	er.
Agree Disagree No opinion	13.2 (49) 86.1 (317) 0.7 (3)	13.9 (47) 85.5 (289) 0.6 (2)	0.08	.959

About 30% of women reported that some of their food was obtained by these means, and a substantially smaller proportion of women reported that at least half of their food was obtained by these means. The majority of women reported that there was at least one factor that would improve the way they ate. Although this study did not examine the factors specifically cited by Yukon women, for the Yukon population as a whole the factors identified include lower food prices, variety/availability of fresh foods, better food habits, and a better schedule or more time (Yukon Bureau of Statistics, 1993b). Most women indicated that it was not difficult to afford the basic necessities of food, clothing, and shelter (G4E).

v) Food habits (K5)

Table 17 summarizes the responses to the food habit items in K5.

For both groups of women about 58% 'usually' or 'sometimes' skipped breakfast; the remaining women 'rarely' skipped breakfast.

Fifty percent of women not trying to lose weight 'usually' ate three meals a day, while only 40% of those trying to lose weight did; however, a greater proportion of women in the latter group responded 'sometimes' as compared to the women in the former group. The responses to this question differed significantly.

Similar proportions of women not trying to lose weight 'usually', 'sometimes', and 'rarely' snacked between meals; however, more women trying to lose weight 'rarely' snacked between meals, and fewer 'usually' snacked between meals. The difference in responses by the two groups was statistically significant.

In general, the majority of women ate meals with their families. Most women only 'sometimes' or 'rarely' ate at restaurants or fast food outlets.

It was not usual for women to eat fried or fatty foods, but a greater proportion of women trying to lose weight 'sometimes' followed this practice compared to women not trying to lose

	Trying to lose	weight		
Food habit	Yes % n	No % n	Chi- square	р
a. Skip breakfast	······		,	
Usually Sometimes Rarely	41.1 (151) 16.0 (59) 42.9 (158)	39.0 (131) 18.7 (63) 42.3 (142)	.94	.626
b. Eat 3 meals a day				
Usually Sometimes Rarely	41.4 (152) 20.2 (74) 38.3 (141)	50.1 (169) 13.8 (46) 36.1 (121)	7.46	.024
c. Snack between meals	S ·			· .
Usually Sometimes Rarely	21.4 (79) 37.3 (137) 41.2 (152)	33.2 (112) 34.4 (116) 32.4 (109)	13.13	.001
d. Eat meals with your f	amily			
Usually Sometimes Rarely	74.4 (259) 12.8 (45) 12.8 (44)	70.3 (221) 14.5 (46) 15.1 (47)	1.41	.493
e. Eat at restaurants or	fast food outlets			
Usually Sometimes Rarely Don't know	5.6 (21) 48.3 (178) 46.1 (169)	6.7 (22) 44.4 (148) 48.6 (161) 0.3 (1)	2.33	.506
f. Eat fried or fatty foods	;			
Usually Sometimes Rarely Don't know	4.4 (16) 53.4 (196) 42.3 (155)	8.8 (30) 42.0 (141) 48.9 (164) 0.3 (1)	12.87	.005
g. Eat foods high in fibre	e (e.g. whole wheat o	r whole grain foods, r	aw fruits or veg	etables)
Usually Sometimes Rarely Don't know	68.8 (253) 27.1 (99) 3.5 (13) 0.5 (2)	65.1 (219) 25.7 (86) 9.2 (31) 	11.21	.011

Table 17:	Responses of Yukon women currently trying to lose weight and not trying to lose
	weight to food habits items (K.5)

	I rying to lose	weight	*					
Food habits	Yes	No	Chi-	· p				
· · · · · · · · · · · · · · · · · · ·	% n	<u>%</u> n	square					
h. Try to include calciur	n rich foods in your o	diet						
Usually	51.2 (188)	53.6 (180)	3.24	.357				
Sometimes	33.0 (121)	27.3 (92)						
Rarely Don't know	13.9 (51)	17.0 (57)	•					
	1.0 (7)	2.1 (7)						
i. Try not to eat foods hi	gh in salt (e.g. ham,	processed meats, ch	ips or pretzels)					
Usually	53.7 (196)	53.4 (179)	5.00	.172				
Sometimes	24.7 (90)	20.5 (69)						
Rarely	21.1 (77)	26.1 (88)						
Don't know	0.5 (2)			•				
j. Buy calorie reduced fo	od items							
Usually	27.2 (99)	15.4 (52)	45.03	.000				
Sometimes	34.2 (125)	21.0 (71)						
Rarely	38.0 (139)	61.3 (206)		•				
Don't know	0.7 (2)	2.4 (8)						
k. Buy food with lowered	I fats and oils							
Usually	50.9 (187)	42.9 (144)	18.71	.000				
Sometimes	31.2 (114)	25.1 (84)						
Rarely	16.6 (61)	29.7 (100)						
Don't know	1.3 (5)	2.2 (7)						
I. Read and understand	nutritional information	n on food labels						
Usually	58.3 (214)	54.3 (183)	9.19	027				
Sometimes	27.5 (101)	22.9 (77)	0110	.027				
Rarely	13.2 (48)	21.6 (73)						
Don't know	1.1 (4)	1.1 (4)						
m. Follow Canada's Foo	d Guide when planni	ing your meals						
Usually	33.0 (121)	29.2 (98)	9 64	022				
Sometimes	24.8 (91)	17.6 (59)		.022				
Rarely	41.1 (151)	51.8 (174)						
Don't know	1.1 (4)	1.4 (5)						
n. Buy pre-prepared or c	convenience foods fo	r meals						
Usually	4.4 (16)	3.7 (12)	.35	838				
Sometimes	28.4 (104)	29.6 (99)						
Rarely	67.2 (246)	66.8 (225)						

Table 17:Responses of Yukon women currently trying to lose weight and not trying to lose
weight to food habits items (K.5) (Continuation)

weight. Concomitantly, more women in the latter group than in the former group 'rarely' ate fried or fatty foods. The difference in responses by the two groups was statistically significant.

More women trying to lose weight either 'usually' or 'sometimes' ate foods high in fibre as compared to the other group. Again, the difference in responses by the two groups was statistically significant.

Most women, over 80%, regardless of group, indicated that they 'usually' or 'sometimes' tried to include calcium rich foods in their diets. Similarly, most women in either group 'usually' or 'sometimes' tried not to eat foods high in salt.

Nearly two-thirds of women trying to lose weight 'usually' or 'sometimes' bought calorie reduced food items. In contrast, just over one-third of women not trying to lose weight indicated so. The difference in responses was highly significant.

Just over 50% of those trying to lose weight 'usually' bought food with lowered fats and oils, while another 31% 'sometimes' did so. In contrast, 43% and 25% of those not trying to lose weight 'usually' and 'sometimes', respectively, bought food with lower fats and oils. The differences between these two groups was significant.

A greater proportion of women who were trying to lose weight, than those who were not, 'usually' or 'sometimes' read and understood nutritional information on food labels and followed Canada's Food Guide when planning their meals. Significant group differences were detected for these two items.

Two-thirds of women in either group 'rarely' bought pre-prepared or convenience foods for meals.

vi) Mean eating knowledge index (EKI) and eating behaviour index (EBI) scores

The range of possible scores on the EKI, from less knowledge to greater knowledge, is -7 to +7. The range of possible scores on the EBI, from less positive behaviour to more positive

behaviour, is -12 to +12. On both indices, women who were trying to lose weight had significantly higher mean scores as compared to women who were not trying to lose weight (See Table 18).

G) Social health

Table 19 summarizes the responses to the social health items. The pattern of responses between the two groups differed significantly for four of the items. These items are described below.

More women who were not trying to lose weight, compared to those who were, agreed with the statement 'I'm fine the way I am' (E1b).

Over 80% of women trying to lose weight agreed with the statement 'My appearance is very important to me' (E1c); however, appearance still appeared to be a concern for women not trying to lose weight.

Although women in both groups overwhelmingly agreed with item E1d ('In order to care for others, I have to look after myself first'), slightly more women trying to lose weight, than those not trying to lose weight, did so.

Two-thirds of women trying to lose weight disagreed with the statement 'I prefer to work alone rather than with other people', while fewer women not trying to lose weight disagreed with the statement.

H) Health knowledge

Table 20 summarizes the responses to the health knowledge items. Most women disagreed with the statement that they 'do not have enough sources of information about health'; there was a tendency for women trying to lose weight to disagree more.

Table 18:	Mean Eating Knowledge Index (EKI) and Eating Behaviour Index (EBI) ¹ scores of
	Yukon women currently trying to lose weight and not trying to lose weight

	Trying to lose w	eight .			
	Yes mean ± sd (n)	No mean ± sd (n)	t	р	All respondents mean ± sd
EKI ²	2.36 ± 2.89 (364)	1.75 ± 3.44 (334)	2.54	.011	2.06 ± 3.18
EBI ³	4.19 ± 3.83 (344)	3.46 ± 4.94 (307)	2.10	.036	3.83 ± 4.40
Based c	on responses to quest	ion K5:		<u></u>	
E	:KI (f, g, h, i, k, l, m) :BI (a, b, d, e, f, g, h,	i, k, l, m, n)	۲		•
² Possible	e scores on the EKI:	-7 to +7			-

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:

	Trvin	a to lose weight			· · · · ·	
	Yes %	n	No %	n	Chi- square	p
E1a I am responsible	e for the s	state of my healt	h.			
Agree Disagree No opinion	97.9 ((1.9 (7 0.2 (1	(361) 7) 1)	96.3 3.2 0.5	(326) (11) (2)	1.58	.454
E1b I'm fine the way	I am.					
Agree Disagree No opinion	59.1(36.6(4.3(1	(218) (135) 16)	73.0 25.1 2.0	(247) (85) (7)	15.80	.000
E1c My appearance	is very in	mportant to me.			· •	
Agree Disagree No opinion	86.8(11.9(1.3(5	(320) (44) 5)	74.6 21.5 3.9	(251) (72) (13)	17.86	.000
E1d In order to care	for others	rs, I have to look	after	myself first.		
Agree Disagree No opinion	91.4 (3 8.1 (3 0.5 (2	(335) 30) 2)	84.8 14.2 1.1	(285) (48) (4)	7.58	.022
E1f I worry about wh	at other p	people think of m	ne.			•
Agree Disagree No opinion	46.8(47.4(5.7(2	(172) (174) 21)	42.8 53.1 4.1	(145) (180) (14)	2.76	.252
E1g My relationships	with othe	er people are im	porta	nt to my health an	d well-being	
Agree Disagree No opinion	90.3 (; 9.4 (3 0.4 (1	(332) 34) 1)	91.8 6.8 1.4	(311) (23) (5)	3.66	.160

Table 19:Responses of Yukon women trying to lose weight and not trying to lose weight to
social health items (E1)

	Trying to	lose weight	· · · · · · · · · · · · · · · · · · ·	· · ·	
	Yes	No		Chi-	р
AN IN 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	% n	%	n	square	
E1h I have difficulty s	eeing things	from someone el	se's point of view.		
Agree	15.2 (56)	18.7	(62)	1.74	.418
Disagree	81.8 (301)	79.2	(265)		
No opinion	2.9 (11)	2.2	(7)		
E1i I have at least on	e person I c	an confide in.			
Agree	96.7 (355)	95.9	(323)	0.88	.643
Disagree	2.8 (10)	3.8	(13)		
No opinion	0.5 (2)	0.3	(1)		
E1j My spouse or par	tner is supp	ortive.	• •		
Agree	88.7 (250)	85.0	(218)	1.94	.378
Disagree	7.5 (21)	9.0	(23)	•	
No opinion	3.8 (11)	6.0	(16)		
E1k My family is not	supportive.			•	
Agree	11.4 (42)	9.0	(30)	1.47	.480
Disagree	85.8 (313)	87.4	(293)		
No opinion	2.8 (10)	3.6	(12)		
E11 I prefer to work a	lone rather t	nan with other pe	ople.		
Agree	27.5 (101)	32.9	(111)	6.07	.048
Disagree	66.6 (244)	58.1	(195)		
No opinion	5.8 (21)	9.0	(30)		
E1m I am involved re	gularly in co	mmunity activities	• • • •	:	
Agree	47.1 (173)	48.7	(162)	2.30	.316
Disagree	49.8 (183)	46.2	(154)		
No opinion	3.2 (12)	5.2	(17)		

Table 19:Responses of Yukon women trying to lose weight and not trying to lose weight to
social health items (E1) (Continuation)

· · · · · · · · · · · · · · · · · · ·	Tn	ing to loop weight				
	iry	ing to lose weight				
	Yes		No		Chi-	р
	%	n	%	n	square	· · ·
M1A I do not have en	ough	sources of informa	ation a	bout health.		• •
Agree	18.0	(66)	20.8	(69)	5.83	.054
Disagree	80.6	(294)	75.3	(250)		
Don't know	1.3	(5)	3.9	(13)		
M1B I find it hard to k	now w	vho to believe abo	ut hea	Ilth issues.		
Agree	39.6	(145)	34.8	(116)	4.48	.106
Disagree	58.0	(212)	60.2	(201)		
Don't know	2.4	(9)	5.0	(17)		
M1C I only seek infor	mation	when I have an i	mmed	liate health proble	m.	
Agree	44.4	(162)	55.2	(185)	12.52	.002
Disagree	55.6	(203)	43.8	(147)		
Don't know	-	-	0.9	(3)		
M2 In the past 12 mo	nths, c	lid you do someth	ing to	improve your hea	lth?	
Yes	70.2	(254)	54.6	(182)	18.04	.000
No	29.8	(108)	45.4	(151)		
M6 In the past 12 months, has your knowledge of health increased?						
Yes	67.5	(248)	54.6	(184)	13.55	.001
No	31.3	(115)	44.7	(151)		
Don't know	1.2	(4)	0.7	(2)		

Table 20:Responses of Yukon women trying to lose weight and not trying to lose weight to
health knowledge items

A greater proportion of women who were not trying to lose weight, compared to those who were, only sought information when they had an immediate health problem. The difference in responses was statistically significant.

In the past 12 months, over two-thirds of the women trying to lose weight had done something to improve their health while a significantly smaller proportion of the women in the other group had done something.

Similar to the pattern above, women trying to lose weight were more likely to indicate that their knowledge of health had increased in the past 12 months.

The majority of women did not find it difficult to know who to believe about health issues. There were no group differences detected for this item.

I) Self-rated health

Table 21 summarizes the self-rated health of women in the two groups. Approximately two-thirds of women in either group described the quality of their lives as 'excellent/very good'.

In general, women described their mental and emotional health as 'excellent/very good', or 'good'; however, a slightly, yet significantly, lower percentage of women who were trying to lose weight, than those who were not, indicated so.

Women from these two groups also differed in how they described their physical health. More women not trying to lose weight, compared to those trying to lose weight, described their physical health as 'excellent/very good'. However, a greater proportion of women in the latter group than in the former group described their physical health as 'good'. Again, the difference in responses between the two groups was significant.

Women from the two groups did not vary in how they described either their social relationships or spirituality. About 60% of women indicated their social relationships were 'excellent/very good'; approximately one-third indicated that their social relationships were 'good'.

Trying to lose weight				
	Yes % n	No % n	Chi- square	р
A.1 Overall, how would you de	escribe the quality of	of your life?		
Excellent/very good Good Fair/poor	67.7 (249) 25.4 (94) 6.9 (25)	63.3 (214) 26.5 (90) 10.2 (35)	2.94	.230
A.4a Would you describe your	mental and emotion	nal health as		
Excellent/very good Good Fair/poor	66.8 (246) 23.7 (87) 9.5 (35)	69.2 (234) 27.4 (92) 3.4 (12)	10.93	.004
A.4b Would you describe your	physical health as			
Excellent/very good Good Fair/poor	46.6 (172) 40.0 (147) 13.4 (50)	57.2 (194) 32.1 (108) 10.7 (36)	8.01	.018
A.4c Would you describe your	social relationships	as		•
Excellent/very good Good Fair/poor	57.6 (210) 34.7 (127) 7.7 (28)	61.1 (207) 31.0 (105) 7.9 (27)	1.11	.573
A.4d Would you describe your spirituality as				
Excellent/very good Good Fair/poor	39.7 (144) 43.9 (160) 16.5 (60)	39.8 (132) 45.2 (150) 15.1 (50)	.298	.862

Table 21: Self-rated health of Yukon women trying to lose weight and not trying to lose weight

Only 40% of women in either group described their spirituality as 'excellent/very good'. Many women, however, did indicate that their spirituality was 'good'.

3. Women who are satisfied with their current body weight compared to those who report that the weight at which they feel their best is less than their current weight

Those women with desired weights within one kilogram of their current weights were considered to be satisfied with their current weights. Women who had desired weights less than their current weights were considered not satisfied. Only 221 women appeared to be satisfied with their current weights; 423 women did not appear to be satisfied. Interestingly, 39 of the 221 who were satisfied were still trying to lose weight. Seventeen (44.6%) of the 39 were doing so by dieting or eating less. Of the women who were not satisfied, 71.6% (n=303) were trying to lose weight at the time of the survey; their weight loss practices corresponded to those described previously for women who were trying to lose weight.

When the characteristics of the two groups were compared, the results were generally similar in pattern to those reported for women trying to lose weight versus those not trying to lose weight. That is, those who were not satisfied appeared to respond similarly to those trying to lose weight, while those who were satisfied responded similarly to those not trying to lose weight. Although a few results lost statistical significance, the patterns remained the same. However, a few differences in the patterns of response were observed, as described below.

Most women in both groups were within the middle income adequacy level; however, relative to those not satisfied, a smaller proportion of satisfied women were categorized as such. Women in the latter group were more likely to be rich. Compared to women not satisfied, those who were satisfied were more likely to live in Whitehorse, and less likely to live in smaller cities or rural areas.

Unlike the findings for women who were or were not trying to lose weight, there were no group differences detected in frequencies of eating three meals per day, eating fried or fatty foods, or following Canada's Food Guide when planning meals. Also, there were no differences detected between groups in mean EKI or EBI scores. All results are presented in tabular form in Appendix E.

4. Women with values for BMI 27 kg/m² and above (overweight) compared to those with values in the range of 20-25 kg/m² (healthy weight)

A) Demographics

Overweight women were older than those who were not overweight (41.7 \pm 14.8 years vs. 35.8 \pm 12.9 years, P < 0.05), and had lived in the Yukon for a longer period of time (214 \pm 166 months vs. 182 \pm 160 months, P < 0.05).

Table 22 compares the demographic characteristics of women in the two groups. There were significant group differences detected in age group, income adequacy group, strata, education, and employment status; however, there was no difference in marital status. Most women who were not overweight were between 25 and 44 years of age. Although there was a considerable number of overweight women between 25 to 44 years of age, a greater proportion of overweight women, than those who were not, were 45 to 64 years of age. About two-thirds of women in both groups were classified in the middle income adequacy group; however, in contrast to those not overweight, there was a greater proportion of women categorized as poor in the overweight group. The proportion of women not overweight living in Whitehorse was greater than that of the overweight group. Conversely, a higher proportion of women in the overweight group. There were fewer women in the overweight group, compared to the other group, with university

Body Mass Index (kg/m ²)				
	27 and above % n	20-25 % n	chi- square	р
Age (years) 15-24 25-44 45-64 ≥ 65	15.4 (20) 45.0 (59) 30.1 (40) 9.5 (13)	17.6 (63) 61.7 (222) 16.8 (60) 3.9 (14)	18.96	.000
Marital status Single With partner Widowed/divorced/ separated	15.5 (20) 61.8 (81) 22.7 (30)	21.1 (76) 61.6 (221) 17.3 (62)	2.94	.230
Income adequacy group ¹ Poor Middle Rich	23.1 (30) 65.7 (86) 11.3 (15)	13.6 (49) 67.9 (244) 18.5 (66)	8.46	.014
Strata ² 1 2 3	60.0 (79) 13.1 (17) 26.9 (35)	72.8 (262) 10.2 (37) 17.0 (61)	7.92	.019
Education Elementary Secondary University/college	6.9 (9) 53.7 (71) 39.4 (52)	2.4 (9) 45.1 (160) 52.5 (187)	10.01	.007
Employment status Employed Not employed Not stated	64.3 (85) 10.3 (14) 25.4 (33)	69.8 (251) 16.5 (59) 13.7 (49)	10.73	.005

Table 22:

Demographic characteristics of Yukon women with values for BMI 27 kg/m² and above (n=132) compared to those with values in the range of 20-25 kg/m² (n=360)

¹ Poor=very and other poor; Middle=lower and upper middle ² Strata 1=Whitehorse

Strata 2=Dawson City, Faro, Watson Lake

Strata 3=Rural: Mt. McIntyre, Old Crow, Upper Liard, Carmacks, Mayo, Teslin, Beaver Creek, Dawson City (rural), Ibex Valley, Mt. Lorne

or college education. The majority of women in both groups were employed, although over onequarter of overweight women did not state their employment status.

B) Reported height and weight and body mass index (BMI)

Table 23 summarizes the height and weight of the two groups. The women did not differ in mean height, but overweight women weighed, on average, over 20 kg more than those who were not overweight. The mean weight at which respondents felt their best (i.e. desired weight) also differed between the two groups, and was higher for the overweight group. When the difference between current weight and desired weight was calculated, overweight women wanted, on average, to weigh nearly 13 kg lighter, while the non-overweight women wanted to weigh only 2 kg lighter.

The majority of overweight women indicated that they felt their best at a lower weight, while very few felt their best at their current weight (Table 24). In contrast, over one-third of nonoverweight women felt their best at their current weight, while only 60% indicated that they felt better at a weight lower than their current weight. The difference in distributions between these two groups was significant.

C) Frequency of physical activity

Women in the two groups reported similar frequencies of leisure activity, but differed in frequency of vigorous activity (See Table 25). Half the women who were not overweight engaged in vigorous activity two or fewer times per week, while the other half took part in vigorous activity three or more times per week. In contrast, fewer overweight women engaged in vigorous activity three or more times per week.

A greater proportion of overweight women than healthy weight women felt that they were not generally getting as much physical activity as they needed. Group differences were detected

Table 23:	Reported height and weight of Yukon women with values for BMI 27 kg/m ² and
	above (n=132) compared to those with values in the range of 20-25 kg/m ² (n=360)

	Body Mass Index (k	g/m²)		
	27 and above (mean \pm sd)	20-25 (mean ± sd)	t	p value
Height (m)	1.63 ± .08	1.64 ± .07	-1.81	.071
Current weight (kg)	81.5 ± 10.9	60.6 ± 6.0	20.77	.000
Desired weight (kg)	68.1 ± 9.0	58.4 ± 5.8	11.38	.000
Weight difference (kg)	12.8 ± 8.5	2.3 ± 2.7	13.75	.000
Current BMI (kg/m²)	30.7 ± 3.8	22.5 ± 1.4	24.60	.000
Desired BMI ¹ (kg/m ²)	25.6 ± 2.7	21.6 ± 1.3	16.09	.000

¹Desired BMI=Weight at which feel best in kilograms/(Height in metres)²

Table 24:Weight classification based on difference between current weight and desired
weight of Yukon women with values for BMI 27 kg/m² and above (n=132)
compared to those with values in the range of 20-25 kg/m² (n=360)

Body Mass Index (kg/m)		
	27 and above % n	20 to 25 % n	Chi- square	р	
Difference between current weigh and desired weight	t				
Desired wt > current wt)	2.6 (9)	38.94	.000	
Same (within 1 kg)	9.5 (12)	36.4 (130)			
Desired wt < current wt	90.5 (117)	60.9 (217)			

Table 25:	Frequency of physical activity of Yukon women with values for BMI 27 kg/m ² and
	above (n=132) compared to those with values in the range of 20-25 kg/m ² (n=360)

Body Mass Index (kg/m ²)				
	27 and above % n	20 to 25 % n	Chi- square	p
Vigorous activity	•			
 ≤ 2x per week ≥ 3x per week 	64.6 (84) 35.4 (46)	49.2 (177) 50.8 (183)	9.12	.002
Leisure activity				
 ≤ 2x per week ≥ 3x per week 	44.2 (58) 55.8 (73)	39.0 (140) 61.0 (218)	1.04	.307
Is there anything preve	nting you from bei	ing MORE physic	ally active?1	• •
Yes No	65.6 (86) 34.4 (45)	57.3 (206) 42.7 (153)	2.74	.098
Do you feel you get as	much physical ac	tivity as you need	2	. •
generally? Yes No	28.7 (38) 71.3 (94)	47.6 (171) 52.4 (188)	14.05	.000
in the winter? Yes No	23.9 (32) 76.1 (100)	37.2 (134) 62.8 (226)	7.63	.006
in the summer? Yes No	79.6 (105) 20.4 (27)	87.2 (312) 12.8 (46)	4.39	.036

¹ Item A.11 in the survey. ² Item A.10 in the survey.

regardless of time of year. Women were more likely to feel that they got enough physical activity in the summer than in the winter.

D) Voluntary weight loss efforts

A substantially high percentage of overweight women (80.2%, n=106) was trying to lose weight at the time of the survey. In contrast, 45.7% or 163 women who were not overweight were currently trying to lose weight. The difference in weight loss efforts between the two groups was statistically significant (Chi-square=46.32, P < 0.05).

Table 26 lists the weight loss practices of the overweight women. Dieting or eating less was the most frequent response, followed by a change in both diet and exercise, followed by sensible eating.

Table 27 lists the weight loss practices of women who were not overweight. The results are similar to those of the overweight group.

E) Nutrition

i) Mean food group servings

Table 28 summarizes the food group consumption of women in the two groups. The only significant difference detected was in the consumption from the dairy group; overweight women tended to consume fewer servings of dairy products.

ii) Comparison to Canada Food Guide (CFG) recommendations

Table 29 presents consumption from the four food groups in relation to the recommended Food Guide servings. Seventy-five per cent of non-overweight women either met or exceeded the recommendation for dairy products, while 62% of overweight women did so (P < 0.05). The two groups did not differ in their consumption from the three remaining food groups.

Table 26:	Weight loss practices of Yukon women w	with values for BMI 27 kg/m ² and above
	$(n=106)^{1}$	•

Practice	Percent	n	
Dieting/eating less	36.3	38	
Sensible eating	18.6	20	
Exercise	6.7	7	
Reduce fat	4.6	5	
Change in diet & exercise	25.6	27	
Advice/help from health professional ²	3.0	3	
Commercial ³	1.3	1	
Other ⁴	3.9	4	

¹Original question in survey was open-ended. ²e.g. Physician, dietitian ³e.g. Weight loss program: TOPS, NutriSystem; support group

⁴e.g. Quit drinking, book

Table 27:	Weight loss practices of Yukon women with values for BMI between 20 to 2	25
	kg/m^2 (n=163) ¹	

Practice	Percent	n
Dieting/eating less	35.1	57
Exercise	19.9	32
Sensible eating	6.9	11
Reduce fat	5.0	8
Change in diet & exercise	28.9	47
Commercial ²	1.7	3
Other ³	1.9	3
No answer	0.7	1

¹Original question in survey was open-ended. ²e.g. Weight loss program: TOPS, NutriSystem; support group ³e.g. Quit drinking, book

	Body Mass Index (kg/m²)			
	27 and above (n=132)	20 to 25 (n=357)	t	р
Dairy	2.1 ± 1.4	2.5 ± 1.5	-2.60	.010
Vegetables & fruit	4.0 ± 2.2	4.1 ± 2.3	69	.489
Meat & alternatives	2.5 ± 2.0	2.4 ± 1.5	.69	.491
Breads & cereals	2.8 ± 1.3	2.8 ± 1.7	37	.710

Table 28:	Food group consumption (mean servings) of Yukon women with values for BMI 27
	kg/m ² and above compared to those with values in the range of 20-25 kg/m ²

Those with no food consumption data (n=8) were omitted from the analyses.

Table 29:Food group consumption with respect to Canada Food Guide recommendations1
for Yukon women with values for BMI 27 kg/m² and above compared to those with
values in the range of 20-25 kg/m²²

Body Mass Index (kg/m²)					
Food group	27 and above % (n)	20 to 25 % (n)	Chi- square	p	
Dairy Below Meet or exceed	38.1 (50) 61.9 (81)	24.8 (88) 75.2 (268)	8.40	.004	
Vegetables & fruit Below Meet or exceed	68.1 (90) 31.9 (42)	62.6 (223) 37.4 (133)	1.26	.262	
Meat & alternatives Below Meet or exceed	30.2 (40) 69.8 (92)	27.9 (99) 72.1 (257)	.242	.623	
Breads & cereals Below Meet ³	88.4 (116) 11.6 (15)	83.8 (299) 16.2 (58)	1.54	.214	

¹Canada Food Guide recommendations:

Dairy: 2-4 servings

Vegetables and fruit: 5-10 servings

Meat & alternatives: 2-3 servings

Breads & cereals: 5-12 servings

²Those with no food consumption data were omitted from the analyses. ³No one exceeded the recommendation. Table 30 describes the adequacy of the women's diets based on attainment of Canada Food Guide food group recommendations. The two groups did not differ in this respect.

iii) Responses to general nutrition questions

Of the items shown in Table 31, only one elicited significantly different responses from women in the two groups. A greater proportion of women who were overweight versus those who were not indicated that there was one factor that would improve the way they ate (K.6).

A high percentage of women in both groups responded that they were eating well enough to maintain good health (K.2). For half the women in both groups, none of their food had been hunted, fished, or gathered (K.4). One-third of women in both groups indicated some of their food was obtained as such, while the remainder indicated that half, most, or all of their food was obtained as such. For the majority of women in both groups, it was not difficult to afford the basic necessities of food, clothing, and shelter (G4E).

iv) Food Habits (K5)

Table 32 summarizes the responses of women in the two groups to the food habit items. No significant differences were detected in the responses of women from each group on any item.

v) Mean eating knowledge index (EKI) and eating behaviour index (EBI) Scores

Women in the two groups did not differ in their scores for EKI and EBI (See Table 33).

F) Social health

Table 34 summarizes the responses to the social health items. The pattern of responses between the two groups differed significantly for only one item. Seventy per cent of the women

Table 30:Adequacy of diet based on attainment of Canada Food Guide food group
recommendations for Yukon women with values for BMI 27 kg/m² and above
compared to those with values in the range of 20-25 kg/m²1

Number of food groups met	27 and above % (n)	20 to 25 % (n)	Chi- square	р
None 1 group 2 groups 3 groups All 4 groups	12.8 (17) 23.4 (31) 41.6 (55) 20.1 (27) 2.1 (3)	6.7 (24) 22.8 (81) 38.3 (136) 27.3 (97) 4.9 (17)	8.47	.076

[†]Those with no food consumption data were omitted from the analyses.

Table 31:	Responses of Yukon women with value for BMI 27 kg/m ² and above compared to
	those with values in the range of 20-25 kg/m ² to nutrition questions

	Body Mass Inde	ex (kg/m²)			
	27 and above % n	20 to 25 % n	Chi- square	р	
K.2 Are you eating well	enough to maintain go	ood health?			
Yes No Don't know	95.5 (125) 4.5 (6) 	94.9 (340) 4.3 (15) 0.8 (3)	1.07	.584	
K.4 Proportion of food h	unted/fished/gathered				
None Some Half/most/all	47.8 (63) 34.0 (45) 18.2 (24)	53.4 (189) 33.7 (119) 12.9 (46)	2.44	.296	
K.6 Is there one factor t	hat would improve the	way you eat?			
Yes No Don't know	64.2 (84) 29.8 (39) 6.0 (8)	53.1 (190) 42.6 (152) 4.3 (15)	6.67	.036	
G4E It is difficult for me to afford the basic necessities of food, clothing and shelter.					
Agree Disagree No opinion	13.9 (18) 86.1 (113) 	8.4 (30) 90.9 (325) 0.7 (3)	4.16	.125	

Body Mass Index (kg/m ²)				
Food habit	27 and above % n	20 to 25 % n	Chi- square	p
a. Skip breakfast			·····	
Usually Sometimes Rarely	43.5 (57) 16.9 (22) 39.6 (52)	38.8 (139) 16.3 (58) 44.9 (160)	1.15	.563
b. Eat 3 meais a day				
Usually Sometimes Rarely	43.6 (57) 17.4 (23) 39.0 (51)	49.4 (176) 14.6 (52) 36.1 (129)	1.41	.494
c. Snack between meals				
Usually Sometimes Rarely	24.1 (32) 40.7 (54) 35.2 (46)	26.5 (94) 37.6 (134) 35.9 (128)	.455	.796
d. Eat meals with your famil	У			
Usually Sometimes Rarely	77.1 (97) 12.6 (16) 10.3 (13)	70.2 (233) 13.1 (44) 16.6 (55)	3.07	.215
e. Eat at restaurants or fast	food outlets			
Usually Sometimes Rarely	6.3 (8) 47.6 (62) 46.2 (60)	7.3 (26) 44.3 (158) 48.4 (173)	.487	.784
f. Eat fried or fatty foods				•
Usually Sometimes Rarely	6.7 (9) 53.1 (70) 40.2 (53)	6.0 (21) 42.4 (151) 51.7 <u>(</u> 184)	5.16	.076
g. Eat foods high in fibre (e.	g. whole wheat or wl	hole grain foods, raw	fruits or vegeta	ables)
Usually Sometimes Rarely Don't know	69.9 (92) 21.1 (28) 9.0 (12)	69.7 (249) 23.9 (85) 5.8 (21) 0.6 (2)	2.63	.452
h. Try to include calcium ric	h foods in your diet			
Usually Sometimes Rarely Don't know	51.5 (68) 32.3 (43) 15.7 (21) 0.6 (1)	54.4 (194) 28.9 (103) 13.8 (49) 2.8 (10)	2.89	.409

Table 32:Responses of Yukon women with values for BMI 27 kg/m² and above compared
to those with values in the range of 20-25 kg/m² to food habits items (K.5)

Table 32:Responses of Yukon women with values for BMI 27 kg/m² and above compared
to those with values in the range of 20-25 kg/m² to food habits items (K.5)
(Continuation)

Body Mass Index (kg/m ²)						
	27 and above % n	20 to 25 % n	Chi- square	р		
i. Try not to eat foods	i. Try not to eat foods high in salt (e.g. ham, processed meats, chips or pretzels)					
Usually Sometimes Rarely Don't know	52.6 (68) 20.4 (26) 27.0 (35)	55.7 (199) 21.8 (78) 22.0 (78) 0.6 (2)	1.98	:577		
j. Buy calorie reduced	food items					
Usually Sometimes Rarely Don't know	26.2 (34) 33.4 (44) 39.2 (51) 1.2 (2)	21.5 (77) 27.4 (98) 49.8 (178) 1.3 (5)	4.38	.223		
k. Buy food with lower	ed fats and oils					
Usually Sometimes Rarely Don't know	53.3 (70) 30.7 (40) 14.5 (19) 1.5 (2)	47.4 (168) 27.5 (98) 23.9 (85) 1.2 (4)	5.08	.166		
I. Read and understan	d nutritional information	on food labels				
Usually Sometimes Rarely Don't know	60.6 (80) 19.2 (25) 18.7 (25) 1.5 (2)	57.2 (204) 27.9 (100) 14.3 (51) 0.6 (2)	5.36	.147		
m. Follow Canada's Fo	ood Guide when plannin	g your meals				
Usually Sometimes Rarely Don't know	29.8 (39) 21.0 (28) 47.7 (63) 1.5 (2)	36.2 (129) 22.4 (80) 40.6 (145) 0.8 (3)	2.86	.414		
n. Buy pre-prepared or	r convenience foods for	meals				
Usually Sometimes Rarely	4.0 (5) 23.4 (31) 72.6 (96)	3.9 (14) 28.8 (103) 67.3 (240)	1.43	.488		

Table 33:Mean Eating Knowledge Index (EKI) and Eating Behaviour Index (EBI) scores1 of
Yukon women with values for BMI 27 kg/m2 and above compared to those with
values in the range of 20-25 kg/m2

,	Body Mass Index (k	g/m²)		
	27 and above mean ± sd (n)	20 to 25 mean ± sd (n)	t	р
EKI²	2.10 ± 3.15 (129)	2.38 ± 3.24 (355)	84	.401
EBI ³	3.98 ± 4.20	4.07 ± 4.51	19	.847

²Possible scores on the EKI: -7 to +7

³Possible scores on the EBI: -12 to +12

	Body Mass Index (kg	/m²)		
	27 and above % n	20 to 25 % n	Chi- square	р
E1a I am responsible	for the state of my heal	th.		
Agree Disagree No opinion	96.5 (127) 2.8 (4) 0.7 (1)	98.1 (352) 1.4 (5) 0.5 (2)	1.05	.592
E1b I'm fine the way I	am.			
Ágree Disagree No opinion	54.3 (72) 41.1 (54) 4.6 (6)	69.6 (250) 29.1 (104) 1.4 (5)	12.14	.002
E1c My appearance is	s very important to me.		-	
Agree Disagree No opinion	85.3 (112) 12.8 (17) 1.8 (2)	82.5 (296) 15.0 (54) 2.5 (9)	.609̀	.737
E1d in order to care for	or others, I have to look	after myself first.		
Agree Disagree No opinion	93.2 (123) 6.8 (9) 	88.4 (315) 10.7 (38) 0.9 (3)	3.03	.220
E1f I worry about what	t other people think of r	ne.		
Agree Disagree No opinion	48.6 (64) 46.7 (61) 4.7 (6)	44.8 (160) 51.4 (184) 3.7 (13)	.958	.619
E1g My relationships	with other people are im	portant to my health an	d well-being	•
Agree Disagree No opinion	89.5 (118) 9.9 (13) 0.6 (1)	93.5 (334) 5.9 (21) 0.7 (2)	2.33	.312

Table 34:Responses of Yukon women with values for BMI 27 kg/m² and above compared
to those with values in the range of 20-25 kg/m² to social health items (E1)

Table 34: Responses of Yukon women with values for BMI 27 kg/m² and above compared to those with values in the range of 20-25 kg/m² to social health items (E1) (Continuation)

13)

	Body Mass Index	: (kg/m²)		
	27 and above % n	20 to 25 % n	Chi- square	p
E1h I have difficul	ty seeing things from so	pmeone else's point of v	iew.	· ·
Agree Disagree No opinion	19.7 (26) 77.1 (100) 3.2 (4)	16.3 (58) 79.9 (286) 3.8 (14)	.832	.660
E1i I have at least	one person I can confi	de in.		
Agree Disagree No opinion	93.3 (121) 5.2 (7) 1.5 (2)	95.9 (343) 3.9 (14) 0.3 (1)	3.06	.217
E1j My spouse or	partner is supportive.	•		
Agree Disagree No opinion	82.4 (80) 11.7 (11) 5.9 (6)	89.2 (246) 7.7 (21) 3.1 (9)	3.15	.207
E1k My family is n	ot supportive.			
Agree Disagree No opinion	13.0 (17) 85.1 (110) 1.9 (3)	8.0 (28) 89.2 (315) 2.8 (10)	2.97	.227
E11 I prefer to worl	k alone rather than with	other people.		
Agree Disagree No opinion	35.0 (46) 60.7 (79) 4.3 (6)	29.6 (106) 62.3 (222) 8.1 (29)	2.90	.235
E1m I am involved	I regularly in community	activities.		
Agree Disagree No opinion	47.9 (62) 50.7 (66) 1.4 (2)	52.3 (187) 43.0 (154) 4.7 (17)	4.36	.113

who were not overweight agreed to the item "I'm fine the way I am" (E1b), while only 54% of overweight women agreed.

G) Health knowledge

Table 35 summarizes the responses to the health knowledge items. Chi-square analysis did not detect significant group differences in the pattern of responses to the five items. However, responses by the two groups to item M6 ('In the past 12 months, has your knowledge of health increased?') approached significance. A greater percentage of women who were not overweight answered 'yes' to this question as compared to women who were overweight.

H) Self-rated health

The responses to A.1 ('Overall, how would you describe the quality of your life?') differed significantly between the two groups (See Table 36). A greater percentage of non-overweight women compared to those overweight rated their quality of life as 'excellent' or 'very good'.

Women who were not overweight were generally positive about their physical health with most describing their physical health as 'excellent/very good', or 'good'. In contrast to the above, fewer overweight women described their physical health as 'excellent' or 'very good; however, many of them indicated that their physical health was 'good'. The difference in the responses between the two groups was significant.

Women from the two groups also described their social relationships differently. Nearly two-thirds of non-overweight women described their social relationships as 'excellent/very good', whereas less than half of the overweight women described them as such.

Table 35:Responses of Yukon women with values for BMI 27 kg/m² and above compared
to those with values in the range of 20-25 kg/m² to health knowledge items

	Body Mass Index (kg	g/m²)	· · · · ·	
	27 and above % n	20 to 25 % n	Chi- square	р
M1A I do not have er	nough sources of inform	ation about health.		
Agree Disagree Don't know	18.4 (24) 77.9 (102) 3.7 (5)	15.6 (55) 83.3 (296) 1.1 (4)	4.45	.108
M1B I find it hard to I	know who to believe abo	out health issues.		
Agree Disagree Don't know	38.0 (50) 56.8 (75) 5.2 (7)	34.3 (122) 63.7 (227) 2.0 (7)	4.62	.099
M1C I only seek infor	mation when I have an	immediate health proble	əm.	
Agree Disagree	47.9 (63) 52.1 (69)	45.5 (162) 54.5 (194)	.230	.631
M2 In the past 12 mc	onths, did you do someti	ning to improve your he	alth?	
Yes No	62.3 (82) 37.7 (50)	63.2 (225) 36.8 (131)	.034	.852
M6 In the past 12 months, has your knowledge of health increased?				
Yes No Don't know	55.9 (73) 42.6 (56) 1.5 (2)	67.6 (242) 31.3 (112) 1.1 (4)	5.78	.055

Body Mass Index (kg/m²)						
	27 and above % n	20 to 25 % n	Chi- square	р		
A.1 Overall, how would you describe the quality of your life?						
Excellent/very good Good Fair/poor	51.5 (68) 33.9 (45) 14.5 (19)	69.8 (251) 25.0 (90) 5.2 (19)	18.54	.000		
A.4a Would you describe your mental and emotional health as						
Excellent/very good Good Fair/poor	61.8 (81) 29.8 (39) 8.4 (11)	70.0 (251) 24.7 (89) 5.2 (19)	3.53	.171		
A.4b Would you describe your physical health as						
Excellent/very good Good Fair/poor	39.1 (51) 45.6 (60) 15.3 (20)	56.8 (204) 33.7 (121) 9.5 (34)	12.43	.002		
A.4c Would you describe your social relationships as						
Excellent/very good Good Fair/poor	47.9 (62) 42.7 (55) 9.4 (12)	62.5 (223) 31.4 (112) 6.1 (22)	8.36	.015		
A.4d Would you describe your spirituality as						
Excellent/very good Good Fair/poor	42.8 (55) 40.6 (53) 16.6 (21)	36.2 (128) 48.4 (171) 15.4 (54)	2.41	.299		

Table 36:Self-rated health of Yukon women with values for BMI 27 kg/m² and above
compared to those with values in the range of 20-25 kg/m²

5. Women with values for BMI below 20 kg/m² (underweight) compared to those with values in the range of 20-25 kg/m² (healthy weight)

A) Demographics

The mean age of underweight women was similar to that of women who were not underweight (34.3 \pm 14.6 years vs. 35.8 \pm 12.9 years, NS) and women in both groups had lived in the Yukon for a similar length of time (Underweight group=172 \pm 177 months and Not Underweight group=182 \pm 160 months, NS).

Table 37 shows the demographic characteristics of women in the two groups. The women did not differ with respect to age group, marital status, strata, education, or employment status. However, a greater proportion of underweight women, compared to those not underweight, were classified in the 'poor' income adequacy group. Over two-thirds of women who were not underweight were classified in the 'middle' income adequacy group, while only half of the underweight women were classified as such.

B) Reported height and weight and body mass index (BMI)

Table 38 summarizes the mean height and weight of women in the two groups. Underweight women were, on average, slightly but significantly taller and weighed significantly less than women who were not underweight. The average weight at which underweight women felt their best (i.e. desired weight) was also significantly lower than that for women who were not underweight. When the difference between current weight and desired weight was calculated for each group the values were also significantly different.

Nearly two-thirds of underweight women felt their best at their current weight, while only 36% of those who were not underweight felt their best at their current weight (See Table 39). A much smaller percentage of women in the underweight group felt their best at a lower weight in contrast to those in the group that was not underweight. Also, a greater percentage of

Body Mass Index (kg/m ²)						
	Below 20 % n	20 to 25 % n	chi- square	p		
Age (years) 15-24 25-44 45-64 ≥65	22.0 (21) 63.7 (59) 9.6 (9) 4.7 (4)	17.6 (63) 61.7 (222) 16.8 (60) 3.9 (14)	3.44	.329		
Marital status Single With partner Widowed/divorced/ separated	31.0 (29) 55.5 (52) 13.5 (13)	21.1 (76) 61.6 (221) 17.3 (62)	4.30	.117		
Income adequacy group ¹ Poor Middle Rich	28.9 (27) 52.3 (49) 18.8 (18)	13.6 (49) 67.9 (244) 18.5 (66)	13.08	.001		
Strata ² 1 2 3	68.5 (64) 9.0 (8) 22.5 (21)	72.8 (262) 10.2 (37) 17.0 (61)	1.54	.463		
Education Elementary Secondary University/college	3.9 (4) 43.6 (41) 52.5 (49)	2.4 (9) 45.1 (160) 52.5 (187)	.578	.749		
Employment status Employed Not employed Not stated	69.4 (65) 14.3 (13) 16.3 (15)	69.8 (251) 16.5 (59) 13.7 (49)	.558	.756		

Table 37:

Demographic characteristics of Yukon women with values for BMI below 20 kg/m² (n=93) compared to those with values in the range of 20-25 kg/m² (n=360)

Poor=very and other poor; Middle=lower and upper middle

² Strata 1=Whitehorse

Strata 2=Dawson City, Faro, Watson Lake

Strata 3=Rural: Mt. McIntyre, Old Crow, Upper Liard, Carmacks, Mayo, Teslin, Beaver Creek Dawson City (rural), Ibex Valley, Mt. Lorne
Table 38:

Reported height and weight of Yukon women with values for BMI below 20 kg/m² (n=93) compared to those with values in the range of 20-25 kg/m² (n=360)

	Body Mass Index (kg/m²)		
	Below 20 (mean ± sd)	20 to 25 (mean \pm sd)	t -	p value
Height (m)	1.66 ± .08	1.64 ± .07	2.35	.019
Current weight (kg)	52.1 ± 5.8	60.7 ± 6.0	-12.39	.000
Desired weight(kg)	52.2 ± 5.6	58.4 ± 5.8	-9.14	.000
Weight difference (kg)	-0.1 ± 1.9	2.3 ± 2.7	-9.80	.000
Current BMI (kg/m²)	18.8 ± 0.9	22.5 ± 1.4	-30.56	.000
Desired BMI ¹ (kg/m ²)	18.9 ± 1.0	21.6 ± 1.3	-22.26	.000

Desired BMI=Weight at which feel best in kilograms/(Height in metre)²

Τa	abl	е	39	:
		-		

Weight classification based on difference between current weight and desired weight of Yukon women with values for BMI below 20 kg/m² (n=93) compared to those with values in the range of 20-25 kg/m² (n=360)

•	Body Mass Index (kg/m²)			
· · ·	Below 20 % n	20 to 25 % n	Chi- square	р
Difference between current weight and desired weight Desired wt > current wt Same (within 1 kg) Desired wt < current wt	17.6 (16) 65.9 (61) 16.5 (15)	2.6 (9) 36.4 (130) 60.9 (217)	72.06	.000

underweight women than women not underweight felt their best at a weight higher than their current weight.

C) Frequency of physical activity

Women in the two groups did not behave differently in terms of frequency of vigorous activity or leisure activity (Table 40). Likewise, the two groups did not differ in their responses to the question: 'Is there anything preventing you from being MORE physically active?' (A.11). Underweight women responded similarly as healthy weight women with respect to how they felt about getting enough physical activity. Furthermore, all women felt that it was more difficult to exercise in the winter than in the summer.

D) Voluntary weight loss efforts

Of the underweight women, only 9.4% (n=9) was trying to lose weight. A significantly higher percentage of women who were not underweight, 45.7% (n=163), was trying to lose weight (Chi-square=41.44, P < 0.05).

Table 41 lists the weight loss practices of the nine women in the underweight group who were trying to lose weight at the time of the survey. Dieting or eating less was the most frequent practice, followed by sensible eating, and a change in both diet and exercise.

Table 27 lists the weight loss practices, which were previously described, of women with values for BMI in the range of 20 to 25.

Table 42 presents the weight gain practices of women in the underweight group. Seven out of the eight women were eating more or eating high-calorie foods. One individual was trying to gain weight by eating and exercise.

Frequency of physical activity of Yukon women with values for BMI below 20 kg/m² (n=93) compared to those with values in the range of 20-25 kg/m² (n=360) Table 40:

	Body Mass Ir	ndex (kg/m²)		
	Below 20 % n	20-25 % n	Chi- square	р
Vigorous activity			· · · · · · · · · · · · · · · · · · ·	
≤ 2x per week ≥ 3x per week	56.4 (53) 43.6 (41)	49.2 (177) 50.8 (43.6)	1.54	.215
Leisure activity				
≤ 2x per week≥ 3x per week	28.9 (27) 71.1 (66)	39.0 (140) 61.0 (218)	3.30	.069
Is there anything preve	enting you from be	eing MORE physic	ally active?1	
Yes No	67.8 (63) 32.2 (30)	57.3 (206) 42.7 (153)	3.39	.066
Do you feel you get as	much physical a	ctivity as you need	l ²	
generally? Yes No	48.4 (45) 51.6 (48)	47.6 (171) 52.4 (188)	.018	.894
in the winter?				
Yes No	31.3 (29) 68.7 (64)	37.2 (134) 62.8 (226)	1.13	.287
in the summer?		· · ·		
Yes No	85.8 (79) 14.2 (13)	87.2 (312) 12.8 (46)	.121	.728
'Item A.11 in the survey				·

²Item A.10 in the survey.

Table 41: Weight loss practices of Yukon women with values for BMI below 20 kg/m² (n=9)¹

Practice	Percent	n	
Dieting/eating less	46.1	4	
Sensible eating	31.1	3	
Change in diet & exercise	22.8	2	

Original question in survey was open-ended.

Table 42: Weight gain practices of Yukon women with BMI values below 20 kg/m² (n=8)¹

Practice	Percent	n	······································
Eating more/eating high-calorie foods	86.1	7	
Eating and exercise	13.9	1	

Original question in survey was open-ended.

Table 43:Food group consumption (mean servings) of Yukon women with values for BMI
below 20 kg/m² (n=88) compared to those with values in the range of 20-25 kg/m²
(n=357)1

	Body Mass	Index (kg/m²)			=
	Below 20 (n=88)	20 to 25 (n=357)	t	р	
Dairy	2.8 ± 1.9	2.5 ± 1.5	1.77	.079	_
Vegetables & fruit	4.1 ± 1.9	4.1 ± 2.3	-0.30	.764	
Meat & alternatives	2.1 ± 1.5	2.4 ± 1.5	-1.41	.158	
Breads & cereals	3.1 ± 1.8	2.8 ± 1.7	1.14	.255	

[†]Those with no food consumption data were omitted from the analyses.

E) Nutrition

i) Mean food group servings

Table 43 summarizes the food group consumption of women in the two groups. No significant differences were detected in mean consumption by food groups.

ii) Comparison to Canada Food Guide (CFG) recommendations

Table 44 presents consumption from the four food groups in relation to the recommended Food Guide servings. Women in the two groups did not differ in their pattern of consumption from the dairy group, the vegetables and fruit group, and the breads and cereals group. However, significantly fewer women in the underweight group, compared to those in the other group, met or exceeded the recommendation for meat and alternatives. The difference in this pattern of consumption was significant.

Table 45 presents diet adequacy with respect to attainment of the Canada Food Guide food group recommendations. The two groups did not differ by the number of food group recommendations that they met.

iii) Responses to general nutrition questions

Table 46 summarizes the responses to the nutrition questions. The responses for K.2 ('Are you eating well enough to maintain good health?') were significantly different for women in the two groups. Over 90% of the women who were not underweight responded 'yes' to the question, whereas just over three-quarters of underweight women responded 'yes'.

A greater proportion of women in the underweight group, compared to the other group, indicated that none of their food was hunted, fished, or gathered. Fourteen per cent of underweight women indicated that some of their food was obtained by such means, and another 14% indicated half, most, or all of their food was obtained by such means. In contrast, one-third

Table 44:	Food group consumption with respect to Canada Food Guide recommendations
	for Yukon women with values for BMI below 20 kg/m ² compared to those with
	values in the range of 20-25 kg/m ²

	Body Mass Index (kg/m²)			
Food group	Below 20 % (n)	20-25 % (n)	Chi- square	p
Dairy Below Meet or exceed	29.4 (26) 70.6 (62)	24.8 (88) 75.2 (268)	.780	.377
Vegetables & fruit Below Meet or exceed	60.1 (53) 39.9 (35)	62.6 (223) 37.4 (133)	.194	.659
Meat & alternatives Below Meet or exceed	41.1 (36) 58.9 (52)	27.9 (99) 72.1 (257)	5.80	.016
Breads & cereals Below Meet ²	81.6 (72) 18.4 (16)	83.8 (299) 16.2 (58)	.254	.614

¹Those with no food consumption data were omitted from the analyses. ²No one exceeded the recommendation.

Table 45:Adequacy of diet based on attainment of Canada Food Guide food group
recommendations for Yukon women with values for BMI below 20 kg/m² compared
to those with values in the range of 20-25 kg/m² 1

	Body Mass Index (kg/m²)				
Number of food groups met	Below 20 % (n)	20-25 % (n)	Chi- square	p	
None	13.2 (12)	6.7 (24)	4.93	.295	
1 group	23.7 (21)	22.8 (81)			
3 groups	26.8 (24)	27.3 (97)			
All 4 groups	5.6 (5)	4.9 (17)	•		

Those with no food consumption data were omitted from the analyses.

Table 46:Responses of Yukon women with values for BMI below 20 kg/m² (n=88) compared
to those with values in the range of 20-25 kg/m² (n=357) to nutrition questions

	Body Mass Ir	ndex (kg/m²)		
	Below 20 % n	20 to 25 % n	Chi- square	р
K.2 Are you eating w	ell enough to maintain	good health?		•
Yes No Don't know	76.7 (72) 19.2 (18) 4.1 (4)	94.9 (340) 4.3 (15) 0.8 (3)	30.28	.000
K.4 Proportion of foo	d hunted/fished/gather	ed.		
None Some Half/most/all	71.3 (66) 14.4 (13) 14.3 (13)	53.4 (189) 33.7 (119) 12.9 (46)	13.39	.001
K.6 Is there one factor	or that would improve i	the way you eat?		
Yes No Don't know	49.7 (46) 41.7 (38) 8.6 (8)	53.1 (190) 42.6 (152) 4.3 (15)	2.79	.247
G4E It is difficult for r	me to afford the basic	necessities of food, c	lothing and shelt	er.
Agree Disagree No opinion	21.9 (20) 75.9 (71) 2.2 (2)	8.4 (30) 90.9 (325) 0.7 (3)	15.61	.000

of women who were not underweight indicated that some of their food was obtained by such means.

The responses for G4E ('It is difficult for me to afford the basic necessities of food, clothing and shelter.') varied between the two groups. Ninety per cent of women who were not underweight disagreed with the statement, compared to 76% of women who were underweight.

iv) Food habits (K5)

Table 47 compares the food habits of women in the two groups. No differences were detected between groups in the frequencies of eating breakfast, eating three meals per day, snacking between meals, eating meals with the family, eating at restaurants, trying to include calcium-rich foods, trying to avoid foods high in salt, or buying pre-prepared or convenience foods. However, significant differences were detected in other food habits.

Compared to women who were not underweight, underweight women were more likely to eat fried or fatty foods, and were less likely to buy calorie-reduced food items or food with lowered fats and oils. Furthermore, women in this group were less likely to read and understand nutrition information on food labels or to follow Canada's Food Guide when planning meals. More women in the underweight group than in the other group 'sometimes' ate foods high in fibre, whereas more women who were not underweight 'usually' ate foods high in fibre.

v) Mean eating knowledge index (EKI) and eating behaviour index (EBI) scores

As shown in Table 48, the mean EKI and EBI scores for underweight women were significantly lower than that for women who were not underweight.

Because more underweight women were poor, the nutrition behaviour results may have potentially been confounded by income. This issue was examined by excluding 'poor' women from the EKI and EBI analyses. The resultant mean EKI scores for underweight women and

	Body Mass Index ((kg/m²)		
Food habit	Below 20 % n	20 to 25 % n .	Chi- square	р
a. Skip breakfast				
Usually Sometimes Rarely	46.9 (43) 17.4 (16) 35.7 (33)	38.8 (139) 16.3 (58) 44.9 (160)	2.66	.264
b. Eat 3 meals a day				•
Usually Sometimes Rarely	43.9 (40) 19.5 (18) 36.6 (34)	49.4 (176) 14.6 (52) 36.1 (129)	1.62	.445
c. Snack between meals				•
Usually Sometimes Rarely	36.9 (34) 30.4 (28) 32.7 (30)	26.5 (94) 37.6 (134) 35.9 (128)	4.07	.131
d. Eat meals with your famil	ly			
Usually Sometimes Rarely	73.9 (65) 9.0 (8) 17.1 (15)	70.2 (233) 13.1 (44) 16.6 (55)	1.10	.578
e. Eat at restaurants or fast	food outlets			
Usually Sometimes Rarely	6.7 (6) 49.6 (45) 43.7 (39)	7.3 (26) 44.3 (158) 48.4 (173)	.830	.660
f. Eat fried or fatty foods	:			
Usually Sometimes Rarely	9.5 (9) 56.8 (52) 33.7 (31)	6.0 (21) 42.4 (151) 51.7 (184)	9.62	.008
g. Eat foods high in fibre (e.	g. whole wheat or wh	nole grain foods, raw	fruits or vegeta	bles)
Usually Sometimes Rarely Don't know	64.3 (59) 35.2 (32) 0.5 (0)	69.7 (249) 23.9 (85) 5.8 (21) 0.6 (2)	8.63	.035
h. Try to include calcium ric	h foods in your diet			
Usually Sometimes Rarely Don't know	49.5 (46) 30.0 (28) 20.4 (19)	54.4 (194) 28.9 (103) 13.8 (49) 2.8 (10)	5.05	.168

Table 47:

Responses of Yukon women with values for BMI below 20 kg/m² compared to those with values in the range of 20-25 kg/m² to food habits items (K.5)

Table 47: Responses of Yukon women with values for BMI below 20 kg/m² compared to those with values in the range of 20-25 kg/m² to food habits items (K.5) (Continuation)

	Body Mass Inc	lex (kg/m²)		
· · · · · · · · · · · · · · · · · · ·	Below 20 % n	20 to 25 % n	Chi- square	р
i. Try not to eat foods h	nigh in salt (e.g. ham,	processed meats, ch	ips or pretzels)	
Usually Sometimes Rarely Don't know	56.9 (52) 17.3 (16) 25.8 (24)	55.7 (199) 21.8 (78) 22.0 (78) 0.6 (2)	1.73	.629
j. Buy calorie reduced	food items			
Usually Sometimes Rarely Don't know	6.4 (6) 18.4 (17) 71.1 (66) 4.1 (4)	21.5 (77) 27.4 (98) 49.8 (178) 1.3 (5)	20.59	.000
k. Buy food with lowere	ed fats and oils			
Usually Sometimes Rarely Don't know	33.3 (31) 26.4 (24) 35.6 (33) 4.7 (4)	47.4 (168) 27.5 (98) 23.9 (85) 1.2 (4)	11.92	.008
I. Read and understand nutritional information on food labels				
Usually Sometimes Rarely Don't know	43.5 (40) 28.5 (26) 24.0 (22) 4.1 (4)	57.2 (204) 27.9 (100) 14.3 (51) 0.6 (2)	13.99	.003
m. Follow Canada's Food Guide when planning your meals				
Usually Sometimes Rarely Don't know	16.6 (15) 13.0 (12) 66.3 (61) 4.1 (4)	36.2 (129) 22.4 (80) 40.6 (145) 0.8 (3)	27.83	.000
n. Buy pre-prepared or convenience foods for meals				
Usually Sometimes Rarely	3.4 (3) 27.6 (25) 69.0 (63)	3.9 (14) 28.8 (103) 67.3 (240)	0.12	.941

Table 48:Mean Eating Knowledge Index (EKI) and Eating Behaviour Index (EBI)1 scores of
Yukon women with values for BMI below 20 kg/m2 compared to those with values
in the range of 20-25 kg/m2

Below 20 mean \pm sd (n) 20 to 25 mean \pm sd (n) t p EKI ² 1.03 \pm 2.97 (92) 2.38 \pm 3.24 (355) -3.64 .0 EBI ³ 2.68 \pm 4.71 4.07 \pm 4.51 -2.50 .0
EKl^2 1.03 ± 2.97 (92)2.38 ± 3.24 (355)-3.64.(EBl^3 2.68 ± 4.714.07 ± 4.51-2.50.(
EBI^3 2.68 ± 4.71 4.07 ± 4.51 -2.50
(84) (331)

healthy weight women were 1.26 \pm 3.07 and 2.67 \pm 3.20 (p=0.001), respectively. The resultant EBI scores were 2.80 \pm 5.17 and 4.54 \pm 4.32 (p=0.006), respectively.

F) Social health

Table 49 compares the responses of women in the two groups to the social health items. The only difference observed between groups was for item E1m ('I am involved regularly in community activities.'). Over half the women who were not underweight agreed to this statement, compared to slightly more than a third of underweight women.

G) Health knowledge

Table 50 summarizes the items regarding health knowledge. Compared to women not underweight, underweight women were more likely to not have enough sources of information about health, to find it more difficult to know who to believe about health issues, and to only seek information when they had an immediate health problem. These findings were statistically significant. Fewer women in the underweight group than in the other group indicated that they had done something to improve their health in the past 12 months. This result approached significance. Compared to women who were not underweight, significantly fewer underweight women indicated that their knowledge of health increased in the past 12 months.

H) Self-rated health

Table 51 summarizes the self-rated health of women in the two groups. The women in these groups described their quality of life similarly. They also described their mental and emotional health, physical health, social relationships, and spirituality similarly.

Body Mass Index (kg/m²) Below 20 20 to 25 Chiр % n % n square E1a I am responsible for the state of my health. Aaree 100.0 (93) 98.1 (352) 1.81 .405 Disagree 1.4 (5) No opinion 0.5 (2) E1b I'm fine the way I am. Aaree 69.8 (65) 69.6 (250) .006 .997 Disagree 28.8 (27) 29.1 (104) No opinion 1.5 (1) 1.4 (5) E1c My appearance is very important to me. Agree 78.6 (73) 82.5 (296) 3.42 .181 Disagree 15.1 (14) 15.0 (54) No opinion 6.3 (6) 2.5 (9) E1d In order to care for others, I have to look after myself first. Aaree 86.6 (79) 88.4 (315) 1.30 .521 Disagree 10.7 (38) 13.4 (12) No opinion 0.9 (3) E1f I worry about what other people think of me. Agree 48.0 (45) 44.8 (160) 4.24 .120 Disagree 43.8 (41) 51.4 (184) No opinion 8.2 (8) 3.7 (13) E1g My relationships with other people are important to my health and well-being. Agree 92.1 (86) 93.5 (334) 1.04 .594 Disagree 6.1 (6) 5.9 (21) No opinion 1.8 (2) 0.7 (2)

Table 49: Responses of Yukon women with values for BMI below 20 kg/m² compared to those with values in the range 20-25 kg/m² to social health items (E1)

Table 49: Responses of Yukon women with values for BMI below 20 kg/m² compared to those with values in the range 20-25 kg/m² to social health items (E1) (Continuation)

	Body Mass Inde	ex (kg/m²)			
·	Below 20 % n	20 to 25 % n	Chi- square	р	
E1h I have difficulty	seeing things from s	someone else's point of vie	w.		
Agree Disagree No opinion	13.6 (13) 86.4 (81) 	16.3 (58) 79.9 (286) 3.8 (14)	4.24	.120	
E1i I have at least of	E1i I have at least one person I can confide in.				
Agree Disagree No opinion	98.7 (91) 1.3 (1) 	95.9 (343) 3.9 (14) 0.3 (1)	1.80	.407	
E1j My spouse or partner is supportive.					
Agree Disagree No opinion	82.5 (59) 10.4 (7) 7.1 (5)	89.2 (246) 7.7 (21) 3.1 (9)	3.19	.202	
E1k My family is not supportive.					
Agree Disagree No opinion	11.0 (10) 84.0 (78) 5.0 (5)	8.0 (28) 89.2 (315) 2.8 (10)	2.02	.363	
E11 I prefer to work alone rather than with other people.					
Agree Disagree No opinion	30.6 (29) 57.2 (53) 12.3 (11)	29.6 (106) 62.3 (222) 8.1 (29)	1.75	.416	
E1m I am involved regularly in community activities.					
Agree Disagree No opinion	35.6 (32) 54.5 (50) 9.9 (9)	52.3 (187) 43.0 (154) 4.7 (17)	9.65	.008	

Table 50:	Responses of Yukon women with values for BMI below 20 kg/m ² compared to
	those with values in the range 20-25 kg/m ² to health knowledge items

Body Mass Index (kg/m ²)					
	Below 20 % n	20 to 25 % n	Chi- square	р	
M1A I do not have e	nough sources of inform	ation about health.			
Agree Disagree Don't know	27.7 (26) 62.9 (59) 9.4 (9)	15.6 (55) 83.3 (296) 1.1 (4)	28.05	.000	
M1B I find it hard to	M1B I find it hard to know who to believe about health issues.				
Agree Disagree Don't know	42.3 (39) 47.9 (45) 9.8 (9)	34.3 (122) 63.7 (227) 2.0 (7)	16.84	.000	
M1C I only seek information when I have an immediate health problem.					
Agree Disagree Don't know	67.4 (63) 31.5 (29) 1.2 (1)	45.5 (162) 54.5 (194)	19.17	.000	
M2 In the past 12 months, did you do something to improve your health?					
Yes No	52.4 (49) 47.6 (44)	63.2 (225) 36.8 (131)	3.62	.057	
M6 In the past 12 months, has your knowledge of health increased?					
Yes No Don't know	45.9 (43) 54.1 (50)	67.6 (242) 31.3 (112) 1.1 (4)	17.22	.000	

Body Mass Index (kg/m ²)					
	Below 20 % n	20 to 25 % n	Chi- square	р	
A.1 Overall, how would you dea	scribe the quality of	your life?	,		
Excellent/very good Good Fair/poor	68.1 (64) 21.5 (20) 10.4 (10)	69.8 (251) 25.0 (90) 5.2 (19)	3.59	.166	
A.4a Would you describe your mental and emotional health as					
Excellent/very good Good Fair/poor	69.3 (65) 21.3 (20) 9.3 (9)	70.0 (251) 24.7 (89) 5.2 (19)	2.42	.299	
A.4b Would you describe your p	hysical health as		•		
Excellent/very good Good Fair/poor	51.9 (48) 32.7 (30) 15.4 (14)	56.8 (204) 33.7 (121) 9.5 (34)	2.77	.250	
A.4c Would you describe your social relationships as					
Excellent/very good Good Fair/poor	62.6 (58) 26.6 (25) 10.8 (10)	62.5 (223) 31.4 (112) 6.1 (22)	2.86	.240	
A.4d Would you describe your spirituality as					
Excellent/very good Good Fair/poor	47.9 (44) 35.7 (33) 16.4 (15)	36.2 (128) 48.4 (171) 15.4 (54)	5.20	.074	

Table 51:Self-rated health of Yukon women with values for BMI below 20 kg/m² compared
to those with values in the range of 20-25 kg/m²

6. Women who report that they have been successful in losing weight in the past 12 months compared to those who intend to lose weight in the next year

A small number (n=36) of women were successful in losing weight in the past 12 months, and 80 intended to lose weight in the next year. Of those who were successful, 85.8% were currently trying to lose weight, while of those who were intending to lose weight, even more, 93.3%, were currently trying to lose weight. Ten women indicated both success in losing weight in the past year and intention to lose weight in the next year. Since this survey did not permit a clean separation of these two comparison groups, analyses for this research question were not performed.

7. Summary of results

Over half of Yukon women ages 15 and above were trying to lose weight at the time of the survey. These women were more likely to be younger and to be employed. They generally weighed more and as a result, had higher BMI values than women not trying to lose weight. Engaging in weight loss efforts did not vary by length of residence in the Yukon or by First Nations status. However, compared to non-First Nations women, First Nations women had higher BMI values due to their shorter stature. Based on the information obtained from the dietary assessment method used in this study, women trying to lose weight and those who were not, had similar food consumption patterns: there were no group differences detected in consumption of the four food groups, except the dairy group. Women trying to lose weight consumed fewer servings of dairy products. Additionally, the two groups had similar activity patterns; however, women trying to lose weight were more likely to feel that they were not getting as much physical activity as they needed. Yukon women indicated it was more difficult to get physical activity in the winter than in the summer. As a group, women trying to lose weight had positive nutrition behaviour and thus, had higher EKI and EBI scores, relative to women not trying to lose weight.

They also scored more positively on health knowledge items. The women's reported weight loss practices appeared to be consistent with current guidelines. Although the majority of women described their overall quality of life as good or very good/excellent, those engaged in weight loss efforts did not view their physical health or mental and emotional health as favourably. These women also exhibited concerns with social issues.

Only 31% [221/711] of Yukon women reported that the weight at which they feel best was within 1 kg of their current weight and thus appeared satisfied with their weight. Despite this apparent satisfaction, 17.6% [39/221] were trying to lose weight. Of those who indicated that they felt best at a weight lower than their current weight, nearly 72% were engaged in weight loss efforts. The patterns of responses between those who were and were not satisfied with their weight were similar to those between women not trying to lose weight and women trying to lose weight, respectively. However, compared to women who were not satisfied, women who were satisfied were more likely to be rich and to live in Whitehorse. The two groups had similar EKI and EBI scores.

Yukon women who were overweight were less likely to live in Whitehorse, were older, were more likely to be poor and less educated, and weighed considerably more than those within the healthy BMI range. In general, the food consumption patterns of overweight women did not differ from those of women who were not overweight; however, overweight women consumed fewer servings of dairy products. In contrast to the comparison between women who were and were not trying to lose weight, there were no differences detected in nutrition knowledge and behaviour scores or in health knowledge scores, on the basis of relative weight. Overweight women were not getting as much physical activity as they needed. In general, overweight women were not as happy with their quality of life; specifically, they indicated less satisfaction with their physical health and social relationships.

Yukon women who were underweight were more likely to be poor compared to those within the healthy BMI range. They were also less likely to indicate that they were eating well enough to maintain good health and more likely to find it difficult to afford the basic necessities. A greater proportion of underweight women felt their best at their current weight. However, a substantial proportion of women who had BMI values within the healthy range felt their best at a lower weight and were trying to lose weight. The two groups had similar food consumption patterns; yet, underweight women had lower EKI and EBI scores, and also scored lower on health knowledge items. The two groups had similar activity patterns. Like other Yukon women, women from these two groups felt that they did not get as much physical activity as they needed in the winter. Women who were underweight and those who were not rated their quality of life as equally favourable.

The results of this research show that women in the comparison groups above differ in select characteristics and behaviours based on the demographic, nutritional, physical, social, and other variables examined.

V. DISCUSSION

The purpose of this study was to determine the prevalence of Yukon women trying to lose weight; to determine the weight loss practices of those trying to lose weight; and to describe the demographic, physical, nutritional, and other characteristics of women trying to lose weight, women who were at health risk due to overweight or underweight, and women within the healthy weight range. The following section discusses the main findings and their implications for health promotion strategies in view of the limitations of this study. The final section states the conclusions of this study and lists recommendations for future research.

1. Prevalence of weight loss efforts

A) Comparison of the Yukon to other areas

The prevalence of engaging in weight loss efforts among Yukon women (52%) is high compared to other published findings. Based on the HPS 1990, a smaller percentage, 39%, of Canadian women 15 and older were currently trying to lose weight at the time of the survey (Health and Welfare Canada, 1993). Published studies show that the prevalence of weight loss efforts is higher among adolescent women than adult women (Horm & Anderson, 1993; National Institutes of Health, 1993; Serdula et al., 1993); however, even reported prevalence values for adolescents are not as high as the value for the Yukon.

Weight loss efforts did not appear to be related to the Yukon environment since the length of residence in the Yukon did not vary for women trying to lose weight and women not trying to lose weight. In addition, although First Nations women had higher BMI values, on average, they were no more likely to engage in weight loss efforts than non-First Nations women.

Yukon women were similar to other Canadian women based on distribution into the BMI categories; however, there appeared to be a slight tendency for more Yukon women to fall into the overweight category. Of the Yukon women 15 and older in this study, 20.3% had BMI values

above 27, 9.8% had values between 25 and 27, 55.5% had values in the healthy range, and 14.4% had values below 20. Of women 20 and older in the HPS 1990, 17% had BMI values above 27, 11% had values between 25 to 27, 54% had values in the healthy range, and 18% had values below 20 (Health and Welfare Canada, 1993). When Yukon women ages 15 to 19 years were excluded, the proportion of Yukon women who were categorized as overweight increased slightly to 21.1% and the proportion categorized as underweight decreased to 13.6%. There was no change in the proportion of women with values in the healthy range or in the range 25 to 27.

Not surprisingly Yukon women with higher BMI values were more likely to be engaged in weight loss efforts. Specifically, 80.2% of overweight women and 67% of possibly overweight women, based on BMI classifications, were trying to lose weight; furthermore, 45.7% of women who were within the healthy weight range and 9.4% of underweight women were also trying to lose weight. However, it should be noted that within each BMI category, these proportions are higher than those reported by the HPS 1990, which found that 71% of overweight women, 62% of possibly overweight women, 37% of acceptable weight women, and 8% of underweight women were currently trying to lose weight. This suggests that increased weight loss efforts in the Yukon than in the rest of Canada is not restricted to those who are overweight based on BMI.

Because women tend to underestimate their weights and overestimate their heights on self-reports, it has been suggested that BMI values based on self-reports should be regarded as underestimates (Millar, 1986). In that case, the percentages of Yukon women who are possibly overweight or overweight may be slightly higher than what is reported above. However, the limitation of BMI in this respect would also apply to the HPS 1990 which utilizes self-report data.

Yukon demographics may also contribute to an explanation of the observed prevalence value. Studies report that engaging in weight loss is more likely among women who are young to middle-aged and better educated (Levy & Heaton, 1993), and possibly among those with higher family incomes (National Institutes of Health, 1993). Compared to women in the rest of Canada,

Yukon women are more likely to be younger. Over 75% of Yukon women and relatively fewer Canadian women elsewhere (59%), based on the HPS 1990 (Health and Welfare Canada, 1993), are below the age of 45. Yukon women may also be more educated than other Canadian women. Nearly 50% of the Yukon women in this study and only 26% of other Canadian women had university or college education. Only 4% of Yukon women reported no more than an elementary education; in contrast, considerably more Canadian women (33%) reported no more than an elementary education (Health and Welfare Canada, 1993).

Differences in income adequacy between Yukon women and other Canadian women, however, do not appear to be associated with the difference in weight loss efforts. Income adequacy of Yukon women was similar to that of other Canadian women (Health and Welfare Canada, 1993), and was determined from the same conventions for income and household size used in the HPS 1990. (Refer to Methodology for the conventions.) Nevertheless, taken together, the demographic characteristics of Yukon women may partially explain the reason for the high prevalence of weight loss effort in the Yukon.

B) Possible limitations of using BMI for weight classification

BMI was chosen to define the weight categories for the comparison groups (i.e. underweight, overweight, and healthy weight) because it is a valid indicator of relative weight, and because it is the recommended standard for use in Canada (Health and Welfare Canada, 1988b). Additionally, height and weight data were readily available for use in this study.

BMI is valid for those ages 20 to 65 (Gibson, 1990). Because a small number of women in this study were ages 15 to 19, an attempt was made to categorize them by weight categories based on published cut-offs specific to adolescents. Recently, Himes and Dietz (1994) published guidelines, using BMI cut-off values specific to adolescents, to identify risk for overweight. For adolescent women who generally weigh less than adult women, the expected cut-off value for

overweight should be lower than the Health and Welfare Canada cut-off; instead, the reported cut-off was noticeably higher. For the present study this would mean a sharp difference in the cut-off values between 19 year olds, based on the Himes and Dietz (1994) paper, and 20 year olds, based on the Health and Welfare Canada standards (1988b). Given the incongruence of these two standards of categorization and given that the BMI cut-offs were illogically higher for adolescents, it seemed inappropriate to use the suggested BMI standards for adolescents in this study. Furthermore, it could be argued that by the age of 15 most women have reached maturity (Rees & Mahan, 1988). In addition, any loss of accuracy due to misclassification is unlikely to be of clinical importance in this descriptive study.

Given that only 19.5% of women in this study were 15 to 24 years, women 15 to 19 years therefore made up a small proportion of the total sample. When the BMI weight categories of Yukon women were compared to those of Canadian women ages 20 and older in the HPS 1990, the proportions in the respective weight categories were similar (Health & Welfare Canada, 1993). If anything, instead of shifting toward the lower weight categories, as might be expected with the inclusion of adolescents, the Yukon data tended to shift toward higher weight categories.

Women 65 and older were also included in this study. At present, there are no generally accepted BMI standards to define health risk due to overweight for this age group (Kubena et al., 1991). However, data suggest that values that should be considered "normal" for body mass index increase with age (Galanos et al., 1994); in other words, women over 65 with higher relative weights may not necessarily be at comparable health risk to women in the middle age ranges with the same relative weights. In this study, women 65 and older were a small proportion (5.4%) of the total sample size. Thus, any difficulties in using BMI for them would have little bearing on results for the total sample. For all the reasons discussed, Health and Welfare Canada's standards for BMI were used for all women ages 15 and older in this study.

C) Estimates of weight satisfaction

While the prevalence of weight loss efforts gives an indication of the degree of dissatisfaction with current body weight, another indicator of dissatisfaction could also be the difference between a woman's current weight and her desired weight. In the Yukon, four out of six women felt their best at a lower weight. Thus, even though not all Yukon women were actively trying to lose weight, the majority indicated dissatisfaction with their current weights. Similarly, 67% of women in the HPS 1990 wanted to weigh less than their current weight (Health and Welfare Canada, 1993).

Other researchers have recently shown concern about the possible adverse physical and psychological health consequences of weight loss among women who are not overweight (National Institutes of Health, 1993). In addition, in their study of weight control practices of US adolescents and adults, Serdula et al. (1993) noted that further investigation is needed to identify effective ways to encourage appropriate weight perception and adoption of healthy weight control behaviours. The situation in Canada is likely similar to that in the United States.

Based on this study, it appears that many Yukon women, regardless of weight status, are engaging in weight loss efforts. These results support the findings from the HPS 1990. Yukon women are just as likely as other Canadian women if not more likely to engage in weight loss efforts. Future health promotion efforts must consider that body weight, be it healthy or not, influences how a woman feels about herself. Although weight loss strategies are indicated for many who are possibly overweight or overweight, they must not further increase weight loss efforts among women who are underweight or at a healthy weight.

2. Weight loss practices of women trying to lose weight

Yukon women, regardless of their BMI weight classification, reported that making changes in diet and exercise are the best ways to lose weight. Although some women reported these two

practices in combination, women were more likely to report only dieting (i.e. eating less). Women also reported sensible eating without an exercise component. Adolescent and adult women from the United States also report both dieting and exercising to lose weight (Levy & Heaton, 1993; Horm & Anderson, 1993; Serdula et al., 1993). Interestingly, not one person in the Yukon sample reported undesirable practices, such as self-induced vomiting or using dieting pills; however, this is understandable since the question was posed so that the women volunteered their responses to the interviewers. Some women may have felt uneasy about revealing undesirable practices.

Even though many women are engaged in weight loss efforts in the Yukon, it is encouraging that they are aware of the healthy ways to lose weight. The following sections discuss how specific practices relate to current guidelines for healthy eating and for weight loss and control.

3. Characteristics of the groups

A) Physical activity

Although women trying to lose weight identified exercise as one of their weight loss practices, they did not engage in more frequent leisure or vigorous activity than women not trying to lose weight. A possible explanation for this finding is that a greater proportion of women trying to lose weight felt that there were barriers preventing them from being more physically active. Unfortunately, this study did not examine the barriers specifically cited by Yukon women. For the *I* Yukon population as a whole, however, the major barriers were identified as lack of time, motivation, other (e.g. weather, medical, lack of facilities), and ability (Yukon Bureau of Statistics, 1993b).

Another explanation could be related to the time of the study. This study was conducted in January, February, and March. In general, respondents felt they did not get as much physical activity as they needed in the winter than in the summer. Moreover, a greater proportion of women trying to lose weight than women not trying to lose weight felt this way.

Increased exercise is important for maintaining weight loss in overweight persons (Pavlou et al., 1989). In his review of prospective studies, Blair (1993) found that overweight persons who are active and fit have lower rates of morbidity and mortality than overweight persons who are sedentary and unfit. In the present study, Yukon women who were overweight and who would benefit from physical activity, were less likely than women within the healthy weight range to engage in vigorous activity three or more times per week. This supports the findings of other studies which report that overweight women exercise less frequently or about as much as women with lower weights (King & Tribble, 1991; Shah & Jeffery, 1991). In addition, the findings indicate that the time of year was a limiting factor. Furthermore, a greater proportion of overweight women than healthy weight women felt that they did not get as much physical activity as they needed.

Underweight women and healthy weight women had similar physical activity patterns. As well, both groups felt similarly about getting the physical activity that they needed. Overall, the data on the self-perceived need for physical activity suggest that this issue may not be as much a concern for women with healthy weights or lower as it is for overweight women and women trying to lose weight.

Yukon women seem to know that physical activity and diet are important for weight loss; however, women currently trying to lose weight and overweight women, in particular, do not appear to be exercising more than other Yukon women. Recommendations for health-promoting physical activity must be made in view of possible barriers perceived by Yukon women. Consideration should also be given to the time of year. Given that diet intervention and exercise produce more weight loss than either dieting or exercise alone (Blair, 1991), effective strategies to promote activity among overweight women who are at most health risk should be developed.

B) Nutrition

The discussion on nutrition should be evaluated in view of the following limitations of the dietary intake data.

One limitation of the dietary assessment method is that it did not provide the respondents with standard portion sizes to help them assess their intake. Thus, a respondent's portion size may have represented several portions compared to the Food Guide standards. Although they recognized the limitations of this method, the YBS was not able to incorporate a more detailed assessment of intake due to the comprehensive nature of the survey and due to the constraints of administering it by telephone.

Systematic analysis of the data for the present research revealed a small difference between mean caloric intake reported by Nutrition Canada and mean Yukon caloric intake. The Yukon intake values were lower, on average, than Nutrition Canada intake values. In their analysis of the results, the YBS also determined the differentials between Nutrition Canada intakes and Yukon intakes and used the differentials to adjust the serving sizes reported by the subjects. However, since the YBS did not consider the contribution of sugars, fats and oils in the Yukon data, their derived intake variables were not used in this study's analyses.

A second limitation of the intake data is that the contribution of alcohol was not accounted by the assessment method. There are some indications that alcohol use is a problem in the Yukon (Yukon Bureau of Statistics, 1991). Whether alcohol contributes significantly to energy intake remains to be seen.

In consideration of the above, the reported intake data, which is discussed here, should be regarded as possible underestimates of actual intake. Despite its limitations, the reported data still permit useful comparisons between groups.

Women trying to lose weight and those not trying to lose weight consumed similar servings from the four food groups. Between the other comparison groups, food group consumption was

also similar. The few significant differences that were observed did not appear to be important from a biological point of view. Unfortunately, the servings data do not provide information about specific food items, such as their method of preparation and composition. For example, meat that was deep-fried would contain more fat and provide more energy than meat that was oven-roasted.

Although some studies have reported that obese persons eat fewer calories, or the same amount of calories, as do persons of normal weight (King & Tribble, 1991; Shaw & Jeffery, 1991), other studies based on the doubly-labelled water technique suggest general under-reporting of intakes, which tends to be more pronounced in the obese (Schoeller, 1990). The latter could explain why a difference in consumption was not observed between overweight women and healthy weight women.

Comparison of food group consumption to the respective Canada Food Guide recommendations revealed that the overall diet of Yukon women, regardless of weight loss effort, may be inadequate from a nutrient perspective. Furthermore, women were more likely to meet or exceed the recommendations for the dairy and the meat and alternatives groups, but not as likely to meet the recommendations for the fruits and vegetables or the breads and cereals groups. Although the Yukon data are possibly underestimates of actual intakes, the difference would not completely explain the discrepancies between dietary guidelines and actual intakes. Since this survey was conducted during January, February, and March, one explanation could be that fruits and vegetables were available in limited amounts, and those that were available were costly (Wein, 1994; Yukon Bureau of Statistics, 1994). It may also be that the message to "emphasize cereals, breads, other grain products, vegetables and fruits" in <u>Canada's Guidelines for Healthy Eating</u> (Health and Welfare Canada, 1990c, p. 5) must be better promoted in the Yukon.

Although there were no differences in dietary intakes between the comparison groups, eating knowledge, as well as health knowledge, and eating behaviour, were related to weight loss effort and relative weight based on BMI classifications. Those who had the most positive eating knowledge and behaviour were women who were trying to lose weight. These findings suggest that those who were actively trying to lose weight recognize the importance of specific food habits and practices to achieve weight loss. In contrast, women who were underweight appeared to be less concerned with specific practices, such as reducing consumption of fried or fatty foods, buying calorie-reduced food, and buying food with lowered fats and oils. Overweight women, as a group, appeared to be no more concerned than women with healthy weights.

It should be noted that compared to healthy weight women, underweight women were more likely to be poor, were less likely to indicate that they were eating well enough to maintain good health (K2), and more likely to find it difficult to afford the basic necessities (G4E). Thus, it could be that for underweight women, improving nutrition behaviour is secondary to not having enough money. To address this issue, the EKI and EBI analyses were run excluding those who were poor. The differences that were previously seen were observed in the modified analyses. This suggests that the less positive nutrition behaviour of underweight women and their apparent lack of concern are not related solely to income. However, it should be noted that not having enough money definitely pertains to some Yukon women. Unfortunately, the present research cannot ascertain the extent of this problem.

This study did not specifically examine the factors that would improve the way that Yukon women eat (K6). However, for the population as a whole, factors that have been identified include lower food prices, variety/availability of fresh foods, better food habits, and a better schedule or more time (Yukon Bureau of Statistics, 1993b). The implications of some of the above factors have been discussed in this section.

The factors that influence the way Yukon women eat (K2a) were also not examined. Overall, however, Yukoners have identified the following factors: preference, hunger, taste, health, and the nutrition guide (Yukon Bureau of Statistics, 1993b). Future research should examine which of these factors are important to women trying to lose weight, overweight women, underweight women, and healthy weight women.

In summary, the goal of losing weight, rather than relative weight status, seems to be an important motive for healthy eating and for seeking health knowledge. It may be beneficial, therefore, to provide Yukon women, especially those who are trying to lose weight, with current and accurate nutritional and health information that is also sensitive to body weight concerns. Since obesity is an important physical health concern (Burton & Foster, 1985; Canadian Dietetic Association, 1988; Health and Welfare Canada, 1988), healthy eating knowledge and behaviour play important roles in reducing the risks associated with excess body fat. Health promotion messages could be tailored for Yukon women who are overweight. However, the importance of health promoting behaviour is not exclusive to those who are overweight. Consistent with <u>Canada's Guidelines for Healthy Eating</u> (Health and Welfare Canada, 1990b), all women should be encouraged to follow healthy eating practices. Furthermore, recommendations should be made in view of the factors identified by Yukon women which influence and would improve the way they eat.

C) Social health

Amidst the societal pressure to be thin and attractive (Garner & Garfinkel, 1980), it is not surprising that appearance was an important concern for most Yukon women and that those trying to lose weight and those who were overweight were less likely to indicate that they were fine the way they were. It should be noted, though, that appearance was not defined in this

survey and can refer to a number of attributes, such as body weight, body shape, facial features, hair, and so on.

Body image has been defined as "an individual's subjective experience with his or her body and the way he or she organizes this experience" (Rodin, 1993, p. 644). It has been associated with self-concept (Rodin, 1993), as well as body mass index (Kuskowska-Wolk et al., 1990). Although data from this study do not prove that those engaging in weight loss efforts and those who are overweight have distorted body images, the findings should be viewed in terms of their possible implications for all women who are under pressure to fit the ideal mold.

D) Self-rated health

In addition to overall quality of life, four aspects of self-rated health (mental and emotional health, physical health, social relationships, and spirituality) were examined to better describe the holistic health of Yukon women.

Like other Canadian women (Health and Welfare Canada, 1993), the majority of Yukon women described the overall quality of their lives as good or very good/excellent. Yukon women who were overweight, however, were more likely to describe the quality of their lives as worse than other women. Based on holistic definitions of health which imply the importance of quality of life, this may mean that overweight women were less satisfied with their overall health. This speculation is supported by data from the HPS 1990 which also reports that persons who are not overweight report better health than those who are overweight (Health and Welfare Canada, 1993). Other results for self-rated health could not be located in the literature.

Two groups of women, those trying to lose weight and those who were overweight, were more likely to rate their physical health less positively than other women. This could be an indication that these women recognized the potential health risks associated with excess weight. However, since many of the women trying to lose weight were not overweight, these findings could also support the notion that women express dissatisfaction with body weight because they are under pressure to fit a certain standard. To further support this idea, women trying to lose weight rated their mental and emotional health worse than those not trying to lose weight and overweight women rated their social relationships worse than women with weights in the healthy range. In contrast, underweight women reported similar ratings on these dimensions of health as women with weights in the healthy range. Their overall quality of life ratings were also similar. This provides further support for the speculation that women with lower weights report better health than their higher weight counterparts.

Based on this study, it appears that some dimensions of self-rated health are associated with engaging in weight loss efforts and others with relative weight status. It should be noted, however, that none of the dimensions were defined for the respondents. Thus, a respondent may have equated "physical health" in a number of ways, such as a specific body weight, or blood pressure, or diabetes.

4. **Problems and limitations**

Problems associated with secondary data analysis are identified here. The most obvious problem is that the survey was developed by others. Thus, it was often difficult to determine why certain things were done a certain way. For example, when technical errors were detected, determination of the reason for the problem and correction of the problem was often time consuming. However, the YHPS research program is unusual in that the printed materials on the rationale and methodology of the survey were comprehensive. Also, because the YHPS research program is a large collaborative effort with the Institute of Health Promotion Research, clarification of issues was possible through meetings with members of the YHPS research team. Thus, problems that arose were eventually addressed and solved, and are unlikely to have affected the research findings.

There are four main limitations of this study. First, the dietary intake data do not provide valid information on Yukon intake. The implications of this were discussed earlier. Second, this study is descriptive, and therefore, it does not confirm or deny causal relationships. Third, the survey data did not permit a distinct separation between women who successfully lost weight in the past year and those who intend to lose weight in the next year. As a result, the characteristics of these two groups could not be examined. Insight into the characteristics of those who were successful at weight loss would have been a valuable addition to this study.

The final limitation is that the study was conducted in January, February, and March. This likely had a bearing on the findings for physical activity. Question A10, however, provided a good indication of the effect of the time of year on physical activity in the Yukon. The majority of women felt that they did not get as much physical activity as they needed in the winter. The possibility that Yukon women were expending less energy during the time of the survey, could be one explanation for the lower mean intakes relative to the Nutrition Canada mean intakes. It could also be speculated that following Christmas, people are more likely to be "on a diet" and thus to decrease food intake. However, these do not explain the lack of differences observed in food consumption patterns between the comparison groups.

5. Relation to current health promotion strategy

The model by Green and Kreuter (1991) proposes that research first examine the quality of life concerns of the target population (Phase 1). Then, by working backwards the specific health goals or problems are identified (Phase 2), the specific health-related behavioral and environmental factors are identified (Phase 3), and finally the predisposing, enabling, and reinforcing factors are identified (Phase 4). As a result of this process, implementation strategies can be appropriately designed (Phase 5).

In this research, the quality of life concerns of Yukon women were related to weight loss effort. The health-related behavioral and environmental factors that were linked to weight loss effort were healthy eating behaviour and physical activity. Predisposing factors that were identified were positive eating knowledge and health knowledge. With respect to physical activity, enabling factors included barriers to physical activity and time of year. This study did not specifically examine reinforcing factors.

The suggestions for health promotion strategies in the Yukon, which have been included in this discussion, used Green and Kreuter's (1991) model as a guide. They are also intended to support the principles of Canada's Framework for Health Promotion (Epp, 1986).

6. Conclusion

c)

The following summarizes the main findings of this study:

- 1. Yukon women are just as likely as other Canadian women, if not more likely, to engage in weight loss efforts.
- 2. Engaging in weight loss efforts in the Yukon is positively associated with relative weight status based on BMI classifications.
- 3. Yukon women trying to lose weight seem to be aware of the healthy ways to lose weight.
- 4. A high proportion of Yukon women within the healthy weight range are currently trying to lose weight.
- 5. Four out of six Yukon women indicate dissatisfaction with their current weight.
- 6. Women in the comparison groups differed in some demographic, physical, nutritional, social, and other characteristics:
 - a) Compared to women not trying to lose weight, those trying to lose weight: were younger, had similar food consumption patterns and activity patterns, felt that they did not get as much physical activity as they needed, had more positive nutrition behaviour and health knowledge, and viewed their physical health and mental emotional health less favourably.
 - b) Compared to women with healthy weights, those who were overweight: were less likely to live in Whitehorse, were older, were more likely to be poor and less educated, had similar food consumption patterns, exercised vigorously less frequently, felt that they did not get as much physical activity as they needed, had similar nutrition behaviour and health knowledge, and viewed their overall quality of life, their physical health, and social relationships worse.
 - Compared to women with healthy weights, those who were underweight: were more likely to be poor, were more likely to be satisfied with their current weight,

had similar food consumption and activity patterns, had less positive nutrition behaviour and health knowledge, and rated their quality of life similarly.

In this research, the quality of life concerns of Yukon women were related to weight loss effort and relative weight status. Originally, it was speculated that Yukon women, for reasons related to their geographical location and to the influence of First Nations culture, might show less concern for weight loss issues and hence, be less likely to be trying to lose weight. However, the findings of this study reject that speculation as weight concerns were reflected in the high prevalence of women trying to lose weight and in the large number of Yukon women indicating dissatisfaction with body weight. This supports the literature which shows that among other women in Western society, the pressure to be thin is enormous (Garner & Garfinkel, 1980; Rodin, 1993). It is obvious that Yukon women are not protected from this pressure.

Given what is known about the holistic health (i.e. physical, social, and psychological) consequences of overweight, underweight, and chronic dieting, the findings from this study should not be taken lightly. Particular attention needs to be given to those trying to lose weight and to those who are overweight who rated their health worse than other women.

Furthermore, it may be that not having enough money is a concern for some underweight women, thus affecting their nutrition behaviours. However, the results also support the idea that underweight women are less concerned with healthy eating practices compared to their higher weight counterparts.

Overall the findings suggest that the concerns surrounding body weight include physical as well as social and psychological components of holistic health. Although some Yukon women, such as those trying to lose weight, report healthy behaviours, all would benefit from strategies which promote healthy weight loss or general health maintenance. The best strategies based on holistic health would promote positive self-concept and body image.
One approach that supports positive health promoting concepts is <u>Vitality</u>. <u>Vitality</u> is described as "an integrated approach of healthy eating, enjoyable physical activity, and positive body image that influences physical, mental, and social well-being in a positive way" (Health and Welfare Canada & Fitness Canada, 1989). Whether this approach will be successful in addressing the health and psychosocial issues surrounding body weight remains to be demonstrated.

Tailored approaches may also prove to be useful considering the different characteristics of the groups in this study. For example, current and accurate information would benefit women trying to lose weight who appear to be more interested in nutritional and health information. The stage of change of the individual should also be considered. Recent research based on the Stages of Change Model (Greene et al., 1994; Rossi et al., 1994) suggests that behaviour change varies for different individuals who may fall within any of the following stages: precontemplation, contemplation, preparation, action, and maintenance. In this study, for example, underweight women seemed to be in the precontemplation stage; that is, based on their characteristics they are more likely to have no intention of changing health behaviour in the foreseeable future. On the other hand, women trying to lose weight were already in the action stage and may therefore be perceptive to interventions, such as those that would enable them to get the exercise that they need. Women in the healthy weight range and overweight women are likely distributed into all the stages and therefore, a variety of approaches should be developed for them.

Overall, the findings of this study suggest that weight loss efforts of Yukon women are similar to those of the dominant Western society.

7. Recommendations for future research

Further research to support or deny the findings of this study would be useful given that relatively little is known about weight loss efforts among women living in the Yukon. Even though weight loss effort was not specifically associated with First Nations status, it would also be of interest to examine weight loss correlates and attitudes among this group who possess a unique culture. Some health concerns that have been specifically associated with First Nations women are diabetes, high blood pressure, and cardiovascular disease (Health Canada, 1994).

Most Yukon women agreed that appearance was important to them, and they expressed dissatisfaction with current weight, whether or not it was healthy from a medical standpoint. Future research should also examine the sociocultural and psychological aspects of weight loss in the Yukon. Studies should specifically examine the possible reasons for dissatisfaction with weight, for example, poor self-concept and distorted body image, social acceptance, or to improve relationships. Examination of the reasons for weight loss efforts would contribute to an holistic understanding of the body weight concerns of Yukon women. Additionally, it may further elucidate the relationship of weight loss effort and the societal pressure to be thin (Garner & Garfinkel, 1980).

In addition to the general recommendations above, future research should also specifically examine the following:

- 1) The reasons for the high prevalence of weight loss effort, particularly the relationship to demographic variables and to time of year.
- 2) Dietary intake using a method which will provide valid information on nutrient intakes and which considers the contribution of alcohol.
- 3) The factors which influence and would improve the way women from different sub-groups eat.
- 4) The extent of low income as a limiting factor to healthy eating.

- 5) The barriers to and the influence of time of year on physical activity for different subgroups of Yukon women.
- 6) The characteristics and behaviours of those who have been successful at weight loss.
- 7) The application of the Stages of Change Model in the formation of tailored interventions for different sub-groups of Yukon women.

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APPENDICES



Appendix A: Yukon Health Promotion Survey 1993

A.1 Overall, how would you describe the quality of your life? excellent very good good fair poor A.2 In general, compared to other people your age, would you say your health is excellent very good good fair poor A.3 How important are the following for your overall health and well-being? a) mental and emotional health very somewhat not at all imp a) mental and emotional health very somewhat not at all imp d) spirituality very somewhat not at all imp A.4 Would you describe your very somewhat not at all imp A.4 Would you describe your very somewhat not at all imp b) physical health so excellent very good good fair a) mental and emotional health so excellent very good good fair A.4 Would you describe your excellent very good good </th <th>TTL .</th> <th>we four amostic</th> <th>are about vo</th> <th>ur current heal</th> <th>th.</th> <th></th> <th></th> <th></th>	TTL .	we four amostic	are about vo	ur current heal	th.			
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	d) have you ever had swelling of a joint with pain : nessent in the joint lasting for at least one month?
	e) have you ever had stiffness in the joints or muscles
	when getting out of bed in the morning lasting for at least
	15 minutes?
A.16	IN THE PAST 12 MONTHS, have you been injured?
	How many times in the past 12 months have you been injured? [] injuries
A.17	On the most recent occasion, did you require
	a) admission to hospital? Yes 🛛 No
	b) treatment by a health professional? Yes INo
	c) treatment by family, friend or self? Yes INo
	d) no treatment was required Yes 🛛 No 📜
	A 17.1 Was the principal cause of this injury
	A.1/.1 Was the principal cause of this injury
	accidental
	intentional? go to A 173
	A.17.2 (Accidental Injury)
	Did this injury occur
	while you were in a motor vehicle?
	I while walking?
	while riding a bicycle/motorcycle/ATV? (specify)
	while engaging in a sporting activity? (specify)
	around the home?
	O on the job?
	while engaged in another activity? (specify)
	go 10 A 17.4
	A.17.3 (Intentional Injury)
	What or who caused this injury? (Do not read)
	your spouse or partner?
	a family member?
	□ a friend?
	an acquaintance?
	a stranger?
	ather?
	A.17.4 Were alcohol and/or drugs involved?
	🗆 Yes 🔲 No 🔲 Don't know

	 No No No mental healt No 	 Don't know
Tes	 No 	 Don't know Don't know Don't know th problem for Don't know
	□ No □ No □ No □ No □ No □ No □ No □ No	 Don't know
	□ N₀ □ N₀ □ N₀ □ N₀ □ N₀ □ N₀ ○ N₀ □ N₀ □ N₀ □ N₀ □ N₀ □ N₀	Don't know
Yes Yes Yes Yes Yes f the follow Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	□ No mental heal □ No □ No □ No ○ No □ No □ No □ No □ No □ No	Don't know
hysical or 1 	mental heal No No No No No No No No No No	 Don't know
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	□ No □ No □ No □ No □ No □ No □ No □ No	Don't know
O Yes O Yes f the follow 	□ No □ No □ No □ No □ No □ No □ No □ No	Don't know
OYes f the follow 	□ No □ No □ No □ No □ No □ No □ No	Don't know
f the follow - 0 165 - 17 Yes - 7 Yes - 7 Yes - 7 Yes - 7 Yes - 7 Yes	wing	 Don't know Don't know Don't know Don't know
- 0 1/5 - 0 1/6 - 0 1/6	□ N₀ □ N₀ □ N₀ □ N₀ □ N₀	 Don't know Don't know Don't know Don't know Don't know
- D Yes - D Yes - D Yes - D Yes - D Yes - D Yes - D Yes	 No No No No No No 	 Don't know Don't know Don't know
- 0 Ym - 0 Ym - 10 Ym - 10 Ym - 0 Ym - 10 Ym - 10 Ym	 No No No No 	 Don't know Don't know
- D Yes - C Yes - D Yes - C Yes - D Yes - D Yes	 No No No No 	🗇 Don't know
- (1) Ya - (1) Ya - (1) Ya - (1) Ya - (1) Ya	□ No □ No	
- 0 Ye - 7 Ye - 0 Ye - 0 Ye	⊡ No	🗇 Don'i know
(1) Yas (1) Yas (1) Yas	5	🗇 Don't know
0 Ya 0 Ya	5 D No	🗇 Don't know
Ya	ON₀	🗇 Don't know
		🗇 Don't know
	i i	
1ealth servi	ices in the Y	ukon?
he followi	ng medical l	ests?
he followi	ng medical l	ests?
he followiu	ng medical (No	ests?
he followiu Yes Yes	ng medical (ests?
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he followin Yes Yes Yes Yes	ng medical (ests? Don't kno Don't kno Don't kno Don't kno
he followin Yes Yes Yes	ng medical (ests? Don't kno Don't kno Don't kno Don't kno
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he followin Yes Yes Yes Yes	ng medical (ests? Don't kno Don't kno Don't kno Don't kno Don't kno i was the tast tim
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he followin Yes Yes Yes Yes	ng medical (No No No No No No No No No No	ests? Don't low Don't low Don't kno Don't kno Don't kno Don't kno Non't kno vers the last tim thin the last 2 years i years ago
he followin Yes Yes Yes Yes	ng medical (No No No No No No No No No No	ests? Don't low Don't low Don't low Don't low Don't low Don't low Notes the last 1 years i years ago Der
	are then one	ealth services in the Y

B.7	In the past 12 months have you been advised by a physician to have a mammogram?
	OlYes OlNo
B.8	Do you regularly perform self-examination for [breast] or [testicular] cancer?
	C Yes C No C Don't know
PHYS	SICAL ENVIRONMENT
The n	ext few questions are about your physical environment.
C.1	How long have you lived in the Yukon?
C.2	Do you think that you will be living in the Yukon five years from now?
	C Yes C Ne C Duart know
	Do you think you'll still be living in the same neighbourhood?
	O Yes O No O Don't know
С.3	Living in the Yukon, do you feel
	a) a sense of community? [Yes] No] Don't know
	b) safe walking alone in the evening? Its 0 140 0 Don't know c) isolated and alone?0 Yes 0 No 0 Don't know
	d) the need periodically to visit larger towns or cities? — I Yes I No I Don't know
C.4	Does your home have
	a) running water? [Yes] No] Don't know
	b) sewage or septic? rs No Don't know
	d) laundry facilities?
	e) telephone? (personal interieus only) Yes O No O Don't know
C.5	a) What is the approximate square footage of the living space in your home?
	square feet 🛛 Don't know
	b) Number of bedrooms? LJ bedrooms c) Do you think you have enough space in your home? I Yes I No I Don't know
C.6	Do you, or others in your household
	a) recycle papers, bottles, cans?
	b) compost fruit and vegetable waste?
	c) set the water heater thermostat at 50°C or less Yas 🛛 No 🗍 Don't know 🗍 Not applicable
	d) buy products made of recycled materials?
	e) usually pick up litter? Not explicable
	f) regularly use sun screen or sun protection in the
	- Ver C No C Den't brow C Net applicable
	summer?

C.7	During the past 12 months, do you think that o outdoor) has affected your health?	envir	onme	ntal	pollutio	оп (indoor/
	Difference				,		
		<i>1.11111</i> 2.2			99033		
	L What kind as pollution and how has it affected your	heall		enda	a /		
MEN							
The	following questions are about your health and v	vell-ł	œing.			•	
D.1	Would you describe your life as			******			*****
	O Very stressful? O Somewhat stressful?	9	N::	e de la composition de la comp	uafatit	2	
	16 that strengthal					88 i	
	If dery or somewhat stressjut						
	Which of the following best describes the source of you	ur stre	ss7 (che	ck all	that apply	1	D
	a) spouse or partner (if applicable)	U	165	0	190 N		Dom't have
	b) family		165 Vær	U C	No	- 0	Dom't have
	c) triends	U	i co Ver	0	No	-	Don't have
	a) community	0	Yer	с С	No		Don't have
	e) work		Yes	n'	No	n	Don't know
	a) other (place specify)	0		0			
	 c) particularly excited or interested in something?		Often Often Often Often Often Often Often		Sometim Sometim Sometim Sometim Sometim Sometim	es es es es es	 Never Never Never Never Never Never Never Never Never
<u>soc</u>			(1
E.1	ror each of the following statements; please s no opinion.		i you	agre	e, disag	ree,	or have
	a) I am responsible for the state of my health	0	Agree	٥	Disagree	0	No opinion
	b) I'm fine the way I am	0	Agree	Ο	Disagree	Ο	No opinion
					Disagree	Ο	Mar and a fam.
	c) My appearance is very important to me	0	Agree	σ	Disagite		No opinion
	 c) My appearance is very important to me ———————————————————————————————————	0 t0	Agree Agree	0	Disagnee	σ	No opinion No opinion
	 c) My appearance is very important to me —————— d) In order to care for others, I have to look after myself firs f) I worry about what other people think of me ———— 	0 t0	Agree Agree Agree	0 0 0	Disagree Disagree Disagree	0 0	No opinion No opinion No opinion
	 c) My appearance is very important to me ———————————————————————————————————	0 t0 0	Agree Agree Agree Agree	0 0 0 0	Disagree Disagree Disagree Disagree	0 0 0	No opinion No opinion No opinion No opinion
	 c) My appearance is very important to me ————— d) In order to care for others, I have to look after myself firs f) I worry about what other people think of me ———— g) My relationships with other people are important to my health and well-being ———— h) I have difficulty seeing things from someone else's point 	0 •0 ·	Agree Agree Agree Agree	0 0 0 0	Disagnee Disagnee Disagnee Disagnee	0 0 0	No opinion No opinion No opinion
	 c) My appearance is very important to me ————— d) In order to care for others, I have to look after myself firs f) I worry about what other people think of me ———— g) My relationships with other people are important to my health and well-being ———— h) I have difficulty seeing things from someone else's point of view-— 		Agree Agree Agree Agree Agree	0 0 0 0 0	Disagne Disagne Disagne Disagne	0 0 0	No opinion No opinion No opinion No opinion
	 c) My appearance is very important to me		Agree Agree Agree Agree Agree Agree	0 0 0 0 0	Disagree Disagree Disagree Disagree Disagree Disagree		No opinion No opinion No opinion No opinion No opinion
	 c) My appearance is very important to me		Agree Agree Agree Agree Agree Agree Agree		Disagree Disagree Disagree Disagree Disagree Disagree		No opinion No opinion No opinion No opinion No opinion No opinion
	 c) My appearance is very important to me		Agree Agree Agree Agree Agree Agree Agree Agree		Disagnee Disagnee Disagnee Disagnee Disagnee Disagnee Disagnee		No opinion No opinion No opinion No opinion No opinion No opinion
	 c) My appearance is very important to me		Agree Agree Agree Agree Agree Agree Agree Agree Agree		Disagnee Disagnee Disagnee Disagnee Disagnee Disagnee Disagnee Disagnee		No opinion No opinion No opinion No opinion No opinion No opinion No opinion

	F.1	Do you consider yourself to be
·		 very spiritual or religious moderately spiritual or religious not very, or not at all spiritual or religious? don't know
	F.2	Do spiritual values and/or your faith play an important role in your life?
		□Yes □No □Don't know
	F.3	Are you an active member of an organized religion? 🛛 Yes 🗆 No
G.	SOC	CIO-CULTURAL
	G.1	Do you consider yourself to be a First nations person (Indian, Metis, Inuit)?
		a) le vour culture important le vour health? Yes O No
		b) In cating traditional foods important to you? O Yes O No
	G.2	Compared to other communities in the Yukon, how would you rate the overall health of your community?
		□ excellent □ very good □ good □ fair □ poor □ no opinion
		In your opinion, what is the most important health issue in your community?
	G.3	Compared to other families in your community, how would you rate the overall health of your family?
		□ excellent □ very good □ good □ fair □ poor □ no opinion
		In your opinion, what is the most important health issue to your family?
		·
	G.4	For each of the following statements, please state if you "agree" or "disagree".
		a) I don't make time for myself
		b) I have tell discriminated against مستعمر من معرود م
1		abusive family situation Agree Disagree Disagree
f		d) I have recently been pushed, hit or assaulted
		☐ Yes □ No
		e) It is difficult for me to afford the basic necessities of
		food, clothing and shelter Agree 🛛 Disagree 🗂 No opinion

6.5	Which of the following best describes	your principal a	ctivity duri	ng the past 12
	months? Were you			
	D Employed?	Were you mainful.	b or business	7
	I looking for work?	were you seasonal	ly employed? a	yes O as O Destikaew
	a student?	O self-employed	?	
	C retired?	were you seasonal	ly employed? 0	iyes Gans CiDeniikanew
	working at a traditional or subsistence activity such as hunting or trapping?		no	
	maintaining a household?			**********
	☐ other: (please specify)	- G) In what kin	id of business	ŝ
		Mountry of set		
		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	L (b) What kind	af work da ya	ni dat
		·		<u></u> _
•				go to G.8
<u> </u>	Did you have a job or business at any	time during the	past 12 mor	nths?
G.0	The source a job of business at any	and annug the		
	Larkan Katimus tast mand #		1	
			88888	
G.7	Are you CURRENTLY employed?			
0	O Yes 10 No · go to C.8			
	(1) When his died business industry or ear	vice is it?	•	
	 (a) What kind of business, industry or ser 	vice is it?		,,
	_ (a) What kind of business, industry or ser	vice is it?		
	 (a) What kind of business, industry or ser (b) What kind of work do you do? 	vice is it?		
	 (a) What kind of business, industry or ser (b) What kind of work do you do? 	vice is it?		
	 (a) What kind of business, industry or ser (b) What kind of work do you do? 	vice is it?		
G.8	 (a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j 	ob or business d	uring the p	ast 12 months?
G.8	(a) What kind of business, industry or ser (b) What kind of work do you do? (b) What kind of work do you do? (Include vacation, illness, strikes, loc	ob or business d k-outs and mater	uring the p mity/patern	ast 12 months? ity leave)
G.8	(a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j (Include vacation, illness, strikes, loc	ob or business d k-outs and mater	uring the p mity/patern	ast 12 months? ity leave)
G.8	(a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j (Include vacation, illness, strikes, loc	ob or business d k-outs and mater	uring the p mity/patern	ast 12 months? ity leave)
G.8 G.9	(a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j (Include vacation, illness, strikes, loc Tweeks IN YOUR WORK, have any of the for	ob or business d k-outs and mater	uring the p mity/patern	ast 12 months? ity leave) your health and
G.8 G.9	(a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j (Include vacation, illness, strikes, loc []] weeks IN YOUR WORK, have any of the for well-being in the past 12 months	ob or business d k-outs and mater	uring the p mity/patern	ast 12 months? ity leave) your health and
G.8 G.9	(a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j (Include vacation, illness, strikes, loc []] weeks IN YOUR WORK, have any of the for well-being in the past 12 months a) Stress and/or demands of the job	ob or business d k-outs and mater llowing negative	uring the p mity/patern ly affected	ast 12 months? ity leave) your health and
G.8 G.9	 (a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j (Include vacation, illness, strikes, loc Include vacation, illness, strikes, loc weeks IN YOUR WORK, have any of the forwell-being in the past 12 months a) Stress and/or demands of the job	ob or business d k-outs and mater llowing negative	uring the p mity/patern ly affected No Don't No Don't	ast 12 months? ity leave) your health and how I Not applicable
G.8 G.9	 (a) What kind of business, industry or ser (b) What kind of work do you do? How many weeks did you work at a j (Include vacation, illness, strikes, loc []] weeks IN YOUR WORK, have any of the forwell-being in the past 12 months a) Stress and/or demands of the job b) Risk of injury or accident in the work place - c) Job security 	ob or business d k-outs and mater llowing negative	uring the p mity/patern ly affected No Dom't No Dom't	ast 12 months? ity leave) your health and brow I Not explicable brow I Not explicable brow I Not explicable
G.8 G.9	 (a) What kind of business, industry or ser (b) What kind of work do you do? (b) What kind of work do you do? (b) What kind of work do you work at a j (Include vacation, illness, strikes, loc []] weeks IN YOUR WORK, have any of the forwell-being in the past 12 months a) Stress and/or demands of the job b) Risk of injury or accident in the work place - c) Job security d) Hours and/or schedules of your work 	ob or business d k-outs and mater llowing negative Yes Yes Yes	uring the p mity/patern ly affected No Don't No Don't No Don't	ast 12 months? ity leave) your health and brow I Not epplicable brow I Not epplicable brow I Not epplicable brow I Not epplicable
G.8 G.9	 (a) What kind of business, industry or ser (b) What kind of work do you do? (b) What kind of work do you do? (b) What kind of work do you work at a j (Include vacation, illness, strikes, loc []] weeks IN YOUR WORK, have any of the forwell-being in the past 12 months a) Stress and/or demands of the job b) Risk of injury or accident in the work place- c) Job security d) Hours and/or schedules of your work e) Problems balancing home and work life 	ob or business d k-outs and mater llowing negative O Yes O O Yes O O Yes O	uring the p mity/patern ly affected No Don't No Don't No Don't No Don't	ast 12 months? ity leave) your health and how O Not applicable how O Not applicable how O Not applicable how O Not applicable
G.8 G.9	 (a) What kind of business, industry or ser (b) What kind of work do you do? (b) What kind of work do you do? (b) What kind of work do you do? (c) What kind of work do you work at a j (Include vacation, illness, strikes, loc (Include vacation, illness, strikes, l	ob or business d k-outs and mater llowing negative Yrs Yrs Yrs Yrs Yrs Yrs Yrs	uring the p mity/patern ly affected No Don't No Don't No Don't No Don't No Don't No Don't	ast 12 months? ity leave) your health and brow I Not explicable brow Not explicable brow Not explicable brow Not explicable brow Not explicable brow Not explicable
G.8 G.9	 (a) What kind of business, industry or ser (b) What kind of work do you do? (b) What kind of work do you do? (b) What kind of work do you do? (c) What kind of work do you work at a j (Include vacation, illness, strikes, loc (Include vacation, illness, strikes, l	ob or business d k-outs and mater llowing negative 	uring the p mity/patern ly affected No Don't No Don't No Don't No Don't No Don't No Don't No Don't No Don't	ast 12 months? ity leave) your health and how O Not explicable how O Not explicable
G.8 G.9	 (a) What kind of business, industry or ser (b) What kind of work do you do? (b) What kind of work do you do? (b) What kind of work do you work at a j (Include vacation, illness, strikes, loc (Include vacation, illness, strikes, loc weeks IN YOUR WORK, have any of the forwell-being in the past 12 months a) Stress and/or demands of the job b) Risk of injury or accident in the work place- c) Job security d) Hours and/or schedules of your work e) Problems balancing home and work life f) Shift work g) Child care h) Relations between workers and/or superiors 	ob or business d k-outs and mater llowing negative 	uring the p mity/patern ly affected No Don't No Don't No Don't No Don't No Don't No Don't No Don't No Don't	ast 12 months? ity leave) your health and how Not explicable how Not explicable

G.11 How many pa							
G.11 How many pa							
	id or unpaid vacati	on days hav	ve you ta	aken i	n the pas	st 12 m	onths?
<u>[</u>	🗇 Don't know						
La on How lor	ng has it been since you	u took your læ	st vacatio	n? 🗌	months		
G.12 a) In the past	year, how many day	ys were you	ı away f	rom w	ork beca	iuse yo	u wer
sick, injure	d or disabled?	days C	🛛 Don't k	now	80		
;	<u> </u>					0.04	1 40 10 1
ь) in the past :	30 DAYS?	days C	Don't k	monu			
							. ·
		•					
	AND BARNIENS						
H.1 Are you limit term illness, p condition that	ed in the kind or ar physical condition of t has lasted or is ex	nount of act or health pr pected to la	tivity yo oblem? st more	ou can By lo than (do becar ong term 1 6 months	use of a I mean	a long a
H.1 Are you limite term illness, p condition that	ed in the kind or ar physical condition o t has lasted or is ex No	nount of act or health pr pected to la	tivity yo oblem? st more	bu can By lo than (do becar ong term 1 6 months	use of a I mean	a long a
H.1 Are you limit term illness, p condition that Yes O H.2 Are your activ	ed in the kind or ar physical condition of t has lasted or is ex No	nount of act or health pr pected to la	tivity yo oblem? st more	bu can By lo than (do becan ing term 2 6 months	use of a I mean	a long a
H.1 Are you limite term illness, p condition that 7 Yes 0 H.2 Are your activ a) At home?	ed in the kind or an ohysical condition of t has lasted or is ex No ge to H5 vities limited	nount of act or health pr pected to la	tivity yo oblem? st more	By lo than €	do becar ong term 1 6 months	use of a I mean	a long a
H.1 Are you limit term illness, p condition that Yes H.2 Are your activ a) At home? — b) At work or sec	ed in the kind or an ohysical condition of t has lasted or is ex No	nount of act or health pr pected to la	tivity yo oblem? st more	Du can By lo than (No No	do becan ong term 1 6 months — Don1k	use of a I mean 	a long a Net applic Net applic
 H.1 Are you limited term illness, p condition that Yes H.2 Are your active a) At home? — b) At work or set of the term of term of the term of term	ed in the kind or an ohysical condition of t has lasted or is ex No	nount of act or health pr pected to la activities,	tivity yo oblem? st more	By lo By lo than (No No	do becar ong term 3 6 months Domik Domik	use of a I mean 	a long a Not applic Not applic
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 H.1 Are you limitative term illness, p condition that Yes Yes H.2 Are your active a) At home? b) At work or sec c) In other active transportation H.3 How well do very successful H.4 How importative 	ed in the kind or an ohysical condition of t has lasted or is ex No	nount of actor or health pr pected to las activities, oping with t not very succe llowing in conportant" of	tivity yo oblem? st more	Du can By lo than (No No No tation not at al with y t all in	do becar ong term 3 6 months 0 Don1k 0 Don1k 0 Don1k 11 successful our limit nportant	use of a I mean 	a long a Not applic Not applic Not applic Don't kn Is it
 H.1 Are you limits term illness, p condition that Yes Yes H.2 Are your active a) At home? — b) At work or set c) In other active transportation H.3 How well do very successful H.4 How import a "Very import a) Medical treatment. 	ed in the kind or an ohysical condition of t has lasted or is ex No	nount of act or health pr pected to las activities, oping with t not very succe llowing in conportant" on somewhea	tivity yo oblem? st more I ye (Pye (his limi eseful I coping y r "Not a"	No No No No No No No No No No	do becar ong term 3 6 months Dow1k Dow1k Dow1k Dow1k Dow1k Nourlimit nportant [*]	use of a I mean 	a long a Net applic Net applic ay Don't kn Ls it Don't kn
 H.1 Are you limits term illness, p condition that Yes Yes H.2 Are your actival a) At home? b) At work or sec c) In other activation H.3 How well do very successful H.4 How importation Wery importation a) Medical treatments b) Your family or family o	ed in the kind or an physical condition of t has lasted or is ex No	nount of actor health pr pected to las activities, activities, pping with t not very succe llowing in conportant" or comcuta	tivity yo oblem? st more	No No No No No No No No No No	do becar ong term 3 6 months 0 Don't 0 Don't 0 Don't 1 Don't 1 successful our limit nportant at all at all	use of a I mean 	a long a Not apple Not apple Not apple Doot kn Is it Doot kn Doot kn
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		aafah:						
ext few o	questions are about	i salety.						
H.5	Do you ride a bio	ycle						
	Citar CINo.							
	Linw alien do yo	u wear a protective belimet?		🛛 don't hav	e a helmet			
	🗆 always	I most of the time	I sometimes	O rarely or	never			
H.6	Have you ridden the past 12 mont	on an all terrain vehic hs?	le (ATV), motorcy	cle, or snow	mobile in			
	-Bow often did y	ou wear a protective heling		🗗 don't hav	e a helmet			
	C always	most of the time	sometimes	🗇 rarely or	never			
	During the past 12 r or more alcoholic du	nonths, have you driven an inks in the previous hour?	ATV, motorcycle, or	snowmobile af	ter having two			
	🗆 Yes 🖸 No	🗇 Don't know						
H.7	Have you ridder	in a motorboat, sailbo	oat or canoe in the	past 12 mon	ths?			
		- mialis						
	Luna	ni wear a lifeta des?						
			O	0 mmlu ar	never			
	🗆 always	most of the time	U sometimes	i rarety of				
	During the past 12 thaving two or more	months, have you been in a alcoholic drinks in the pre	i motorboat, sailboat ivious hour?	or canoe (of an	y kind) after			
		O DUNI LIGU						
H.8	How often do yo	ou use seat belts when	you ride in a car o	or truck?				
	🗇 always	most of the time	sometimes	🗇 rarely of	never			
H.9	In a car or truck do you ensure that the children with you have their seat belts fastened or are in car seats?							
	🗇 always	🛛 most of the time	O sometimes	🖸 rarely o	rnever			
	□ don't drive with	children in car						
		12 months have you	leiven a car or fru	ck?				
н.10 *****		12 months, have you o	ATTACIT & COT OT LLU		.`			
	In the past 12 r the previous he	nontha, did you drive s car our? Don't know	or truck after having	two or more al.	obalie drinks in			
	L How many	times in the past 30 days?		🛛 Don'i kr	low			
H.11	In your househ	old						
	is there			а. ¥-	C Don't have			
	a) a smoke alarm	that works?	0 Y≤s	. [] No	Don't know			
	b) a tirst-aid kit?	mber trained in first aid?	0 18		 Don't know 			
	d) a fire extinguis	her that works?	7ks	O No	Don't know			
	do you e) have emergenc	y telephone numbers posto	ed by a					
	telephone?		O Yes	0 No	🛛 Don't know			
	f) discard prescri	ptions or pills after their ex	piry date? - O Yes	D No	🛛 Don't know			

1.1

Yukon Health Promotion Survey Questionnaire

	Do you have guns in your home?
	☐ Yes ☐ No ☐ Don't know Are they lock celt ☐ Yes ☐ No ☐ Don't know
H.13	Today, AIDS and other sexually transmitted diseases are a major health concern. The following questions are important in dealing with this health issue.
	Have you been sexually active in the past 12 months?
	O Yes O No D Na comment Ge to H.14
	- How many people have you had sex with in the past 12 months?
	With your current/most recent sexual partner, do you use condoms?
	all the time I most of the time I sometimes I never
H.14	In the past few years have you changed your sexual behaviour due to what you have learned about sexually transmitted diseases and/or AIDS?
	Image: Set of these changes occurred in the past 12 months? Image: Set of these changes occurred in the past 12 months?
The 1	next few questions have to do with children and family.
I.1	Do you have children 14 years of age or under?
	L_How many?
Fem	ale Respondent Male Respondent
	How many live births have you had? I.2 (only if applicable) Is your
I.3	forotots partner/spouse expecting a
I.3 I.4	If is to its partner/spouse expecting a child? Did you ever have to leave your Yukon community to give birth? Image: Community to give birth? Yes No
I.3 I.4 I.5	If \$zo to 15 partner/spouse expecting a child? Did you ever have to leave your Yukon community to give birth? Yes No Don't know Yes No No Is also interding to breast feed? How many miscarriages have you had? Is also interding to breast feed? Is also interding to breast feed?
I.3 I.4 I.5 I.6	Image: Second state sta
I.3 I.4 I.5 I.6	if is to its Did you ever have to leave your Yukon community to give birth? Yes No How many miscarriages have you had? How many miscarriages have you had? Are you currently expecting a child? Yes No Don't know Are you planning to breast feed this child? S Yes No Don't know Don't know C Yes No Don't know Don't know Don't know Don't know C Yes No Don't know
I.3 I.4 I.5 I.6	Identify to give birth? Yes No How many miscarriages have you had? Image: Stree in the interding to breast feed this child? Image: Stree in the interding to breast feed this child?
L3 L4 L5 L6	Identify to give birth? Partner/spouse expecting a child? Yes No How many miscarriages have you had? Is the laterding to breast feed? Yes No Are you currently expecting a child? Yes No Are you planning to breast feed this child? Are you planning to breast feed this child? Interviewer see response in I.1 - If "no" then go to I.15
I.3 I.4 I.5 I.6 Feu	If is to its partner/spouse expecting a child? Did you ever have to leave your Yukon community to give birth? No Yes No How many miscarriages have you had? Is the interding to breast feed? Are you currently expecting a child? Yes Yes No If Interviewer see response in I.1 - If "no" then go to I.15 iale/Maile Respondents

I.8a	Was your youngest child breast fed?
	DNo Don't know (Females only) (Females only)
	For what reasons did you not breast feed? What were reasons for stopping?
L8b	At what age was your youngest child first fed solid foods?
L.9	Did you usually put this child into bed with a bottle?
	Set No Don't know
I 10	How often does your youngest child usually floss his/her teeth?
1.10	The strain accession of the strain of the strain of the sound has no teeth
_	daily at least once a week a latery/never b too young ne no nome
L.11	How often does your youngest child usually brush his/her teeth
	□ daily □ at least once a week □ rarely/never □ too young, has no teen
I.12	In the past 12 months how many times did he or she visit a dentist?
I.13	When riding a bicycle, does this child wear a protective helmet?
	Image: always Image: sometimes Image: doesn't ride bikes Image: most of the time Image: rarely/never Image: doesn't have helmet
L.14	In the past 12 months have any of your children received care for accidental poisoning (excluding food poisoning)?
	🛛 Yes 🗇 No 🔹 Don'' know
L15	In your home, are all medications and poisons out of the reach of children?
I.16	Are they locked away? I Yes I No I Some I Don't know
DE	ΝΤΔΙ ΗΕΔΙ ΤΗ
lhe	next few questions are about your dental nearth.
J.1	Are you in need of dental care? I Yes I No I Don't know
J.2	Have you visited a dentist in the past 12 months?
	C Yes C Don't know
	L What were the main reasons for your visits? L-Was it because
	 preventative (check up or cleaning), no dental services available
	non-emergency treatment, or Cost
	Cosmetic?
J.3	Are you covered by a dental insurance plan?
J.4	How often do you floss your teeth?
τc	How often do you bruch your teeth?

К.	NUTI	RITION
	The n	ext questions are about nutrition.
	K.1	Are you trying to change your weight? No Don't know An you bying to lose weight? How?
		L Are you bying to gain weight?O besO ho
·	K.2	In your opinion, are you eating well enough to maintain good health?
		Yes No Don't know What is the major factor that influences the way you eat? '
	K.3	In answering this question about nutrition, tell me how many servings of the following foods you ate YESTERDAY (a serving is one helping or portion of a single food). Deiry Products whole milk for 2% milk yogurt, pudding or ice cream cheese or cheese products other dairy products (specify)
		Fruit and vegetables

	Meat and alternates		Breads	and cereal	s	
	beef, lamb or pork			bread, ba	innock or	muffin s
	large game: caribou, moose or wild she	ep		cereal		
	liver			rice, noo	dles or par	sta
	amall game: rabbits, gophers			other (sp	ecify)	<u>.</u>
	noultry (such as chicken or turkey)					
	ntarmiean duck, erouse of geese		Beverag	(ci		
	fish			coffee or	tea	
	neanut hutter			colas		
				water		
	dried heave ness seeds or nuts			other (sp	ecify)	
	dired scale, pc_, cor_ com			-		•
	Ouer (specify)					
			,	•		-
K.4	In a typical week, what proportion of the ered?	he foo	d you e	at is hu	nted, fis	hed or gath- 🖣
	🛛 none 🔲 some	🗇 hal	f	0 m	ost	🗆 all
K.5	In a typical week, do you usually, some	etimes	or rare	ly sometimes	🛛 ranely	🗇 Dom'tknow
	a) Salp Dicarias	-0 и ли	elly 🖸	somet imes	1 rarely	🗇 Donitkanow
	b) Card between meals	-0 K5K	ally . 🖸	somet imes	1 rarely	🗇 Don't know
	d) Tot mode with your family	-U ×an	elly 🖸	somet imes	O rarely	🗍 Don't know
	a) Est means with your failing		ماله	sometimes	arely	🗍 Don't know
			ally (1	sometimes	1 ninely	Don't know
	f) Eat fried of faity loods			•••	,	•
	g) Lat foods nign in fiber such as whole wheat		alla 🗖	contine		Don't know
	or whole grain foods, raw fruits or vegetables -	 	inity C	e constitues		Dom't know
	h) Try to include calcium rich foods in your aler -	-0 101	ματ γ Ο		U indy	
	i) Try not to eat foods high in salt (such as ham,	G		مستحصر		
	processed meats, chips or pretzels)	жян 	uniy C			
	j) Buy calorie reduced food items	-U ¥S¥	unity (
	k) Buy food with lowered fats and oils	U 1451	any L	sometimes	i renery	
	 Read and understand nutritional information 	~		. .		
	on food labels	U ku	ully L	j sometimes	u rarely	
	m) Follow Canada's Food Guide when	~		-	.	
	planning your meals	[] ¥51	ually C) sometimes	: U ninely	y ∐ Don"tknow
	n) Buy pre-prepared or convenience	-		_	~	a
	foods for meals	-0 us	uelly C	sometime	s 🛛 rarely	y 🗍 Don't know
K.6	Is there one factor that would improv	e the v	vay you	ı eat?		
	🗇 ¥es 🗇 No 🗇 Do not know	w				



Yukon Health Promotion Survey Questionnaire

The	next few questions are about alcohol.				
L.9	During the past 12 months, have you had a drink of any alcoholic beverage? By drink we mean a bottle of beer, glass of wine, or a shot of liquor, either straight or in a mixed drink.				
	© 1/2 — CotoL12(4) □ No				
L.10	Have you ever had a drink?				
	C Yes C No (2010 441)				
L.11	Did you ever drink on a regular basis?				
	Ol Yes Ol No				
L.12(a	As a result of your drinking have you				
	ever felt the need to cut down on drinking? Yes INO Don't know				
	ever felt annoyed by criticism of drinking? Yes 🛛 No 🗇 Don't know				
	ever had guilty feelings about drinking?				
	ever taken a morning eye opener? Yes IN0 Don't know				
L.12(E	Because of your drinking, have you				
	ever been in a fight?				
	ever experienced a break-up of a relationship? Yes No Don't know				
	-ever broken any bones?				
	Lever lost a job? Yes INo I Don't know				
L.1	How many times have you had FIVE or more drinks on one occasion				
	a) in the nast 12 months?				
	b) in the past 30 days?				
• I.1	4 What is the highest number of drinks you can recall having on any one occasion				
	a) in the past 12 months?				
	b) in the past 30 days?				
L.1	5 Do you usually have a drink at least once a week?				
. 2005					
	times per week - 50 10 1.15				
	(a) Do you usually have a drink at least once a month?				
	How many times a month do you usually drink?				
	(b) Do you usually have a drink at least once a year?				
	□ Xe □ No - 30 m H 1				
	L How many times a year do you usually drink? [] times per year - 30 to 1.16				
L.	6 On the days that you drank, how many drinks did you usually have? I drinks				
L.	7 What type of alcoholic beverage do you usually drink? 🗇 Beer 🛛 Wine 🗇 Spirits				

HEA							
The next few questions concern sources of health information.							
M.1 For each of the following statements, please state if you agree or disagree.							
	a) I do not have enough sources of information about 1	health - 🛛 Agree	: 🗇 Disagn	ne. 🗍 Don't kno			
•	b) I find it hard to know who to believe about health it	ssues O Agree	Disagn	ee 🛈 Don't kno			
	c) I only seek information when I have an immediate-	Ū	•				
	health problem	(] Agree	: O Disagn	ee 🛈 Don'tkno			
		! t. :		4h2			
M.2	In the past 12 months, did you do something to improve your health?						
	O Yes O No		• .				
	What was the reason (for doing something to i	mprove your he	alth)?	<u>.</u>			
	•		<u> </u>				
M.3	What is the single most important change	e you have ma	de in the p	ast 12 months			
	improve your health? (DO NOT READ, MARK C	ONLY ONE)					
	🛈 increased exercise, sports or physical activity	🗇 managed	or reduced cho	lesterol			
	🗇 lost weight	🛛 managed	or reduced stre	55			
	changed diet or eating habits	🗇 changed p	hysical enviro	nment			
	quit smoking/reduced amount smoked	🛛 received n	redical treatm	ent			
	reduced drug/medication use	C changed see	ual bekaviour or n	educed risk of STD's			
	🛛 drank less alcohol	□ improved	dental hygiene				
	managed or reduced blood pressure	🗇 other (spe	cify)				
			<u> </u>	<u> </u>			
14.4	Did any of the following help you to ma	ke this change	e?				
191.4	Did any of the following help you to had		<u> </u>				
	a) support from family and friends	18 	0 No				
	b) increased knowledge of nearth risks						
•	c) changes in legislation or by-laws		о њ.				
	a) new poincy of program at school of work	0 13		0 0000 22			
	e) change in the situation (eg. maria) status,	(] Ye	Пъ	Dors't brig			
	employment, mooting nome, etc.,	Y~	с.~ П.м.				
	1) Auvice of support of nearth protessionarts,	(specify)	0.2				
		an (speer);					
	e) self-help or mutual aid group (ee. AA. Weight						
	g) self-help or mutual aid group (eg. AA, Weight Watchers)		□ No	🗍 Don't kno			
	 g) self-help or mutual aid group (eg. AA, Weight Watchers) h) other people setting an example 		[] N₀ [] N₀] Don'i bro] Don'i bro			
	 g) self-help or mutual aid group (eg. AA, Weight Watchers) h) other people setting an example		□ N₀ □ N₀ □ N₀	 Don't kno Don't kno Don't kno 			
	 g) self-help or mutual aid group (eg. AA, Weight Watchers) h) other people setting an example i) changes in social values		0 No 0 No 0 No 0 No	Don't bro Don't bro Don't bro Don't bro Don't bro			



	pleted?			
	(MARK ONLY ONE)			
	🗆 No schooling			
	Some elementary	Completed ele	ementary	
	Some second ary	Completed see	condery	
	Some community college, technical college, CEGEP or nurse's training	Completed con college, CEGE	mmunity college, technical EP or nurse's training	
	Some university or teacher's college	Completed un or teacher's co	iiversity (e.g BA, MA, Ph. D. ollege)
	Other education or training			
0.3	Now, I will read a range of incomes. What household income in 1991 before tax ded	at is your best esti luctions? Was it	imate of your total	
	 less than \$10,000 between \$10,000 and \$20,000 between \$20,000 and \$40,000 between \$40,000 and \$60,000 between \$60,000 and \$80,000 more than \$80,000 			-
	🗇 Don't know			
POL				
POL P.1	Are you a parent with children living in Yes No - thank respondent and end.	your household (full or part-time)?	
POL P.1 P.2	LICY SECTION Are you a parent with children living in Yes No - thank respondent and end. As a parent, what do you consider is the your children?	your household (most challenging	(full or part-time)? ; issue you face in raisi	ng
POL P.1 P.2 P.3	LICY SECTION Are you a parent with children living in Yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue?	your household (most challenging	'full or part-time)? ; issue you face in raisi	ng
POL P.1 P.2 P.3	LICY SECTION Are you a parent with children living in Yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue?	your household (most challenging	full or part-time)? ; issue you face in raisi	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful t (MARK ALL THAT APPLY)	your household (most challenging	<i>full or part-time</i>)? ; issue you face in raisi with this issue?	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful to (MARK ALL THAT APPLY) a) Books, articles or videos	your household (most challenging o you in dealing v	full or part-time)? ; issue you face in raisi with this issue?	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful t (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource	your household (most challenging o you in dealing w 	full or part-time)? ; issue you face in raisi with this issue?	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful to (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource points.	your household (most challenging o you in dealing v 	(full or part-time)? ; issue you face in raisi with this issue?	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful t (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource p (eg. nurses, doctors, teachers, CHR's)	your household (most challenging o you in dealing v 	full or part-time)? ; issue you face in raisi with this issue?	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful t (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource p (eg. nurses, doctors, teachers, CHR's)	your household (most challenging o you in dealing v 	full or part-time)? ; issue you face in raisi with this issue?	ng
POL P.1 P.2 P.3 P.4	ICY SECTION Are you a parent with children living in Yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful to (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource parent groups for information support c) Parent groups for information support d) Treatment services for children/families (eg. circles, wilderness treatment camps, counselli	your household (most challenging o you in dealing v 	(full or part-time)? ; issue you face in raisi with this issue? ONO NO NO NO NO	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful t (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource p (eg. nurses, doctors, teachers, CHR's)	your household (most challenging o you in dealing v 	full or part-time)? ; issue you face in raisi with this issue? O No O No O No O No O No O No	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in Yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful to (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource parent groups for information support c) Parent groups for information support d) Treatment services for children/families (eg. circles, wildemess treatment camps, counsellie) e) child care services f) activities for children (eg. sports, camps, club)	your household (most challenging o you in dealing v 	full or part-time)? ; issue you face in raisi with this issue? No No No No No No No	ng
POL P.1 P.2 P.3 P.4	LICY SECTION Are you a parent with children living in Yes No - thank respondent and end. As a parent, what do you consider is the your children? What do you do to deal with this issue? Have any of the following been useful to (MARK ALL THAT APPLY) a) Books, articles or videos b) Support/advice from professionals/resource parent groups for information support (eg. nurses, doctors, teachers, CHR's) c) Parent groups for information support d) Treatment services for children/families (eg. circles, wilderness treatment camps, counsellie) e) child care services f) activities for children (eg. sports, camps, club g) other (specify)	your household (most challenging o you in dealing v 	full or part-time)? ; issue you face in raisi with this issue? O No O No O No O No O No O No O No O No	ng

Characteristic	Percent	n	
Age (years)			
15-34	23	18	
35-64	54	42	
<u></u> 265	22	17	
Residence			
Whitehorse	62	48	
Outside Whitehorse	37	29	
Background			
Traditional practitioners	9	7	
Alternative medicine			
practitioners	.13	10	
Consumers	76	59	

 Table 52:
 Description of sample used in the Qualitative Phase (n=77)

(Source: Yukon Bureau of Statistics, 1992b, p.43)

Appendix C: List of variables requested from the Institute of Health Promotion Research

Obtained from Variable list in:

Yukon Government Executive Council Office Bureau of Statistics. Youkon health promotion research program - Part 4, YHPS overview of results. 1993b.

NAME		DESCRIPTION
A1	A.1	DESCRIBE THE QUALITY OF YOUR LIFE?
A2	A.2	COMPARED TO OTHERS YOUR AGE
A8	A.8	VIGOROUS ACTIVITY
A9	A.9	LEISURELY ACTIVITY
A14B1		CONTROL BLOOD CHOLESTEROL
A14B111	1)	LOSING WEIGHT
A14B112	2)	REDUCING CHOLESTEROL
A14B113	3)	EATING LESS FATTY FOODS
A14B114	4)	OTHER CHANGE IN DIET
A3A	A)	MENTAL AND EMOTIONAL HEALTH
A3B	B)	PHYSICAL HEALTH
A3C	C)	SOCIAL RELATIONSHIPS
A3D	D)	SPIRITUALITY
A4A	A)	MENTAL AND EMOTIONAL HEALTH
A4B	B)	PHYSICAL HEALTH
A4C	C)	SOCIAL RELATIONSHIPS
A4D	D)	SPIRITUALITY
A5_CENT	CENT	IMETRES
A5_FT	FEET	
A5_IN	INCH	ES
AGE	AGE	
B1A	A)	A RELATIVE?
B1B	B)	A FRIEND?
B1C	C)	A HOUSEHOLD MEMBER?
B2A	A)	A RELATIVE?
B2B	B)	A FRIEND?
B2C	C)	A HOUSEHOLD MEMBER?
BMI	BODY	Y MASS INDEX SCORE
D1	D.1	WOULD YOU DESCRIBE YOUR LIFE AS(very stressful)
D1A	A)	SPOUSE OR PARTNER?
D1B	B)	FAMILY?
D1C	C)	FRIENDS?
D1D	D)	COMMUNITY?
D1E	E)	WORK?
D1F	F)	SCHOOL?
D1G OT	G)	OTHER (SPECIFY)?

Bradburn :	<u>Scale</u>	· · ·
D2A	A)	ON TOP OF THE WORLD?
D2B	B)	VERY LONELY OR REMOTE FROM OTHERS?
D2C	C)	PARTICULARLY EXCITED OR INTERESTED?
D2D	D)	DEPRESSED OR VERY UNHAPPY?
D2E	E)	PLEASED CAUSE YOU ACCOMPLISHED
D2F	F)	BORED?
D2G	G)	PROUD CAUSE SOMEONE COMPLIMENTED YOU?
D2H	H)	SO RESTLESS YOU COULDN'T SIT?
D2I	- 1)	THAT THINGS WERE GOING YOUR WAY?
D2J	J)	UPSET BECAUSE SOMEONE CRITICIZED YOU?

Derived Variables

D_ABS	AFFECT BALANCE SCORE
D_AGE1	AGE GROUPING 1: 10 GROUPS
D_AGE2	AGE GROUPING 2: 7 GROUPS
D_AGE3	AGE GROUPING 3: 4 GROUPS
D_ALCO1 D_BCC D_BMI D_CFGA D_CFGBC D_CFGD D_CFGVF D_CFGVF D_COM D_DC D_EBI D_ED D_EKI D_ED D_EKI D_EMP D_HEIGHT D_HS D_HSEHLD D_IAG D_IBMI D_IDEAL D_JUNK D_MAC	TYPE OF DRINKER BREAD & CEREAL COUNT BODY MASS INDEX (BMI) CFG - ACHIEVEMENT CFG - BREAD & CEREAL CFG - DAIRY CFG - MEAT & ALTERNATIVES CFG - VEGGIES & FRUIT COMMUNITY DAIRY COUNT EATING BEHAVIOUR INDEX HIGHEST LEVEL ATTEMPTED OR COMPLETED EATING KNOWLEDGE INDEX CURRENT EMPLOYMENT STATUS HEIGHT (M) DERIVED HOUSEHOLD SIZE ACTUAL HOUSEHOLD SIZE INCOME ADEQUACY GROUP IDEAL BODY MASS INDEX (BMI) IDEAL WEIGHT (KG) OTHER FOODS COUNT MEAT & ALTERNATIVES COUNT
D_QUALHM	METAPHYSICAL HEALTH INDEX
D_QUALHP	PHYSICAL HEALTH INDEX
D_QUALHS	SOCIAL HEALTH INDEX
D_QUALHY	MENTAL/EMOTIONAL HEALTH INDEX
D_QUALM	METAPHYSICAL INDEX
D_QUALP	PHYSICAL INDEX
D_QUALPY	PHYS-PSYCHOLOGICAL DIMENSION

D_QUALS D_QUALSM D_QUALY	SOCIAL I SOC-MET MENTAL	INDEX FAPHYSICAL DIMENSION /EMOTIONAL INDEX
D_SMOK1 D_VFC D_WEIGHT	TYPE OF VEGGIES WEIGHT	SMOKER & FRUIT COUNT (KG)
Social Relation	<u>nships</u>	
E1A E1B E1C E1D E1F E1G E1H E1H E1J E1K E1L E1M	A) I A B) I A C) M D) IN F) I V G) M H) I H J) H K) M L) I F M) I A	AM RESPONSIBLE FOR THE STATE OF AM FINE THE WAY I AM Y APPEARANCE IS VERY IMPORTANT TO ME ORDER TO CARE FOR OTHERS WORRY ABOUT WHAT OTHER PEOPLE Y RELATIONSHIPS WITH OTHERS ARE HAVE DIFFICULTY SEEING THINGS HAVE AT LEAST ONE PERSON I CAN Y SPOUSE OR PARTNER IS SUPPORTIVE Y FAMILY IS NOT SUPPORTIVE PREFER TO WORK ALONE AM INVOLVED REGULARLY IN COMMUNITY
Nutrition		· · · · ·
K1 K2 K4 K6 K1A K1A_1_1 K1A_1_2 K1A_1_3 K1B K1B_1_1 K1B_2_2 K1B_3_3 K2_1 K2_2 K2_3	K.1 TF K.2 AI K.4 % K.6 IS A) AI H(B) AI H(H(MAJOR F MAJOR F	RYING TO CHANGE YOUR WEIGHT? RE YOU EATING WELL ENOUGH OF FOOD HUNTED/FISHED/GATHERED? THERE ONE FACTOR YOU EAT? RE YOU TRYING TO LOSE WEIGHT OW? (TEXT 1) OW? (TEXT 2) OW? (TEXT 2) OW? (TEXT 3) RE YOU TRYING TO GAIN WEIGHT OW? (TEXT 1) OW? (TEXT 1) OW? (TEXT 3) FACTOR? (TEXT 1) FACTOR? (TEXT 3) FACTOR? (TEXT 3)
K3A1 K3A2 K3A3 K3A4 K3A5 K3B1 K3B2 K3B3	WHOLE N 1% OR 2 SKIM MII YOGURT CHEESE WILD PLA ORANGE ORANGE	MILK 2% MILK LK OR CHEESE PRODUCTS ANTS BERRIES/SHOOTS/ROOTS/LEAVES S OR GRAPEFRUIT , APPLE OR GRAPEFRUIT JUICE

K3B4 OTHER FRESH, CANNED OR FROZEN FRUIT

K3B5	OTHER FRESH, CANNED OR FROZEN VEGGIES
K3C1	BEEF, LAMB OR PORK
K3C2	LARGE GAME: CARIBOU/MOOSE/WILD SHEEP
КЗСЗ	LIVER
K3C4	SMALL GAME: RABITS OR GOPHERS
K3C5	POULTRY
K3C6	PTARMIGAN/DUCK/GROUSE/GEESE
K3C7	FISH
K3C8	PEANUT BUTTER
K3C9	EGGS
K3C10	DRIED BEANS/PEAS/SEEDS/NUTS
K3D1	BREAD/BANNOCK/MUFFINS
K3D2	CEREAL
K3D3	RICE/NOODLES/PASTA
K3E1	COFFEE OR TEA
K3E2	COLAS
K3E3	WATER
K3F1-F13	JUNK CATEGORY

Food Habits

K5A	A)	SKIP BREAKFAST
K5B	B)	EAT THREE MEALS A DAY
K5C	C)	SNACK BETWEEN MEALS
K5D	D)	EAT MEALS WITH FAMILY
K5E	E)	RESTAURANT OR FAST FOOD OUTLETS
K5F	F)	EAT FRIED OR FATTY FOODS
K5G	G)	EAT FOODS HIGH IN FIBRE
K5H	H)	INCLUDE CALCIUM RICH FOODS IN DIET
K5I	1)	NOT EAT FOODS HIGH IN SALT
K5J	J)	BUY CALORIE REDUCED FOOD ITEMS
K5K	K)	BUY FOODS WITH LOWERED FATS & OILS
K5L	L)	READ & UNDERSTAND FOOD LABELS
K5M	M)	FOLLOW CANADA'S FOOD GUIDE
K5N	N)	BUY PRE-PREPARED OR CONVENIENCE FOODS
K6 1 1	IMPRC	VE EATING? (TEXT 1)
K6_1_2	IMPRC	VE EATING? (TEXT 2)
M2	M.2	DO ANYTHING TO IMPROVE YOUR HEALTH?
M3	M.3	SINGLE MOST IMPORTANT CHANGE?
M6	KNOW	LEDGE OF HEALTH RISKS INCREASED?
M1A	A)	ENOUGH SOURCES OF INFO ABOUT HEALTH?
M1R		
	B)	WHO TO BELIEVE ABOUT HEALTH ISSUES?
M1C	B) C)	WHO TO BELIEVE ABOUT HEALTH ISSUES? ONLY SEEK INFO WHEN HAVE A PROBLEM?
M1C M2 1 1	B) C) REAS(WHO TO BELIEVE ABOUT HEALTH ISSUES? ONLY SEEK INFO WHEN HAVE A PROBLEM? ON (TEXT 1)
M1C M2_1_1 M2_1_2	B) C) REASC REASC	WHO TO BELIEVE ABOUT HEALTH ISSUES? ONLY SEEK INFO WHEN HAVE A PROBLEM? ON (TEXT 1) ON (TEXT 2)
M1D M1C M2_1_1 M2_1_2 M3_0T1	B) C) REASC REASC OTHER	WHO TO BELIEVE ABOUT HEALTH ISSUES? ONLY SEEK INFO WHEN HAVE A PROBLEM? ON (TEXT 1) ON (TEXT 2) R CHANGES?

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-

M4B	B)	INCREASED KNOWLEDGÉ OF RISKS
M4C	C)	CHANGES IN LEGISLATION OR BY-LAWS
M4D	D)	NEW POLICY OR PROGRAM AT SCHOOL/WORK
M4E	E)	CHANGE IN LIFE SITUATION
M4F	F)	ADVICE/SUPPORT OF HEALTH PROFESSIONAL
M4F OT	TYPE	OF HEALTH PROFESSIONAL
M4G	G)	SELF-HELP OR MUTUAL AID GROUP
M4H	H)	OTHERS SETTING AN EXAMPLE
M4I	ł) -	CHANGES IN SOCIAL VALUES
M4J	J)	COMMERCIAL PRODUCTS OR SERVICES
M4K	K)	PRAYER OR SPIRITUAL GUIDANCE
M5C	C)	LOSE WEIGHT (intend to)
M5D	D)	CHANGE DIET OR EATING HABITS
	~	
M6_1A	A)	PERSONAL EXPERIENCE
M6_1B	B)	EXPERIENCE OF FAMILY/FRIENDS
M6_1C	C)	MEDIA - TV/RADIO/NEWSPAPER
M6_1D	D)	GOVERNMENT MATERIAL
M6_1E	E)	BOOKS OR MAGAZINES
M6_1F	F)	BY WORD OF MOUTH
M6_1G	G)	HEALTH CARE PRACTITIONERS
M6_1H	H)	OTHER SOURCES
	~ 1	
01	0.1	CURRENT MARITAL STATUS?
02	0.2	
03	0.3	
WT FIN	FINAL	WEIGHTING VARIABLE
—		

Appendix D: Approval for secondary data analysis of the Yukon Health Promotion Survey 1993



The University of British Columbia Office of Research Services Behavioural Sciences Screening Committee for Research Involving Human Subjects

Certificate of Approval

PRINCIPAL INVESTIGATOR	DEPARTMENT		NUMBER			
Green, L.W.	Health Promotion Research			B93-0717		
INSTITUTION(S) WHERE RESEARCH WILL BE CARRI			<u>_187_34_8</u>	<u>i, in tek na i</u>		
UBC Campus			•			
CO-INVESTIGATORS:				······································		
Barr, S.I., Family & Nutr Sci						
SPONSORING AGENCIES						
me Secondary analysis of the Yuko	n health prome	tion survey				
APPROVAL DATE	TERM (YEARS)	AMENDED:				
DEC 14 1993	3					
CERTIFICATION:	· · · · · · · · · · · · · · · · · · ·					
·						
The protocol describing the above-named project has been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.						
Dr. R. Corteen o	r Chairs	Shu to Direct	ly A. V. R. D.S.	Monjoson- Spratley		
	Chairs	Directi	or, resea			
This Certificate of Approval	is valid for th the experime	e above term pro ntal procedures	vided th	ere is no change in		

DEC 2 1 1993

Appendix E: Results tables comparing women who are satisfied with their current weight and those who report that the weight at which they feel their best is less than their current weight

Table 53:	•	Demographic characteristics of Yukon women satisfied with their current weight	i
		(n=221) and not satisfied with their weight (n=423)	

$\begin{tabular}{ c c c c c c c } \hline No & Yes & Chi- & p \\ \hline \% & n & \% & n & square \\ \hline \end{tabular} tabular$	·	Satisfied	· · · · · · · · · · · · · · · · · · ·	· · ·	
Age (years)15-2420.5 (87)15.6 (34)9.72.02125-4454.8 (232)56.2 (124)45-6420.8 (88)18.9 (42) \geq \geq 653.9 (16)9.3 (21)Marital statusSingle19.0 (80)20.6 (46).932.627With partner62.0 (261)58.1 (128).932.627Widowed/divorced/19.0 (80)21.3 (47).932.627separatedIncome adequacy group1.90718.3 (78)19.5 (43)10.95.004Middle68.0 (288)57.0 (126).004.007.021Strata.1163.8 (270)76.0 (168)10.02.007213.0 (55)8.2 (18).004.007.004Secondary49.1 (206)45.2 (100).004.004University/college48.7 (204)47.1 (104).004Employment statusEmployment statusEmployed71.2 (302)63.4 (140)6.27.043Not employed14.3 (61)14.6 (32).021.004		No % n	Yes % n	Chi- square	р
15-2420.5 (87)15.6 (34) 9.72 .02125-4454.8 (232)56.2 (124) 45.64 20.8 (88) $18.9 (42)$ ≥ 65 3.9 (16) $9.3 (21)$ 9.72 .021Marital statusSingle19.0 (80)20.6 (46).932.627With partner62.0 (261)58.1 (128).932.627Widowed/divorced/19.0 (80)21.3 (47).972.004separatedIncome adequacy group1.90718.3 (78)19.5 (43)10.95.004Middle68.0 (288)57.0 (126).004.007.021Rich13.7 (58)23.4 (52).007.007.007213.0 (55)8.2 (18).002.007323.2 (98)15.8 (35).004EducationElementary2.2 (9)7.7 (17)11.15.004Employment statusEmployed48.7 (204)47.1 (104).027.043Not employed14.3 (61)14.6 (32).043.043	Age (years)		· · · · · · · · · · · · · · · · · · ·		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	15-24	20.5 (87)	15.6 (34)	9.72	.021
$45-64$ ≥ 65 $20.8 (88)$ $3.9 (16)$ $18.9 (42)$ $9.3 (21)$ Marital statusSingle $19.0 (80)$ $20.6 (46).932.627With partner62.0 (261)58.1 (128).932.627Widowed/divorced/separated19.0 (80)21.3 (47)21.3 (47)separatedIncome adequacy group1Poor18.3 (78)13.7 (58)19.5 (43)23.4 (52)10.95.004MiddleRich68.0 (288)13.7 (58)57.0 (126)23.4 (52)10.02.007Strata12313.0 (55)8.2 (18)310.0223.2 (98)0.07EducationElementarySecondaryUniversity/college48.7 (204)47.1 (104)11.1547.1 (104)0.04Employment statusEmployedNot employed71.2 (302)14.3 (61)6.2714.6 (32)0.43$	25-44	54.8 (232)	56.2 (124)		
≥ 65 3.9 (16) 9.3 (21) Marital status Single 19.0 (80) 20.6 (46) .932 .627 With partner 62.0 (261) 58.1 (128) Widowed/divorced/ 19.0 (80) 21.3 (47) separated Income adequacy group ¹ Poor 18.3 (78) 19.5 (43) 10.95 .004 Middle 68.0 (288) 57.0 (126) Rich 13.7 (58) 23.4 (52) Strata 1 63.8 (270) 76.0 (168) 10.02 .007 2 13.0 (55) 8.2 (18) 3 23.2 (98) 15.8 (35) Education Elementary 2.2 (9) 7.7 (17) 11.15 .004 Secondary 49.1 (206) 45.2 (100) University/college 48.7 (204) 47.1 (104) Employment status Employment status Employed 71.2 (302) 63.4 (140) 6.27 .043 Not employed 14.3 (61) 14.6 (32) Not stated 144 (61) 22 1 (49)	45-64	20.8 (88)	18.9 (42)		
Marital status Single19.0 (80)20.6 (46).932.627With partner $62.0 (261)$ $58.1 (128)$.932.627Widowed/divorced/19.0 (80) $21.3 (47)$.932.627separated19.0 (80) $21.3 (47)$.932.627Income adequacy group1.90718.3 (78)19.5 (43)10.95.004Poor18.3 (78)19.5 (43)10.95.004Middle68.0 (288)57.0 (126).934 (52).934 (52)Strata.1163.8 (270)76.0 (168)10.02.007213.0 (55)8.2 (18).93.932.907323.2 (98)15.8 (35).933.934 (52).934 (52)Education	≥ 65	3.9 (16)	9.3 (21)		
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Widowed/divorced/ separated19.0 (80) $21.3 (47)$ Income adequacy group1 Poor18.3 (78) $19.5 (43)$ 10.95 Poor18.3 (78) $19.5 (43)$ 10.95 $.004$ Middle $68.0 (288)$ $57.0 (126)$ $.004$ Rich13.7 (58) $23.4 (52)$ $.002$ $.007$ Strata 1 $63.8 (270)$ $76.0 (168)$ 10.02 $.007$ 213.0 (55) $8.2 (18)$ $.004$ $.007$ 213.0 (55) $8.2 (18)$ $.004$ $.007$ 3 $23.2 (98)$ $15.8 (35)$ $.004$ EducationElementary $2.2 (9)$ $7.7 (17)$ 11.15 $.004$ Secondary $49.1 (206)$ $45.2 (100)$ $.007$ University/college $48.7 (204)$ $47.1 (104)$ $.004$ Employment statusEmployed $71.2 (302)$ $63.4 (140)$ 6.27 $.043$ Not employed $14.3 (61)$ $14.6 (32)$ $.004$	With partner	62.0 (261)	58.1 (128)		
$\begin{array}{c cccccc} \mbox{Income adequacy group}^1 & & & & & & & & & & & & & & & & & & &$	Widowed/divorced/ separated	19.0 (80)	21.3 (47)		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Income adequacy group ¹				
Middle $68.0 (288)$ $57.0 (126)$ Rich $13.7 (58)$ $23.4 (52)$ Strata 1 $63.8 (270)$ $76.0 (168)$ 10.02 $.007$ 2 $13.0 (55)$ $8.2 (18)$ 10.02 $.007$ 2 $23.2 (98)$ $15.8 (35)$ 11.15 $.004$ EducationElementary $2.2 (9)$ $7.7 (17)$ 11.15 $.004$ Secondary $49.1 (206)$ $45.2 (100)$ $47.1 (104)$ 11.15 $.004$ Employment status $Employment status$ $Employed$ $71.2 (302)$ $63.4 (140)$ 6.27 $.043$ Not employed $14.3 (61)$ $14.6 (32)$ $Not stated$ $14.4 (61)$ $22.1 (49)$ $22.1 (49)$	Poor	18.3 (78)	19.5 (43)	10.95	.004
Rich 13.7 (58) 23.4 (52) Strata 1 63.8 (270) 76.0 (168) 10.02 .007 2 13.0 (55) 8.2 (18) 3 23.2 (98) 15.8 (35) Education Elementary 2.2 (9) 7.7 (17) 11.15 .004 Secondary 49.1 (206) 45.2 (100) .007 .004 University/college 48.7 (204) 47.1 (104) .004 Employment status Employed 71.2 (302) 63.4 (140) 6.27 .043 Not employed 14.3 (61) 14.6 (32) .043 .043	Middle	68.0 (288)	57.0 (126)		
Strata 1 63.8 (270) 76.0 (168) 10.02 .007 2 13.0 (55) 8.2 (18) .007 3 23.2 (98) 15.8 (35) .004 Education .004 .004 .004 Elementary 2.2 (9) 7.7 (17) 11.15 .004 Secondary 49.1 (206) 45.2 (100) .007 .004 University/college 48.7 (204) 47.1 (104) .004 .004 Employment status .004 .004 .004 .004 Not employed 71.2 (302) 63.4 (140) 6.27 .043 Not stated 14.4 (61) .22 1 (49) .004 .004	Rich	13.7 (58)	23.4 (52)		
1 63.8 (270) 76.0 (168) 10.02 .007 2 13.0 (55) 8.2 (18) .007 3 23.2 (98) 15.8 (35) .004 Education .004 .004 .004 Secondary 49.1 (206) 45.2 (100) .004 University/college 48.7 (204) 47.1 (104) .004 Employment status .004 .004 .004 Not employed 71.2 (302) 63.4 (140) 6.27 .043 Not stated 14.4 (61) .22 1 (49) .22 1 (49) .004	Strata	ан			
2 13.0 (55) 8.2 (18) 3 23.2 (98) 15.8 (35) Education Elementary 2.2 (9) 7.7 (17) 11.15 .004 Secondary 49.1 (206) 45.2 (100) 11.15 .004 University/college 48.7 (204) 47.1 (104) 6.27 .043 Employed 71.2 (302) 63.4 (140) 6.27 .043 Not employed 14.3 (61) 14.6 (32) .043	1	63.8 (270)	76.0 (168)	10.02	.007
3 23.2 (98) 15.8 (35) Education Elementary 2.2 (9) 7.7 (17) 11.15 .004 Secondary 49.1 (206) 45.2 (100) .004 .004 University/college 48.7 (204) 47.1 (104) .004 Employment status .002 .003 .004 Not employed 71.2 (302) 63.4 (140) 6.27 .043 Not stated .14.3 (61) .14.6 (32) .043	2	13.0 (55)	8.2 (18)		
Education Elementary 2.2 (9) 7.7 (17) 11.15 .004 Secondary 49.1 (206) 45.2 (100) .004 .004 University/college 48.7 (204) 47.1 (104) .004 Employment status .002 .003 .004 Not employed 71.2 (302) 63.4 (140) 6.27 .043 Not stated .043 (61) .044 (61) .043	3	23.2 (98)	15.8 (35)		
Elementary 2.2 (9) 7.7 (17) 11.15 .004 Secondary 49.1 (206) 45.2 (100) .004 University/college 48.7 (204) 47.1 (104) .004 Employment status .002 .003 .004 Not employed 71.2 (302) 63.4 (140) 6.27 .043 Not stated .14.3 (61) .14.6 (32) .043	Education				
Secondary 49.1 (206) 45.2 (100) University/college 48.7 (204) 47.1 (104) Employment status 5 63.4 (140) 6.27 .043 Not employed 14.3 (61) 14.6 (32) .043 .043	Elementary	2,2 (9)	7.7 (17)	11.15	.004
University/college 48.7 (204) 47.1 (104) Employment status 53.4 (140) 6.27 .043 Not employed 14.3 (61) 14.6 (32) .043 Not stated 14.4 (61) 22.1 (49) .043	Secondary	49.1 (206)	45.2 (100)		
Employment statusEmployed71.2 (302)63.4 (140)6.27.043Not employed14.3 (61)14.6 (32)Not stated14.4 (61)22.1 (49)	University/college	48.7 (204)	47.1 (104)		
Employed 71.2 (302) 63.4 (140) 6.27 .043 Not employed 14.3 (61) 14.6 (32) .043 Not stated 14.4 (61) 22 1 (49) .043	Employment status				
Not employed 14.3 (61) 14.6 (32) Not stated 14.4 (61) 22.1 (49)	Employed	71.2 (302)	63.4 (140)	6.27	043
Not stated 14.4 (61) 22.1 (49)	Not employed	14.3 (61)	14.6 (32)	0.21	.0.0
	Not stated	14.4 (61)	22.1 (49)		

[†]Poor=very and other poor; Middle=lower and upper middle
54:

Reported height and weight of Yukon women satisfied with their weight (n=211) and not satisfied with their weight (n=402)

	Satisfied	•		; ;
	No (mean ± sd)	Yes (mean <u>+</u> sd)	t	p value
Height (m)	1.64 <u>+</u> .07	1.65 ± .08	1.36	.175
Current weight (kg)	67.8 ± 11.4	59.3 ± 9.4	-10.07	.000
Weight at which feel best (kg)	60.4 ± 7.6	59.3 ± 9.4	-1.52	.130
Weight difference (kg)	7.4 ± 6.4	0.03 ± 0.16	-23.53	.000
Current BMI (kg/m²)	25.3 ± 4.0	21.7 ± 3.1	-11.96	.000
Desired BMI ¹ (kg/m ²)	22.5 ± 2.3	21.7 ± 3.1	-3.19	.002

Desired BMI=Weight at which feel best in kilograms/(Height in metres)²

 Table 55:
 Weight classifications of Yukon women satisfied with their weight and not satisfied with their weight

	Satisfied			
	No % n	Yes % n	Chi-square	р
Current BMI (kg/m ²)		·	•	
< 20.00	3.8 (15)	29.0 (61)	120.02	.000
20.00-25.00	54.1 (217)	61.6 (130)		
25.01-27.00	13.0 (52)	3.6 (8)		
> 27.00	29.1 (117)	5.8 (12)		
Desired BMI (kg/m ²)				
< 20.00	13.1 (53)	29.0 (61)	28.36	.000
20.00-25.00	72.5 (291)	61.6 (130)		
25.01-27.00	9.6 (39)	3.6 (8)		
> 27.00	4.8 (19)	5.8 (12)		

		Satisfied				
<u></u>	No %	n	Yes %	n	Chi- square	р
Vigorous activity				· ···	•	
∠ 2x per week≥ 3x per week	55.7 44.3	(236) (188)	48.6 51.4	(108) (114)	2.89	.089
Leisure activity						
≤ 2x per week ≥ 3x per week	37.6 62.4	(158) (262)	40.7 59.3	(90) (131)	0.58	.446
Is there anything preventing	g you	from being M	ORE	physically active	ə? ¹	
Yes No	61.6 38.4	(260) (162)	55.6 44.4	(123) (98)	2.18	.139
Do you feel you get as muc	ch ph	ysical activity a	as yoi	u need ²		•
generally? Yes No	37.1 62.9	(157) (266)	56.8 43.2	(126) (96)	23.02	.000
in the winter? Yes No	27.9 72.1	(118) (305)	43.0 57.0	(95) (126)	14.85	.000
in the summer? Yes No	82.2 17.8	(347) (75)	90.5 9.5	(199) (21)	7.75	.005

Frequency of physical activity of Yukon women satisfied with their weight and not satisfied with their weight Table 56:

Item A.11 in the survey. ²Item A.10 in the survey.

Table 57:	Weight loss practices of Yukon women who are not satisfied with their current
	weight and are trying to lose weight (n=303) ¹

	Percent	n
Dieting/eating less	33.5	102
Sensible eating	17.9	54
Exercise	7.4	22
Reduce fat	7.7	23
Change in diet & exercise	28.2	86
Advice/help from health professional ²	2.1	6
Commercial ³	0.5	· 1
Other⁴	2.5	8 ·
No answer	0.4	1

Weight loss practices of Yukon women who are satisfied with their current weight but are trying to lose weight $(n=39)^1$ Table 58:

Practice	Percent	n .	
Dieting/eating less	44.7	17	
Sensible eating	21.0	8	
Exercise	12.7	5	
Reduce fat	3.9	2	
Change in diet & exercise	17.7	7	
Original question in survey was open-en	ded		

Table 59: Weight gain practices of women who are satisfied with their current weight but are tryng to gain $(n=2)^1$

Practice	Percent	n
Eating more/eating high-calorie foods	50.0	1
Other ²	50.0	1

¹Original question in survey was open-ended. ²e.g. Quit smoking

our one worgh	and not satisfied with	then weight i		
	Satisfied			
·	No	Yes	t	р
Dairy	2.4 ± 1.4	2.6 ± 1.7	2.03	.043
Vegetables & fruit	4.0 + 2.2	4.0 + 2.2	. 04	967

 Table 60:
 Food group consumption (mean servings) of Yukon women satisfied with their current weight and not satisfied with their weight1

 2.2 ± 1.5

 2.9 ± 1.8

-1.50

.40

.133

.687

Those with no food consumption data (n=8) were omitted from the analyses.

 2.4 ± 1.6

2.9 ± 1.5

Table 61:Food group consumption with respect to Canada Food Guide recommendations
for Yukon women satisfied with their current weight and not satisfied with their
weight¹

•	Satisfied	·		· ·
Food group	No % n	Yes % n	Chi- square	р
Dairy Below Meet or exceed	28.3 (119) 71.7 (302)	25.3 (55) 74.7 (164)	.694	.405
Vegetables & fruit Below Meet or exceed	65.8 (276) 34.2 (144)	59.8 (131) 40.2 (88)	2.21	.137
Meat & alternatives Below Meet or exceed	29.5 (124) 70.5 (297)	34.8 (76) 65.2 (143 <u>)</u>	1.91	.167
Breads & cereals Below Meet	85.2 (359) 14.8 (62)	82.3 (181) 17.7 (39)	.943	.331
Canada Food Guide re Dairy: 2-4 servir	commendations:			

Vegetables & fruit: 5-10 servings Meat & alternatives: 2-3 servings Breads & cereals: 5-12 servings

Meat & alternatives

Breads & cereals

Table 62:Adequacy of diet based on attainment of Canada Food Guide food group
recommendations for Yukon women satisfied with their current weight and not
satisfied with their weight

· · ·	Satisfied			
Number of food groups met	No % n	Yes % n	Chi- square	p
None 1 group 2 groups 3 groups All 4 groups	8.4 (35) 23.3 (98) 39.8 (167) 25.6 (108) 2.9 (12)	9.3 (20) 21.3 (47) 37.9 (83) 25.2 (55) 6.3 (14)	4.65	.325

Table 63:	Responses of Yukon women satisfied with their current weight and not satisfied
	with their weight to nutrition questions

	Satisfied					
	No % n	Yes % n	Chi- square	р		
K.2 Are you eating well e	nough to maintain g	good health?	· · ·			
Yes No Don't know	96.1 (407) 3.3 (14) 0.6 (2)	87.0 (191) 11.0 (24) 2.0 (4)	18.60	.000		
K.4 Proportion of food hu	nted/fished/gathered	d .	•			
None Some Half/most/all	49.3 (208) 34.1 (144) 16.6 (70)	61.5 (133) 25.2 (54) 13.4 (29)	8.58	.014		
K.6 Is there one factor that	at would improve the	e way you eat?				
Yes No Don't know	56.5 (238) 38.4 (162) 5.1 (21)	47.9 (105) 46.3 (101) 5.9 (13)	4.34	.114		
G4E It is difficult for me to afford the basic necessities of food, clothing and shelter.						
Agree Disagree No opinion	10.7 (45) 88.7 (375) 0.6 (3)	13.7 (30) 86.3 (190) 	2.52	.283		

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· · · · · · · · · · · · · · · · · · ·		Satisfied			4
Food habit	No %	n	Yes % n	Chi- square	р.
a. Skip breakfast					
Usually Sometimes Rarely	41.6 15.7 42.7	(175) (66) (180)	34.6 (76) 18.6 (41) 46.8 (102)	3.09	.213
b. Eat 3 meals a day					
Usually Sometimes Rarely	44.9 17.9 37.2	(189) (76) (157)	52.6 (115) 13.7 (30) 33.7 (74)	3.85	.146
c. Snack between meals		•			
Usually Sometimes Rarely	22.9 39.2 37.9	(97) (165) (160)	33.3 (73) 32.9 (72) 33.7 (74)	8.13	.017
d. Eat meals with your famil	у				
Usually Sometimes Rarely	73.1 14.0 12.9	(293) (56) (52)	72.7 (148) 14.0 (28) 13.3 (27)	.018	.991
e. Eat at restaurants or fast	food	outlets		ć .	
Usually Sometimes Rarely Don't know	6.4 48.6 44.8 0.3	(27) (204) (188) (1)	5.8 (13) 40.4 (87) 53.8 (116)	5.18	.159
f. Eat fried or fatty foods			· .		
Usually Sometimes Rarely Don't know	7.0 50.0 42.7 0.3	(30) (211) (180) (1)	6.1 (13) 41.5 (91) 52.3 (114)	5.82	.121
g. Eat foods high in fibre (e.	g. who	ole wheat or wh	nole grain foods, raw	fruits or vegeta	bles)
Usually Sometimes Rarely	68.6 27.8 3.6	(289) (117) (15)	71.1 (156) 21.4 (47) 7.5 (16)	6.94	.031
h. Try to include calcium rich	n food	s in your diet			
Usually Sometimes Rarely Don't know	55.2 30.6 13.8 0.4	(233) (129) (58) (2)	55.6 (122) 25.0 (55) 16.9 (37) 2.5 (5)	7.83	.050

Table 64:Responses of Yukon women satisfied with their current weight and not satisfied
with their weight to food habits items (K.5)

	Satisfied					
Food habit	No % n	Yes % n	Chi- square	р		
i. Try not to eat foods high	in salt (e.g. ham, pro	cessed meats, chips	or pretzels)			
Usually Sometimes Rarely	54.8 (230) 24.1 (101) 21.1 (88)	55.9 (122) 19.6 (43) 24.6 (53)	2.12	.346		
j. Buy calorie reduced food	litems					
Usually Sometimes Rarely Don't know	25.1 (105) 30.7 (129) 43.8 (184) 0.5 (2)	15.3 (33) 22.4 (49) 59.9 (130) 2.5 (5)	22.37	.000		
k. Buy food with lowered fa	ats and oils	•				
Usually Sometimes Rarely Don't know	49.2 (206) 30.8 (129) 19.3 (81) 0.7 (3)	49.5 (108) 21.1 (46) 26.5 (58) 2.9 (6)	13.17	.004		
I. Read and understand nu	tritional information o	n food labels				
Usually Sometimes Rarely Don't know	60.5 (255) 26.5 (112) 12.5 (53) 0.5 (2)	52.5 (115) 21.2 (46) 24.6 (54) 1.7 (4)	18.55	.000		
m. Follow Canada's Food	Guide when planning	your meals				
Usually Sometimes Rarely Don't know	32.9 (139) 22.6 (95) 44.0 (186) 0.5 (2)	32.7 (71) 18.3 (40) 46.9 (102) 2.2 (5)	5.48	.140		
n. Buy pre-prepared or con	venience foods for m	eals		•		
Usually Sometimes Rarely	4.2 (18) 28.7 (121) 67.1 (283)	3.9 (9) 25.5 (55) 70.6 (153)	.797	.671		

Table 64:Responses of Yukon women satisfied with their current weight and not satisfied
with their weight to food habits items (K.5) (Continuation)

Table 65:

Mean Eating Knowledge Index (EKI) and Eating Behavior Index (EBI)¹ scores of Yukon women satisfied with their current weight and not satisfied with their weight

	Satisfied		• •	
. · ·	No mean <u>+</u> sd (n)	Yes mean _± sd (n)	. t .	p
EKI ²	2.38 <u>+</u> 2.95 (417)	2.08 ± 3.39 (217)	-1.11	.268
EBI ³	4.05 ± 4.08 (395)	4.14 ± 4.78 (198)	.23	.815
Based on rea	sponses to question K5:			
EKI (f, EBI (a ² Possible sco	g, h, i, k, l, m) , b, d, e, f, g, h, i, k, l, m, n) res on the EKI: -7 to +7			

³Possible scores on the EBI: -12 to +12

Table 66:	Responses of Yukon wom with their weight to social h	Responses of Yukon women satisfied with their current weight and not satisfied with their weight to social health items (E1)				
-	Satisfied					
	No % n	Yes % n	Chi- p square			

...

	a I am responsible	for the	e state of my nealt	n.			
÷	Agree Disagree No opinion	99.1 0.9 -	(419) (4) -	97.2 2.4 0.4	(215) (5) (1)	3.45	.178
E1	b I'm fine the way I	am.				۰ <i>.</i>	
	Agree Disagree No opinion	61.2 36.1 2.7	(259) (153) (12)	75.5 22.2 2.2	(167) (49) (5)	13.55	.001
E1	c My appearance is	very	important to me.				
	Agree Disagree No opinion	84.5 14.5 1.0	(357) (61) (4)	77.5 16.6 6.0	(170) (36) (13)	14.40	.001
E1	d In order to care fo	or othe	ers, I have to look	after	myself first.		
	Agree Disagree No opinion	91.8 7.9 0.3	(386) (33) (1)	85.9 12.8 1.3	(187) (28) (3)	6.36	.041
E1	f I worry about what	t othe	r people think of n	ıe.			
	Agree Disagree No opinion	47.0 48.1 4.9	(198) (203) (21)	38.5 55.9 5.5	(85) (124) (12)	4.26	.119
E1	g My relationships v	vith o	ther people are im	portar	nt to my health and	d well-being.	
	Agree Disagree No opinion	91.6 7.0 1.4	(386) (30) (6)	91.9 8.1 -	(203) (18) -	3.40	.182

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Table 66:

Responses of Yukon women satisfied with their current weight and not satisfied with their weight to social health items (E1) (Continuation)

	Satisfied			
	No % n	Yes % n	Chi- square	p .
E1h I have difficulty s	eeing things from som	eone else's point of view	/.	
Agree Disagree No opinion	15.3 (64) 82.3 (347) 2.4 (10)	18.0 (39) 78.5 (172) 3.5 (8)	1.58	.453
E1i I have at least on	e person I can confide	in.	· .	
Agree Disagree No opinion	96.4 (405) 2.9 (12) 0.7 (3)	96.7 (212) 3.3 (7) 	1.59	.452
E1j My spouse or par	tner is supportive.			·
Agree Disagree No opinion	87.2 (288) 8.3 (28) 4.5 (15)	86.0 (139) 7.6 (12) 6.3 (10)	.846	.655
E1k My family is not	supportive.			
Agree Disagree No opinion	10.8 (45) 86.2 (361) 3.0 (12)	9.0 (20) 87.4 (190) 3.6 (8)	.650	.722
E11 I prefer to work a	lone rather than with o	ther people.	•	
Agree Disagree No opinion	30.4 (127) 62.3 (261) 7.4 (31)	29.4 (64) 63.5 (139) 7.2 (16)	.089	.956
E1m I am involved re	gularly in community a	ctivities.	' .	· ·
Agree Disagree No opinion	50.9 (214) 45.8 (192) 3.3 (14)	48.3 (106) 46.4 (101) 5.4 (12)	1.69	.429

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able 67: Resp with t	onses of Yukon wome heir weight to health k	n satisfied with their cur nowledge items	rent weight and	d not satisf
	Satisfied			• •
•	No	Yes	Chi-	р
	% n	% n	square	
M1A I do not have	e enough sources of in	formation about health.		
Agree	17.4 (74)	15.5 (33)	5.19	.074
Disagree	80.9 (341)	79.8 (171)	· · ·	
Don't know	1.7 (7)	4.8 (10)		

37.0 (156) 30.6 (66) **A**aroo

Ν

Agree	37.0 (156)	30.6 (66)	9.34	.009
Disagree	60.6 (255)	62.4 (134)		• • •
Don't know	2.4 (10)	7.0 (15)		•

M1C I only seek information when I have an immediate health problem.

Agree	46.4 (1	96)	.50.4	(109)	7.49	.024
Disagree	53.6 (2	226)	· 48.1	(104)		
Don't know			1.5	(3)		

M2 In the past 12 months, did you do something to improve your health?

Yes	66.8	(278)	55.8 (122)	7.50	.006
No	33.2	(138)	44.2 (97)		
/16 ⁻ In	the past 12 months,	has your knowledg	e of health incre	ased?	

Yes	64.2 (271)	55.6 (122)	4.55	.103
No	34.8 (147)	43.3 (95)		
Don't know	0.9 (4)	1.1 (2)		

Satisfied							
	No		. 1	Yes		Chi-	р
	%	n	•	%	n	square	
A.1 Overall, how would you describe the quality of your life?							
Excellent/very good	65.2	(275)		70.6	(156)	1.95	.378
Good	27.5	(116)		22.8	(50)		
Fair/poor	7.4	(31)		6.7	(15)	· .	
A.4a Would you describe your mental and emotional health as							
Excellent/very good	67.7	(287)		68.7	(151)	1.18	.554
Good	25.2	(107)		26.4	(58)		
Fair/poor	7.1	(30)		4.9	(11)		
A.4b Would you describe your physical health as							
Excellent/very good	48.4	(205)		61.8	(136)	11.96	.002
Good	40.6	(172)		27.4	(60)		
Fair/poor	10.9	(46)	•	10.8	(24)		
A.4c Would you describe your social relationships as							
Excellent/very good	59.0	(248)		61.0	(134)	.253	.881
Good	33.9	(143)		32.2	(71)		
Fair/poor	7.1 (30) 🔶		6.8	(15)		
A.4d Would you describe your spirituality as							
Excellent/very good	39.8	(167)		43.3	(93)	1.06	.588
Good	43.9	(184)		43.1	(93)		
Fair/poor	16.3	(68)		13.7	(30)		

Table 68:Self-rated health of Yukon women satisfied with their current weight and not
satisfied with their weight